

Common Birth-Related Issues and How Yoga Therapy Can Help

By Carlos Villanueva RYT 500, RPYT

Aum Home Shala (IAYT)

11/18/2018

I. **Abstract:** Yoga Therapy can play an important role helping women post-partum. To do this effectively it is important to understand what happens to the female body before, during and after pregnancy and how those changes can have lingering effects. Moreover, Yoga therapist needs to understand what the 4th trimester is and what are most common pathologists that affect post-partum women. Furthermore, using the koshas model can be valuable resources in creating a yoga therapy intake, assessment and protocol.

II. **Objectives**

- A. (What happens to the female body before, during child birth)
- B. (The 4th Trimester)
- C. (Most Common Pathologies/Conditions)
- D. (How To Create a Yoga Therapy Assessment)
- E. (Koshas vs Biopsychosocial model)
- F. (How to create a Yoga Therapy Protocol)

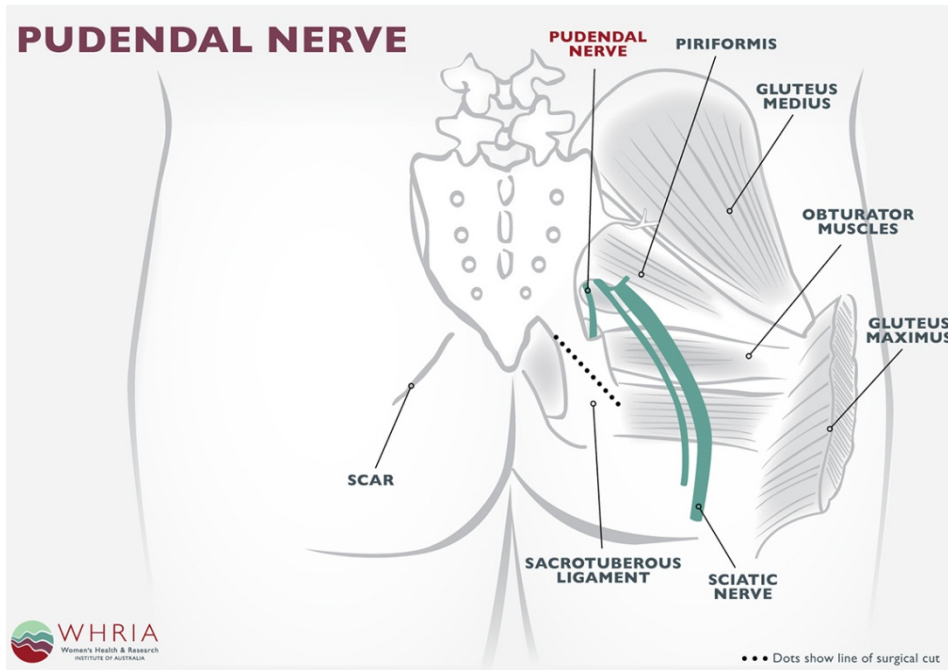
A. What happens to the female body during pregnancy?

In order to understand how yoga therapy can use in the post-partum period it important to look at the physiological hormonal and metabolic changes a woman's body has gone through during pregnancy and birth. Normal physiological changes include: Increased thoracic kyphosis, forward rounded shoulders, increased breast size, increased lumbar lordosis (as baby moves forward and down), and knee hyperextension. (Sebba, 2017) Furthermore, normal hormonal changes can include estrogen levels increasing 30 times above normal. In addition the hormone relaxin increases ligamentous laity, soften cartilages and this significantly affects pelvic joints, sacrum, coccyx. Relaxin peaks at 14 weeks gestation and prior to birth. Relaxin stays in the body 6 months after breastfeeding has ended. Lastly, normal metabolic changes can include:

expected gain of 20-30 lbs. (50-60 lbs. for multiples) and also an increased total body water and blood volume causing wrist and ankle edema (Sebba, 2017). In addition, to these changes there are normal changes in the abdominal and pelvic floors after birth. Diastasis rectus is a separation of the rectus abdominal muscles that is common in all pregnancies. (Sebba, 2017). It is classified as open below navel diastasis when the woman is carrying baby low and open above navel diastasis when the baby is carried high (typically seen in women with a small trunk. Lastly, the pelvic floor muscles undergo increased weight and load demand. (Sebba, 2017)

Child birth

During childbirth the pelvic region undergoes many changes depending on the type of birth. During a Cesarean the transversus abdominal muscles are weakening due to incision/trauma. No lifting more than the weight of the baby, avoiding twist and stairs is recommended. Furthermore, bowel function may be restricted and constipations may occur due to sedation. (Sebba, 2017) With a vaginal birth the pelvic floor stretches, tissue tearing can occur, nerve injury of the pudendal nerve, vaginal bleeding, and discomfort with bowel movement. (Sebba, 2017)



B. The 4th Trimester

The 4th trimester is a term used to bring awareness to the fact that after giving birth a mom is still going through many changes equally as important to the prenatal period. Traditionally after a woman has given birth all the attention moves away from mom and to the baby leaving woman unsupported during a difficult time. The American College of Obstetricians and Gynecologists in 2017 issued new recommendations for postpartum care, including the suggestion that women should develop a postpartum care plan during pregnancy. Women should have contact with a maternal care provider within the first three weeks after childbirth, the recommendations say, rather than waiting six weeks, and women with chronic medical conditions, including mood disorders, should be counseled about scheduling timely follow-up visits to address those illnesses. (Caron, 2018). ACOG also recommends that care should continue on an ongoing basis, ending with a “comprehensive postpartum visit no later than 12

weeks after birth.” (KINDELAN, 2018). This new ACOG recommendation are more in line with other developed countries. For example, women in France get ten to twenty physical therapy visits to rehabilitate after postpartum. (Garner, 2017) “Anyone who has had a baby should get some kind of rehab,” said Ronit Sukenick, a physical therapist who established the Pelvic Floor Rehabilitation Program at NewYork-Presbyterian Hospital at Columbia University. (Caron, 2018). What may start out as minor aches and pains can escalate into full-blown repetitive strain injuries. The movements that moms make every day, such as hoisting baby from a crib and hunching over to breastfeed, can cause chronic irritation to the muscles, tendons or joints, according to Jill Boissonnault, Ph.D., a professor of physical therapy at the University of Wisconsin in Madison. (Woods, 2018)

There are many important physical changes that happen following child birth. Immediately following birth a woman will loss of 9-12 lbs. Furthermore, vaginal bleeding and sheading of membrane/tissues (Lochia) will take place. In addition, due to low potassium fatigue can develop. Starting about postpartum day two or three, the uterus shrinks about one centimeter a day until it’s no longer palpable, which is about the two-week mark post-partum. . There’s going to be a lot of vaginal wall and surrounding perineum bruising. Some moms describe not being able to even bring their legs together for several days after birth, particularly if you’ve had a long late-stage labor. (Garner, 2017). In addition, uterine contractions can continue for several days. (Garner, 2017). One week post-partum there is a surge of prolactin hormone which made bring the onset of mood irregularities. There is a reduction in vaginal swelling, vaginal bleeding, reduction of breast engorgement and urinary incontinence. By four weeks post-partum a woman may notice loose skin around the abdomen, full reduction of uterus, reduce estrogen levels (causing hair thinning), risk of anemia and the cesarean scar can cause pain. At about six months

post-partum women will regain their period, stretch marks will begin to fade, normal bladder control is reported and typically the health care provider will recommend a full exercise regime. Around this time is when women report a peak of dissatisfaction with post pregnancy body. Ob-gyns don't routinely screen for or discuss abdominal separation, despite the fact that up to 60% of women experience it to some degree during the first year postpartum and an estimated 33% are dealing with it beyond that. (Strauss, 2018). The post-partum period can be rough on any new mom or even world class athletes. For Example, the 23-time Grand Slam (Serena Williams) winner said she was forced to spend the first six weeks of motherhood unable to get out of bed. (KINDELAN, 2018)

Metal Health

Along with physical changes a new mom experiences in post-partum period there are metal health challenges. As many as 25 percent of women experience depression after giving birth, according to the American College of Obstetricians and Gynecologists (ACOG). (KINDELAN, 2018). In the U.S., 45.5% of women reported a traumatic birth according to the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) Given the vast number of women experience some level of birth trauma, it is vital the new mother finds the support she needs to recover from this experience. (Flashenberg, Prenatal Yoga Center | Healing from Traumatic Birth with Nancy Wainer, 2018)

Matrescence, a seldom heard word that names the shift into motherhood, stemming from on the word, adolescence. Funny that the metamorphosis into adolescence is socially viewed with compassion, support and a general understanding of tremendous and uncontrollable change

while the same slide into motherhood is often met with high expectations of “maternal instincts” and an innate understanding of how to seamlessly take on this new role and identity.

(Flashenberg, Prenatal Yoga Center | Matrescence). In speaking with Michelle Linane fellow yoga teacher and mother of an 8 month old she states” I was expecting this innate change and motherhood was going to pick up and be this different person and I wasn’t. I was exactly the same person and now I have a baby to care for”. (Linane, 2018)

Sleep deprivation is “pretty much inevitable” and one of the biggest sources of stress during the postpartum period, said Dr. Alexandra Sacks, a New York City psychiatrist and coauthor of a forthcoming book about pregnancy and the first year of motherhood. (Caron, 2018). It may be normal as a new mom to feel sad, anxious, or irritable, especially in the first one to three days after giving birth. This is referred to as postpartum blues and usually gets better within a few days or one to two weeks without treatment. (KINDELAN, 2018). “I remember one day, I couldn’t find Olympia’s bottle and I got so upset I started crying ... because I wanted to be perfect for her,” Serena Williams, 36, told Harper’s Bazaar U.K., speaking of her 9-month-old daughter, Alexis Olympia Ohanian Jr. (KINDELAN, 2018). Women and their family members should be alert to signs of postpartum depression, including tearfulness and crying, anger and irritability, anxiety, guilt, feeling detached from the baby and fantasies of escaping new life as a mother. (KINDELAN, 2018). But can you see the stigma that goes along with that? A mom walks into the pediatrician’s office, new baby, not feeling well, maybe even having harmful feelings towards her baby... What mom is going to admit that in the pediatrician’s office? (Garner, 2017). Currently, an astonishing 45 percent of the 6 million pregnancies in the United States each year are unintended. Every year, millions of women, married and unmarried, young

and not so young, are getting an outcome — pregnancy — that they didn't plan on or desire. (Weese, 2018)

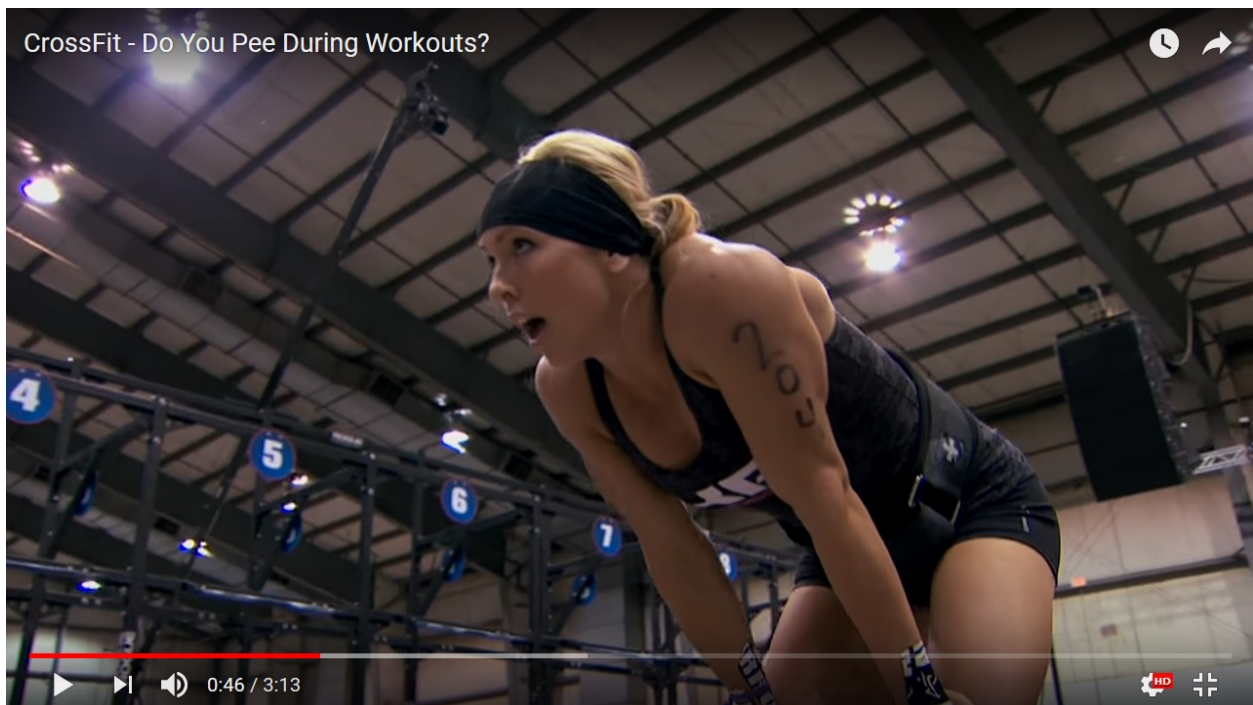
C. Most common pathologies

Most common concerns experience during the post-partum period are upper back pain, lower back pain, hip pain, abdominal weakness, difficulty losing weight, post-partum dissatisfaction (Sebba, 2017). Diastasis rectus abdominis is the separation of the abdominal muscles, which typically happens in women during and following pregnancy due to the stretching of the abdominal wall. It is often the culprit behind the dreaded “mummy tummy.” (Pagliano, 2017). Everybody is going to have a DRA. What we do know is that if it does not resolve in eight weeks. Research tells us that it will not resolve on its own. And it absolutely requires higher level physical therapy or physiotherapy. (Garner, 2017). Sixty-six percent of women with DRA had at least one other pelvic floor dysfunction. (Garner, 2017)

In the United States, the C-section is thirty-three percent, far higher than it used to be when it was less than ten percent back in 1960's. In countries like Brazil, it's as high as eighty percent and over. So anything that we can do to help manage C-section incision pain and prevent moms from having that C-sections in the future will be helpful. (Garner, 2017)

Exercise has so many incredible benefits for overcoming pain, optimizing cardiovascular health, and facilitating psychological well-being. Unfortunately, for many struggling with pelvic floor dysfunction (whether it is in the form of pelvic pain, urinary/bowel dysfunction, or pelvic organ prolapse), thoughts of exercise and fitness are often accompanied by fear. Fear that moving incorrectly will lead to a worsening of their symptoms. Fear of a set-back. Fear of creating a new problem. (REALE, 2018). There are actually a range of potential postpartum

pelvic problems and nearly all begin with misalignment of the back, pelvis, or tailbone. (Woods, 2018). Dyspareunia is pain or discomfort with sexual intimacy cause by vaginal dryness (decrease in estrogen), scar tissues, muscle tension. (Sebba, 2017). Stress urinary incontinence is leakage with increased intra-abdominal pressure caused by weakened PF muscles. For Example, coughing, sneezing , jumping, lifting baby. (Sebba, 2017). Stress induced urinary incontinence is common, it isn't normal, and it's also preventable. (Julie Wiebe, 2013). Urge UI is leakage with sensation of urgency at bladder. Bladder muscle “detrusor muscle” contracts before bladder is full. (Sebba, 2017). There was an article out on CrossFit where an OB-GYN said if you're not leaking when you CrossFit, you're not working hard enough. That was quite stunning and also quite wrong, right? That's not normal. (Garner, 2017). This means their pelvic floors (and other parts of their bodies) are not supported with heavy loads or jumping. This should not be celebrated. There's help. Yup. There's help. (Sher, 2013)



Pelvic organ prolapse is a disorder in which one or more of the pelvic organs drop from their normal position. It is caused by injury to the muscles or tissues that support the pelvic organs. Pelvic organ prolapse can occur in the bladder (cystocele), uterine (golf ball or heaviness feeling) or rectum (rectocele). (Sebba, 2017)

Along with pelvic floor dysfunction we often see other problems during post-partum relating to pulled or strained neck and shoulder muscles. Spending hours with your neck pushed forward means the shoulder and neck muscles have to work harder to support your head, which can lead to overstretching or small tears. "This is one of the most common postpartum complaints because mothers spend so much time seated, leaning forward, and gazing down at the baby during feeding sessions," advises Heather Jeffcoat, a physical therapist in Los Angeles. (Woods, 2018). Back when my son, Luca, was a baby, I'd tote him around on my hip while I tackled cooking, cleaning, and load after load of dirty laundry. Then one day, as I stooped to grab a toy, my back seized up. I spent the next three days recovering in bed. (Woods, 2018). De Quervain's tenosynovitis, aka "mother's wrist." The area is often tender, and making a fist or rotating the wrist is painful. This occurs when the sheath around the tendons at the base of the wrist and thumb becomes swollen, due to overextension or flexing too much. Fluid retention and hormonal changes during pregnancy also cause the tissues around the tendons to swell and become inflamed. (Woods, 2018)

Our number one postpartum issue is postpartum depression. We learned and will learn again this time around is that postpartum depression is a critical issue that's being unfortunately overlooked in a lot of countries. (Garner, 2017). Perinatal mood and anxiety disorder PMAD also know postpartum depression. The perinatal period is from the moment of conception all the way to 1 year post-partum. This cover anxiety, depression, OCD , bi polar, mania, postpartum

psychosis. (Bellenbaum, 2018). Post-partum depression (suicide thoughts is the extreme). You feel over whelmed, you feel guilty, you don't feel bonded to your baby. You feel irritated or angry, you have no patience, your feel nothing, you can't sleep when the baby sleeps, nor you can sleep at any other time. You know something is wrong , you may not know you have a perinatal mood disorder, but you know the way you are feeling is NOT right, you think you have gone crazy, "why can't I just get over this? You feel like you should be able to snap out of it, but you can't. (Sebba, 2017)

D. How to create a Yoga Therapy Assessment

So for postpartum therapeutic yoga, there are many, many benefits for mom and for baby. We know yoga can do several things prenatally. There is less research available for postpartum benefit just because there's not a lot of postpartum research for mothers. But what we do know is that there are massive systemic benefits for mom including stabilizing emotional health, diminishing depressive symptoms, improving neuroendocrine function (so HPA access regulation), improving bonding with baby, relaxation, having a sense of calm and well-being. (Garner, 2017) Remember that in postpartum, just because mom's not pregnant anymore does not mean that sciatica, low back pain, forward tilting of the pelvis, accentuated low back curvature disappear. That does not resolve on its own. It sticks around sometimes for several months, sometimes even longer. So we need a lot of postural re-education with moms. (Garner, 2017)

Cervical Spine (What to look for)

- Posture is key!
- Feeding the baby neck flexion with cervical rotation
- Strengthen: Thoracic extension
- Stretch: cervical, levator scapulae, upper traps, pectoralis
- ADL: 3 stretches after every feeding. (Sebba, 2017)

Mothers of newborns can spend up to 11-14 hours a day in the nursing position! (KellyD, 2017)

Thoracic Spine (What to look for)

- Posture is key !
- Mid back strain from chronic positions, baby wearing and baby care and enlarged breast.
- Strengthen: Posture
- Stretch : pectoralis, rhomboids, latissimus dorsa (tension from holding baby) , upper traps, levator scapulae
- Biceps – lock in flex position. (Sebba, 2017)

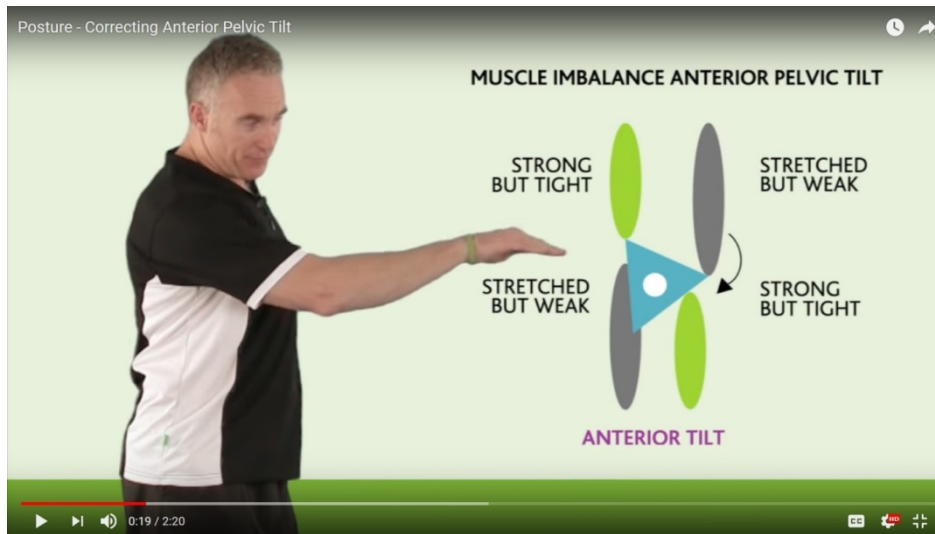
Lumbar spine (What to look for)

- Posture is the key!
- Poor sleep posture
- Gait
- How do you hold the baby (ask your client to show you)
- Strengthen: core stabilization
- Stretch posterior pelvic tilt (cat) (Sebba, 2017)



Pelvis (What to look for)

- Anterior pelvic tilt, hip internally rotates, knees move inward , over pronation of the foot.
- Posture is the key! (Find a neutral pelvis)
- Strengthen: core, glutes, hip rotation (tree) , hamstrings, thoracic (cobra), hip flexors
- Stretching: abdominals (after 6 week), It band, quads, hip flexors, glutes. (Sebba, 2017)

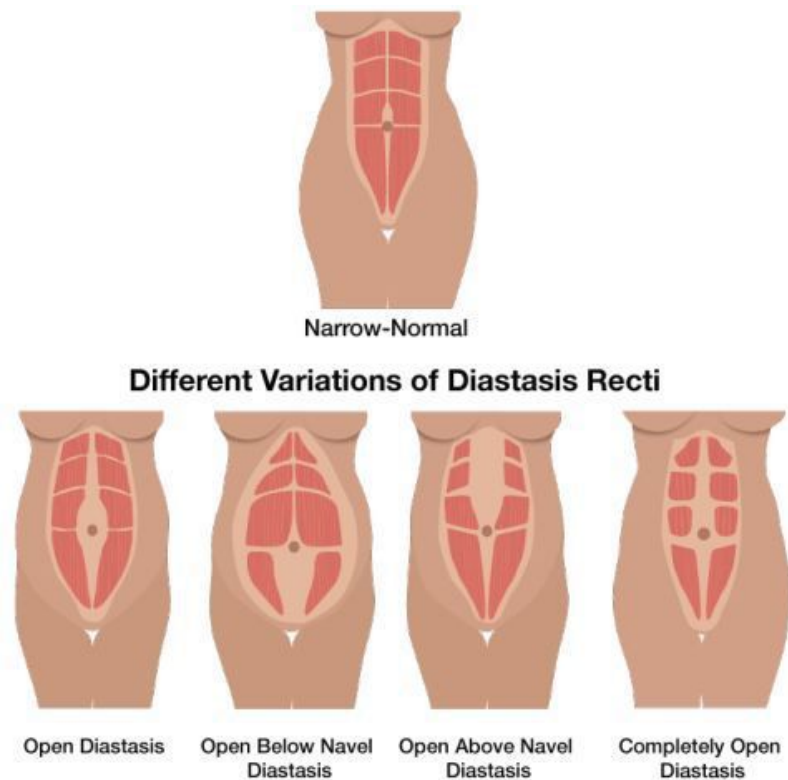


If there's any hypertonicity, non-relaxation of the pelvic floor, we don't train using Kegel's or Mula Bandha at all. We want to down train that. And anything that emphasizes forward bends, full standing postures, or full squats is going to be avoided in the short term. (Garner, 2017). If you clench your throat and the neck and the jaw and you clench the teeth together, you're less likely to be able to control the pelvic floor. And it may not contract at all. Now, if you yawn you're more likely to have better pelvic floor function. (Garner, 2017)

Diastasis Recti

- Strengthen: focus on engaging TA (can start 4 weeks after vaginal birth)
- Place fingers on the inside of your pelvic bones
- As you exhale, gently pull in on your lower abdominal muscles, like trying to zip a tight pair of pants
- Hold contraction for 5 seconds while counting out loud.

- If able to activate TA without increasing DR the is ok to work on wall quad, homo lateral and contra lateral supine march
- Supine heel slides, leg lift, scissors kicks, bird dog



Exercises that may contribute to DR during pregnancy are plank, crunches, push-ups, table top, bicycle. This could be a red flag. (Sebba, 2017)

Body mechanics (Activities)

- Breast feeding, child care, baby wearing, car seat carrying
- Breast feeding : Vaginal delivery – football hold cross body
- Cesarean delivery –football, side lying. (Sebba, 2017)

When new mother's bottle feed, they don't switch sides as often and use just our dominant side to hold the baby. When this happens one side tends to get very tight. Try to alternate the baby side to side even if you are bottle feeding. (KellyD, 2017). Your throne needs to be where you want to sit most of the time, typically in the main family room/living room. If you have a great seat but it is in the nursery and you never nurse in there, then you need to consider moving the throne to where you will use it 90% of the time. (KellyD, 2017). Whatever you do the most wins. If you are sitting in a slumped and collapsed posture 11-14 hours a day, the pain will win. If you learn to activate your core and sit elongated, strength wins. While it is difficult to undo that amount of neglect, if you set yourself up for success you can start feeling better immediately. (KellyD, 2017)

Baby station

- Should be at waist height
- Avoid lumbar flexion and rotation unnecessary postural strain

Baby Bath

- Avoid sustain trunk rotation
- Padded knees and elbows when bathing baby in tub

Car seats

- Use baby carrier as often as possible
- Hold car seat with both hands in front of body

- Avoid carrying car seat in 1 arm this is equivalent to 4 paint cans



Assessment scales:

- Pelvic girdle pain: pelvic girdle questionnaire,
- Low Back pain: Oswestry questionnaire,
- Arm/shoulder function: quick dash,
- General function: SF 8. (Sebba, 2017)

When creating a yoga therapy assessment it is important to note that language counts. Find words that comfortable to you, don't be shy. This is important when cueing the pelvic floor as one needs to makes sure to explain awareness of the pelvic floor in different ways. Words can also hold a lot of weight so it is important that focus or normalizing symptoms to make client feel at ease. If I can say normal 50 times in that initial visit we are in in good shape. (Kory Zimney, 2012)

Another important point to consider is that taking someone's heart rate in the postpartum period may not be accurate because of cardiovascular changes that are persisting in the postpartum. That means evidence still supports the Borg Perceived Rate of Exertion as the gold standard rather than taking the heart rate. (Garner, 2017)

Post-partum Red flags:

Breast swelling/pain, engorgement past 3 days, redness, pain: mastitis Vaginal discharge: persistent after 2 months. (Sebba, 2017)

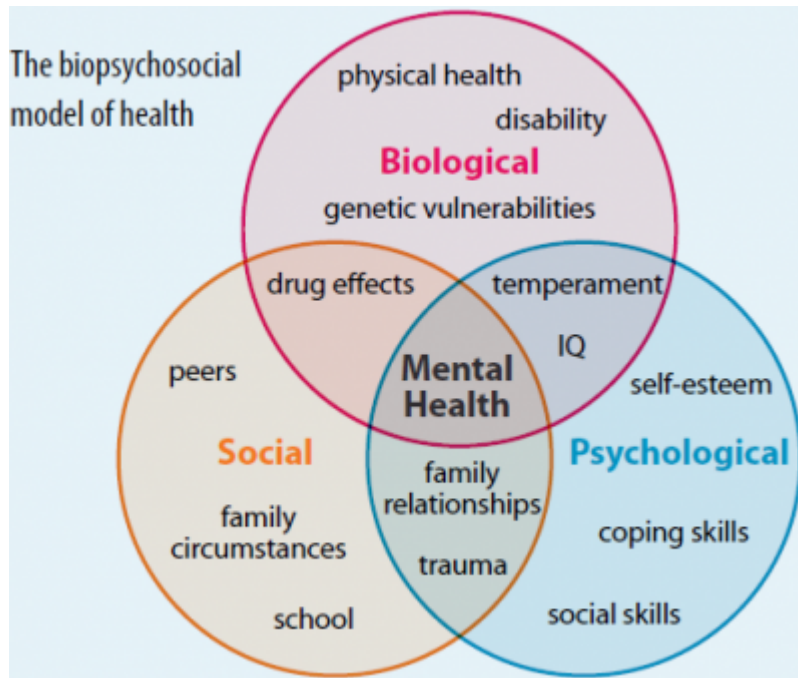
High blood pressure in pregnancy or shortly after is never to be ignored. (Garner, 2017)

When you hear client say "You know, I have pain during sex," or, "I have pain when I urinate," or, "I can't even wear pants anymore," (Garner, 2017)

E. Koshas vs Biopsychosocial

Dr. George Engel introduced the biopsychosocial model of health in 1977. It is both a philosophy of clinical care and a clinical guide that addresses disease at the cellular level but also looks at additional factors that influence symptoms or disease process such as social environment, nutrition, psychology, and mood. While it may be a relatively new way of thinking in western medicine, this model of health echoes ideas that yogis have been practicing and teaching for thousands of years. (Meg Satinsky MPT, 2016). The more we learn about how complex the science surrounding pain and the pain experience is, the more we realize that pain, including LBP, is an experience that involves numerous systems in our physical bodies; in our minds, emotions, and spirits; and in our social relationships. Lorimer Moseley, PhD, a leading

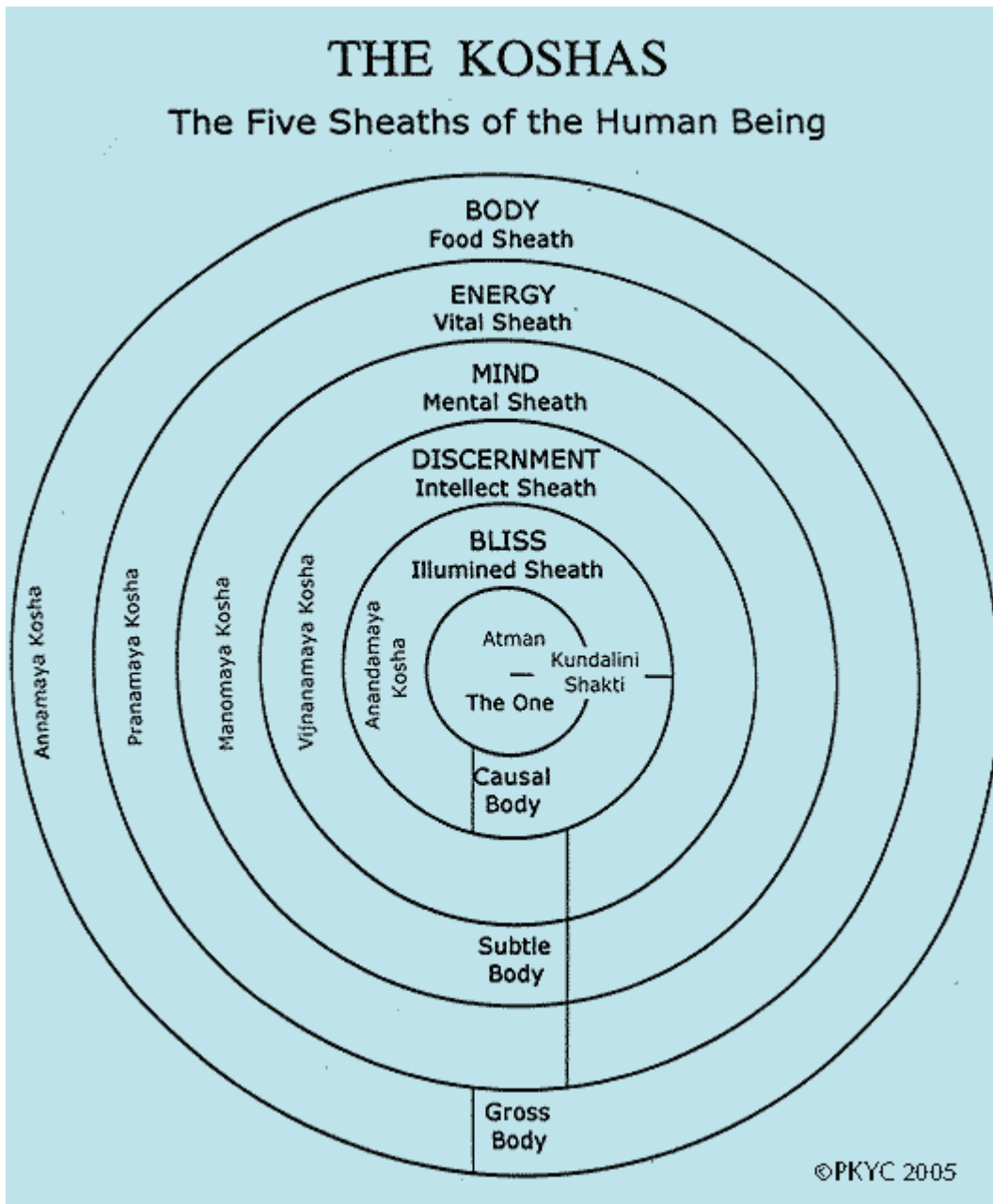
pain science researcher, confirms that the pain experience “does not provide an accurate measure of the state of the tissue”. In other words, pain is a biopsychosocial process rather than a purely anatomical or physiological one, so it would make sense that in order to successfully and optimally treat such a complex biopsychosocial problem such as LBP, one would need to take a biopsychosocial approach. (Prosko, 2014). Our current healthcare system continues to primarily use a biomedical model that focuses on just the physical aspects of the patient when assessing and treating LBP. The biomedical model does not address psychological factors such as the client’s mental and emotional health, or sociological factors, such as the client’s relationships with others, self, and the environment; cultural factors; and socioeconomic factors. (Prosko, 2014). When we compare Koshas system with a bio psycho social approach we start to notice some clear familiarities. The “bio” aspect of the assessment consists of analyzing the physical and subtle bodies, which includes alignment, movement mechanics, stability, nutritional habits, breathing patterns, and energetic expenditure and levels (annamayakosha and pranamayakosha). The “psyche” aspect involves discovering a sense of the client’s mental and emotional state of health (vijnanamayakosha and manomayakosha). The “social” aspect of the assessment involves discovering a sense of the client’s relationships to others, to self, and to the environment (anandamayakosha and manomayakosha). (Prosko, 2014)



For thousands of years yogis have embraced the Indian Vedanta doctrine of the sheaths or koshas, which extol the need to understand not only the physical regional interdependence important in optimizing health, but the social, emotional, psychological, and spiritual aspects of the human experience as well. Clearly, the ancient healing modalities of yoga provided the original model of biopsychosocialspiritual rehabilitation. (Matthew Taylor PT, 2012). The five bodies cannot be taken apart and separated. These layers are interwoven, interrelated, and interactive—what happens on one level affects all layers of the body. (McCrary, 2017)

- Annamaya – physical body – that which is nourished by food
- Pranamaya – energy body – that which is nourished by life force, energy
- Manomaya – body of learning, feeling, and emotion

- Vijnanamaya – body of belief – our behaviors, patterns, and conditions
- Anandamaya – body of bliss – unconditional love – beyond boundaries. (Meg Satinsky MPT, 2016)



While conventional rehabilitation is moving through its arc from a predominantly biomechanical model to a complex biopsychosocial model, yoga first described such a model in

the Taittiriya-Upanishad of the Indian Vedanta doctrine of the sheaths, or koshas, over 3000 years ago. This source values the understanding that not only is physical regional interdependence important in optimizing health, but so too are all of the other aspects of the human experience, including social, emotional, psychological, and spiritual influences. (Matthew J. Taylor, 2016). You can have one friend or one person you talk to everyday or even an animal and you feel socially connected. So the studies on social connection all have to do with perception. Perceive social isolation or perceived social connection. And the finds that they found is that over many years they found that feelings socially isolated is correlated with pain. It is also people who have pain have a greater experience with social isolation. But people who have social isolation also report greater disability. (Sullivan, 2016)

Research shows that the relationship between our life stories and our adaptation to those stories is important. Women who find redemptive meaning in suffering and adversity and who construct their life stories that feature experiences and themes of personal exploration and fortitude and agency, those women have higher levels of mental health, well-being, and maturity. (Garner, 2017)

Self-care strategies

- Alone time, personal hygiene, outdoor time, socialization, self-forgiveness, breathing
- Balanced healthy diet
- Hydration (increases if nursing, feed baby before workout)

- Sleep (Sebba, 2017)

Lastly, it was interesting to find out that most think that post-partum is associated with economic status that it turns out that Post-partum depression had nothing to do with money and finances and had everything to do with the sense of support and stress management) (Garner, 2017)

F. Creating yoga therapy protocol

ACOG exercise guidelines

- Benefits: helps strengthen and tone abdominal muscles, boost energy , useful in preventing postpartum depression, promotes better sleep , relieves stress.
- 30 min of moderate intensity aerobic exercise 5 days a week
- Post vaginal delivery safe to begin several days after
- Post cesarean: per MD recommendation typically 3 weeks after.

Start core breathing as early as 24 hours after, introduce short walks after 2-3 weeks if feeling up to it, restore with same exercises you used to prepare. (Vopni, 2018). We want to address the breath before the pose. So before I put any mom into any situation with movement, I'm going to teach her how to breathe first. Number four is biopsychosocial stability. It isn't just about "core strength" which is a highly variable, curious term that can mean a lot of different things to people. It's also about psychosocial stability, that sense of support, the coping mechanisms. (Garner, 2017)

So prenatal or postpartum, do avoid the end ranges of hip range of motion, particularly in what's called FABER – flexion, abduction, and external rotation – as in Tree Pose. (Garner, 2017). They don't have to do a high intensity type of yoga for thirty minutes or an hour-long class. That's not true. In fact, they may get more benefit from shorter bursts – five to seven minute-bursts three to four times throughout the day. (Garner, 2017)

Before 3 months:

- Get back on your mat
- Help to ground and center her by having mom just sit on her mat in whatever position is most comfortable.
- For all the months that she was pregnant, she was likely sending positive energy and love into the place in her body where the baby was living. After giving birth, all of that love and attention becomes focused on the baby outside of her body and it can feel like there is an emptiness or loss in the place where the baby lived.
- Help her heal energetically and emotionally before practicing any asana, by having her reconnect to her body, sending love and energy to the place that was her baby's home for all those months.

Cat

Getting reacquainted with the ujjayi breath here is important. This pose counters and balances out all of the prone positioning taken after a baby is born.

Child's pose

This pose is great to do postpartum as long as her perineum is healed from any tearing or episiotomy. If she has had a cesarean she will need to wait longer to do child's pose as it can feel uncomfortable in the area of the incision.

Pelvic floor exercises

Pelvic floor exercises strengthen the pelvic floor muscles and help with incontinence. It is very common for postnatal women to have a small amount of incontinence after giving birth.

Practicing exercises, like Pelvic floor exercises, that strengthen the pelvic floor are really helpful. She also may experience trapped air in the vagina, especially after doing forward folds; this can be embarrassing for a woman and keep her from attending yoga. She needs to be reassured that this is very normal and will likely go away in a few months (it occasionally takes longer). Make sure that client is clear before Pelvic Floor OT.

Tree & Eagle

Tree and eagle poses are balancing poses that help her regain her center of gravity. Eagle also stretches the back and the shoulders, both of which hold a lot of tension in postpartum women, especially those who are breastfeeding. Be careful not to bind the foot too early as this can lead to over stretching in the lower back/sacrum area. Best to just cross the legs and gently squeeze the thighs.

Twists

Twists strengthen the back and abdominal muscles and help redefine the waist. Make sure she is cleared for twists if she's had a cesarean.

Ball Sequences

Using the ball can assist in safely strengthening the back and abdominals and takes some of the stress off of the joints and connective tissue that are still under the influence of relaxin.

Legs-Up-the-Wall Pose

Great for fatigue and relaxation. Try some deep breathing or meditation in this pose as well.

Pelvic Tilts

Great for working abdominals, start off against the wall with knees bent or lying on the floor, feet on the ground, knees up and rock the pelvis up toward the navel, moving with the breath.

Reclining Bound Angle

Reclining bound angle lengthens the abdominal muscles; it is also a great resting pose to calm the mind and body.

After 3 months add in:

Downward facing dog (and other semi inversions)

Downward dog is a great pose for fatigue; this is very common in postpartum women. (Make sure she is cleared for semi inversions before doing this pose)

Boat pose and Plank

These poses strengthen the abdominals and back. These poses should be eased into slowly; they should not be done the first few weeks back to yoga.

Backbends

Backbends can be done once diastasis recti has been ruled out. Poses such as Bhujangasana (Cobra Pose) and any other stomach lying poses might be uncomfortable to nursing moms. If this is the case she can substitute them with Setu Bandha Sarvangasana (Bridge Pose) or Ustrasana (Camel Pose), eventually moving into Urdhva Dhanurasana (Wheel Pose) after a few months (or when she feels ready) back to yoga.

Abdominal exercises

As long as diastasis recti has been ruled out she can now focus on strengthening her abdominal muscles. Focusing on obliques, transverse abdominals and rectus abdominal muscles.

Warriors

Make sure to shorten the stance if warriors are not comfortable when returning to yoga following a cesarean. The warriors help to regain strength in the legs and arms and help her feel grounded, balanced and centered.

Triangle

This pose is really great for women who are breast feeding or just holding a baby all day. It helps lengthen the sides, stretches hamstrings and chest and helps balance out the postpartum body.

(More, 2017)

Exercises to Avoid Post Pregnancy

The 'not-so-beneficial' abdominal exercises fall into two categories:

- Exercises where the belly/lower pelvic region is bulging up or out (for example: crunches and sit-ups, leg raises, bicycles, knee tucks, jackknives).

- Exercises where the belly is hanging down towards the floor (for example: front planks and variations, pushups, renegade rows, conventional deadlifts). (Mundell, 2017)

How to cue Pelvic floor Muscle strengthening (once Ok by pelvic floor PT)

- Awareness of breath (constructive rest pose)
- Activating parasympathetic response (Dirga)
- Awareness of movement in PF (balasana)
- If ok by PT then Squeeze & lift up in combination with breath (balasana) (Sebba, 2017)

Works Cited

Bellenbaum, P. (2018). *prenatalyogacenter.com*. Retrieved from WHEN YOU SUSPECT A FRIEND OR LOVED ONE IS SUFFERING FROM PMAD: <https://prenatalyogacenter.com/blog/when-you-suspect-a-friend-or-loved-one-is-suffering-from-pmad/>

Caron, C. (2018). *nytimes.com*. Retrieved from <https://www.nytimes.com/2018/07/11/well/a-survival-guide-for-the-fourth-trimester.html>

Connection, T. Y. (2014). *Hatha Yoga Teacher Training* .

Flashenberg, D. (2018). Retrieved from Prenatal Yoga Center | Healing from Traumatic Birth with Nancy Wainer: <https://prenatalyogacenter.com/blog/podcast/healing-from-traumatic-birth-with-nancy-wainer/>

Flashenberg, D. (2018). *Sex During Pregnancy & Postpartum with The V Club's Courtney Cleman & Alexandria Ross*. Retrieved from Prenatal Yoga Center: <https://prenatalyogacenter.com/blog/podcast/sex-during-pregnancy-postpartum-with-the-v-clubs-courtney-cleman-alexandria-ross/>

Flashenberg, D. (n.d.). *Prenatal Yoga Center | Matrescence*. Retrieved from <https://prenatalyogacenter.com/blog/podcast/matrescence/>

Garner, D. G. (2017). *Yoga for Women's Health*. Retrieved from YogaUOnline: <https://www.yogauonline.com/yogau-product/7021>

- Holland, D. L. (2016). *Dr. Lisa Holland: Spiritually Coaching People Out of Chronic Pain*. Retrieved from drjoetatta.com: <http://www.drjoetatta.com/lisa-holland-spiritually-coaching/>
- Julie Wiebe, J. B. (2013). *Stress Induced Urinary Incontinence: Common, But Not Normal*. Retrieved from moveforwardpt.com: <https://www.moveforwardpt.com/Radio/Detail/stress-induced-urinary-incontinence-common-not-nor>
- KellyD. (2017). *How to Set Up Your Nursing Throne*. Retrieved from thetummyteam.com: <https://thetummyteam.com/nursing-throne/>
- KINDELAN, K. (2018). *Serena Williams calls post-pregnancy the 'fourth trimester': Why she's right and what women should know*. Retrieved from abcnews: <https://abcnews.go.com/GMA/Wellness/serena-williams-calls-post-pregnancy-fourth-trimester-shes/story?id=55583058>
- Kory Zimney, D. (2012). *060: Physical Therapist Kory Zimney, DPT*. Retrieved from <http://podcast.healthywealthysmart.com>: <http://podcast.healthywealthysmart.com/2012/03/060-physical-therapist-kory-zimney-dpt/>
- Linane, M. (2018). Post-Partum period . (C. Villanueva, Interviewer)
- Matthew J. Taylor, R. Y. (2016). *Yoga Therapeutics: A Biopsychosocial Approach*. Retrieved from musculoskeletalkey.com: <https://musculoskeletalkey.com/yoga-therapeutics-a-biopsychosocial-approach/>
- Matthew Taylor PT, P. E.-R. (2012). *Creating a Biopsychosocial Bridge of Care: Linking Yoga Therapy and Medical Rehabilitation*. Retrieved from INTERNATIONAL JOURNAL OF YOGA THERAPY: <http://iajyotjournals.org/doi/pdf/10.17761/ijyt.22.1.w2874u24r4g086n2?code=iajyt-site>
- McCrary, M. (2017). *Understanding the Koshas: The 5 Layers of Self*. Retrieved from doyouyoga.com: <https://www.doyouyoga.com/understanding-the-koshas-the-5-layers-of-self/>
- Meg Satinsky MPT, P. (2016). *Layering Up in the New Year: the biopsychosocial and the koshas*. Retrieved from Esvolluttiion Yoga: <http://www.evolutionvt.com/evoblog/layering-new-year/>
- More, J. (2017). *Prenatal Vinyasa Yoga*.
- Mundell, J. (2017). *Exercises Your Clients Should Do and Avoid During & After Pregnancy*. GirlsGoneStrong.com.
- Osman, D. G. (2018). Mentor session (Post-natal yoga). (C. Villanueva, Interviewer)
- Pagliano, C. (2017). *Diastasis Recti Abdominis: The Likely Cause of "Mummy Tummy"*. Retrieved from moveforwardpt.com: <https://www.moveforwardpt.com/Radio/Detail/diastasis-recti-abdominis-likely-cause-of-mummy-tu>

- Prosko, S. (2014). *The Truth About Back Pain A Biopsychosocial Approach to Treatment*. *YogaTherapyToday* , 28-34.
- REALE, D. J. (2018). *Pelvic Floor Safe Options for Fitness*. Retrieved from <https://jessicarealept.com/2018/08/09/pelvic-floor-safe-options-for-fitness/>
- Sebba, D. N. (2017). *Post-Partum Recovery: Improving Function for Mothers*. Retrieved from alliedhealthed.com: https://www.alliedhealthed.com/product/post-partum-recovery-improving-function-mothers/?term_id=27
- Sher, T. (2013). *dear-crossfit-and-crossfit-gynecologist-im-appalled-theres-help-for-peeing-during-workouts*. Retrieved from pelvicguru.com: <https://pelvicguru.com/2013/06/22/dear-crossfit-and-crossfit-gynecologist-im-appalled-theres-help-for-peeing-during-workouts/>
- Siengasukon, D. K. (2017). *Can Better Sleep Contribute to Less Pain? with Dr. Katie Siengasukon*. Retrieved from drjoetatta.com: <http://www.drjoetatta.com/can-better-sleep-contribute-to-less-pain-with-dr-katie-siengasukon>
- Strauss, E. (2018). *The enduring mystery of the postpartum pooch*. Retrieved from cnn.com: <https://www.cnn.com/2018/05/04/health/postpartum-abdominal-separation-parenting-strauss/index.html>
- Sullivan, M. (2016). *Marlysa Sullivan: The Social Domain of Pain and Health – Connecting Science with Treatment*. Retrieved from drjoetatta.com: <http://www.drjoetatta.com/marlysa-sullivan-social-domain-pain/>
- Swisher, S. (2017). *South Florida governments embrace paid parental leave*. Retrieved from <http://www.sun-sentinel.com>: <http://www.sun-sentinel.com/local/palm-beach/fl-pn-parental-leave-finalized-20170411-story.html>
- Vopni, K. (2018). *Push Prep*. Retrieved from Belliesinc: <https://www.belliesinc.com/prepare-push-workshop/>
- Weese, K. (2018). *washingtonpost.com*. Retrieved from Almost half of pregnancies in the U.S. are unplanned. There's a surprisingly easy way to change that.: https://www.washingtonpost.com/news/posteverything/wp/2018/05/01/almost-half-of-pregnancies-in-the-u-s-are-unplanned-theres-a-surprisingly-easy-way-to-change-that/?noredirect=on&utm_term=.3b7de2aff394
- Woods, C. (2018). *Avoid and Treat New-Mom Injuries*. Retrieved from <https://www.parents.com/parenting/moms/healthy-mom/new-mom-injuries/>