



PREGNANCY & POSTPARTUM Core & Pelvic Floor Resource Guide & Workbook

An introductory guide to the core, pelvic floor, symptoms and strategies to help manage & rebuild strength, function and performance.



PREGNANCY & POSTPARTUM
ATHLETICISM

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Welcome!

This guide is an introductory guide intended to help create awareness for pregnant and postpartum people on how to integrate various strategies and a pelvic floor & core connection into functional everyday movements such as squatting, hinging, jumping and running!



These same strategies also integrate over into the gym, out on the trail, at work, or whatever form of movement you love to do. We want to build strategies that support and will implement them through training and everyday movements so we can sustain long term strength, function and performance!

Training with quality and intention can improve and sustain our strength, performance, and function not only in the gym but in our everyday life.

Being told to listen to your body or do what you've always done isn't enough guidance for pregnant athletes. There are many variables and considerations beyond just movement modifications that need to be accounted for such as mindset, core/pelvic health and knowing that you can control certain variables but must surrender to others during this time.

A 6 week all clear check isn't enough to resume back to activity at the same level as before or even during pregnancy. There is little to no guidance on how to reintegrate back into exercise or daily movement. This guide is a starting place.

As a Pregnancy & Postpartum Athleticism coach I help guide and support you during these chapters. My coaching and programs offer movements and strategies as well as evidenced based information to add into activities of daily living and current workout programming to empower you to make informed choices on what works best for YOUR body and goals!

You may find that while reading this guide that you will want to work with a Pelvic Floor Therapist who can assess the function and strength of your pelvic floor and offer prehab or rehab exercises that complement what we learn. If you have specific questions or concerns please reach out. I'll always recommend visiting a PFT at least once to know how your core and floor are working together! I can also recommend local PFTs in your area.

Contact me at: kate@tulafit.com if you have questions!

Kate



www.tulafit.com

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Vision & Mission

It's my mission to educate, advocate, support and help women navigate their pelvic floor and core health through all stages of life whether that's in pregnancy, postpartum or beyond..

My vision is to open dialogue, provide resources, offer support however I can and provide safe environments for women to feel empowered and confident to learn and move in ways that support their long term function and athleticism.

I became the person I needed when I was navigating my own pelvic health symptoms because there was no guidance. There were no resources.

There was very little support or consideration on how to help women navigate a significant chapter in their athleticism and lives.

It's my mission to keep evolving that. To do better and offer more. It's my goal to not only personally help women but connect women with trusted professionals all over the world that can offer help . hope and support wherever you may be in your own journey.



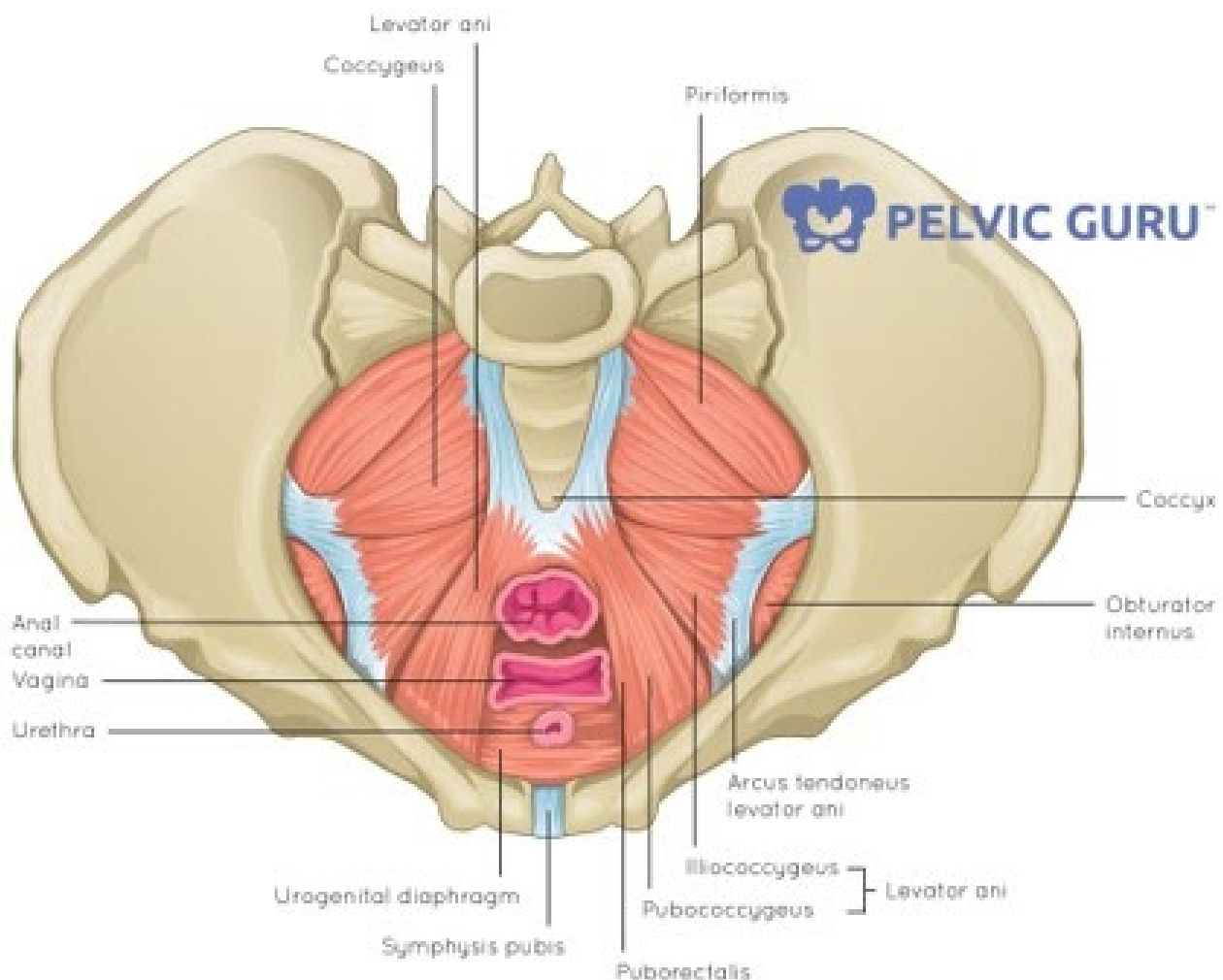
Anatomy 101: Pelvic Floor and Core

Pelvic Floor

The role of the Pelvic Floor includes:

1. Support- act as a basket to support pelvic organs against gravity and IAP
2. Stability- muscles assist abdominal, hip, and back muscles to control movement around hip and SI
3. Structural support at rest and when maximally contracted.
4. Sphincteric: control of the opening of the bladder or rectum (contract to prevent leakage and lengthen to allow urine or bowel movements)
5. Sexual pleasure and satisfaction

The PF forms a hammock and works together to support the structures above and within. It also dynamically responds to changes in pressure and load.



Anatomy 101: Pelvic Floor and Core

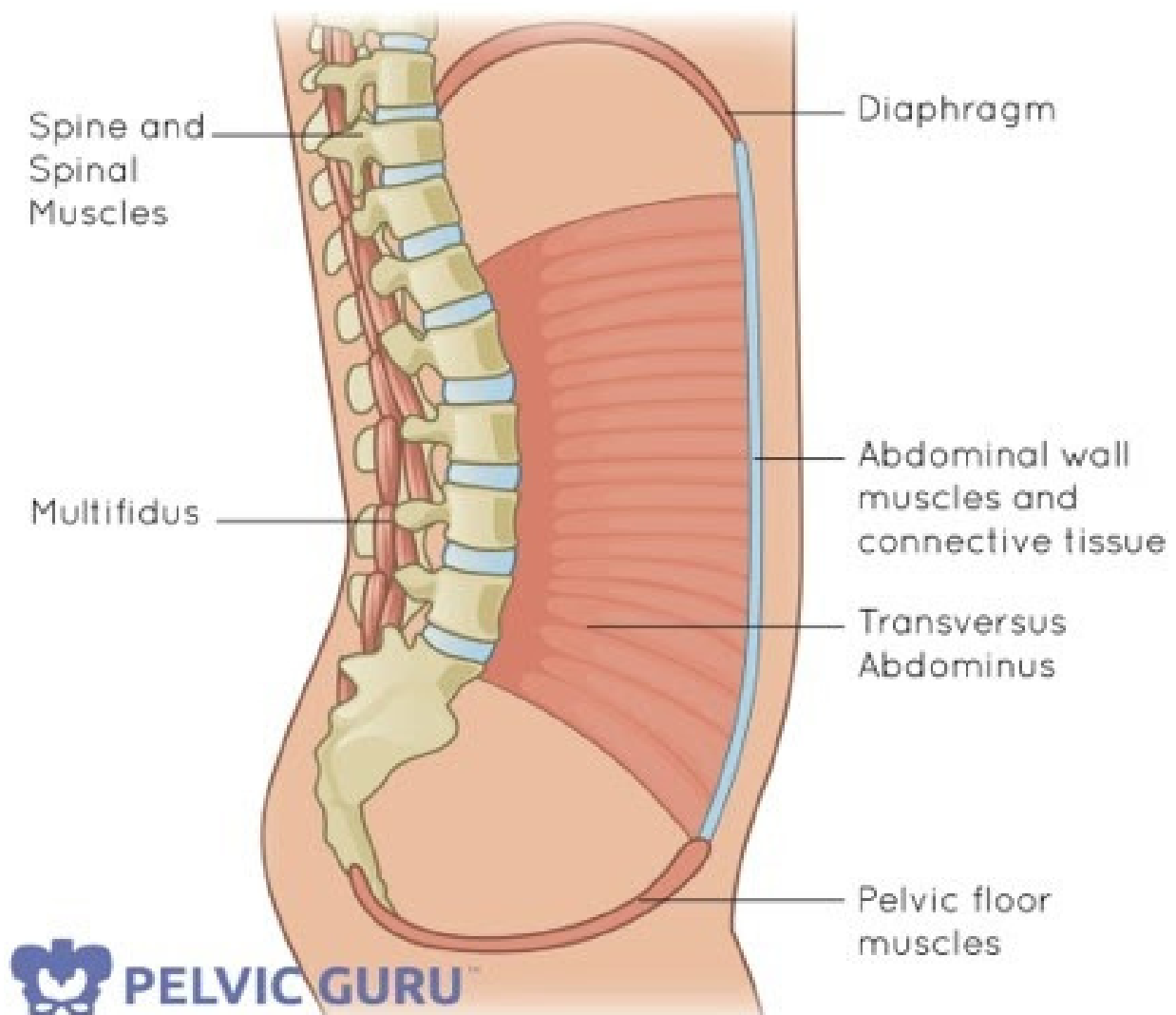
Core

The inner core is made up of the:

- Diaphragm
- transverse abdominis (TA)
- multifidus
- pelvic floor.

Typically, we think of the six pack (rectus abdominis) muscles or obliques, and while important, they do not make up the primary components of the core system.

We need to utilize all parts of the core for not only our favorite exercise, but daily activities like carrying kids, grocery shopping, or picking up legos for the 8 millionth time.



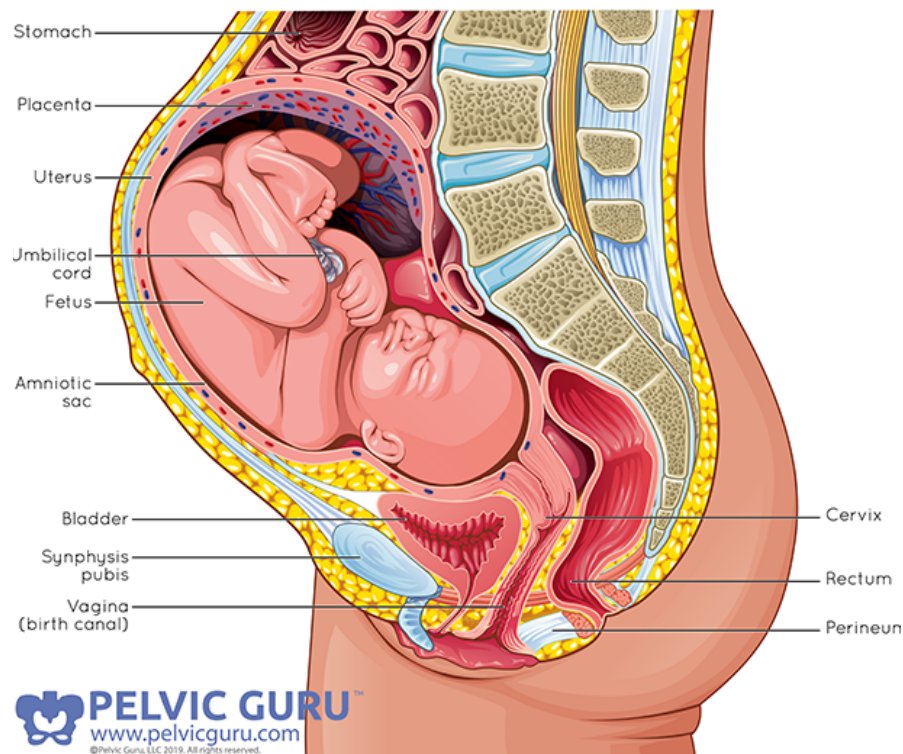
Anatomy 101: Pelvic Floor and Core

The PF muscles perform in conjunction with your inner core helping you create/maintain stability, balance, support, strength, pleasure, and helps keeps you dry!

- Diaphragm descends on the inhale and the TA and PF open making room for pressure and organs
- Diaphragm lifts on exhale with the TA and PF recoiling back creating an active contraction of the muscles

Normally, these muscles work in anticipation to automatically accomplish these tasks. During pregnancy, postpartum, or menopause, the body undergoes changes which can cause this system to sometimes be out of sync. As a result, issues like incontinence, diastasis recti and pelvic organ prolapse can occur.

By learning to use the core and pelvic floor together, it can help manage the pressure within our system which may reduce leaks, help improve diastasis, and rebuild overall strength.



Building Awareness: Pelvic Floor & Core Symptoms

Incontinence: Stress, Urge or Mixed
Stress is common for athletes in movements like running, jumping, sneezing, lifting, etc.
Often times due to mismanaged pressure, overactive pelvic floor

Pelvic Organ Prolapse: 4 degrees of prolapse
May feel like heaviness or a tampon falling out
May experience pressure, incontinence, painful sex
Surgery can be an option but is not the only option- working with a pelvic floor therapist is often the best place to start.
Pessaries are a tool that can help support.

Diastasis Recti: A "separation" of the connective tissue along the linea alba
100% common in pregnancy
May experience doming/coning, bulging along the midline which is pressure in the abdomen
Often times rebuilding core strength & understanding pressure management can help rehab DR.
Surgery may be desired but is often times not needed.

Pelvic Pain: Can encompass numerous varying issues like painful sex, SI, pubis symphysis, endometriosis, PCOS, fibroids, adhesions, scar tissue
Working with a pelvic floor PT can often help

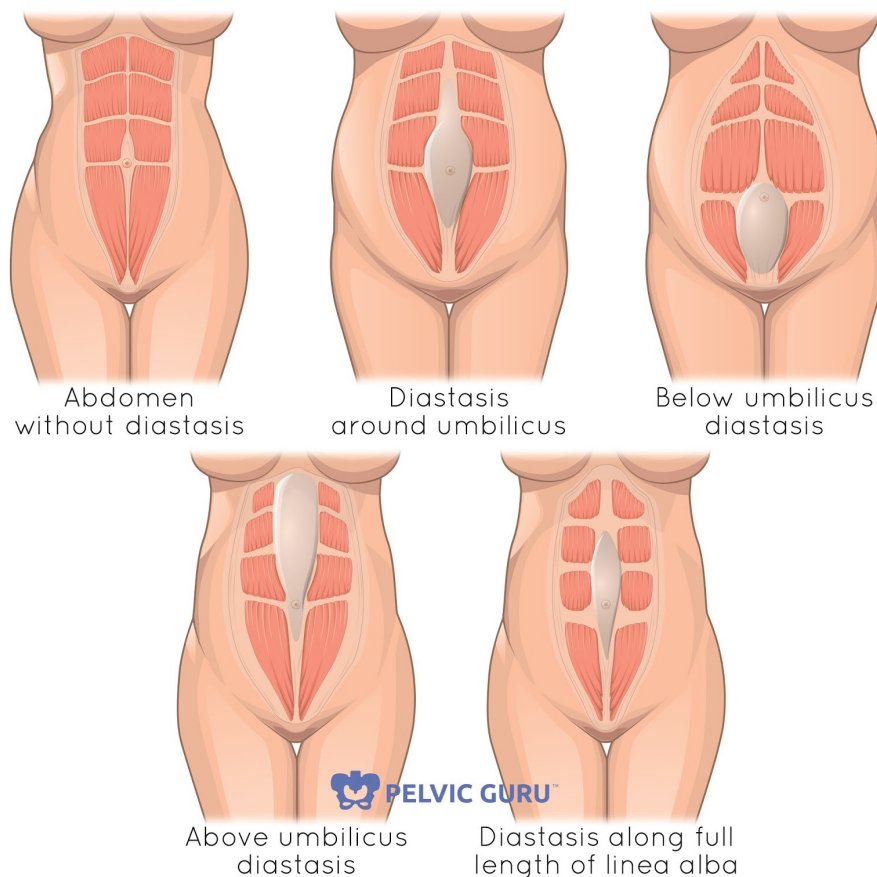
Scar Tissue/Tearing: Can result from c-section, surgery, episiotomy or tearing
4 degrees of tearing. 3 and 4 degree tears should have a pelvic floor therapist follow up

Diastasis Recti

Diastasis Recti is a huge buzz word right now. Essentially DR is a widening of your abdominal muscles and thinning of the connective tissue (linea alba) which runs along the center of your abdomen. It primarily occurs during pregnancy but non pregnant women and also men can have DR.

The doming/coning signals pressure in the abdomen. This is ok but could mean we need to adjust strategy or pause the movement depending on that feedback. Working with a P&PA coach or PFT can help.

Variations of Diastasis Recti



Diastasis Notes- Check depth, tension, and width: Take a picture if you'd like to monitor progress as well!

Instructions:

Step 1: Lying on your back with the knees bent and feet flat.

Step 2: Walk your hand along the linea alba (the midline) to get a sense of the tension here.

Step 3: Start with the 3 fingers of one hand pressing straight down into your belly just above the belly button. Tuck the chin towards the chest and slowly lift your head up off the floor.

Step 4: Repeat a couple of times adding or taking fingers away to get an idea of where your rectus muscles are and how things feel in general. This is a very small head-lift off the floor.

Step 5: Check all along the midline- at belly button, above and below.

Step 6: Re-test, but now think about closing the curtains (TVA contraction- gentle!) on your exhale breath and then lift your head.

Step 7: Assess how this feels and what has changed!

DR Assessment Video :<https://youtu.be/Bh7YfxDjERc>

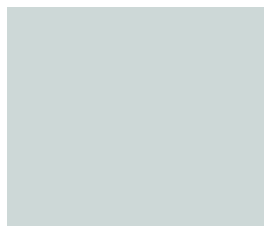
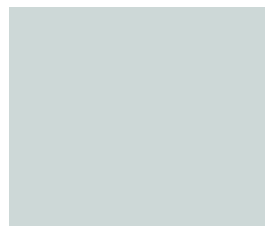
Diastasis Recti Assessment

Diastasis Recti Test- Start of Program

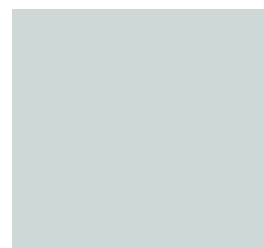
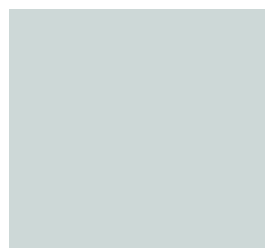
NO 360 BREATH

WITH 360 BREATH

Width: (how many fingers can you fit at belly button, above & below navel)



Depth/Tension (What is the depth or what does it feel like (squishy or hard) at your belly button, above & below navel)



Diastasis Recti Test- End of Program

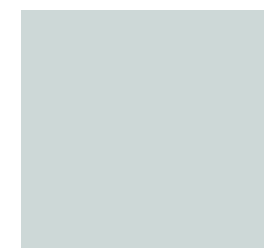
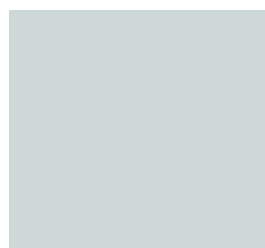
NO 360 BREATH

WITH 360 BREATH

Width: (how many fingers can you fit at belly button, above & below navel)



Depth/Tension (What is the depth or what does it feel like (squishy or hard) at your belly button, above & below navel)



Incontinence

There are 3 main types of incontinence which is the unintentional leaking of urine/feces

- Stress- leaking urine during movement (Cough, laugh, sneeze, lift, jump, run...)
- Urge- bladder contracts when it shouldn't, causing some urine to leak through the sphincter muscles holding the bladder closed
- Mixed- both stress and urge

Kegels are often thought to be the gold standard to help manage incontinence, however many times leaking is caused as a result of a pelvic floor being overactive and unable to relax. When the pelvic floor is unable to fully contract and relax it can give out resulting in leaks (think jumping).

Ex: If you constantly have your bicep flexed it's not functioning as well as it could be and eventually it will fatigue and lose strength. Same with your PF. If it's always flexing eventually it will have to let go!

Additionally leaking may just be a result of learning new ways to coordinate things! Often times changing position, breath, tension among other strategies can help.

Urge incontinence (like you have to pee when you hear a faucet turn on or you have to use the bathroom before a workout- every time) can oftentimes be mitigated through retraining of habits and tendencies. Working with a pelvic floor PT can help associate triggers and how to help manage these incidences.

Notes on Leaks: Building awareness on when leaks happen...

(Think at certain weights, reps, volume, distance, if you've been sick, are you on your period, etc.)

Incontinence Worksheet

Notes on Leaks: Building awareness on when leaks happen...

(Think at certain weights, reps, volume, distance, if you've been sick, are you on your period, etc.)

DO YOU LEAK WHEN...	NO	YES- ADD NOTES
Squat		
Deadlift		
Lunge		
Pushup		
Pull (pullup, ring row, etc)		
Overhead Press		
Kettlebell Swing		
Run		
Carry		
Jump		
Laugh/Cough/Sneeze		
Activity before or during period?		

Pelvic Organ Prolapse

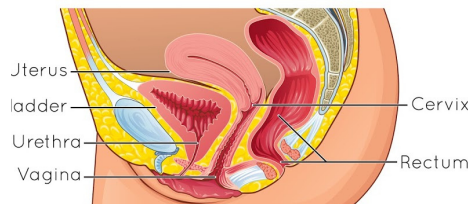
Loss of support for pelvic organs that leads to descent with 4 stages.

Most Common:

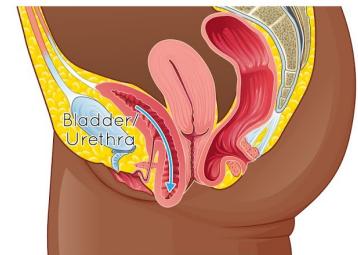
- Cystocele
- Rectocele
- Uterine

Estimate 3.3 million in the US, with an estimate up to 50% worldwide have POP.

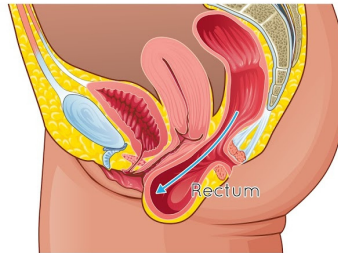
Being diagnosed with a prolapse is not a life sentence- there are strategies to support and symptoms can vastly improve!



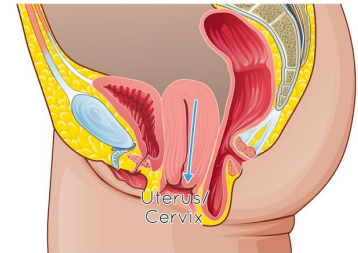
Anatomy without prolapse



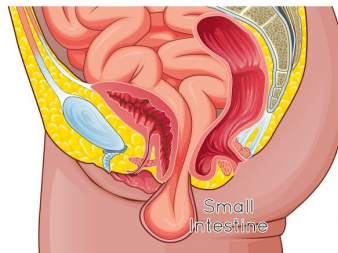
Cystocele / Cystourethrocele



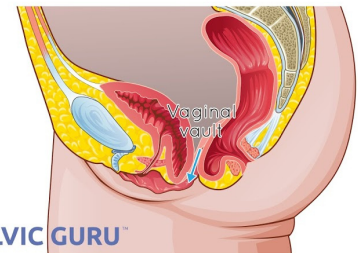
Rectocele



Uterine prolapse



Enterocele



Vaginal vault prolapse



Many women have found that the Option 1 Breath strategy (exhale through full range of motion explained in breathing section) feels the best when starting to integrate movement back postpartum with prolapse. Work with a PFPT to assess the type, grade, and also if there are tools like pessaries that can support!

Symptoms (some not all):

- Pressure or bulging feeling in vagina
- Feels like a tampon is falling out (or a tampon may actually fall out or be hard to insert)
- A ball or feeling of heaviness/painful sex
- Incontinence

Breathing

ASSESSMENT:

- Test: when you inhale where do you feel your air going?
 - Shoulders?
 - Chest?
 - Belly?
 - Ribs/belly/back?
- Test: on inhale do your belly/ribs gently rise or do they contract inwards?
- Test: on exhale do your belly and ribs contract or do they expand?
- Test: when you laugh, cough, yell what does your belly do?
- Test: Are you able to expand your ribs when you breathe (imagine filling up balloons in your lungs.)
- Test: try a few squats or pick something off the floor. What do you notice? Did you hold your breath? Did you exhale at all? Inhale?

Breathing Notes:

Build awareness of how you breathe in various positions throughout the day. Ex: Do you hold your breath to pick up small items around the house?

Breathing 101

There is no wrong ways to breathe, however there are ways to generate a more coordinated system between our core and pelvic floor which can help manage pressure. Mismanagement of pressure can often be the reason for leaking, a Diastasis that's unable to regain function, or prolapse symptoms.

Over time our bodies have adapted compensations in breathing patterns. It's the goal of this program to help you recognize your tendencies and to learn breathing patterns that support you, your movement, function, and your goals.

One of the most common compensations we have adapted is breath holding for doing ALL OF THE THINGS.

If you held your breath in the test above it's not wrong however we are relying on creating excessive intra abdominal pressure to help support and stabilize us rather than our deep core muscles.

Breath hold can be appropriate for performing max lifts/efforts (max deadlift, picking up a couch, 1RM squats, etc.) However, we tend to hold our breath for everything- air squats, picking up groceries, our kids, a lego, Nerf darts, etc. Sometimes less is more!

Awareness Tip:

- Try to breathe through movements by not holding your breath!
- Place your hand on your belly and one on your ribs. Think about breathing into your ribs/back and letting the belly relax into your hand.
- As you exhale the pelvic floor and belly should contract away from hand and ribs should contract inwards as well.
- When you cough, sneeze, laugh try putting your hand on your belly to gauge your tendencies. Does your stomach push down and out? If so, by placing your hands on your belly the next time you laugh, cough, etc think about drawing in rather than pushing out. Having feedback here can be helpful in "cueing" what you want!

What happens when I breathe?

- Inhale- the diaphragm descends and the core/pelvic floor expand and relax
- Exhale- The diaphragm rises and the pelvic floor gently lifts upwards with the transverse abdominis (deep corset abs!) gently contracting

Breathing 101

Breathing Video: Core Connection Breath [here](#) and [here](#)

1. To inhale, think about a 360 degree breath, breathing right into the bra strap area around your ribcage, letting your belly gently rise
 - a. Imagine your broadening your pelvic floor or like it's a flower opening
2. To exhale: As you exhale, think about gently lifting up a blueberry or pulling a tissue out of a box with your vagina. Spend a few breaths here. Then try thinking about your hips bones gently coming together or lifting your belly button up and in towards your heart/sternum (not pulling belly button to spine) to add in coordinated transverse abdominals (deep corset muscles) for support.
 - a. Try not to over contract- think about a level 3 not a level 10!
 - b. More is not always better.
 - c. We want to think about using the appropriate tension to task to complete the demand or movement.
 - d. TIP: Lip trajectory: try using your lips pursed like blowing through a straw or blowing petals off a dandelion. You can also try the "Tsss" sound with the tongue on the back of the upper teeth! Play around and see what you like!
 - e. The 2 options below are just some of the options but are great places to start!

Option 1:

Inhale relax pelvic floor, belly & glutes. Then start to exhale **gently** lifting PF (think lifting a blueberry up & in or zipping your clit). Then work through the full range of motion

Ex: (Inhale relax, start exhale & begin squat exhaling through full ROM)

Ex: (Pushup, start at floor or incline, inhale relax, then start exhale, then pushup exhaling through full ROM)

This strategy often works well early postpartum, 3rd trimester, or those navigating prolapse.

Option 2:

Inhale on the eccentric part of the movement and exhale with small PF lift before you begin the concentric or hard part of the movement.

Ex: (Inhale down in squat & then start your exhale right before you start to come back up out of the squat.)

This strategy is also common and one many athletes find themselves able to automate within workouts. This strategy is often one we build to.

Breathing Strategy Assessment

Notes: Which Strategy Works Best for You? Choose breathing strategy option 1 or 2 for each of the movements below. (it's ok to have more than 1 way!)

	#1	#2
Squat		
Deadlift		
Lunge		
Pushup		
Pull (pullup, ring row, bent over rows, etc)		
Overhead Press		
Kettlebell Swing		
Rotation (ex: woodchopper, russian twist)		

While learning new breathing strategies may be frustrating at first, the goal is to recoordinate and reconnect our system. In time, the goal is to create automaticity in which you do not think about everything so much!

Strategy 1 Reminder:

Inhale & relax PF, glutes & belly
Start exhale (like blowing through straw)
Gently lift PF up & in (see tips on prev. pg.)
Exhale through full ROM.

Strategy 2 Reminder:

Inhale through the "easier" portion
Then start exhale (like blowing through straw) right before the "hard" part of the movement.
Ex: inhale down on squat, start exhale & then stand.

Tension

ASSESSMENT:

What are your tension tendencies?

- Test: Create max tension (global tension)...
- Squeeze body, everything, then relax, let it go, let it go more.
- Areas to feel yourself let go:
 - Glutes
 - Abs/Belly
 - Jaw
 - Shoulders
 - Back
- What do you feel?
- What feels good, best, or harder?
- Now try the tension strategy with a light deadlift or squat. What amount of tension feels best. Can you spread it around?

Tension Notes:

Build awareness of how you hold tension throughout the day and in various positions. Ex: Do you squeeze everything as hard as possible before deadlifting? Do you squeeze harder when jumping to stop leaks if you feel them starting?

Position/Posture

There is no wrong way to stand but there are more effective ways that can help coordinate our body to function especially if we have symptoms.

- Ribs over Hips
- Limit butt tucking and ribs thrusting upwards as you learn to reconnect
- Play with rotation of pelvis- tuck under and rotate pelvis out & find a neutral that works for you.
- Relax your belly and your glutes.
- Weight midfoot
- Using a slight lean forward (think ski jump) can help you connect your PF!
- Core Connection breath should not come from your glutes!
- If you feel pain in a certain position- please adjust! There is no one size fits all position- neutral is a range for everyBODY.
- During pregnancy note where your belly trajectory is pointing- if its pointing upwards try adjusting so that its more forward or even down sometimes



Position/Posture

ASSESSMENT:

Take a picture of yourself in a mirror or have someone take a picture of you from the side

- Are your glutes in front of your hips or tucked under?
- Where are your glutes positioned if not in the position above?
- Where do you feel most of your weight distributed in your feet when you stand? (toes, midfoot, heels)
- Are your shoulders behind your hips when you stand?
- Are your ribs pointing up or down? (Do your breasts point more upwards or downwards when you stand)
- Is your lower back arched a lot, somewhat or not at all
- Do you notice if you stand to one side more than the other?

Position/Posture Notes:

Build awareness of how you are positioned throughout the day. Ex: Hold the baby only on one side? Do the dishes with hips in front leaning on the counter? No wrong way- just start building awareness and what feels good or that could be done differently.

Mindset and Athlete Brain

"Listen to the voice you've been taught to ignore." -
Brianna Battles

- Pregnancy and postpartum chapters are different- we don't always know what to or how to listen
- Athletes are conditioned to push past pain thresholds- in pregnancy and postpartum the body is undergoing rapid change, not all considerations that should be taken into account are.
- Just because you can do a movement, doesn't always mean you should (at least not without implementing strategy that supports your considerations)
- Risk vs. Reward Mindset
- *"Intention now for Intensity Later"* (Brianna Battles) and *"It's not forever, just for now"* (Antony Lo) can be helpful mantras during pregnancy and the rebuilding phase of postpartum or rehabbing an injury!

If you had an ankle sprain or were coming back to the gym after an ACL surgery- wouldn't you have a plan? Most individuals would work with a doctor, Physical Therapist, and their coaches on a safe, progressive way to add movement back into their routine.

Why do we not do the same for pregnant or postpartum moms who undergo rapid and significant change or have have just experienced trauma to their body?

6 weeks postpartum and the "all clear" is not a green light- its a yellow light to progress to the next part of your recovery.

Training in Pregnancy

It can be exciting and also may be difficult to see your body look and feel different as you become pregnant and as that pregnancy progresses.

During pregnancy we adjust our mindset to focus on what you can control versus what you may not be able to. A fit pregnancy does not always equal an easy pregnancy or birth as there are many uncontrollable variables that come into play.

Working out during pregnancy though has many benefits overall for both mom and baby.

During this time we focus on educating ourselves and make adjustments that can help manage and possibly prevent core/pelvic health symptoms at least to the best of our abilities.

Exercise Benefits in Pregnancy

Higher likelihood of:

- Vaginal delivery

Lower likelihood of:

- Excessive gestational weight gain
- Gestational diabetes mellitus
- Gestational hypertensive disorders*
- Preterm birth
- Cesarean birth
- Lower birth weight

Also can help:

- reduce stress/anxiety
- aches/pains
- strengthen heart & blood vessels
- improve sleep
- prepare for postpartum recovery

ACOG resource Box 2 found [here](#)

These chapters are about learning how to make informed choices rather than just listening to your body and wondering how or what that means.

1st Trimester

Focus:

- Educating yourself on core/pelvic floor health and symptoms to be aware of
- Learning and building awareness of movement tendencies now so we can work to adjust/adapt
- Learning breathing, position, tension, pressure management strategies that can help support
- Building in rest and possibly modifications for fatigue and nausea
- Adjusting mindset expectations of training during pregnancy

Common Changes in 1st Trimester

- increased blood volume/heart rate
- fatigue: prioritize rest
- nausea/ food aversions
- shortness of breath
- increase in estrogen, progesterone & relaxin
- breast tenderness
- increased urination
- emotional changes (excitement, depression, fear, anxiety)

Changes in our bodies happen fast in the 1st trimester. Some of us may feel fatigue, sick, have headaches, food aversions, and tender breasts to name a few things!

With these changes navigating fitness can sometimes feel challenging, frustrating, and scary.

We can feel stuck and alone with how to proceed especially if we aren't telling others yet that we are expecting.

Changes in our hormones and energy levels can affect the way we feel, eat, and train. You may feel anxious, nervous, scared, excited, or even sad with the news of becoming pregnant. Some women may be ready to embrace all of these upcoming changes while others may be anxious at the thought of losing their identity, worried about weight gain/body image, or athleticism.

All of these are valid feelings!

Whether you are a seasoned athlete or just starting an exercise program, aerobic exercise along with moderate strength training can benefit most everyone unless your medical provider has advised against exercise due to absolute contraindications (found [here](#) in the ACOG guidelines: Box 3)

1st Trimester

Questions to start asking, considering or building awareness on during your pregnancy.

- Are you experiencing pain, leaking, heaviness in the vagina, or doming/coning along the midline of the core?
- Are you able to breathe through movements or are you holding your breath?
- Are you gripping your abdomen or clenching your glutes? Evaluate tension you are carrying in daily activities in and out of the gym.
- Risk vs Reward: Just because you can do something should you?
- Become aware of your tendencies in positions (ex: standing more to one side, glutes tucked under the pelvis, rib cage pointing upwards, etc.)

We are exercising to stay healthy, maintain muscle, help improve mindset, prepare our body for birth and for healing postpartum. You may need to make additional adjustments rather than doing what you've always done.

Start to create awareness of the following items as you go through the 1st and 2nd trimesters. For additional information regarding positions, breathing strategies, tension, etc please see the preceding pages in which you can take notes in regards to your tendencies and review helpful strategies to try.

Notes:

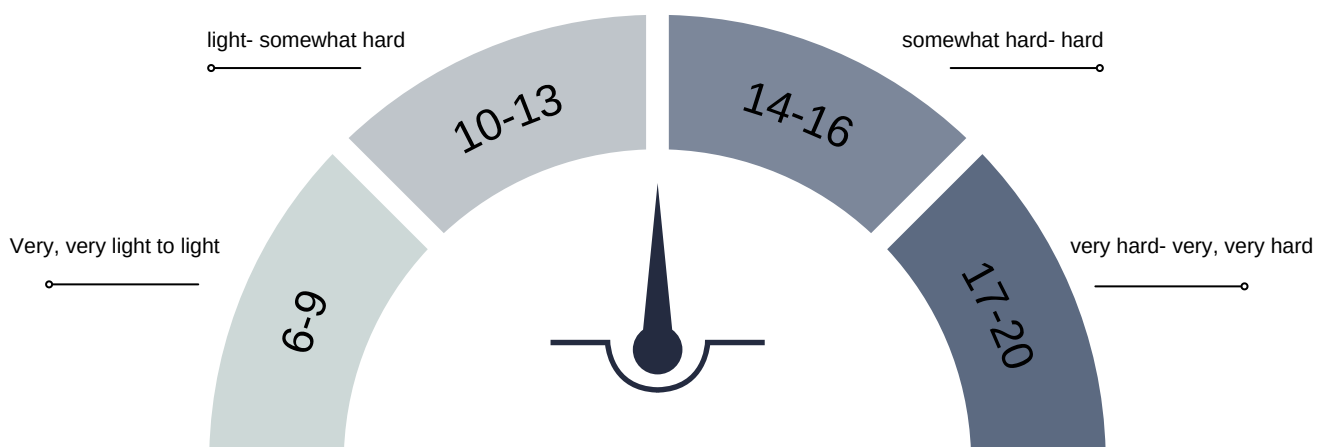
Movement Tips for 1st Trimester

- Build awareness & understanding of athlete brain- for now we pause on PRs, high intensity/max loads to support core/pelvic health. now and into postpartum.
- Adjusting mindset to intention & quality over intensity & quantity
- Opportunity to work on breathing & other strategies that can help set you up not back during postpartum
- Rest as you need- it's ok!
- Pause higher risk activities (skiing, contact sports, riding horses, etc.)
- Pause activities with a risk for falling (rope climbs, box jumps, etc)
- Pause max effort exertion, lifts & use of weight belts.
- Try to not breath hold during movement & if you feel like you need to adjust the load/movement)
- Use the talk test to help monitor workout intensity. Think moderate intensity. (You should be able to have a short conversation with someone!) See the perceived rate of exertion chart.
- Adjust distance, load, volume, duration & impact as needed
- Add in glute, hip, core, single leg & other accessory work- this is an opportunity to dial in so many things!
- Most movements can still be done as you would normally do them. Stop and reassess though if you do have pain, leaking, dizziness, etc.
- Can continue activities for the most part- please talk to your coaches and doctors so that you can have a team to support you!

Rate of Perceived Exertion: (per ACOG guidelines [here](#) Table 2)

This is a 15 grade scale which is recommended not absolute. It will depend on the athlete, symptoms, level of athleticism, workout and day.

Per ACOG: "ratings of perceived exertion may be a more effective means to monitor exercise intensity during pregnancy than heart-rate. For moderate-intensity exercise, ratings of perceived exertion should be 13–14 (somewhat hard) on the Borg ratings of perceived exertion scale. Using the "talk test" is a way to measure exertion."



2nd Trimester

Focus:

- Continue educating yourself on core/pelvic floor health and symptoms to be aware of
- Learning and building awareness of movement tendencies now so we can work to adjust/adapt
- Implementing breathing, position, tension, pressure management strategies that can help support
- Adjusting mindset and expectations of training during pregnancy
- Adjusting load, volume, impact, distance, dynamic movements, flexion/extension core focused movements
- Enjoying increased energy levels (hopefully!) but also still resting on the days/times you need

Common Changes in 2nd Trimester

- may have increased energy
- may have reduced nausea
- Round ligament/pelvic girdle pain
- edema (swelling)
- weight gain/breast size
- experiencing new feelings emotionally, physically

By weeks 13/14 many symptoms like fatigue and nausea have subsided with many women reporting that they have a newfound feeling of energy! (Not all women experience this and it's ok—pregnancy is not one size fits all and we each have our own unique experiences.)

2nd Trimester Awareness Tips:

- Doming/Coning of the linea alba (the connective tissue that runs down the middle of your abdomen between the rectus muscles.)
- leaking urine/gas
- heaviness or pressure in the vagina
- SI or pubis symphysis pain: try not to push into the movement if you experience this- work with a pelvic floor therapist or qualified prenatal coach

Other things to consider as you navigate the 2nd trimester:

- Are you able to breathe through movements or are you holding your breath?
- Are you gripping your abdomen or clenching your glutes? Evaluate tension you are carrying in daily activities in and out of the gym.
- Risk vs Reward: Just because you can do something should you?
- Become aware of your tendencies in positions (ex: standing more to one side, glutes tucked under the pelvis, rib cage pointing upwards, etc.)

2nd Trimester

Possible Movement Adjustments

- Continue to build awareness & understanding of athlete brain "Intention and quality now for intensity and quantity later"
- Consider pausing high impact movements like running or double unders
- Opportunity to work on breathing & other strategies that can help set you up not back during postpartum
- Adjust range of motion, position and movements to accommodate your belly
- Transitioning from barbell cleans and snatches to dumbbell or kettlebell variations,
- Elevate burpees, planks and pushups to help reduce pressure along the abdominal wall (Pause dynamic or high skill gymnastics moves like kipping HSPU)
- Core work may need to be adjusted here transitioning out of situps, knees to elbow, planks, toes to bar, handstand pushups, pushups, ghds, v-ups (extension/flexion movements of abdomen)
- Adjust mindset to what movement supports me most right now rather than directly trying to replicate the movement perfectly. (Ex: sub a Russian kettlebell swing for toes to bar)
- Rest as you need- it's ok!
- Pause higher risk activities (skiing, contact sports, riding horses, etc.)
- Pause activities with a risk for falling (rope climbs, box jumps, etc)
- Pause max effort exertion, lifts & use of weight belts.
- Eliminating breath holding/valsalva maneuvers for lifting (recommend not lifting over 70% of 1 RM as a starting place).
- Try to not breath hold during movement & if you feel like you need to adjust the load/movement)
- Use the talk test to help monitor workout intensity. Think moderate intensity.
- Adjust distance, load, volume, duration & impact as needed
- Add in glute, hip, core, single leg & other accessory work
- Keep checking in with your coaches and medical team!

Exercise modifications are not one size fits all. You may find you begging to adjust everything at once or gradually. 14-18 weeks is a great time to revisit movement and strategies as you navigate this next phase!

3rd Trimester

Focus:

- Continue educating yourself on core/pelvic floor health and symptoms to be aware of
- Adapting breathing, position, tension, pressure management strategies that can help support current chapter
- Building in more rest and possibly modifications for increased fatigue and physiological changes (belly, swelling, weight, etc)
- Adjusting mindset and expectations of training
- Acknowledging you have given yourself the best chance possible to set yourself up for what you could control during this time and surrendering to the things you cannot control like the type of birth you may have.

Movement Adjustments:

- Further reducing volume if still running
- Reducing or pausing overhead movements
- Do what feels good to you
- Reduce or change range of motion in squats, rowing, pressing, pulling, lunging, deadlifting as needed
- Try new stances
- Exhale *through* exertion rather than the breath strategy of exhale *on* exertion (although both are valuable depending on the individual!)

Pregnancy: Suggested Timeline & Movement Modifications

(Not all encompassing and will depend on individual considerations).

Suggested Movements to Pause as soon as possible

- Rope Climbs
- Box Jumps
- Max effort lifts
- Max effort exertion
- Competition
- Weight belt
- (Ring/Bar muscleups)



1st Trimester

- Reduce intensity, load, volume, duration, impact as needed recognizing you may be more fatigued or nauseous during this time
- Move to feel good
- Consider adding: Start adding in breath work homework/single leg/glute focus accessory work
- Work on: Learning breathing/alignment/tension/pressure strategies now to help support later

Pregnancy: Suggested Timeline & Movement Modifications

(Not all encompassing and will depend on individual considerations).

2nd Trimester

- reduce/remove running
- Reduce/remove jumping
- Reduce/adjust kipping, sit-ups/v-ups, ghds, handstand pushups
- Reduce load
- Reduce high impact
- Transition /pause Olympic lifting due to change in bar path
- Begin to build awareness around heaviness, leaking, coning further adjust as needed
- Burpees to ground- adjust to incline or sub as needed
- Planks/pushups to incline
- Continue to add mobility, breath work, glute/hip/core accessory work



3rd Trimester

- Adjust overhead pressing as needed
- Further reduce volume, load, intensity as needed
- Focus on mobility, breathing and pelvic floor lengthening as needed to prepare for birth (ex: deep squat)
- Add walks as you want them as well as naps!

Pregnancy: Suggested Timeline & Movement Modifications

(Not all encompassing and will depend on individual considerations).

Running

- Walking
- Sled Pushes/drag
- Farmer carries
- Bike
- Row
- Ski
- Reducing distance/intensity

Double Unders

- toe taps
- Calf raises
- Bike/row (adjust to a similar time domain as DUs)
- Carries

Pull-ups

- reduce kipping to strict then vary adjustments
- Banded
- ring rows
- Inverted rows
- Lat Pulldowns
- Toe assist pull-ups
- Banded Pulldowns
- Bent over rows
- Highpulls



Handstand pushups

- seated overhead press
- Single arm OH head press
- Landmine press
- Banded OH press
- Pallof press
- Single arm carries/hold
- Wall plank
- Wall plank shoulder taps

Pregnancy: Suggested Timeline & Movement Modifications

(Not all encompassing and will depend on individual considerations).

Burpee

- incline pushup to squat
- Incline burpee
- Incline step back and step forward burpee
- Banded chest press with squat
- Banded row with squat
- Landmine press to squat
- Up/down

Kettlebell swing

- Russian swing
- Carries
- Banded pull thru
- Deadlift variations



Toes to Bar

- kettlebell march
- Russian kettlebell swing
- Lat Pulldowns
- Toe assisted bar hang/hold/knee lifts
- Band pullaparts
- Wall sit chest press
- Pallof hold glute bridge/hip thrust
- glute bridges/hip thrusts

Box Jumps

- single leg step ups
- Stationary StepUps
- Lateral StepUps
- Offset step ups
- Toe taps
- Carries
- Row/bike/ski
- Incline mountain climbers
- Banded pull thru

Pregnancy: Suggested Timeline & Movement Modifications

(Not all encompassing and will depend on individual considerations).

Situps/vups

- Pallof press
- Glute bridges
- Hip thrusts
- Lateral/forward/backwards banded walks
- Turkish getup sit-up
- Pelvic tilts
- Kettlebell march (single rack or goblet style)

Rope Climbs

- consider removing right away
- Ring rows
- Rope box sit to stands
- Bent over rows
- Battle rope
- Practice foot wrap from box to stand
- Sled pull drag

Toes to Bar

- kettlebell march
- Russian kettlebell swing
- Lat Pulldowns
- Toe assisted bar hang/hold/knee lifts
- Band pullaparts
- Wall sit chest press
- Pallof hold glute bridge/hip thrust
- glute bridges/hip thrusts

Hollow hold

- toe assist
- Banded hollow
- Banded overhead hold
- Wall sit with goblet hold
- Glute bridge/hip thrust hold
- Box squats
- Farmer carry
- Pallof holds
- Pelvic tilts/circles

Russian Twists/Wipers

- seated rotation
- Banded pallof rotation
- Kneeling woodchoppers

Pregnancy: Suggested Timeline & Movement Modifications

(Not all encompassing and will depend on individual considerations).

Pushups

- Pallof press
- landmine press
- incline/elevate
- floor press
- incline bench press
- banded chest press

Plank

- incline/elevate
- farmer carries
- pallof hold
- front rack holds
- glute bridges
- bird dog (leg or arm only variations)



Pregnancy: Suggested Timeline & Movement Modifications

(Not all encompassing and will depend on individual considerations).

Overhead press

- single arm press
- Pallof press
- Landmine press (single arm and arms together)
- Chest press
- Incline bench press

Deadlifts

- elevated
- sump stance
- suitcase
- good morning
- banded pull thru
- hip thrust/glute bride
- sled pull or drag
- adjust stance, grip, position as needed

Lunges

- try adjusting length, torso position, breath
- lateral lunge
- small step ups
- split squat (adjust depth as needed)
- kickstand deadlift
- glute bridge with adduction ball squeeze
- narrow stance squat



Snatch/ Clean & Jerk

- use dumbbell/kettlebell variations once bump impedes bar path
- Single arm variation
- Hang
- Muscle
- High pull
- SA front squat
- clean/snatch grip deadlift
- snatch press/clean press
- snatch balance (if no symptoms)

4th Trimester

Postpartum

In May 2018, ACOG (American College of Obstetricians and Gynecologists) redefined their concept of postpartum care.

It is now recommended that “postpartum care should be an ongoing process, rather than a single encounter.”

A few postpartum considerations include:

- Hormones
- Tissue repair can take up to 2 years
- Lack of sleep
- Breastfeeding & hormones (relaxin can stay in the body for up to 6 months after breastfeeding has stopped)
- Psychological and Emotional Impact

Advocate for yourself if something doesn't feel right. Get the referral to PFPT as the next step to part of your recovery.

Slow is fast in this postpartum chapter.

We intentionally build a foundation so that we can progress for long term strength and function. This program is intended to help you dial in fundamental strategies to help you recover from a significant life event by honoring where your body has been and where you want to go.

The TulaFit for Her class or the Postpartum Fitness Foundations program will help you build your foundation that can be built upon over time.

Note: Progressing to gymnastics, Olympic lifting and running won't be discussed in this guide but programming and further resources are available via consultations or one on one coaching.

Suggested Timeline- Postpartum

Progressive Overload

Each person will have a timeline unique to them based on their symptoms, recovery, & goals.

Depending on the movement, you may need to regress in order to progress. It's about finding a strategy that works for you to find control and balance within the movement.

Progressively overloading through stress + adaptation = recovery. Learn a strategy, control the movement, load through volume, duration, load, impact, then add dynamic movement/intensity/competition, etc. Download the postpartum timeline guide [here](#).



Learn strategies that work with your pelvic floor, core & body- Focus on restgentle activity



Control movements with strategies. Quality over quantity. Intention over intensity.



Progressively add more load, volume, intensity, impact. Assess then progress. 2 steps forward 1 step back - its ok!



Keep progressively adding load, volume, intensity, impact and dynamic movements. Introduce breath holding if applicable.



Continue to assess & meet yourself where you are!

Strategy Reminder Summary

01

Check your breathing

- Breathe into ribs, back & belly on inhale & relax PF, belly & glutes.
- Exhale, PF gently contracting up and in with your deep core muscles?
- Option 1: Inhale 360, start exhale through full ROM
- Option 2: Inhale 360 on easy part of movement & exhale prior to hard part of movement

02

Check in with your pressure

- Do you have coning/doming of abdomen? Feel pressure in your PF or have leaks?
- Can you redistribute pressure through breath, position, or tension (more or less?)

03

Check in with your tension

- Where are you holding your tension? Let it go!
- Think “tension to task” only using the amount of tension required to complete the task at hand. Sometimes less is more!
- Spread the tension around your body to evenly distribute.

04

Check in with your positioning

- If you have symptoms, how are you positioned? Pelvis? Weight on feet? Ribs? Can you try something different?
- Build awareness and allow yourself to shift into positions for proactive strategy & support
- Body weight midfoot, rib cage stacked over hips, tension released (glutes/abs relaxed)
- Adjust & build awareness in daily activities

05

Adjust & adapt movement to meet you where you are

- Utilize core and pelvic health strategies to work with you for long term function and strength
- Adjust load, volume, stimulus, range of motion, readiness for a movement based on risk vs. reward or reasoning for doing the movement
- Progressive overload: gradually do more over time (walk before run, squat before jump)

Resources

- 1) [Brianna Battles: Pregnancy & Postpartum Athleticism Coaches Course](#)
- 2) [Antony Lo, The Physio Detective, Physiotherapist](#)
The Female Athlete Course and Peak Simplicity Masterclass
- 3) [PopUp Pro, Haley Shevenar & Annemarie Everett](#)
- 4) [Teresa Waser, Physiotherapist RX Therapy](#)
- 5) [Tracy Sher, The Pelvic Guru](#)
- 6) [Jessie Mundell, Postnatal Fitness Specialist Academy](#)
- 7) [Dr. Munira Hudani- Diastasis Recti](#)

Trusted professionals, mentors, and evidence based resources: (links attached)

- 1) [Brianna Battles: Pregnancy & Postpartum Athleticism](#)
- 2) [Antony Lo, The Physio Detective, Physiotherapist](#)
The Female Athlete Course and Peak Simplicity Masterclass
- 3) [PopUp Lifting](#)
- 4) [Dr. Carrie Pagliano- Postpartum Return to Run Program](#)
- 5) [Dr. Laurel Proulx- FemUnfolding](#)
- 6) [Dr. Krystyna Holland](#)
- 7) [Theresa Waser, Physiotherapist \(RX Physio\)](#)
- 8) [Moms Gone Strong/Girls Gone Strong- Molly Galbraith](#)
- 9) [Dr. Terri Robertson Elder](#)
- 10) [The Barbell Mamas](#)
- 11) [The Pelvic Guru- PT Finder](#)
- 12) [Lisa Ryan- Diastasis Recti/Abdominalplasty](#)
- 13) [Dr. Munira Hudani](#)
- 14) [Casey Hardesty- Two Peas Wellness/Pregnancy Loss](#)

Thank you!



Moms are athletes! I love these pictures- my boys hugging me right before the final event at my last competition.

My personal pregnancy and postpartum experiences led me to pursue more education, knowledge and work with the best evidenced based programs currently available. You don't have to give up one to be another. Motherhood is athleticism. There is so much support, guidance and help available if you choose.

Please ask- you are not alone in this!

Kate



PREGNANCY & POSTPARTUM
ATHLETICISM



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Testimonial



TRINA R.

Kate is a key part of my postpartum recovery team following the birth of my second child. Kate is the answer to the daunting question of “what the heck do I do to get back to doing WODs the way I used to do them before pregnancy.” Every postpartum woman needs a coach like Kate.

ASHLEY T.

Working with Kate during pregnancy and now during postpartum has been SO beneficial for me! She has taught me so much about how to heal and how to start getting strong again! (And so much more!) I love Kate and strongly recommend working with her! ♥



HANNAH P.

I played in a volleyball tournament today and felt SO much stronger than even just a few weeks ago when I played! It's amazing! I was hitting again... and my lower back hasn't hurt a bit! I'm so thankful!

Next Steps

Looking for individualized programming during pregnancy or a dedicated program to help you rebuild and get back to what you love postpartum?

I offer one on one training for pregnant and/or postpartum athletes. I can help you confidently navigate training during pregnancy via an individualized program based on your goals, time, and individual considerations.

My postpartum program training can help you rebuild your foundation of strength while taking into consideration your core/pelvic health, your birth experience, any symptoms you may have and of course your goals and where you want to go.

[CLICK HERE TO LEARN MORE](#)

