

Running and The Pelvic Floor - What all women should know!

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After having a baby it's understandable that many mums want nothing more than to get out of the house and do a bit of exercise. Running is often the go-to. Easy, cheap and quick to do right from home. A great cardio workout and time to clear the head. **HOWEVER**, before any new mum starts to do higher-impact activities such as running, it's important to understand the warning signs for common pelvic floor complaints and determine if your body has had enough time heal and repair.

How do you know when it's safe to consider returning or taking up running or any higher impact activity post-pregnancy?

My hope is that the following will give you a greater understanding of the often underestimated and misunderstood difficulties many women face when returning to activity post pregnancy and some guidelines to consider when they do.

Pelvic health refers to the function and wellbeing of all of the structures and tissues in the pelvic area, including the organs and the pelvic floor muscles. Pelvic health following childbirth is significantly affected. Between 15-30% of first-time mums will experience urinary incontinence (leakage of bladder) and a startling 1 in 5 first time mums will complain of fecal incontinence (leakage of bowels) at 1 year following childbirth.

At 3-6 months after delivery up to 56% of new mothers may demonstrate a Grade 2 pelvic organ prolapse. This means that one or more of the pelvic organs (bladder, bowel or uterus) have descended downwards into the vagina to at least the vaginal opening.

As we know, the physical changes that occur during pregnancy and vaginal delivery result in widening and stretching of the opening in the pelvic floor for baby to pass through. The recovery time post-pregnancy for this area to heal is understood to be between 4-6 months, or in some women longer. During a caesarean section, the thick supporting tissue in the abdomen (belly) takes 6-7 months to regain 73-93% of its strength.

These time frames are a lot longer than the common perception of 6-weeks for returning to running or higher impact activities. That's not to say that some women don't have a speedy return but the more time the body has to recover the less risk of leakage and prolapse, with the return much more sustainable.

Taking these factors into account, evidence-based guidelines from the UK (March 2019) recommend that women wait until at least 12 weeks after delivery prior to planning a return to running. At this stage pelvic health, strength, and impact loading should be checked for each woman to see if she is indeed ready to return to running yet. The guidelines recommend that all women, regardless of how they deliver, seek out a pelvic health assessment with a pelvic health physio to check strength, function and co-ordination of the abdominal and pelvic floor muscles. The physio will also consider other factors that play an important role in healing and recovery after childbirth and may influence readiness for return to running including sleep, nutrition, breastfeeding, weight and a condition that may develop in the period following childbirth called Relative Energy Deficiency in Sport (formerly known as the Female Athlete Triad).

The importance of seeing a pelvic health physio is further highlighted if any of the following signs and symptoms are experienced prior to, or after attempting, return to running:*

- Heaviness/dragging in the pelvic and/or vaginal area (can be associated with prolapse)
- Leaking urine or inability to control bowel movements
- Pendular abdomen or noticeable gap along the midline of your abdominal wall (this may indicate Diastasis Rectus Abdominis)
- Pelvic or lower back pain

*these symptoms are an indication for any woman to seek pelvic health physiotherapy, not just those that have recently had a baby

Any of these signs or symptoms of pelvic floor dysfunction need to be further tested and treated prior to continuing and progressing training to ensure the pelvic floor and abdominal wall can cope with the loads and impact from running. There is strong evidence in the literature supporting individualised pelvic floor rehabilitation for management of pelvic health conditions such as urinary incontinence, pelvic organ prolapse, sexual dysfunction and the prevention of prolapse.

Physiotherapy management at this stage will address problems found with the pelvic floor, and also develop a strengthening and low impact exercise program that will help you prepare your body for a safe return to running.

If you have any questions related your own situation please don't hesitate to contact our Pelvic Health Physiotherapist Susan at susan@activehealth.co.nz, or call reception at 03 383 6290. Susan is available for appointments in Christchurch and Rangiora. [Book Now](#)

Resources and Further Reading

Donnelly G (2019) Ready, steady...GO! Ensuring postnatal women are run-ready! BJSM Blog. <https://blogs.bmj.com/bjbm/2019/05/20/ready-steadygo-ensuring-postnatal-women-are-run-ready/>

Goom T, Donnelly G and Brockwell E (2019) Returning to running postnatal – guideline for medical, health and fitness professionals managing this population. https://perineconscience.com/wp-content/uploads/2019/06/Returning_to_running_postnatal_guideline_for_medical_health_and_fitness_professionals_managing_this_population.05.pdf

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