

EP63: Pre & Postnatal Fitness - What Every Instructor Should Know

Danielle 00:00

I know women are so focused on weight loss and getting their pre baby body back. But remember that this is not reality and we should not be focusing on looking like a supermodel after having a baby. That is not realistic and it's not healthy. What's healthy is to rehabilitate our body, and to strengthen our body, and to give our bodies what our bodies need.

Will: 00:28

Hey, it's Will, and welcome to Group Fitness Real Talk. This is just a quick note from me, because we had some audio issues in the podcast that you're about to hear and some of the conversation got cut. This episode is going to be on pre and postnatal considerations for fitness and I'm going to be interviewing Danielle Spangler, who is an expert in the field and has written many, many articles for fitness journals and education outlets about this topic. The very important thing that didn't make the final audio cut is that if you've been teaching for a while, you've undoubtedly had pre and postnatal a woman in your classes it's fantastic that women can continue to exercise during pregnancy. But there are some issues that can happen, some of which are going to be discussed in this podcast, but not all of them. And the key thing that we need to do as instructors is make sure that the person in question has consulted their doctor before partaking in the exercise. For the majority of pregnancies, it's going to be safe to exercise up until it doesn't feel good. But because there are some very important considerations that need to be made we should always be deferring to proper medical advice. So with that very important note made that you always ensure that a pre or postnatal member of your class has their doctor's clearance, we can get onto the show where we talk about some of the things that can happen during pregnancy, some of Danielle's observations and working in this field for a long time, and ways that you as an instructor can make your classes more helpful, more useful and more welcoming for people who are pre and postnatal. Hello, and welcome to Group Fitness Teal Talk the show where we talk about all things relevant to instructors in 2023 and beyond. And today, my guest is Danielle Spangler, who is a pre and postnatal fitness expert. Danielle, how are you today?

Danielle 02:16

I'm great. How are you?

Will: 02:17

I'm very good. It's lovely to see you on the line. So we're going to have a discussion that is relevant to all instructors who will be teaching people who may be in the pre or postnatal phases, there's probably a better way of describing it isn't it pre or postnatal phases. But before we do that, I would love to get your background in fitness. So can you tell the listeners a little bit about how you got into fitness and what you've done in your career?

Danielle 02:41

Perfect. Thank you. And thank you for having me. Yes, I've been in the fitness industry since the dinosaurs were around...

Will: 02:49

Haha, haven't we all?!

Danielle 02:52

I started in the industry in 1992. I was in college at University of North Texas. I have my degree in kinesiology went to graduate school studying exercise physiology, where I became very interested in pre and postnatal because that was in the mid 90s. There was not very much information I took a special populations class. And it was really that was one area that there was very little information. At the same time at 19, I started teaching group fitness classes while in college, I'd been a gymnast, I'd done dancing and cheerleading and other things that, you know, I stayed active into my college years but I started to see people in my classes as well that were recovering from childbirth or pregnant. And so I wanted to know more about how to serve them better. And I myself of course, was young, I hadn't had children yet. So in grad school, I really took it upon myself to study a lot more research it. Fast forward, I did end up moving to Los Angeles from Texas in 98. And I was hired at a very well known kind of posh fitness studio here in Los Angeles called Sports Club LA. Once I began working with them, they asked me what kind of population I felt comfortable with working with. And I really did enjoy working with pregnant women and new mothers and because I knew a lot about that population at that point, they made me the master trainer of that population. So I began working with these women for many years until I had my own first child.

Will: 04:38

I wanted to jump in and ask, did your understanding of pre and postnatal fitness once you actually went through it yourself?

Danielle 04:40

Oh my gosh, way different when you are...so I was a trainer in my 20s with no children. So, of course I knew all the science behind the whys of certain exercises, but of course, physically, until I went through the process of being pregnant, having a baby and understanding what postpartum really looks like, I did not understand. And I make jokes all the time that, you know, I would be training clients before I had children. And I would question them why they were so tired. And then I had my own child and realized, yeah, that goes along with parenthood. But yes, it was very helpful to go through the process, because I felt like I could really give more to my clients. And it's not to say that people who have never had a baby can't be excellent trainers for this population or men, you know, cannot be good pre and postnatal trainers, I feel like anyone that really is empathetic and understands the science and the anatomy, and physiology of pregnancy can be an out, you know, an outstanding trainer.

Will: 06:04

Perfect, so I jumped in and cut you off mid flow, talking about your career. So I think like, the good thing is, I know exactly where I did, you just had your first baby. So if we just jumped back in there and we can continue the second half of the career.

Danielle 06:19

No problem. So after I had my daughter, the National Academy of Sports Medicine recruited me to write their first continuing education program for prenatal fitness, back in 2003. So it was great because it

sort of began my journey on being a specialist in this area. Over the years I have, I've had three children at this point. Now, but I have run many Mommy and Me exercise programs. I've trained a number of women in the Los Angeles area, both pregnant and postpartum. Some celebrities as well. I then began to create my program. So it actually had more content so I could help other trainers learn what I knew. And that program is now called CoreMom, which stands for corrective obstetrical related exercise.

Will: 07:26

Oh, see, I thought it was just core.

Danielle 07:29

Yeah, but it sort of entwines all of it because with women, especially who have been pregnant, obviously, our core is one of the most affected parts of our body. And obviously, that's such a huge piece of recovery as well. And as we know, and going deeper into anatomy, pelvic floor core is all connected. So when I talk about rehabbing a woman or helping her prepare for childbirth, it does kind of come down to how she engages her pelvic floor and core as a unit, how she breathes and how she moves. So we intertwine all of those teachings with functional movement to help a woman really, you know, get that optimal, full amount of fitness in both, both preparing for childbirth and recovering from childbirth.

Will: 08:31

Cool. So you work with pregnant women, and you've also written a lot in the field of pre and postnatal. So for anyone that's not an American listener, the what was the national associated, like, say there for me again, it's NASM? I know that that's the...

Danielle 08:44

Yeah, that's, of course. So the National Academy of Sports Medicine was...

Will: 08:49

Which was one of the awarding bodies for the fitness industry in the United States. So it's fair to say you have done a lot of research and work in this area. So I think you are the perfect person for me to ask some questions, because obviously, as a person who has never gone through, carrying your baby or childbirth for fairly obvious reasons, this is an area that I have no expertise in. So I'm going to do what I did in a previous episode that we had on menopause, where I'm going to ask some questions and I'm gonna apologize in advance of any of them are stupid, but it's coming from a perspective of wanting to learn more, and I would love our listeners, at no matter what stage of their career they might be, I know that we've got a lot of mothers that listen a lot of people that may be looking towards motherhood in the future. And then of course, other instructors who will have mothers and expectant mothers in their classes. So maybe we just roll it right back to the start. As a fitness instructor, what are some of the things that you think instructors really, really need to know about working with pregnant women in class? So we'll we'll we'll go through the entire life cycle of the pregnancy and go right back to the start. So when someone comes up and or if you see someone or they tell you that you're they're pregnant at the start of the class, what are the some of the considerations that you should be making as instructive?

Danielle 10:01

Certainly. Well, I will say that there are many other countries that are doing a far better job with prenatal and postpartum care than the US. And Australia, New Zealand are included in those categories. They're a little more progressive with women's and women's health and fitness in general. So it's a bit of a wild wild west here in the States when it comes to protocol. And you probably are familiar with a governing body called American College of Obstetricians and gynecologist or ACOG. And they were the first their panel of physicians that have sort of put the guidelines for exercise out out in the universe that people can follow. And so essentially, when a woman comes in who's pregnant, obviously, the first thing you want to find out is what trimester she's in. And I really do think it's really important, if you can at all possible to have a meeting prior to her coming into the studio for class. I know that doesn't always work out. But if you can gather as much information as you can to find out is there any contraindications to her pregnancy is she high risk, because these are really important things to know. If she's in her first trimester, there's very little that you can do that's going to disrupt her pregnancy. So you can pretty much go on as business as usual, the only thing that could potentially be an issue is if she's got some morning sickness and nausea, lightheadedness, of course. So you would want to be a little more mindful about positioning, maybe not having her jump up and down, as far as like going from a position of a supine position to a standing position. So just kind of mindful about this, the speed and the different places you put her make it flow a little better. second trimester, it gets a little more complicated. Once again, as the pregnancy grows, her posture is altered. So things that may be your having her balance might become a little more of an issue. There might be things like round ligament...

Will: 12:21

So the balance -- is that because the center of gravity of her body is changing, and it's just things that like, it just changes the way you are moving yourself and how you may have previously moved?

Danielle 12:33

Absolutely. And also, when a woman is in her second trimester, well really in the first it starts, but it's more evident in the second trimester, her body starts to produce the hormone relaxing, which can make...

Will: 12:47

Yeah, this is why you shouldn't be doing too much stretching as you progress into pregnancy, right?

Danielle 12:52

Well, you just want to be really mindful, because ironically, they're hypermobile. But they generally have muscle, more muscle tightness. So it is true, sometimes you're not really aware of how much hypermobility you have. So it if you have to be very careful about range of motion. And certain exercises, which might be a little more extreme with your range of motion and the resistance. So I am really big believer in obviously communicating with the client and making sure that how they feel and if, if an exercise doesn't feel good, then you can simply help her and modify the movement. So in the third trimester, obviously, there's going to be a lot more shifts happening in the body. That's where a woman has definitely changed shape, she's gained a lot more weight in her belly and her breasts. So again, the equilibrium is going to be skewed, it may not be comfortable for her to lay flat on her back for prolonged periods of time. It used to be believed that after 16 weeks pregnant that a woman should not be on her back. But there's really no science to support that's the case...

Will: 14:05

I was going to ask this because obviously having been in the fitness industry for 20 years myself, I've had many very good friends and colleagues who have who have taught while they are pregnant and although obviously followed their bodies and finished up their teaching at various points some right up until birth pretty much. And that's one of the things I was going to ask about because I know that that is something that I've been told. So it's interesting how like I think one of the things that maybe we'll get into later as to how the science changes on this and and things that may have been true before and not necessarily true and vice versa. So this is one of the ones who's going to ask about, sorry to interrupt, continue. So, lying on your back...

Danielle 14:42

Happy to answer any questions. No, the the the when the ACOG, the American College of Obstetricians and Gynaecologists, set forth their first set of exercise guidelines for pregnant women. It was in the late 80, the late 1980s. And then they came out with another set in the 90s. But there was such little research done. And I've actually met one of the physicians that was responsible for kind of creating the guidelines and, you know, obviously they were kind of weighing on a very conservative approach because they want you know, it's a it's a, it's a very, I don't want to say fragile....

Will: 15:24

Well, nobody wants to make the rule that causes causes a miscarriage or something similar, do they?

Danielle 15:31

Yes, correct. So, you know, I think that they were just being very cautious because when I started as a trainer with pre and postnatal, again, in the late 90s, we were dissuaded from having our clients even raise their arms above their head to do like a shoulder press or a lat pulldown. Yeah. Because I and I don't even remember the the, the reasoning for that, because it's been so long. But some of you, you would read about some of the reasoning behind why they wouldn't recommend certain exercises, but it didn't really make sense, scientifically, and an anatomically physiologic physiologically. So, you know, again, through time, and trial and error, and so on, I think that we've come to a point where we're better understanding what's really beneficial to a pregnant woman and what she should avoid. And one thing that I was going to mention is, again, women have more, they're more prone to pelvic floor dysfunctions in their third trimester of pregnancy, you know, partially due because, you know, to the, to the weight gain, and to all the changes as they get closer and closer to giving birth. And two of the things that I'm going to talk about, one is called diathesis recti, which is you've probably heard about the separation of the abdominals, which is, is really an inaccurate description, but I'll, I'll go into depth on that. And the other one is called pubic symphysis diathesis. And that is also kind of a separation or dislocation partially or fully of the pubis. symphysis ligament. So talking about DR, basically 99% of all women have a touch of diathesis. When they're in their third trimester, it's...

Will: 17:30

I'm going to ask a layman's question. Is this when, so you imagine like, you know, the abdominal muscles. So the six pack that you'd see on like a muscular skeletal diagram, this is where they sit right down the middle to allow for more space for a baby. I have a question that I've always asked. So I remember being told this early on in my career, if you are a fitness instructor and have been doing crunches, like 10 times, 10 workouts a week for 20 years, do you have more trouble with this happening than a person who hasn't done 20 years of core exercises? Or is that a myth?

Danielle 18:02

Great question. And I've seen both. It does seem like a lot of very svelte clients have had a lot more trouble with diathesis, although some very unconditioned clients I've seen as well can have the same problem. So part of it is genetic. Yep. And part of it is definitely that you're so muscular. I mean, think about a very petite framed woman, I mean, the baby has nowhere to go, you know? And so that linear all the ligament that runs down the centerline of the body, it stretches to accommodate the pregnancy and with it, the abdominal wall also stretches, when it becomes problematic is when the separation becomes too big, if you will, or or too deep, because that it's not dangerous, but it can definitely cause other problems and a woman's body. It's a culprit of chronic back pain, because you can understand the ligament is so far stretched, and it's pulling from her back. Yeah, so she's getting that, you know, push pull from the front to the backs side of her body. It also affects the pelvic floor. So she can have some, you know, other issues with pelvic floor prolapse, for example, when it's not super strong and tight, where her linea alba has been stretched. And it can also lead to hernias. So...

Will: 19:39

Lots of things that you want to avoid.

Danielle 19:41

Yeah, definitely. Again, not dangerous necessarily, but definitely not comfortable. And, aesthetically, it can also leave women with sort of that bulge in their, in their, in their belly and you know, who wants that, so that that definitely can be treated and fairly avoided postpartum by doing the right kinds of movements, which I can describe a little bit more in a moment. But that's essentially what diasthesis is. And during the third trimester of pregnancy a one a way a woman can, I guess, put it at bay a little bit, like I said, it's it's can be fairly unavoidable. But, but I guess the goal is not to let that, that let that in linea, all of a stretch too much. And ways to avoid that is to do some similar exercises that I will tell you about in a moment, as far as preventing DR and treating it. But also, and also breathing properly is really key. And also supporting the belly, especially in the third trimester, not necessarily when you're working out. But they do have things called belly bands, or braces that women can use, essentially, to help kind of not kind of like a waist trainer, but more gentle to support the belly, which helps also with pubic symphysis, because it's pulling the belly up off of the pelvis, but it's also supporting the midline. And then pubic symphysis diathesis is similar, it's a ligament that is joining the right and left sides of the pelvis. And this can happen also, again, genetics plays a huge key in it. So your your ligaments are composed a lot of collagen. So depending on you know, just look at somebody's background. And, you know, again, back to hypermobility, if they are hypermobile, they might be more susceptible for pubis symphysis. So there, we're still understanding a lot of the hows and whys these things happen. But sometimes exercise can be extremely painful with for a woman in this condition or with this condition. So there's ways and there's exercises again, that you can do and things you can avoid, that will help her feel more comfortable. Pubic symphysis is really not comfortable doing certain exercises, either balancing on one leg, and you would have to find a different position, you know, a staggered stance or a wide stance so that she has a little more support or putting her under a Swiss ball or something like that, that gives her pelvis a little more stability and support.

Will: 22:39

Got it. So a lot of the things that you were just saying I imagine are things that you can do when working one on one. And I know that that's something that you specialize in. If we're talking about group fitness classes, what are there any, like big tips that you would give to an instructor who has a pregnant person in their class, obviously, asking them what their medical advice is, and what their doctor has told them is right for them and how they're feeling is really, really important. But are there any key things

that you would advise a, a group fitness instructor who may have 20 people in the class and one of them is pregnant, that they should be looking out for more so than you've seen in the past? So if you were training a group of instructors, what would be the key bits of information you would pass on to them?

Danielle 23:22

Absolutely. So I would definitely make sure that that woman is avoiding crunches, and being very careful of, again, back it up. If she's in her first trimester, there's very little I would tell her not to do, I would just tell her to listen to her body. And again, if we were moving around pretty quickly and going up and down, I would let her know that she may want to take it at a slower pace. So she avoids becoming lightheaded. As she gets progressed, or she tells you she's in her second or third trimester, I would advise her to avoid crunches, planking, burpees, things like that. And in lieu of those things, you can teach her how to do a pelvic tilt on her back or on all fours, where she's not actually lifting her shoulders, and also watching for any movements that she's doing that she is drawing her belly in. And I'll go into depth on that, and noticing that she's not doing any coning and coning means when you see a little bulge down the midline of your body and even pregnant women, people that aren't pregnant, can have a little coning. When they're pushing out with their muscles and you see a little bulge down the center, you know that they're not pulling the muscles in properly and engaging...

Will: 24:46

So coning is, for example, if I if I like stick my belly out to put it in, like push the ABS out to the outside.

Danielle 24:54

Yes. And you know how it kind of comes to a point looks like a little cone kind of running down.

Will: 24:59

Yes, sort of the opposite of the belly brace set position that I think I have ingrained myself to have when I start moving, which, obviously, is one of the first cues that I think most instructors use in a class, which is core braced right, like, I think we all say it, but potentially it's been said so much that it stops having any meaning.

Danielle 25:17

Right. So you definitely want to look for things like that with her and advise her. And first and foremost, of course, you know, as going back to first trimester, this applies to second and third, anything doesn't feel good, let me know. And I can give you an alternative. I would obviously in the third trimester, and mostly in the second, I would advise a lot of high impact exercises, and just give her modifications, now you're going to find that exceptional woman who's an athlete, you know, even so I always say just because you can doesn't mean you should. So if she comes in hot, and she's like, I've been running, and I've been doing jumping jacks...That's awesome, but we just don't know what the long term effects...So, if you're able to just kind of gently suggest that maybe she'd do some different exercises that will be a little more effective.

Will: 26:18

This is tricky, though, isn't it this comes down to is you don't want to be telling someone else what to do with their body. Although I have to say in I've obviously been teaching for a long time as have you and I've had a lot of woman at various stages of pregnancy and post pregnancy in my classes. And there's only one or two times across sort of 1000 classes where I have felt uncomfortable. But like on those

occasions, the woman herself definitely knew exactly what she wanted. So I was comfortable letting her let her body decide.

Danielle 26:53

It is really tricky. Because yeah, yeah, I mean, you're you're dealing with such, you know, usually in a large class, you have such a variety of issues. It is and it is really tough. And especially if someone comes in and they they seem to know what they're doing, or they think they know what they're doing. You obviously want to be very respectful and mindful about that and tell them, you know, but I would definitely suggest that all new trainers or even current trainers dive in a lot more with their education and their experience. Because, you know, more and more pregnant women are out there exercising regularly. You know, for a long time, women were kind of kind of advised not to move as much as they are now. But again, the ACOG has been a big part of that in pushing women to move during and after pregnancy, which is definitely beneficial. We need, we should be moving. But what happens is, you know, a lot of the as to your point, a lot of there's a lot of things out there that are not accurate, a lot of outdated guidelines. I hear all the time, you know, oh, am I not supposed to get my clients heart rate above 140 beats per minute, she's pregnant. And that is an outdated, unfounded scientific guideline that came that was just thrown out there in the mid 90s. And we we've since taken it off, but it's fine.

Will: 28:29

There's so many things that were previously contra indicated that I can think of when I first started teaching, so I was very early 2000s. And there are a number of things that you just didn't do in a group class, because there was no way like, I don't I actually, I just assumed that there was some science showing that it wasn't a safe thing to do. But it turns out, it was just, you know, when when the aerobics industry was sort of nascent in the 90s people just went, oh, we probably shouldn't do that. And then those same rules just pass through and took a while to be scientifically actually interrogated. Okay, so I would like to finish up on the pregnancy part of what we're talking about and move on to some of the post pregnancy considerations that you'd like to tell our listeners. I want to give a shout out to Cayla, by the way, who is the person that introduced me to you, Danielle. And also my trainers, Becky and Rhiannon who, SH1FT Instructors who listen to this podcast will know, that we have had some very pregnant master trainers in our videos, which is something that I am super happy about. Because I think it's really important to role model the kind of behavior we're just talking about staying fit during pregnancy, working within the boundaries of your own body, but making sure that that movement is something that continues on to keep the baby and the mother healthy. So before we finish up on the pregnancy part, is there any particular places that you suggest that people should go for to improve their education or to learn more? What are the resources that you would look, you would point people in the direction of, other than yourself obviously, and we'll put those in the show notes. So if anyone wants to reach out and learn more from you directly, they'll be able to. But are there any like good resources that you would recommend?

Danielle 30:03

Well, as I mentioned, I do highly recommend the MedFit Network. It is incredible for continuing education for all kinds of issues, but definitely women's health. There's, you know, my course on pre and postnatal fitness, and there's menopause. But there's also a network of specialists all around the world that are part of this community.

Will: 30:28

So this is a global thing. I actually, when we were talking about it below, I was thinking, okay, great to know.

Danielle 30:33

And they have a Facebook page and it's wonderful because you know, you can join as a member or just join the Facebook page and ask questions if you need any guidance. My other tip is, if you're a trainer that's interested in going into pre and postnatal work, I would definitely consider reaching out to anyone in your neighborhood that might be a woman's health specialist, or a pelvic floor physical therapist, and, you know, collaborate with them, talk to them get to understand what they do, and maybe become a cross referral network for one another. That's where I kind of established a lot of my credibility, if you will, because I've been doing this for so long. But I also partnered with a lot of physical therapists that specialize in this. And it's been a wonderful win win for all of us. So I would definitely say that would be very helpful. There are a lot of pelvic floor physical therapists that have online programming, the one that I really am a big fan of is through the Gray Institute. I'm not sure if that if you're familiar with the Gray Institute, but they are all about functional movement. And they do have a women's kinetic chain course, which is outstanding, taught by a pelvic floor physical therapist named Christina Christie. So I do recommend looking into that, I believe that she just filmed, she was doing live courses, but she just filmed the online course a year ago. So it's, it's live on their site. It's getting more and more popular now.

Will: 32:19

Perfect. So we will, I will make sure that we put some links to some of the resources you just talked about in the show notes. So the bit that I would now like to move on to is something that I think is talked about maybe a little bit less than the pre birth pregnancy side of things. So I would say that, while I'm absolutely not an expert in my foundational training, and across the span of my career, I've probably learned about a lot of the things that you just talked about, and that they were kind of familiar, what I have not really learned anything about, and as we were prepping for the show, I came to realize it is the post pregnancy side of fitness. I think that I've had lots of pregnant women in my class, I've had people come back from pregnancy, but I don't think that I've ever learned anything specifically about the considerations other than working with your body and being conscious of of the changes that have happened in the body and how to sort of slowly work back in. So, maybe you could talk a little bit about the the later side of this the second half of today's topic and talk about post pregnancy and the considerations that a group fitness instructor might need to be thinking of, because I don't know if you agree with me, but I think this is this is the one that gets a little bit less limelight but it's obviously super important.

Danielle 33:30

100% No, you're you're spot on. And that's kind of been my mission as a specialist in this area, is to really give more more attention if you will to postpartum because I do feel like it's been kind of neglected back again, when I was learning all of this and and new in the in the industry. We I guess we're under the impression at six weeks postpartum after a woman got clearance to exercise that she was good to go with anything. But I guess what I my message has always been to trainers and to my clients is consider postpartum like any other injury or surgery or any kind of medical issue that one has gone through. For example, if you compare postpartum to let's say that you had shoulder surgery, what would be the steps and the protocol that you would have to go through before you started exercising regularly. You would see your your surgeon for post off. You would then be prescribed physical therapy and normally physical therapy would not start immediately. And then you would start very gently

rehabilitating your shoulder until you were given the go ahead to go back into a fitness. A regular fitness routine and of course that, that can be anywhere from three to six months out, you know what you're really feeling kind of back to normal, but it can take a full year, till you're really really feeling like yourself, and postpartum is exactly that way. So the first three months of postpartum, we also coined it as the fourth trimester, okay, because a woman's still going through so many changes. So six weeks is not a magic number, it doesn't mean at six weeks, all the sudden, you're ready to go. Six weeks is just that general time where your uterus has gone back around to the size it was prior to pregnancy. But there's still so much happening in the body with the hormones and you know, your limitations. You're sleep deprived.

Will: 35:50

Tell me, tell me a little bit about the hormones. So we talked about, was it lecithin, right? The some of the hormones that that help with, with pregnancy? And obviously, in preparing for birth? What are some of the hormonal changes that happen postpartum? And how do they impact a woman who's exercising?

Danielle 36:06

Right? So relaxin, is still being released in the body. And especially if you're nursing, it continues to be released, it usually stops...

Will: 36:16

So the hormonal changes if you're breastfeeding can last for longer, right? This is something that I had no conception of, until until my sister went through pregnancy, actually.

Danielle 36:24

Yes, yes, for sure. And then again, when you consider, you know, a woman was carrying a baby for nine months. And what her abdominal wall has gone through with the stretching as we just sort of, you know, grazed over, she's coming back and typically has very weak abdominal muscles, regardless is dependent, it doesn't even matter what kind of birth she had, if she had a vaginal birth or C section, her abdominal walls had been affected. So she may have trouble engaging her core. And again, even simply sitting up sometimes can be hard on her body, it can hurt. She might have a lot of pelvic floor issues going on. Very common is incontinence, which again, I will say is a soft tissue issue, and it is treatable and preventable. So if a woman and it is embarrassing, so it affects a woman's quality of life. And she may feel kind of intimidated and coming to a group setting. You know, worried about leaking, so you have to, you know, hopefully reassure her that starting slowly and starting with the right kind of movement is going to benefit her and also help her recover. So I look at postpartum as a recovery just again, like you would with the shoulder surgery, starting gently teaching the basics and the foundation of the breath, and the core engagement or the bracing, if you will, learning how to breathe from her diaphragm so that she is not just pulling from the belly muscles, but she's also pulling from the pelvic floor. And there is an automatic physiological response when one breathes from their diaphragm, on their exhalation, or you've probably heard it called three dimensional breathing as well. When you breathe from your diaphragm on the exhale and you exhale a certain way, you're able to really engage again from that pelvic floor. We don't really talk about kegels any longer unless you're under the guidance of a pelvic floor physical therapist, who can really...

Will: 38:41

Okay, so I'm going to ask I've obviously heard of kegels. I feel like it's one of those words that you know, it becomes a it becomes a comedic word even. I've heard movies and TV shows, what is the

Kegel exercise for someone heard the word said so many times and maybe never had a perfect conception? I have an idea of what it is, but I'd love to hear from an expert.

Danielle 39:01

Right. Well, you know, basically, the birth canal or vaginal wall is a muscle and as part of the pelvic floor, and when a woman contracts it, it that's a kegel. So, one example that's easy for people to understand is when you're urinating and you're shutting off the flow of urine, you feel that contraction. That is a kegel. Now, again, as a fitness professional, we are not able to assess if someone is doing a kegel properly. A pelvic floor PT can assess this with an internal exam so they can they actually have the equipment and the scope of responsibility to obviously run a woman through an examination and guide her through this kind of movement and explain...

Will: 40:00

This type of examination or this type of practice, is this something that is standard, is prescribed as standard to people postpartum? Or is this like...And we didn't prepare this earlier, I'm just really curious, please, continue.

Danielle 40:12

No, no, no, so going back to how I mentioned that there are so many other countries doing amazing things for women's health. In a lot of places like Australia, Canada, I'd have to check on New Zealand for certain they do, and France, they do prescribe physical therapy for a woman after she's delivered a baby, because it's part of the rehabilitation process. Unfortunately, in the United States, we do not do that, we leave it up to the doctor and the patient, we leave it up to the doctor to even refer, which is becoming more common practice, and then we leave it up to the patient to pursue physical therapy. But it's not easy. There are not, you know, there are becoming more and more pelvic floor physical therapists, but for many years, they were sparse and hard to find. And a lot of them do not take health insurance. And as you know, we have health insurance here. Which you know, it's not great, because it depends on what kind of health insurance you have for your access to this kind of care. So it's unfortunate, because obviously, this really can affect a woman for the rest of her life, she doesn't get a right kind of postpartum care. She's dealing with some potential physical issues, until you know, her older years.

Will: 41:37

Yeah, physical issues that, I'm guessing, will lead to mental and emotional issues too.

Danielle 41:44

Yes, of course, of course. And I mean, there's so many other benefits, not just physical benefits, but of course, emotional benefits, and mental health benefits to exercise postpartum, as are in pregnancy. But, you know, there's been so many studies on exercise and depression. And so it's no different for postpartum depression. Studies show that women that are more active after they've had a baby are less likely to suffer from postpartum depression, they're moving their body, they're getting their endorphins going, they feel better, they're more confident, you know, and they're not going to have maybe those physical issues that are embarrassing and creating low self esteem.

Will: 42:33

So as an instructor, the thing I'm hearing from you that I maybe didn't know specifically before is that if you have a person in your class, and you're talking to him as you do, this is obviously not something

you're gonna be saying over the microphone, or that's going to be happening in a class scenario. But if you're talking to someone who is postpartum, before or after class, and they mentioned that they are having trouble with any of these things that you can tell them to see a pelvic floor specialist, as there are specialists who will help them with the exact sort of things they need to do to feel more confident and get themselves back into exercising as they were before.

Danielle 43:10

Absolutely. And key things take away from from this when you're dealing with a group fitness environment, I would always say to someone, you know, when you're when you're introducing yourself at the beginning of class, you know, always always ask, is there anyone that's pregnant or had a baby recently?

Will: 43:31

Yeah, cuz I think that I always say, is there anyone that's pregnant? I probably haven't added that second bit, just because I haven't thought to.

Danielle 43:40

Right. And so because a lot of women don't think to maybe tell the instructor because once again, a lot of times, there's that disconnect, because the physician, the OBGYN might say, okay, you're six weeks postpartum, go, you know, go ahead and start resuming exercise. And my clients will, you know, raise their hand to their doctor and say, excuse me, what does that mean? Does that mean I can do anything? And typically the doctor, and typically, the doctors response is like, you can do whatever you did before you became pregnant.

Will: 44:13

This is exactly what I was about to say this rule of thumb, which I'm sure like, as all rules of thumb, does have application, but it's probably not as specific as most people actually know. Yeah, which all the magazines, and social media just certainly doesn't help.

Danielle 44:22

Right. And let's remember that OB GYN are not fitness specialists, they are specialists in delivering babies and pregnancy unless they have fitness training specifically in this. Again, that's out of their scope of responsibility because guiding somebody or or advising somebody to continue exercise that they did prior to pregnancy. Well, what is that exactly? Were you spinning, you know, five days a week at SoulCycle? Were you running half marathons? Like what's going on? What kind of fitness were you you're doing. So we need to really ask the questions. And I always advise people to start slowly. And remember, it's a recovery process that you're not going to be running, you know, for miles right off the out of the gate, and nor should you be the first. You know, six weeks after the six weeks you've been released to exercise. So covering the first three months are very delicate, they're still delicate, you're still you're healing up to 12 months postpartum is the message. It may be really difficult. I know women are so focused on weight loss and getting their pre baby body back. I mean, I'm near Hollywood. So you can imagine. It's it is pretty crazy. But remember, again, that this is not real, this is not reality. And we should not be focusing on, you know, looking like a supermodel after having a baby. That is not realistic, and it's not healthy. What's healthy is to rehabilitate our body, and to strengthen our body and to give our bodies what our bodies need, which is not intense exercise, you can build up to that point. But you have to really be again, mindful about your form, how you're feeling. And another thing I would definitely say as an introduction in your classes when you're asking if there's anyone pregnant or

postpartum, I would follow up that statement, if someone does say, "Yes, I just had a baby, you know, three months ago", and I would, I would, you know, if there's time to gently go over to that person and not again, announce it on the microphone, just say, Oh, just real quick, have you been exercising? Or is this your first class back? Because that's important information. And also, you, you know, do you understand to be really careful with certain exercises, for example, impact exercises, and the same kind of thing we talked about in third trimester, you want to be very careful, no crunches, no planking. But again, you can build up to that point, you just want to make sure that they're aware. Yeah, and I hate to say no to an exercise, but you just have to be really careful when you have a lot of people in a group setting. In a private setting, you can maybe push someone along a little faster, maybe they are ready to do that crunch at three months postpartum. So there's not a really strict timeline. And if someone comes to you, they're like, I had a baby six months ago, that's still important information to gather. Because again, it could be their first exercise class back and, and they're starting from square one.

Will: 47:55

If it's someone's post exercise class back, so say you have the example where, and this is another reason why we should always be doing pre class screenings and actually making time before class to properly give people the opportunity to come up and, and talk about anything like pre post pregnancy injuries, all that sort of stuff. If someone says this is my first exercise class back, like, what what would you do as if you're an instructor? Say you're an average instructor? So without the specialist education that you've got, would there be any questions or things that you would say? Would you ask them if they had doctor's clearance? If someone said that they hadn't had doctor's clearance? What would you do? Would you would you say that they shouldn't do the class? This is a situation that I would never want to find myself in because it's so awkward, but what what do you say with all your expertise in that situation?

Danielle 48:08

That is such a tricky question. Because, you know, if, if you're the Instructor in a studio, it's really the studio, that that's liable.

Will: 48:52

Yeah, and this is I think one of the tricky things about pre and post pregnancy is that is that you like it's hard to know exactly what to say in situations where you think differently to what's being told, but sorry, sorry to interrupt. Tell me what you would do in this in this tricky, tricky forced experiment.

Danielle 49:08

Well, I have had people come back at like four weeks before they visited their doctor, and it was hard. But, you know, again, it's really difficult if they're already showing up for class. I mean, obviously, it would be optimal if you had chatted with them prior to them coming to make sure that they have their appointment to see their doctor and they do get clearance. As a studio owner, I used to require a clearance letter from your physician before people came back. It can even be a simple email. But if the person shows up, I would advise them that six weeks is generally when they are allowed to come back into the studio and if your studio doesn't really have any kind of written protocol on this or terms, I would definitely add this. Because...

Will: 50:04

So, maybe if you're listening to this something to check whether or not this exists in your facility, or if you're an instructor by yourself something that you've considered,

Danielle 50:13

Mhmmm, I actually have a separate intake form for my pregnant and my postpartum clients than I do for other clientele just because I keep it as sort of a separated category. And again, I do have a lot of people walking in my door that are pregnant and postpartum. But it's always a good thing to have on hand.

Will: 50:32

You have your own studio as well, I think that might have been in the things that we're talking about right before we started recording, but as well as being a pre and postnatal specialist, do you have your own, is it a Pilates studio?

Danielle 50:43

Correct? Yep. I have a Pilates studio in Redondo Beach, California, called Beach Life Fitness Boutique. And, yeah, I mean, you know, obviously, I'm really, we're a boutique studio. So I have the luxury of really getting to know my clients. And I know that that's not always the case in box gyms or whatever the scenario is. So I guess what I would advise if your studio does not have terms in place for this kind of situation, is have them added. And perhaps if someone comes in as a new member that might not know any of these protocols or terms and conditions. Once you have them in class, very gently, say, I'm sorry, our our studio, really, you have to have a doctor's clearance. If you're less than six weeks postpartum in order to join the class. If it is uncomfortable, and it's really hard to enforce this, you could then give them just some modifications or offer some modifications. Because I understand that that can be kind of an awkward moment. But I guess what I also would gently say to anyone postpartum and and pregnant as well, is stop exercising, if you don't feel well, if you're lightheaded, if you feel like you're bleeding, if you feel pelvic floor pressure, if you feel pelvic floor pain, none of these are good signs. And you should stop moving right away and tell either the fitness instructor or manager on duty or what have you, that you're not, you know, feeling well. But it's nothing to push through. And that's also another message.

Will: 52:39

Well that's a good message that I'm not sure we touched on before. This is not one of those times when you should be pushing past the pain. This is when you should be listening.

Danielle 52:47

No, exactly, exactly. So definitely listening to your body. I always just say, for example, I have someone in class, and she's gotten her physicians clearance. And she, let's say is eight weeks postpartum. I try to ask as many questions as I can in a short period of time, just to kind of gauge where she is. But then I quickly say, okay, if you feel X, Y, and Z, please stop, stop exercising, and let me know. So that I'm aware what she's going through. And, you know, obviously, I'm not going to be not that I would ever make her feel bad for not doing the exercise. But I want to know, if something doesn't feel good.

Will: 53:31

Yeah, the key takeaway that I am getting from from this whole sort of slant of the conversation is that it's just key, and this is something that's key, not just a pre and post pre and post natal is that you need to communicate with your members and to understand and to give yourself the time to talk to anyone who may want to talk to you before because if you don't make that time, then you don't get to impart any of this information. So that kind of brings us to the end of our conversation. Firstly, I want to say

thank you so much for taking the time to explain some of this stuff to me as a as a novice in the field. Is there anything that is there any one thing that you would like instructors to take away in terms of your field that that you feel the need to impart at this time that you haven't said already?

Danielle 54:14

Well, I do think that this is a really great niche of client to explore and to get some more experience under your belt. Obviously, women are going to continue having babies and you can make a really long lasting impression on them just by understanding a little bit more about what they're going through and helping them and like I mentioned earlier, it's something that can affect the quality, their quality of their life for the rest of their life. So you can be a very good influence. You can also potentially have a client for life. I've gotten many clients during their pregnancy and train them through, you know, all their their births and then after, and you have them for a long period of time. So it's a wonderful clientele because also, you know, if they're moms they're a small network within a community. They have their own community and they will spread the word.

Will: 55:15

I love that you moved on to the commercial benefits after talking about talking about physical stuff, but you've gone back...see business owner, business owner at heart.

Danielle 55:23

Yeah, for sure. I mean, if you can really help them, you're going to be very much praised amongst them. And, you know, that's great for your business. So, but it really feels, it really does feel good to help women, especially since this is really kind of an up and coming, I feel like an up and coming, even though I've been doing it for so long. There are more pelvic floor PTs out there, and hopefully more fitness professionals that are getting, you know, quality training and understanding how to help these women.

Will: 56:04

Thank you so much, Danielle. I have learned a lot. I want to say thank you for coming on the show. And what we will do is make sure that we have put all of your contact information and also links to the references and resources that you talked about earlier in the show notes. Thank you so much.

Danielle 56:20

Thank you.

Will: 56:22

Thank you for listening. If you're enjoying the show, don't forget to subscribe for all the latest episodes wherever you get your podcasts. And while you're there, please drop us a review. You can also get in touch with me at will@sh1ftfitness.com. I'm Will Brereton and you've been listening to Group Fitness Real Talk.