



PREGNANCY WOF

Pregnancy and birth really put your body through its paces. Follow OHbaby! expert and physiotherapist Renée Vincent's checklist to ensure you're on the road to a speedy recovery

By the time you're holding your newborn, your body will have been through two major transformations – a significant increase in size followed by a sudden reduction when you give birth. A lot of my patients say they didn't fully appreciate how much their body was going through during pregnancy as they were too busy working, setting up a nursery or looking after older children. For many women it is not until months after delivery that they stop and take stock of where they are at physically. Sometimes the changes can come as quite a shock.

There are four key factors that contribute to the physical challenges of pregnancy:

- Your connective tissues are made more elastic by pregnancy hormones.
- Your total blood volume increases along with the blood flow to your uterus and kidneys.
- Your uterus increases to the size of a large watermelon to accommodate your growing baby.
- Your body weight and size increases.

In other words, all your joints and ligaments become stretchier, your organs are moved aside and your abdomen stretches to make room for the baby, your posture is completely transformed and all of your body's life-supporting systems are put under strain as they work to support you and your growing baby.

A pregnancy warrant of fitness (WOF) is one way of keeping in tune with your body as it changes. With the right knowledge, and by checking in with your body throughout your pregnancy, you can reduce the negative impact these physical changes might have on your overall wellbeing.

WOF check one: posture

Your first WOF check is to see whether you can sit and stand tall while maintaining the normal curves of your spine.

Even if you start your pregnancy with good posture it is still easy to lose it as your

pregnant belly expands and your centre of gravity changes. The most common postural problems I see in my pregnant patients are either an increased inwards curve in the lower back with abdominal sagging (sway back) or an over-correction of this posture, where the woman has tucked her bottom under too far and completely flattened the curve in the lower back. The upper body and head also reposition to accommodate.

To check your posture, stand side-on in front of a mirror or get a friend to take a photo with your phone. Observe how your ears, shoulders and hips are aligned. Ideally your ears would be balanced above your shoulders and hips, your shoulders would be gently squared and your lower abdomen gently drawn in. From side-on you'd have slightly inward curves in the neck and lower back.

To adjust your posture, see what happens if you "grow tall" by imagining that a hook from the sky is attached to the top of your head, gently pulling you up. This would have the effect of lengthening through your spine and allowing your ears, shoulders and hips to softly reposition. You should do this without forcing or straining – if anything, you should feel lighter and like you have eased the pressure on your spine. If you find that this changes your posture for the better, then try to check in regularly throughout the day and "grow tall".

To maintain balanced posture while sitting it is important to have good support. Always sit back into any chair and, if necessary, place extra support behind your lower back. This will allow you to balance your posture without overworking your postural muscles. As your belly grows you may be tempted to move forward in your chair or car seat to make room for your belly, but try not to. It is better to tilt the base of an adjustable chair or car seat down slightly or put a pillow behind your back to move you forward, rather than to sit perched on the edge of the chair unsupported.

WOF check two: abdominals and pelvic floor

The abdominal muscles lengthen as the uterus grows and this causes two main problems. Firstly, the deep abdominal muscle (transversus abdominis or TVA) that plays a very important role in helping support your back and pelvis can struggle to turn on and provide its corset-like support as it becomes lengthened. Secondly, the "six-pack" muscle or rectus abdominis can separate at its midline attachment, leading to a condition called RAD or rectus abdominis diastasis. The rectus abdominis separates in two-thirds of women during pregnancy but for some women the separation is more severe and the muscles do not return to sit neatly side by side after giving birth.

To practice activating and training your TVA, kneel on all fours and first find your neutral spine position (where your lower back has its normal hollow and the rest of the spine is level). Then, very gently, pull your tummy in away from the waistband of your pants. Try not to hold your breath, bend or curve your back, or suck up your ribcage while you do this. Aim to hold the contraction for 10 seconds and repeat 10 times. Once you can activate your TVA well on all fours then you can try activating it intermittently while sitting, walking or doing other forms of exercise. If you are in your third trimester then you should do this lying on your side in case your rectus abdominis muscle is put under too much strain by your belly dropping down with gravity.

To take care of your abdominals during pregnancy it is best to avoid heavy lifting and doing strenuous abdominal exercises such as sit-ups, crunchies, double leg raises, the full plank, Swiss ball curl-ups, and some yoga poses like the boat pose.

The pelvic floor muscles are a sling of muscles that run from the pubic bone at the front of the pelvis to the tailbone at the back. We often don't give them any attention until they stop working effectively. One of the most common

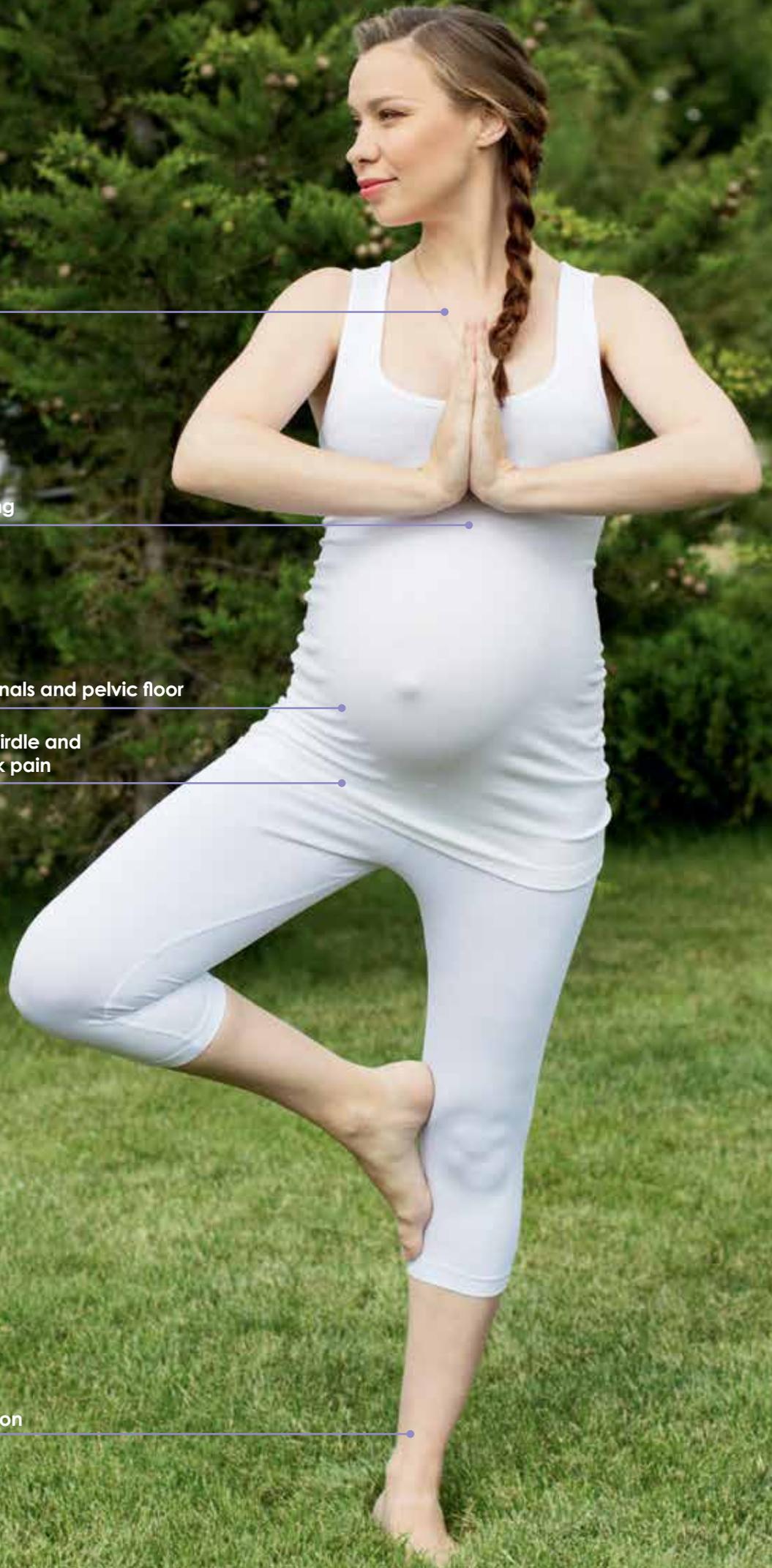
✓ posture

✓ breathing

✓ abdominals and pelvic floor

✓ pelvic girdle and lower back pain

✓ circulation

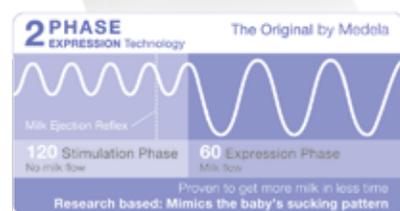




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problems that arise when the pelvic floor muscles don't work well is leakage of urine with coughing or sneezing (stress incontinence). But poor pelvic floor muscle function can contribute to other problems such as pelvic organ prolapse (dropping down of the pelvic organs), urge incontinence (an inability to "hold on" when you feel the need to go), loss of vaginal sensation and orgasm strength, and pain in the pelvis or lower back.

For this section of the WOF you need to know how to do a pelvic floor lift. Ideally you will be able to do 10 pelvic floor lifts, holding each lift for five seconds with a three second rest between lifts.

Sit tall and relax the wall of your tummy and your buttocks. As you breathe out slowly draw up the pelvic floor muscles. To get the action right you can imagine trying to lift your vagina or that you are trying to hold back urine or wind. You should also be able to contract the pelvic floor muscles quickly when you cough, sneeze or laugh and while lifting or doing abdominal exercises.

WOF check three: pelvic girdle and lower back pain

Up to 33% of women will suffer from pelvic girdle pain (pain in the connecting joints of the pelvic ring). For this WOF check consider if you have pain in the joints of your pelvis, your buttocks or the back of your legs when you stand on one leg, go upstairs or when you walk for longer than a few minutes.

Firstly, be careful with your body positioning – avoid postures that open or spread the pelvic joints, such as sitting cross-legged on the floor and stretching your legs apart to climb out of the car. Use pillows in bed to support your abdomen and place another between your legs. Sit to pull on trousers and socks. Try to maintain a good tall posture when standing and sit in upright chairs with good back support. Secondly, turn on your deep abdominals and pelvic floor when lifting and when changing position. You can also wear a pregnancy support belt.

WOF check four: breathing

Even early in pregnancy the hormonal changes can lead to an increased breathing rate and a change in your blood chemistry, making you feel breathless. As the baby grows and takes up room, your enlarging uterus can stop your most efficient breathing muscle, your diaphragm, from descending as you breathe in and this can lead to shorter, shallower breathing in your upper chest.

Good breathing uses your diaphragm. If you are not using your diaphragm to breathe, the secondary breathing muscles in the neck and chest become overworked and tight.

To check your breathing sit with one hand gently resting on your chest and one resting on your belly just below your ribs. Take a breath in while observing which hand rises. If you are using your diaphragm then the hand on your belly will have risen and the hand on your chest will have remained still. This is what you are aiming for. If you find you are not breathing by using your diaphragm then try to practice 5-10 minutes of relaxed diaphragmatic breathing a day. Try not to force the breathing exercise, you should be taking in a normal sized breath and the out breath should be a relaxed letting go of the air (ideally 15-18 breaths a minute). If you have any significant problems with your breathing or can't get your diaphragmatic breathing going then check in with your GP.

WOF check five: circulation

During pregnancy your blood volume increases by 40% or more putting your circulatory system under strain. Therefore a pregnancy WOF wouldn't be complete without checking to see if you have problems with your circulation, such as varicose veins or swelling.

Varicose veins are purple, red, or blue/black lumpy veins that can develop in your legs or the area of the vulva. You may also experience swelling of your hands or feet. These problems develop due to the walls of your veins being more elastic, the downward pressure of the uterus, weight gain, raised pressure in the abdomen, and hormonal changes.

It is important to try to avoid prolonged sitting and standing by regularly changing position and to do gentle exercise to assist your circulation. If you notice significant veins developing or if you have to stand for long periods during the day then it is worth investing in some compression stockings to help reduce the strain on the veins. Resting on your side for 10-15 minutes throughout the day also helps.

did you pass your WOF?

This may seem like a lot to think about at a time that can be challenging in so many other ways. However, I really encourage you to take some time to take care of your pregnant body. If you do your checklist and continue to have problems with any of the areas I've discussed, then please seek help from your LMC, GP or women's health physiotherapist.

If you work to reduce any physical problems during pregnancy, your body will definitely thank you later. ●

OHbaby! fitness expert Renée Vincent is a physiotherapist at Total Mums Physiotherapy in Auckland's St Lukes and mum to an energetic preschooler.