

How new mothers can avoid injury when starting to exercise again

By Masha Rumer December 13, 2016

One January morning, while attempting my first jog since the birth of my 6-week-old baby, I was taken aback by my low endurance as I plodded along, hyperventilating and draped over the stroller's handle.

I soon discovered endurance was only the beginning of the physical challenges I'd experience as a new mom. Pregnancy and childbirth can also weaken abdominal muscles, loosen ligaments and cause structural changes in the rib cage and pelvis. All of this makes a woman prone to injury if she pursues a bikini body too quickly.

Pregnancy hormones stay in the body for about three months postpartum, continuing to loosen joints, muscles, tendons and ligaments as they did in preparation for delivery. For those breast-feeding, hormones can have a loosening effect even a few months after nursing stops.

Marianne Ryan, owner of Marianne Ryan Physical Therapy in Manhattan and author of "[Baby Bod: Turn Flab to Fab in 12 Weeks Flat](#)," urges new and especially breast-feeding mothers to exercise carefully. "Don't do too much too soon," she says.

Jackie Zipkin, an environmental engineer from Northern California, tore her anterior cruciate ligament while playing volleyball six weeks after giving birth. "After jumping to hit the ball, I landed and felt my knee pop," says Zipkin, who says less exercise during pregnancy and postpartum weakness contributed to her injury.

Another common postpartum problem is diastasis recti, a separation of the "six-pack," or rectus abdominis, caused, in part, by loose connective tissue. It goes hand in hand with abdominal weakness and instability and is often associated with back pain, "mommy tummy," urinary incontinence, pelvic organ prolapse and umbilical hernias. Ryan says up to 60 percent of new mothers have the condition, with 30 percent still affected one month postpartum.

Diastasis recti is considered, from a medical standpoint, a hernia, says Joan Loveland, a gynecologist and obstetrician in the District. Most hernias are ignored until they become symptomatic, which is one of the reasons physicians don't check for

diastasis recti in postpartum mothers. In recent years, physical therapists' insistence that diastasis recti and pelvic floor problems are treatable has become more mainstream.

CONTENT FROM TABOO ON FX

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“Everything comes from the pelvis. It’s such a critical area to ensure strength and wellness and fitness,” Loveland says, describing why diastasis recti affects a woman’s well-being. “I think [physicians] always thought of it as more of a cosmetic thing.”

Yet after an obstetrician gives the green light for all activity at the six- to eight-week checkup, a woman is typically left to her own devices, whether she delivered vaginally or via C-section. As a result, a new mother may overdo it when exercising without rehabilitative guidance, or may avoid fitness altogether for fear of damage.

Women’s health experts emphasize rehabilitation before fitness.

“You can work out for an hour every day, but what you do in the remaining 23 hours adds up to more,” says Kelly Dean, a physical therapist and founder of the Tummy Team, a Washington state clinic and online program. “Birth is probably the most physically demanding thing many women are going to do, but we expect them to jump into a Zumba class right away. More is not better. Better is better.”

Here’s what specialists recommend for new mothers.

Rehabilitate with daily activities

Everyday movements such as picking up a baby, loading a stroller into a car and walking are opportunities to engage the core muscles, which refer collectively to multiple muscle groups including the transverse abdominis (deep corset-like muscle), six-pack, obliques, diaphragm, lower back and pelvic floor.

Ryan recommends getting up from a chair by bending forward, pressing the heels of your hands into your thighs to take the weight off the belly and exhaling. To get out of bed, roll onto your side, shoulders and hips moving together with knees bent, drop your legs down off the bed and push up with your arms. Avoid jackknife movements.

Sit on your sit bones, not your tailbone.

Says Dean: “Visualize a cable from the crown of your head drawing you up. Keep arms in line with your torso and eyes on the horizon.” This gets the spine into a neutral position with the rib cage stacked directly above the pelvis and perpendicular to the

ground, and shoulder blades resting back and down.

CONTENT FROM TABOO ON FX

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Breathe

Diaphragm or “belly” breathing is another simple way to engage and strengthen the abdominals. “When you inhale, fill your rib cage up with air. When you exhale, bring your belly to the spine,” says [Cheryl Bjornson](#), a certified personal trainer in Northern California who specializes in core and diastasis recti rehabilitation.

Ryan recommends exhaling to match the level of effort during daily tasks. “If they lift up the baby, it might be a little exhale. If they lift up a pot of pasta, it must be a big exhale.”

Get checked

Because physicians generally don’t check for diastasis recti, ask your doctor to do so at your postnatal appointment. If you’ve already had your postnatal checkup and are experiencing symptoms, [here is an instructional video](#) from the Tummy Team on how to do it yourself.

Get moving

As soon as you feel well enough to leave the house, start walking — first around the block, then slowly increasing to three to five miles daily, if possible, Bjornson says. Remember during any activity to have the spine in a neutral position, engage the core and belly, breathe.

After walking for a few weeks and feeling strong, consider adding activities that boost the heart rate: light jogging, using the elliptical machine, strengthening/toning and group workouts with other moms. “Do these same activities for a couple of weeks, see how your tummy feels, then try something more challenging like cycling, swimming or yoga,” Bjornson says. “But don’t do it all at once. Patience is key.”

Ditch the crunch

Avoid movements that put pressure on the abdominals, including push-ups, mountain climbers, planks, Pilates 100s and, especially, crunches, which focus on the outer abdominals but don’t develop the entire core and can worsen the separation for women with diastasis recti. Replace burpees with squats or squat jumps. Opt for modified push-ups and planks. Instead of crunches, try heel slides, bridges and head lifts. Avoid positions where the belly is parallel to the ground until you can engage your deep corset muscle throughout the exercise, Bjornson says.

CONTENT FROM TABOO ON FX

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Don't do it alone

More resources are becoming available to new mothers, such as physical therapists specializing in prenatal, postnatal and pelvic floor health, as well as books and online programs.

“Be vocal if you feel you have core instability and diastasis,” Bjornson says. “Don’t assume that the trainer knows more than you do. Be your own advocate.”

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