PILATES AND PREGNANCY

Exercise during pregnancy is an important part of maintaining a healthy lifestyle. However, the physical changes that accompany pregnancy may require your clients to modify their exercise routines during their pregnancy and immediately after delivery. The general guidelines and precautions for the various stages of pregnancy are as follows:

FIRST TRIMESTER, UP TO 12 WEEKS

During the first trimester there are no specific contraindications as far as body positions or specific exercises. Exercise should be based on the energy level of the mother and geared to minimize fatigue. Some women continue on with all of their normal routines while others experience fatigue, nausea and disturbed sleep that limits their ability to perform at their previous level. Be sensitive to the individual's needs for rest or taking it easy during this period.

The primary exception to this rule is in high risk **pregnancies for example:**

- 1st pregnancies in women over 35
- Women with a history of miscarriages
- Women who are undergoing in vitro fertilization
- Women who tell you they are high risk for some other reason

In this case you may suggest that they stop exercising or minimize their routine until they are past the 12 week mark. It is also important to make sure these women are being seen be a doctor and that they have been cleared to exercise before they resume their Pilates program.

EXERCISES TO FOCUS ON DURING THE FIRST 3 MONTHS

Early in pregnancy is a great time to develop a program that will address the key needs of the pregnant woman. These exercises include

- Pelvic floor exercises
- Adductor work (use a small ball between the knees in leg work)
- Abdominal strengthening
- Core stabilization
- Arm and upper back strengthening
- Low back and chest flexibility
- Decrease inversion exercises such as short spine stretch and rolling exercises

MONTH 3 TO 4

Sometime around the end of the third month or during the fourth month, it will become uncomfortable to lie on the stomach and prone work should be discontinued. Your client will usually indicate when they start to feel like they don't want to lie prone. The abdominals also begin to feel a bit out of touch around this time as the abdomen stretches and the pregnancy starts to show. If your client was having issues with morning sickness and fatigue, they will usually ease up about this time and they will have more energy to work with.

PROGRAM MODIFICATIONS DURING MONTHS 3 AND 4

- Discontinue prone work
- Discontinue inversion exercises and rolling exercises (Short spine stretch, roll over, rolling like a ball)
- Develop stretches for the low back
- Find abdominals that are comfortable
- Emphasize pelvic stability
- Maintain the flexibility of the abdominals by doing Cat/Camel or supine stretches over a physioball
- If the client has issues with low blood pressure, teach them to change positions slowly

MONTH 4 - 5

During the fourth to fifth month the uterus is large enough to start putting pressure on the arteries that run along the inside of the spine when the client is supine.

Program modifications during months 4 and 5

- Use a wedge pillow to elevate the heart above the pelvis for all supine exercises. In high risk situations, you may choose to eliminate supine work entirely.
- If your client starts feeling light headed or her legs feel weak or tingly, bring her out of supine immediately.
- Discontinue exercises that deeply work the psoas and the hip flexors as in Teaser
- Focus on stability of the pelvis and shoulders rather than on mobility.

MONTH 6 – 9

At this point in the pregnancy the size of the mother's abdomen will start to affect her ability to flex her spine and to deeply flex her hips. The hormone relaxin is starting to circulate in the body at higher levels leading to a loosening of the ligaments around the joints. This can lead to a lack of stability around the pelvis and cause low back, sacroiliac joint problems and hip problems to flare up. Edema can also start to settle in the ankles and lower legs.

PROGRAM MODIFICATIONS DURING MONTHS 6 – 9

Modify abdominals to suit the growing abdomen (Roll back with straight legs works better than Teaser)

- Use a wider leg position on leg and foot work
- Emphasis the limbs rather than the core
- Increase stability of the pelvis and hips
  - Adductor exercises (Work gently so as not to disturb the pubic symphysis. Isometrics or working with legs together is a good option, using a magic circle or standing on the Reformer may be too much)
  - Abductor exercises
  - Light abdominal work
  - Gluteal strengthening
  - Quad strengthening
- Work arm and upper torso strength for holding the baby
- Keep the feet up when possible to decrease swelling

As with any program, each individual will be different, particularly if there are any rehabilitative issues involved or if the mother is already 'super-fit' (dancer, yogi, pilates goddess).

POST-NATAL

Once the baby is born the mother can start doing simple core activation, pelvic floor and pelvic stability work as soon as she feels like moving. If the delivery was vaginal, she will be be able to return to a beginning level routine as soon as she has stopped bleeding and feels up to it. If she had any episiotomy repairs she may want to minimize hip adduction and anything uncomfortable for 4 to 6 weeks until the area begins to heal.

If the baby was delivered by caesarian section, strenuous exercise is usually not suggested for 6 to 8 weeks following delivery. Gentle core work is very helpful but it is not wise to put stress on the sutures that are healing. Once they are cleared by their doctor for exercise, it is wise for them to start off slowly until they feel they have their full energy back.

REFORMER EXERCISES FOR PREGNANCY

See the Reformer 2 manual for a Reformer program for women in the last trimester of pregnancy.

- **Footwork:** Modify with a wider leg position, substitute stomach massage or use a wedge after 4 months.
- **Feet in the straps:** particularly hamstring stretch. (For the other exercises, Trap is better.) Limit the amount of time in this position around 5 months and start decreasing the range of motion around 7-8 months
- Kneeling Abdominals
- **Arm work:** seated on box or kneeling (with ball at knees)
- Elephant
- **Knee Stretch:** Single and Double leg
- Pelvic Lift/Bridging/Bottom Lift (Minimize after 4 months)
- Lunge
- Mermaid