

30 DAY PROGRAM

Abs, Core & Pelvic Floor

Core Dysfunction and Diastasis Recti Recovery

**By Natalie Hodson
and Dr. Monique Middlekauff**

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Core Dysfunction and Diastasis Recti Recovery

A 30 Day Program Addressing:

*Abdominal and Pelvic Floor Weakness
Muscular Stability & Support*

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WELCOME

WHY WE WANTED TO WRITE THIS PROGRAM

Abdominal weakness, abdominal separation, and pelvic floor dysfunction is common and it is easy to overlook for new moms. Women often face many new things all at once: fatigue, abdominal pain, pelvic pain/weakness, schedule concerns, changes in hormonal environment, social pressure, and ambiguous recovery recommendations. Because women are so resourceful, we often go online to find information and motivation that we need to recover, increase body strength, increase endurance, and manage body weight. We noticed that much of the information that is available either costs a fortune, is simply inaccurate, or provides a list of recommendations without an opportunity for exchange of knowledge, motivation, and support.

In effort to regain the body we had before delivery, we can get sucked into challenges like “500 Sit-Ups a Day”, “100 Squats every day for a month”, unhealthy nutrition patterns, or running challenges post-pregnancy. Depending on your level of fitness (largely strength and support), delivery timeline, and previous exercise, these types of exercises may cause more harm than benefit.

Doesn't everyone pee their pants during high pressure activities like bouncing, jumping, and sneezing? That is a common mindset of women who have had children. Just because it is common, does not mean it is healthy, and it is something that can be treated effectively. 1 in 4 women have symptoms of pelvic floor disorders, that is 25% of ALL women in the United States. There is a large group of women that have a shared or similar experience with abdominal and pelvic muscle weakness (especially after childbirth.)

We can easily dismiss things that are common, but just because it is common does not mean that it isn't a concern.



NATALIE

I remember after having my babies, I was told not to exercise until six weeks postpartum, but I was not given much guidance after that. I remember going back into high impact exercise right away (sprinting, lifting, etc.) because I thought that was what I was “supposed to do.” I felt so discouraged about my post-baby body and was trying to do anything I could to change

it. I remember looking in the mirror and having awful self-talk because of how different my body looked compared to pre-pregnancy. I wish so badly I would have had a program like this one that would have helped me gently rehab my core to prepare me for higher impact exercise, while also helping me through that emotionally tough phase I was in. That is exactly why we created this program. Our goal was to create a more inclusive recovery program that emphasizes not only the physical recovery but the emotional piece as well.

It is so nice to know that we are not alone, but it can also be harmful if we just accept these symptoms of muscle weakness as a part of our new phase of life. We know that some of the topics we are going to discuss in this program can be a little bit embarrassing to talk about (peeing your pants, body image, shame, difficulty voiding, etc.), but our hope is that we can create a safe space for women to come together and learn that some of these topics are very common and there are things that can be worked on to help heal and improve these common symptoms.

Together we (Natalie and Monique) bring our unique perspectives and contribution to this conversation. We thought it would be fun to give you some insight into how we met and both of our backgrounds! We met many, many years ago as a part of the Miss America Organization. We had both won local programs, leading us to the Idaho state competition.

MONIQUE



I instantly loved Natalie and her big beautiful smile. I saw the way she connected with other people (something that she still does better than anyone) and the kindness that she authentically shared. We had an immediate connection over athletics, I played volleyball at the time- leading me to later play NCAA DI, and she was an avid, competitive runner. I never intended to be a pelvic floor expert. I first started in research, identifying and quantifying pelvic floor function (strength and support) in women who have not had experienced childbirth. The more I learned, the more I realized that women just like me had been left out of the conversation regarding the function of our entire core...not just the muscles of the abdomen and the back. The stigmatized topic of the pelvic floor was broadly skipped over. We tend to repeat things that we don't repair, and so often we see women repeating problematic issues like incontinence, struggling through pelvic and back pain, and experiencing difficulty with balance, posture, and body mechanics. When Natalie asked me to be a part of this project, I said yes without hesitation.



NATALIE

Monique and I met when we were both in college and we instantly connected. Monique has one of the kindest, sweetest, most genuine personalities of anyone I have ever met. I loved her humble, down-to-earth spirit and we had a lot of similarities: both coming from big families and being college athletes. We stayed in touch over the years and I watched as Monique went

on to get her PhD and teach at the University of Utah. I have been involved in the fitness industry for years, and I was so frustrated with all the misinformation about Diastasis Recti. Many fitness bloggers put out uninformed blog posts simply to capture traffic, and often times they recommend exercises that can actually make Diastasis Recti worse by putting too much pressure on already weak connective tissues (things like crunches and frontal planks). I had so many moms reaching out to me for help healing their core after pregnancy, and that is when I reached out to Monique knowing that pelvic floor dysfunction and physical activity was her area of specialty. I knew by combining our strengths and experiences, we could create an incredible program for new moms that focused on proper physical rehabilitation. We wanted to incorporate tips to help with struggles that so many women have, such as: negative self talk, body image issues, lack of time for self care, etc.



Miss Idaho Pageant
June 2007



Bodybuilding.com Expo
June 2015



Dollar Workout Club Dinner
September 2016

BACKGROUND AND BIOGRAPHY



Dr. Monique Middlekauff has a Ph.D. in Exercise Physiology. She is a certified Higher Education Teaching Specialist (HETs) and has instructed courses ranging from introductory to graduate level. Monique is a Certified Strength and Conditioning Specialist (CSCS) through the National Strength and Conditioning Association (NSCA). She has been a certified personal trainer with the NSCA, American College of Sports Medicine (ACSM), and National Academy of Sports Medicine (NASM) for over 10 years. She is a former NCAA DI volleyball athlete. Monique is certified in Advanced Cardiac Life Support (ACLS), and works as a clinical exercise physiologist for a major health system in Idaho. You can visit her website at www.moniquemiddlekauff.com.



Natalie Hodson is a mom of two who is best known for her ability to connect with women and their real-life situations. Natalie's wildly popular blog gets nearly half a million monthly unique visitors where she shares stories and tips for balancing family, fitness, and a healthy lifestyle. Her followers most often describe Natalie as, "real, genuine, authentic, and relatable." She is a content writer and contributor for sites and publications such as: Bodybuilding.com, Oxygen Magazine, Train for Her Magazine, Strong Fitness Magazine, and more. Natalie also is the Founder and President of DollarWorkoutClub.com which provides affordable daily at-home workouts for members. For more about Natalie, you can visit her website at www.nataliehodson.com.

- CHAPTER 1 -

INTRODUCTION

There are many factors that contribute to abdominal weakness, Diastasis Recti, and pelvic floor dysfunction. Abdominal muscle weakness does not always lead to Diastasis Recti, likewise Diastasis Recti is not always caused by abdominal muscle weakness. The two often occur simultaneously and it is important to approach the recovery process in a similar way for both conditions. So for example, someone may have a large separation or bulge in the middle of their abdomen but not have incontinence issues (and vice versa).

One of the largest contributors to abdominal muscle laxity and Diastasis Recti is pregnancy. While pregnancy is not the only contributor, it is worth discussing due to the amount of ambiguity and confusion surrounding return to physical activity and exercise after delivery. We are going to take a little bit of time to focus on the immediate post delivery phase because so many people going through this program are new moms, but if you had your children a long time ago or have not ever been pregnant than you can skip to the next section.

The early postnatal period (0-6 weeks post delivery) is about resting, recovering, and taking time to bond with your new baby.

During this time you want to completely avoid high impact activities, and lifting objects that cause you to strain. The American Urogynecological Society recommends lifting no more than 10 lbs during the first 6 weeks. While this recommendation does not take into consideration fitness level, it is very low to protect all women regardless of body strength. During the first 6 weeks after delivery, you can (and should) start gently walking, and include pelvic floor exercises and abdominal muscle bracing (we will explain how to do that below.).

Do you ever feel like some recommendations are just unrealistic? Lifting no more than 10 lbs works if you are able to stay at home without any physical responsibilities, but it can feel completely out of reach if you have a new baby and a 3 yr old who weighs 30 lbs. Trust us, we get it. In these situations, just try to do the best you can. That might mean that when your 3-year old wants held, you try to sit on the couch and let

them crawl on your lap instead of picking him/her up. It may mean asking friends or neighbors for help when bringing in loads of groceries from the store. Remember that this phase only lasts a short period of time, and we understand how frustrating it can be, and how helpless you can feel. The way you use your body on a day-to-day basis can impact your healing and recovery period.

Walking is a wonderful low-impact way to get you out of the house and slowly allow your body to recover during that very early postnatal period. Walking can be gradually increased for speed and distance each week as you become stronger and have taken time to heal. It is recommended that you wait until your six week postnatal check before increasing your intensity level to include higher impact activities of any kind. This means no running, sprinting, or jumping of any kind in the first six weeks and possibly even beyond that timeframe. You will see later in our program that we recommend walking every day. We will go into the rationale behind this later, but it is important that you get into the habit of moving every day. It is not something we want you to stress or overwhelm yourself with, but starting to get into the routine of getting your body active and moving is going to be critical for your success.

If the gym is calling your name before the 6 week mark, or if you have signs of abdominal weakness or pelvic floor disorders, deliberately wait. Heal. Recover.

It can be incredibly tempting to get right back into higher impact activity after delivery, especially if you've been very active before delivery. It is important that you check with your physician to ensure that you are safe to participate in exercise. It is recommended that you delay any running, physically demanding sport, or other higher impact activities until at least 6 weeks after childbirth and usually a few weeks longer if you have had a c-section delivery. If you return to exercise too early you may actually reduce abdominal strength, pelvic floor muscle strength, and cause long-term bladder and bowel problems, or pelvic organ prolapse.



NATALIE

"I remember after having my daughter Phoenix, I thought I could tough it out and go for an easy 15 minute run when she was 3 weeks old. Gosh was I humbled during that run. I kept falling and tripping which was likely due to a hormone called Relaxin (we will talk about this more later) that your body produces to help relax your ligaments, prepare your body for delivery, and can change the mechanics during movement. When I got home I had an insane amount of pressure and heaviness in my vaginal area. In hindsight, these were definitely signs that I had returned to exercise too soon."

"Take your time rebuilding so you can get back to higher intensity exercise safely. It will be worth it in the long run."

Women feel a lot of pressure to get their pre-baby bodies back (the pressure we put on ourselves can feel so overwhelming!), but we want to work together to create proper expectations, and learn how to gently return to exercise after having a baby. We are on a mission to create a community of women who come together to support and encourage each other during this exhausting and demanding recovery period.

It can be difficult to determine which exercises are safe and appropriate. We created this guide to help you recognize which symptoms you may be experiencing and which exercise intensity you should perform or avoid.

Symptoms	Isometric or Bracing Exercise	Low to Moderate Intensity Exercise	High Intensity Exercise
Urinary Incontinence (Leaking urine with coughing, sneezing, jumping, exercise)	Yes	Yes Modified	No
Pelvic Organ Prolapse (Vaginal heaviness, bulging)	Yes	Yes Modified	No
Back Pain	Yes	Yes Modified	No
Balance and Posture Concerns	Yes	Yes Modified	No
Chest Pain	No	No	No
Recent Delivery (0-6 weeks)	Yes	Yes Modified	No
Diastasis Recti	Yes	Yes Modified	No

- CHAPTER 2 -

WHAT IS DIASTASIS RECTI?

Diastasis Recti is a separation and widening of the vertical centerline of the abdominal wall. The right and left side of the abdominal muscles are joined in the midline with a band of connective tissue called the linea alba. The muscles, linea alba, and other connective tissues expand to make space for a growing baby. Diastasis Recti becomes problematic when the tissues do not return to a healthy position after delivery, and the stretched and weakened core muscles do not properly support the force generated within the abdomen during activity.

Take a look at the picture below. The line down the middle is the linea alba. In the photo on the right, the linea alba has been stretched and/or weakened. This is very common in women who have gone through pregnancy and those who are overweight (now or in the past). There are many factors that contribute to abdominal wall dysfunction in addition to pregnancy 1) genetic disorders affecting the connective tissue, 2) high intensity exercise, 3) high volume abdominal exercise (without proper support), 4) smoking, 5) certain medications, and 6) advanced age (50+.)

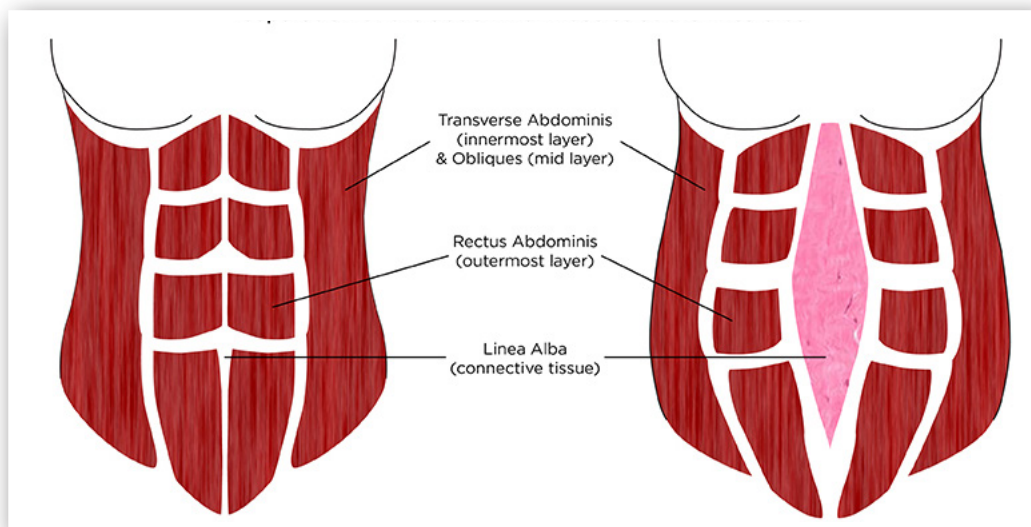


Image by: DLVR Maternity. Retirved from: <http://tinyurl.com/j6alxr4>

The muscles that comprise the abdominal wall have many layers. The muscle layers help to support organs, move bones, help to maintain posture, and provide muscular support. Look at the directions of the muscle fibers in the photo below. The large vertical muscle is the rectus abdominis (referred to as RA throughout the rest of this document). This muscle is closest to the skin, and creates the look of a “6-pack” if genetics have provided thick horizontal connective tissue separating each segment, and bodyfat is low enough to see the muscles externally.

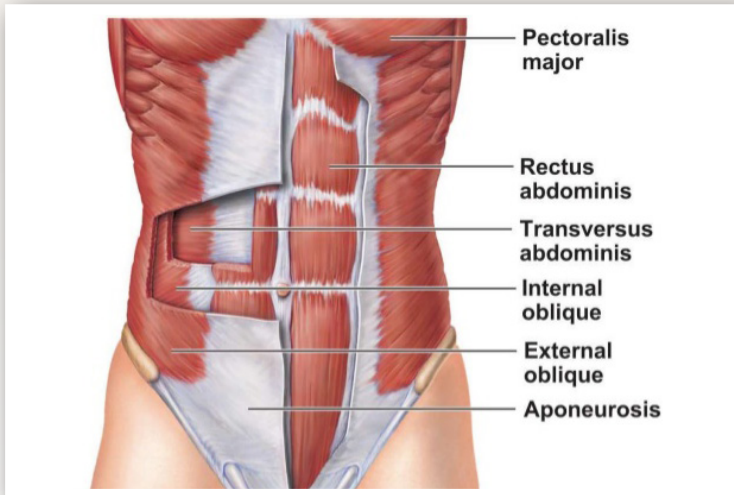


Image by: <https://iymed.com/pulled-abdominal-muscles/>

The RA has a right and a left side. The two sides meet in the center, and the connective tissue (made of collagen and elastin) can separate and weaken when the strength of the fibers are overwhelmed by the internal forces pushing out (for example, a growing uterus pushing the abdominal muscles out causing the linea alba to stretch). Now if we only focused our training on this muscle, we would be missing the many other abdominal structures that help to support the entire core.

In the picture below you can see the anatomical changes that occur with abdominal separation in Diastasis Recti. You can also see the effects of the abdominal separation, often resulting in a drooping abdomen or what some people will refer to as a “tummy pooch.” This can be tricky. We often think that weak or saggy muscles will always result in a weak and saggy looking midsection. This is not always the case. That is so important to remember!

We can not see muscular strength and support from the outside. Doing more crunches/sit-ups will not improve the muscle function. If anything the increased pressure from within (called intra-abdominal pressure, IAP) significantly increases and makes the separation worse. We will talk later about the types of activities that produce the highest intra abdominal pressures, but this is something we really want you to understand as it is the fundamental concept of the entire program.

This picture is a great visual guide showing what abdominal separation and weakness may look like for you. Often women who unknowingly have these core issues mistakenly think they are not disciplined enough, and that is why they can not get a flat abdomen. It may simply be Diastasis Recti.



Image by: Unknown

**NATALIE**

I gained 60-70 lbs with both of my pregnancies and delivered two healthy, 10 lb babies. I was so happy in so many ways. I had a beautiful, healthy new baby. I was finally able to be a mom like I had dreamed of for so many years. I had so many things to be grateful for. But, I remember at times looking in the mirror and feeling confused....feeling like a stranger was looking back at me. Not only had my body completely changed but I felt completely overwhelmed about where to start. Inside I still felt like I was a strong college athlete, but looking in the mirror I hardly recognized the person I saw. I knew it was time to make a change.



41.5 weeks pregnant

3 weeks postpartum
after baby #2A few months postpartum
(not sure of exact date)

- CHAPTER 3 -

HOW DO YOU KNOW IF YOU HAVE CORE MUSCLE WEAKNESS OR DIASTASIS RECTI?

We are incredibly passionate about giving you proper and accurate information because we know how much misleading information the media will try to give you about postpartum recovery and what our bodies “should” look like. This chapter of this program is dedicated to helping us identify signs and symptoms to look for and the tests you can perform on yourself to determine if you have core muscle weakness or Diastasis Recti. We know it is tempting to skip straight to the weekly exercise portion, but please don’t! It is really important that you are in tune with your body and understand your specific conditions so that you can heal properly and correctly.

Here Are a Few Common Symptoms to Look For:

• **Gap in the Muscles of the Abdomen**

This can often be felt by lying on your back and gently pushing two fingers into the abdominal center line. You want to look for two specific things from the base of your rib cage all the way down the center to the pelvis:

- 1) The width of separation (how many fingers can you fit horizontally?)
- 2) The depth of depression (how far can you push in?)

Steps for testing:

- Lie down on your back with both knees bent
- Place your index and middle finger directly above your belly button.
- Raise your head and shoulders off the supporting surface and feel for any gap or dip under your fingers. Note the width and depth of separation.
- Lower your head and shoulders back to starting position

Clinically, Diastasis Recti is defined by a separation > 2.5 cm wide, this is about 2 fingers wide. But it is also helpful to be aware of the depth of depression as well indicating connective tissue weakness.

• Low and Mid Back Pain

Unexplained back pain can be an indicator that you have core muscle weakness. The muscles of the abdominal wall are attached from top to bottom (rectus abdominis), side to side (transversus abdominis), and diagonally (internal and external obliques). When these muscles or supporting connective tissues are compromised, the force created internally or applied externally must be absorbed elsewhere. Often the muscles of the low back and mid back will volunteer to help out, causing overuse and resulting in pain.

• Balance and Posture Concerns

Because the muscles of the abdomen serve such a crucial role in posture and balance, you may feel a bit off balance or unsteady trying activities that you used to do with ease. The RA muscle attaches right under your ribcage at the xiphoid process, and connects down at the pubic bone. We often have more of a forward lean in the upper body when the core muscles (back, abdomen, and pelvic floor) are weak or damaged.

Pregnancy often changes the angle of the pelvis due to the hormone Relaxin. Relaxin is a peptide hormone that is present to relax the pelvic muscles and the ligaments connecting the pelvic bones. This is a great hormone to have because it helps prepare the body for childbirth.

It is our body's way of making childbirth easier (okay, who are we kidding, childbirth will never be described as 'easy' in our book.) Our muscles are conditioned to contract based on the shape and angle of the joints. When the angle of the joints change due to relaxed ligaments, it causes the muscles, tendons, and ligaments to go through an adaptation period. This commonly feels like being out of alignment and off balance. Relaxin contributes to that "loosy goosy" feeling after delivery. This may also result in joint pain.

• Accidental Urine or Stool Leakage (Incontinence)

No one gets excited to talk about incontinence, that's for sure. This is one of the most common issues women struggle with after having children (regardless of whether you had a vaginal or c-section delivery.)

Women who have never been pregnant can also struggle with incontinence, especially if you do higher intensity activity on a regular basis. It is important to know that incontinence is common, but it also is a sign of muscular weakness and/or lack of muscular and connective tissue support.

Note: If you are having a difficult time with voiding urine or fecal matter, it can also be a sign of dysfunction. This can be in the form of constipation or just simply feeling like you can't release or get everything out when you are going to the bathroom.



NATALIE

I had major incontinence issues after my kids were born. Any time I would do a high impact activity such as a workout that included a lot of jumping, I would accidentally pee my pants.

The sad thing is, I thought this was totally normal! Many of my mom friends had the same issue, so I assumed that it was just something I had to accept post childbirth. I had basically accepted that I was going to have to wear a maxi pad any time I wanted to do sprints or jumping jacks. It was so bad, that I even completely peed my pants on camera one time while I was filming a workout for my company DollarWorkoutClub.com. I made light of the situation and laughed about it afterwards, but deep down I was so embarrassed! It wasn't until I learned these exercises from Monique that it improved and got better.



Here are a few screenshots from when I peed my pants on camera during a workout with a lot of jumping. You can see the full behind the scenes video [HERE](#) after we quit filming the workout. I was trying to laugh it off, but it was a really embarrassing moment.

• Vaginal Heaviness or Bulging and/or Pain During Sex

The pelvic organs (the uterus, vagina, bladder, and bowel) can experience trauma through pregnancy and delivery. The trauma often happens during vaginal delivery when pelvic nerves and muscles are torn or compressed. If these tissues are not able to recover properly, it can become uncomfortable (symptom) and problematic (function).

The additional weight gained during pregnancy presses down on the pelvic floor and can cause the supportive connective tissue and muscles to become lax (loose) and droop out of their original location. The symptom felt is often vaginal heaviness or a bulging sensation. Pain during intercourse can also be a signal that the pelvic organs are experiencing distress.

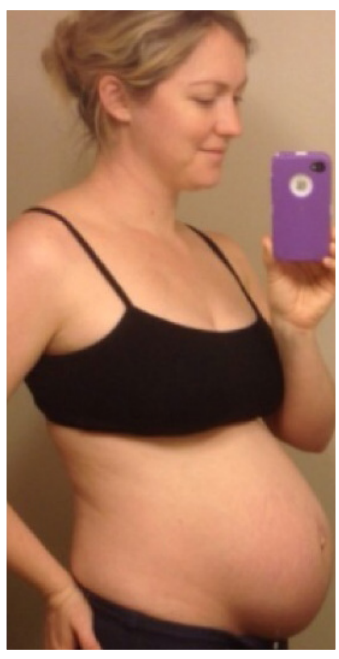


NATALIE

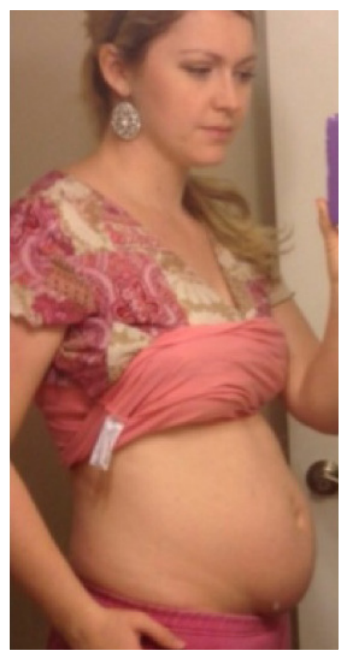
There were so many things after I had my first baby that I wished people would have warned me about: coming home looking pregnant still, having night sweats the first two weeks, the emotional highs and emotional lows, I could go on and on. After having my son Lincoln, I experienced significant vaginal heaviness. Nobody had warned me that this was going to happen and so I actually thought that maybe something was wrong with me. It is quite common to have this feeling postpartum. Lincoln was ten pounds when he was born so I had this pressure feeling for almost 12 weeks after he was delivered.

He was born on September 30th and I remember that year I was preparing Thanksgiving dinner and simply standing for a long period of time was too hard for me. I kept having to sit down, and because I didn't know at the time this was common, I kept describing the feeling as "a ton of pressure down there." I wish so badly I would have had the tools then that I do now! This was definitely a sign that I was not ready for any type of high impact exercise, and the exercises we teach you in this program are absolutely going to help with this if you are having those same types of feelings that I had.

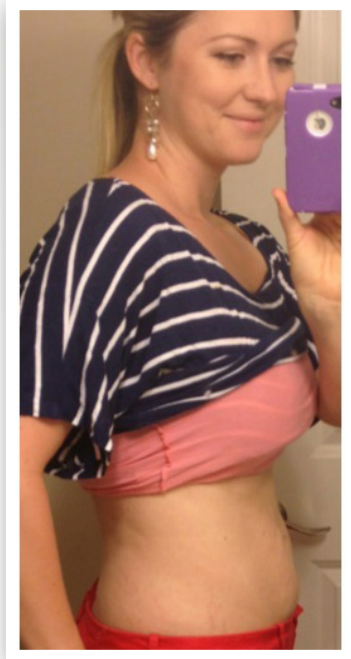
"Normal" is defined differently by everyone. I still looked very much pregnant after I had my babies. This was the progression of how my abdomen changed two days, two weeks, and two months postpartum. #variationsofnormal



2 Days



2 Weeks



2 Months

Exercise with abdominal weakness, Diastasis Recti, and pelvic floor dysfunction should not be intense. We often associate "beneficial" exercise with activities that raise our heart rate, challenge our large muscle groups, and leave us exhausted. When you work on strengthening weak muscles and increasing connective tissue support, it is crucial to focus on the supportive muscles that serve as a synergist (or helper) to the movement and not just the prime mover.

**NATALIE**

That last paragraph you just read is something that is important. I wish so badly that someone would have explained this to me after I had my babies. I hope you will go back through and

re-read that paragraph. I remember after delivery, I was very good about listening to my midwife and doctor and not doing any exercise for six weeks. After that, however, I made the poor decision of trying to go right back into intense exercise. I started doing Insanity workouts at home, thinking that the harder I exercised the faster I would get back to my pre-baby body.

There is not anything wrong with that type of exercise, if your body is ready for it. At that point after delivery, my body definitely was not ready. I had to wear maxi pads during every workout and I still had a 3-4 finger gap in between my abdominals. I remember trying to do just one regular push-up and falling flat on my face because my core was so weak it couldn't handle the pressure and load I was placing on it. After trying (and failing) at these workouts for a week or so, I realized I had to make more realistic goals for myself. That is when I decided to focus just on walking. I couldn't walk very far to begin with, so I started by just walking to the stop sign at the end of the street and back. Once my body was comfortable with that activity, I slowly increased the distance.



- CHAPTER 4 -

WHAT IS THE PELVIC FLOOR AND WHY IS IT IMPORTANT?

The muscles of the abdominal wall, pelvic floor, and muscles of the low to mid back, work together as a team. They need each other to work properly in order to function with stability, support, and strength for the rest of the body. It's important to think of these muscle groups as a system instead of each muscle working separately. If one group is injured or weak, it causes the other groups to compensate to help out. Muscular compensation quite often creates other issues or injuries.

The pelvic floor is a crucial part of our anatomy regardless of how often we think about it. The pelvic floor is the foundation of movement due to the function it serves in posture, balance, stability, and strength. If you've had a vaginal delivery, c-section, or have never been pregnant, your pelvic floor is a fundamental part of your body.

The pelvic floor is a collective grouping of muscles, bones, and connective tissue. The pelvic floor plays a major role in the physical support of the digestive and reproductive organs. Extra abdominal weight, high intensity activity, and during pregnancy, the pelvic floor has additional weight pressing down on the muscles, which stretches and elongates (weakening) those muscle fibers. The pelvic floor muscles often experience some degree of trauma during vaginal delivery.

The levator ani is a group of key muscles in the pelvic floor, this group provide significant support. The levator ani muscles include the iliococcygeus, pubococcygeus, and puborectalis.

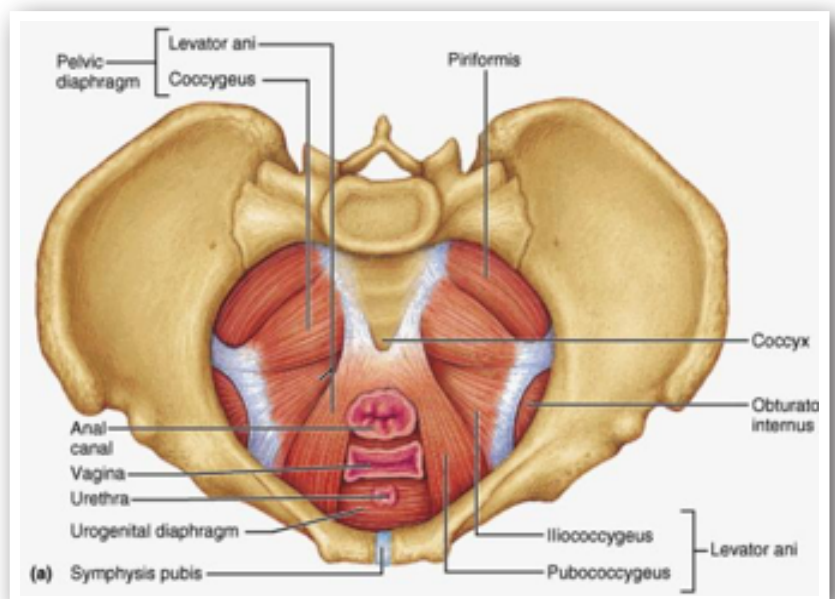


Image by: <http://tinyurl.com/jjtvezl>

There is a significant amount of evidence that suggests that strenuous physical activity increases the risk for pelvic floor disorders. This doesn't mean that we should skip strenuous exercise, but it does mean that we need to ensure that our level of recovery matches the level of physical intensity that we would like to perform.

**NATALIE**

The phrase 'pelvic floor' was foreign to me, because no one talks about it. Once I learned the physical functionality of this part of our body, it made so much sense to me and became more clear why the type of rehabilitation in the abdomen and pelvic floor that we are going to teach you in this program is crucial.

- CHAPTER 5 -

POSTURE AND ALIGNMENT

MONIQUE



Now if you are like me, my competitive brain would say “this section is for beginners and I’m way beyond that.” I encourage you to take time to focus on the mechanics of breathing, posture, and balance, regardless of your fitness level or previous experience. Even if this section is a reminder, it is helpful to put these thoughts and concepts back in the forefront of our minds. Remind yourself to keep your chest open, shoulders back, ribs over your hips, and sit and stand tall.

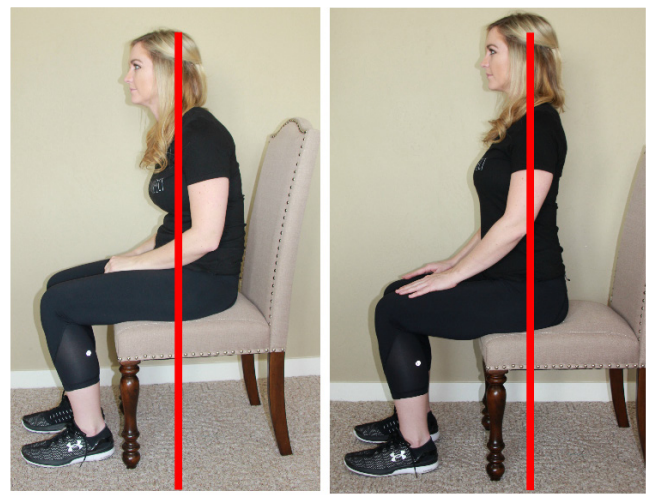


NATALIE

Just like Monique, I remember thinking to myself, “posture is such a simple thing, I want to get to the actual hardcore exercises so I can see real results.” I wish I would have had a close friend or mentor tell me during that time that these exercises which seem ‘simple’ are in fact the most important things you can do!

That would be like trying to build a house using 2x4’s that were warped or bent in the middle, or trying to play baseball with a broken arm that should still be in a cast. You have to make sure you have gone through the entire rehab and healing phase before you start intense exercise again.

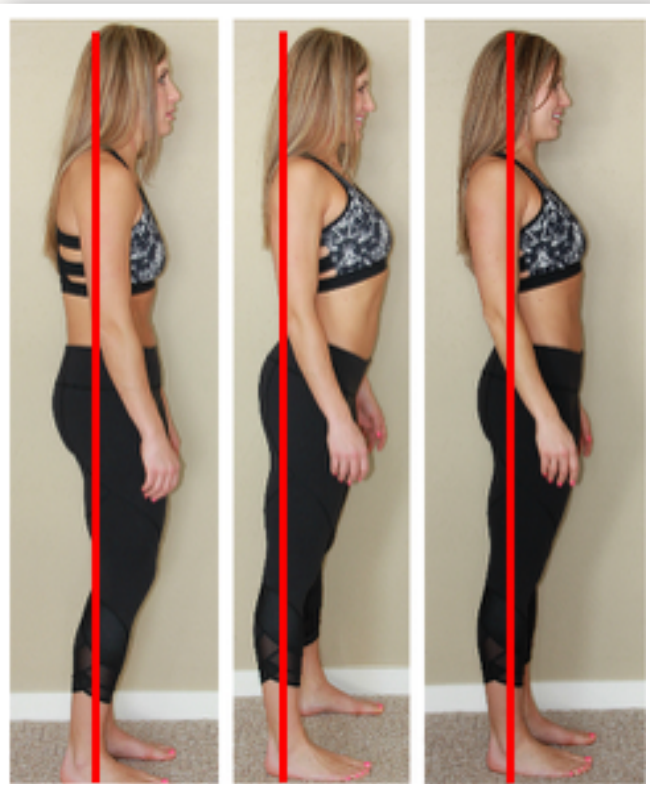
Here are some checkpoints we can use to make sure that our posture is ideal. This will help to remove extra pressure on weak or healing tissue, and provide the best space for our organs to work optimally.



Seated Posture and Alignment

Checkpoints:

- Neutral and relaxed neck
- Shoulders and chest in an open position
- Shoulders aligned with hips
- Spine supported by abdominal muscles, not resting on the chair
- Pelvis in neutral position (not tipped forward, or tucked under)
- Knees aligned with ankles
- Toes facing forward



Standing Posture and Alignment

Checkpoints:

- Neutral and relaxed neck
- Shoulders and chest in an open position
- Shoulders aligned with hips
- Hips aligned with knees
- Pelvis in neutral position (not tipped forward, or tucked under)
- Knees aligned with ankles
- Toes facing forward

- CHAPTER 6 -

INTRA-ABDOMINAL PRESSURE (IAP)

The abdominal cavity has internal forces that are pressing outward. We call the internal force intra-abdominal pressure (we are going to refer to this as IAP throughout the rest of the program). As we change positions, cough, sneeze, jump, or perform exercise IAP presses outward, and the weakest tissue can be compromised and stretched beyond their capacity because of the load.

We have a great, quick video describing IAP using a balloon analogy that you can watch [HERE](#).

When the abdomen expands during pregnancy (also in obesity), IAP can be much higher during activity. The tissues of the abdominal wall are already stretched and do not have any additional room to absorb the internal force. The muscles and connective tissue of the pelvic floor often absorb the force during coughing, sneezing, and physical activity like jumping and twisting. If the pelvic floor tissues are already compromised due to lack of specific training, they may not be supportive enough to hold the organs in the proper location (pelvic organ prolapse) and strong enough to resist forces (incontinence/accidental leaks.)

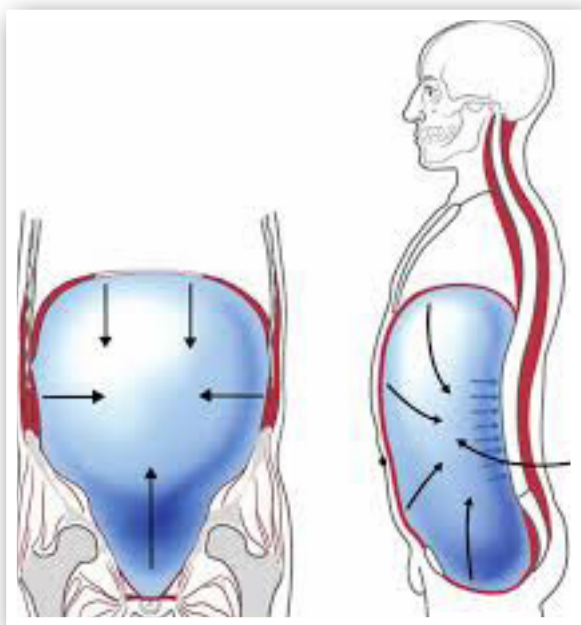


Image by: Unknown

Strenuous physical activity increases IAP and concurrently increases the risk of experiencing pelvic floor disorders. We can change IAP by changing the volume of the abdominal area. If we hunch over (bringing the pelvis forward, and the ribcage downward) IAP increases because we've decreased the space of the cavity. If we stand tall, drawing the shoulders back, using proper alignment, and proper breathing patterns, we can drastically lower IAP, which provides a more ideal environment for the weak tissues to heal. When you address and focus on IAP you are addressing the cause of your core issues, not just the symptoms.

The diaphragm is a muscle that helps us lower the internal pressure in the lungs. We are going to show you a picture below to help you visualize this. The process of breathing (respiration) is divided into two distinct phases, inspiration (inhalation) and expiration (exhalation).

When pressure in the lungs is lowered, it draws air into our lungs to exchange oxygen and carbon dioxide (inhalation/inspiration). We can limit our breathing by only lifting our chest up (inflating the upper portion of the chest) instead of contracting the diaphragm to increase the space of the thoracic cavity in the lower region as well. Contracting the diaphragm moves the muscle downward which opens space above, reducing the pressure, and drawing in air.

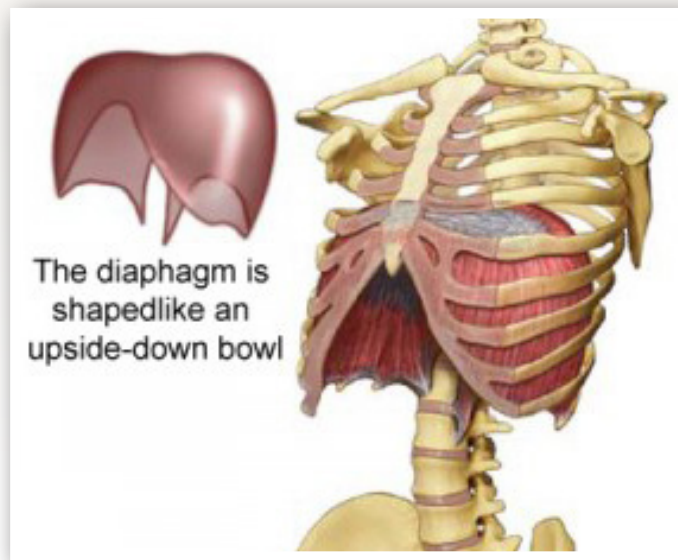


Image by: Crossroads Physiotherapy. Retrieved from: <http://tinyurl.com/jn25rxb>

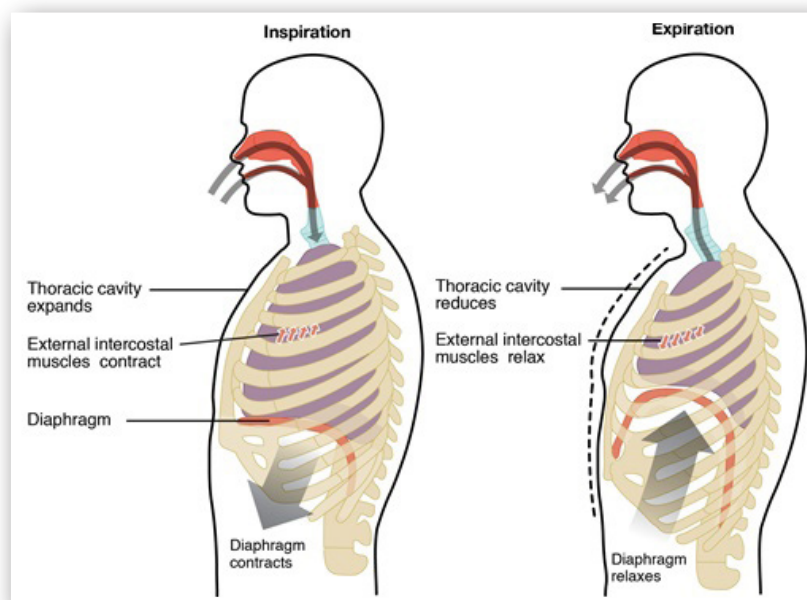


Image by: Centered Yoga. Retrieved from: <http://tinyurl.com/he4tu2n>

- CHAPTER 7 -

CONTRACTING AND ACTIVATING THE MUSCLES OF THE CORE

The “core” isn’t a scientific word, but it is often used to describe the major muscular structures of the abdomen including the muscles of the back, pelvic floor muscles, abdominal muscles, and diaphragm.

We all connect to different language, and different verbal cues can help each one of us. The cue “bellybutton to spine” only works if you contract the core muscles. Simply sucking in the abdomen does not activate the proper muscles. When we “suck” in the muscles of the abdomen, we are lifting the chest, lifting the diaphragm, and temporarily elevating the digestive organs.

When we “activate”, “contract”, “use”, “initiate”, “turn on” our muscles (or any other word that best connects with you) we are allowing the muscle fibers (actin and myosin) to come together. This allows the muscle to be effective in creating motion, preventing motion, or stabilizing the segment.

MONIQUE



My favorite way to learn to “activate” our core muscles is to sit or lie down comfortably, exhale and empty the air from the lungs. As soon as you feel like you’ve gotten most of the air out, pause. At this point, contract the muscles of the abdomen and squeeze hard to get more air out of your lungs. The way we use the muscles of the abdomen to push down to get the rest of the air out, is the similar type of contraction we want to stabilize, brace, and support the abdomen. We often see the mistake of simply contracting the top layer (RA) and bringing the pelvis and chest closer together. This type of contraction doesn’t activate all of the supportive muscles. You should be able to fully contract the muscles of the abdomen without moving the pelvis or the ribcage.

The transversus abdominis (TrA) is the deepest muscular layer in the abdominal wall. It has horizontal fibers and it is connected in the center to the linea alba by connective tissue. The

TrA plays a huge role in childbirth during a vaginal delivery due to the direction of fibers that supports the contraction of the uterus.

The TrA is an integral part of trunk stability. Because the fibers of this muscle originate on the front portion of the pelvis, you can feel the muscle contract by lying on your back, placing your fingers on the front part of your pelvis (aim for the pointy protrusion often called a “hip bone”) move your fingers about 1 inch towards the center line. As you contract the TrA, you should feel this section start to harden and flatten.

Just like babies cannot skip milk and go right to solid food, we cannot skip and go right to higher impact activity. It just is not healthy. Proper alignment, proper breathing mechanics, connective tissue and muscular strength and support are vital to healing and repair. When we overwhelm damaged tissue with higher impact activity, we can create more damage.

Transverse Abdominis (TrA) Contraction: *Endurance*

- Lie down on your back, put your feet comfortably on the floor, with your hands flat on the floor at your side
- Activate the muscles of the core, specifically focusing on the TrA, and press your lower back into the floor
- Use your fingers to feel the contraction in the lower fibers of the TrA located just slightly inside the front bony protrusion (ASIS) of the hip
- Hold for a count of 10



- CHAPTER 8 -

WHICH EXERCISES SHOULD BE AVOIDED?

We know how tempting it can be to push to do harder abdominal exercises, but it is crucial for your recovery that you skip them at this time.

These types of exercises should be avoided:

- Sit-ups
- Crunches
- Planks
- V-ups
- Leg drops or leg lowers
- Scissor kicks
- Abdominal bicycle
- Abdominal exercises with medicine ball (e.g. Russian Twists)

We filmed a great video showing you guys some of these exercises to avoid that you can watch [HERE](#).

You might be thinking to yourself, “Oh no! I’ve been doing these exercises all along! Have I ruined my core?” Don’t worry, as long as you discontinue these exercises for the time being and work through this four week program you should be okay. Our main focus is to make sure that you recover properly before you start adding additional pressure (IAP) to your core. If you have significant concerns, please reach out to your health care provider.

It is important to purposefully dodge these types of exercises early in recovery because of the stress that is placed on the recovering tissues. The internet can be a fantastic place to find information and motivation. However, if we aren’t careful we can see a picture on Pinterest that shows a killer set of abs, and think that we have finally found the solution to our problem... an exercise, a pill, a piece of equipment, etc.

Here is a perfect example. This picture (below) has been shared so many times, and cited as the reason we should be doing more planks. While this is not a “bad” exercise at all,

the instructions never seem to mention the strength and support needed to do this exercise without creating further damage to the muscles of the abdomen.



Image by: Image retrieved from: <http://tinyurl.com/hqtq5sk>

This type of exercise should not be performed if you have signs of Diastasis Recti or abdominal weakness.

To be clear, in the initial stages of recovery this type of exercise can create a significant amount of IAP and may not be appropriate. The pressure on weak and damaged tissue can weaken the tissue even more. Some exercises such as a frontal plank, target many muscles that you want to activate and strengthen, but we need to be mindful of the intensity, the quantity, and the frequency of activity. Too-much-too-soon is the catalyst for lingering injuries.

- CHAPTER 9 -

IMPORTANCE OF NUTRITION

Proper nutrition plays a critical role in recovery. When your body has the right environment needed for repair, it will help you recover faster and feel better in the process.

Depending on your activity level, muscle mass, previous experiences dieting, and body size, your energy requirements will be different than the person next to you. If you are the type of person who likes to count macronutrients (fats, protein, and carbohydrate intake), you will know exactly how much energy you are putting in your body. For most people, counting every single thing you eat or drink is unrealistic. It can be helpful to think about making food choices based on what will help you heal the most effectively.

Unless your child has a specific allergy there is no need to go on a special diet while breastfeeding your baby. Instead, focus on making healthy choices to help fuel your milk production.

The linea alba is comprised of connective tissue made of collagen and elastin fibers. Along with reducing the IAP, eating foods with the nutrients needed for repair will provide the best environment for your body to recover. We want to eat foods that help lower inflammation in the digestive tract, and nutrients that aid in muscle and connective tissue repair.

Look for foods that aid in collagen production: Vitamin A, Vitamin C, zinc, and amino acids are key players in collagen formation. Here is a list of foods that are high in each specific nutrient. It is important to remember that food allergies should be avoided, regardless of the nutrients they contain.

Important note: If your doctor or pediatrician has asked you to avoid certain foods for the health of your baby (potentially to reduce gas, digestive distress, or avoid allergies) please abide by those instructions!

Vitamin A

- Sweet potatoes
- Leafy Greens (Kale & Spinach)
- Carrots
- Butternut Squash
- Sweet Red Peppers
- Romaine Lettuce
- Apricots
- Cantaloupe
- Tuna Fish

Zinc

- Spinach
- Nuts (Cashews)
- Seeds (Pumpkin & Squash)
- Beans (Chickpeas)
- Mushrooms
- Beef
- Lamb
- Green Peas

Vitamin C

- Fresh fruits and vegetables
- Oranges
 - Strawberries
 - Grapefruit
 - Red and yellow peppers
 - Tomatoes
 - Broccoli
 - Brussels sprouts

Amino Acids

- Turkey
- Chicken
- Fish
- Pumpkin
- Hemp seeds
- Chia seeds
- Sunflower seeds
- Almonds
- Quinoa
- Avocados

How Much Should I Eat?

Counting calories can be overwhelming. Counting calories for 7-10 days can be a great way to gauge your caloric intake, or help you get through a plateau in your fitness. It is unrealistic for most people to count everything you eat and drink for the rest of your life. This method using your hand can help to provide a great visual for portion sizes when you are at home or out to eat.

Your **PALM** is approximately the size of your **protein** portion
 Your **FIST** is approximately the size of your **carbohydrate** portion
 Your **THUMB** is approximately the size of your **fat** portion

**Protein****Carbohydrate****Fat**

Sample Daily Meal Plan

	Lean Protein	Carbohydrate	Healthy Fat*
Breakfast	2 Servings	1-2 Servings	1-2 Servings
Lunch	1-2 Servings	1-2 Servings	1-2 Serving
Dinner	2 Servings	1 Servings	1 Serving
Anytime Snack	Unlimited Vegetables		

*Healthy fats are found in many forms, but we want to eliminate hydrogenated fats completely. Avoid trans fat (or trans fatty acids), which is a process that adds hydrogen to liquid vegetable oil to make it more solid and shelf stable.

The FDA (Food and Drug Administration) no longer views trans fat as a “generally recognized as safe” food item. Trans fats are frequently found in cookies, crackers, muffins, pies, cakes, and doughnuts. Reading the ingredient section on the nutrition label will help you identify if trans fats are in the food you are considering.

Great sources of healthy fat:

- Olives/ olive oil
- Avocado
- Coconut oil
- Nuts (peanut, almond, cashew, etc.)
- Fatty fish
- Greek yogurt
- Seeds (pumpkin, hemp, flax, chia, sunflower, etc.)

MONIQUE



Many women have an unhealthy relationship with food, I know I did! Eating for health and recovery is important. Instead of thinking about avoiding certain foods (“I am not eating dessert”), I think it is more helpful to focus on the types of foods that we should be eating (“I’m looking for more colorful vegetables and plants to eat each meal.”) Making the connection between the type of food we are eating and the outcome that we want can make it much easier to stay motivated.



NATALIE

- *If you are a new mom trust me when I say that I completely understand how overwhelming it can feel to try to get anything done when you only have one free hand at a time. You either are holding a baby with a bottle, or holding a baby to a boob! It doesn't leave you with much flexibility or time to do anything else, not to mention prepare healthy meals. Here are a couple tips that I found really helpful when I was in that early post-partum phase:*
- *A lot of times your spouse may feel a little left out, especially if you are nursing. You can ask him to help by bringing you a glass of water every time you need to nurse. He could help you by preparing some of the grab-and-go snacks from our list in Ziploc bags for you and have them ready in the fridge.*
- *After you have a baby, people want to help but they are not sure how to. I remember a lot of people bringing dinner (which I was so grateful for!) but they were not always the healthiest meals. A few years ago I was a speaker at the Birth Without Fear conference and a midwife stood up and gave this tip that I will never forget! She said that when people say, "let me know how I can help" you can respond by printing off our list of grab and go snacks and saying, "Gosh I appreciate you offering so much! One thing that would be really helpful for me is if you could maybe pick 4-5 things off this list and stick them in a few ziploc bags so I could easily get some healthy snacks and energy throughout the day.*
- *The last thing I want to quickly touch on is milk supply. A lot of moms ask me how their diet is going to impact their milk supply if they are nursing. I am not a lactation consultant or a doctor, so if you have specific concerns I strongly urge you to speak to a specialist, but I did nurse both my babies for 20 and 15 months so I have some experience.*

If I cut my carbohydrates too low I would notice a drop in my supply. Regardless of my activity level (I trained for and completed a marathon while I was nursing), as long as I kept my carbohydrates around 40-50% of my total diet I never had a supply issue. This will vary for each woman, but this is one reason why you see lactation cookies as a popular recipe for nursing moms because the main ingredient is oats, which is a healthy carbohydrate source. The main thing to remember is that you want the majority of your carbohydrates to be nutrient-dense (similar to the ones we listed above) instead of sugar-dense carbohydrates.

- *According to The American College of Obstetricians and Gynecologists you should aim for 450-500 extra calories per day when breastfeeding. In my experience, I found that when I was exclusively breastfeeding I needed to keep that number at the high end of 500 extra calories, and as I started adding solids at six months I only needed to stay in the lower range of 400-450 extra calories.*

Natalie speaking at the Birth Without Fear Conference



- CHAPTER 10 -

IMPORTANCE OF HYDRATION

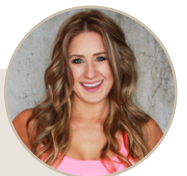
Proper hydration will help your body heal and recover quickly. A significant portion of our body is comprised of water, and we are constantly losing water through urine, sweat, and evaporation. We need to consistently replenish the water that we lose each day. Water helps our immune system, nervous system, muscular system, and plays a major role in digestion... and nearly all of the functions of the body. If you are a nursing mom, proper hydration will also help with breast milk production. Water is needed for our cells to replicate and regenerate stronger tissues. The color of your urine isn't a perfect way to check hydration status, but it gives us a good indicator. Bright or dark yellow indicates an accumulation of solutes that are not diluted by the solution (water), aim for pale yellow or close to clear.



NATALIE

When I was nursing, my goal was to drink one 8 oz glass of water every time I nursed. If you have a tough time drinking enough water, you can drink herbal tea, add lemon to your water, or even eat water-dense foods like watermelon and celery. Sometimes our significant others can feel like there isn't a lot they can do to help when you are feeding the baby through nursing. You can ask them to bring you a glass of water with a straw, which will make hydrating while nursing convenient.

MONIQUE



I need a lot of water in my day because I sweat easily. It's easy to forget to rehydrate when we are busy at home, at work, or out doing other activities. I like to fill up a large bottle in the morning and make sure that I have finished it by noon. It is something that is so simple, but it helps me avoid overeating because my stomach is more filled throughout the day.

- CHAPTER 11 -

SUPPLEMENTATION

Are supplements required or even safe?

There is a lot of misinformation about supplements and it can be very confusing. The main thing we want to get across is that supplements are not required for anyone to see results. You can get all the nutrients you need if you are eating a well balanced diet full of nutrient dense food. However, we realize that sometimes it is hard to have a perfectly balanced diet, especially in the new mom phase. Supplements can be a convenient way to fill in some of the nutritional gaps you may have in your diet.

Supplements are not required for anyone to see results.

Simple is better. It's easy to overcomplicate supplementation and get lost in the maze. The reason we are keeping this section simple is because we personally keep it simple in our own lives. We don't take stacks of supplements and, instead, stick to the basics and try to get most of our nutrients from the foods we eat.



NATALIE

I keep supplementation very basic:

- Multivitamin
- Fish oil
- Protein powder

I view protein powder as simply another form of lean protein such as: chicken, turkey, egg whites, lean red meat etc. I often get asked if protein powder is okay to use while breastfeeding. When I was nursing, I asked both my pediatrician and OBGYN and they both said protein powder was okay as long as it was not my only protein source for the day. I personally look for a protein powder that is lower in fat (<2g), low in sugar (<2g) and moderate in protein (18-22g).

MONIQUE



Just like Natalie, I keep my supplementation simple. I try to focus on eating high quality foods, and then I fill in anything that I know I am missing with a supplement. My digestive tract has improved a lot with a probiotic, but I don't think that it is necessary for everyone. I don't like to consume a bunch of additives (e.g. preservatives), so I always check the ingredient list of any product I take regularly. I go through phases where I use whey or pea protein more and less often, and it is always nice to have a quick option when I am in a rush!

- CHAPTER 12 -

ENCOURAGEMENT AND POSITIVE SELF TALK

Abdominal concerns and pelvic floor dysfunction carry social stigmas. It can be embarrassing and frustrating to deal with recovery related issues. Recovery is often accompanied with shame and discouragement.

MONIQUE



"I may be injured, but I'm improving" It is a mantra that I have used during the many times I have walked through the recovery processes. I have had to fight the feelings of "is this my new normal?" and "will it ever get better?" more times than I can count. I truly understand.. Discouragement can creep in and change our attitude and behavior about recovery. The initial motivation in the beginning stages of recovery can slip away and the fear and loss of hope rushes in. Fight for the body you want. Fighting sometimes just looks like hoping for something more, and refusing to give up.

Dr. Brene Brown is a grounded theory researcher, and she often talks about shame and how it impacts our lives. A negative body image is common during recovery from injury or a new negative health diagnosis. A negative body image can often present a barrier between forming healthy relationships, seeking support, trusting others (and ourselves), and confidently pursuing the things that bring us joy.

HAPPINESS STARTS
WITH YOU.
NOT WITH
YOUR RELATIONSHIPS,
NOT WITH YOUR JOBS,
NOT WITH YOUR MONEY,
BUT WITH YOU.

WWW.NATALIEHODSON.COM

It is easy to think of our body attacking or fighting against us when things don't go the way that we wanted or expected. We can disconnect from our body and ignore internal communication. When we think about our body as an ally that is constantly fighting for us, instead of fighting against us it helps to form a deep connection with our beliefs about ourselves and our physical body. This connection helps us feel more confident that our body responds to our actions.



NATALIE

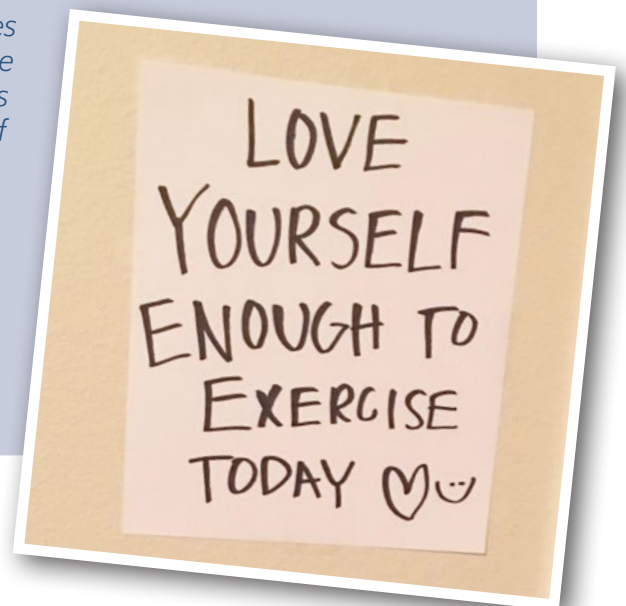
During my pregnancies I gained around 70 lbs with both babies. I definitely was not prepared for how hard the newborn stage was going to be. I remember apologizing after having my kids to ANY new mom I had ever tried to give advice to in the past. I remember thinking that all my previous parenting “advice” seemed laughable now and becoming a parent was THE most humbling experience of my life. Everything I swore I would never do when I had kids... I ended up doing almost every single one just to stay sane. There were a lot of days that were hard. Really hard. I remember just wanting one second of alone time so bad that there were times where I locked the door in my bedroom and sat in my closet and cried. I remember feeling resentful of my husband for getting to have adult time every day when he went to work. I hated my body and I felt embarrassed that I didn’t look or feel good about myself anymore.

The problem I had was that I tried to get back to exercising too fast and so my body never fully healed from childbirth. That combined with lack of sleep, no time to cook, awful self-talk, and zero self care left me feeling alone, full of shame, and just plain sad.

My big “aha” moment was when I learned through very small baby steps, that the way I was speaking to myself was poisoning me. I had to learn that self care was not selfish and that taking just a few minutes of time each day to focus on myself meant that I was able to give everyone around me the best of me, not what was left of me. I didn’t even realize that Diastasis Recti and pelvic floor dysfunction I had was thing yet. All I knew was that when I was trying to get healthy, and setting small goals, I felt better about myself.

As cheesy as positive affirmations can feel sometimes, I promise you, they work. When self care comes from a place of love, instead of a place of hate or disgust, it completely changes the intention and willpower behind your decision. Self care is something I used to completely neglect. I took pride in doing everything on my own, in never asking for help, in not needing anyone. That system failed me. I’ve since learned that self care is so important.

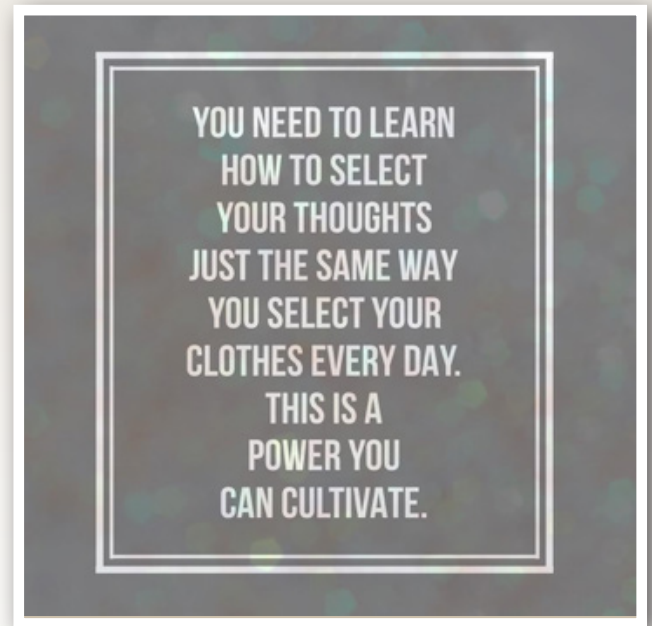
What I didn’t realize when I started following these types of exercises, was that not only did these exercises heal the big gap in my stomach, and heal my pelvic floor issues (accidentally peeing my pants when jumping), but my self esteem got better. I started speaking more kindly to myself. I asked myself some tough questions. How can I truly show unconditional love to those around me when I have such a deep rooted loathing towards myself? I realized that I couldn’t say, “I love myself but I hate my body.” I began to build true self confidence through setting small, realistic and attainable goals.



Here are just a few examples of the positive affirmations that I use myself. I find words that resonate with me and I either print them out or write them out and tape them in random places throughout my house where I will see them every single day. I know it feels a little strange or maybe uncomfortable at first to start this practice, but I promise you, it will make a big difference.

The way that you speak to yourself matters.

Speak words out loud to remind yourself of your strength, resilience, and abilities. “We can do hard things” is a phrase that is so simple, but it can be powerful when we believe it! We don’t need circumstances to get easier, because we are strong. You are capable. Strong. Courageous. Smart. Bold. Brave. Patient. Loving. Caring.



TRAINING PROGRAM

WEEKLY MAP

Try to get through every item on your checklist each week. If you need to take a break that is okay, but we encourage you to get back as soon as you feel ready. Take it easy, take it slow, and take time to recover. It's not a race!

Remove the pressure to immediately lose every pound that you gained during pregnancy. Instead of focusing on the scale, focus on things that you have the direct ability to control, and do your exercises in this program each week. Put an emphasis on proper breathing, proper bracing, and performing low impact activity.

Steps for each week:

1. Use the **Affirmation** to set the tone for a healthy body image
2. Read the **Classroom** material to learn something new or be reminded of a key concept
3. Apply the information to create a **Goal(s)** for the week
4. Use the **Action Plan** to guide your exercise
 - Use the **Exercise Instruction Guide** for written instructions and visual guides for each exercise on page 52.

WEEK ONE*

AFFIRMATION

"My body is incredible
It is my ally
We work together
We do difficult things
I listen and I know what is best for me
I have nothing to prove
I never have to pretend
I am enough, exactly the way I am"

Note: Feel free to adjust these affirmations if desired with words that connect and resonate with you. We would LOVE to see your versions of these affirmations. Please tag us with your pictures on social media or in our private Facebook community!

CLASSROOM

Alignment, Posture, & Breathing

Start in a seated position. Sit up as tall as you can, pull your shoulders back to open the chest. Breathe deeply. Instead of letting your chest rise, let your ribcage relax, and breathe deep. Watch for your belly pushing outward with each breath you take in.

If this breathing pattern does not come naturally to you, try putting your hand over your belly button. Try to push your hand away just using the muscles of the abdomen. Repeat this motion until you feel comfortable breathing this way with every inhalation.

Activate the muscles of your core. In case this isn't something you've done before, here are a few things to focus on:

1. Start with a strong stance (open chest, shoulders back, hips aligned over the feet)
2. Place your hand on or beneath your belly button
3. Gently contract and bring your lower abdomen in towards your spine
4. Focus on pulling the bottom of your pelvis (your pelvic floor) up towards your chest
5. Breathe deep by contracting the diaphragm, allowing the abdomen to expand with each inhalation

For purposes of this program, let's call this combination of: proper stance, exhalation, activating core muscles, drawing pelvic floor gently up, and resuming a gentle breathing pattern the "foundation."

*At least 6 weeks post delivery. This program isn't just for new moms, so if you have never had children or had your babies years ago that is okay. We put the 6 week guideline in here in case someone following this program is a new mom, we want to remind them to wait six weeks at a minimum before beginning this program.

WEEK ONE

It can be challenging to master breathing and alignment, but it is crucial. When we take time to get it right, we can avoid creating new or additional injuries like low back pain, pelvic floor dysfunction, and balance and stability related concerns.

The “foundation” is the basic position you should start with as you perform all exercises, regardless of position, whether you start standing, sitting, lying, or kneeling.

Looks for signs of improper core activation. Here are a few specific things to check for:

- Hips thrusting forward
- Butt tucking under
- Sucking in your abdomen
- Hunching or slouching
- Tense shoulders

If you notice these signs, review the “foundation” prompts and try once more.

WEEK 1 GOAL:

Example:

“Week 1: I will follow the action plan 4 times this week. Every day I am going to look in the mirror and say one thing I love about my body exactly as it is now. I will use proper posture and breathing when I lift, hold, and move throughout my day. I will speak positive words, and remind myself that I am loved every day.”

WEEK 1: ACTION PLAN

Complete the following exercises 4 times this week. You decide on the schedule that works best for you. If you get interrupted (we know how often that can happen with kids around) that is okay, just make sure to go back and finish all the exercises by the end of the day.

WEEK ONE

Exercise	Sets	Repetitions or Time	Rest Time
Pelvic Floor Contraction: <i>Endurance</i>	3	10 seconds	30 seconds
Pelvic Floor Contraction: <i>Strength</i>	3	10	30 seconds
Lying Overhead Reach	3	10	60 seconds
Glute Bridge	2	10	60 seconds
Knee to Chest	2	10 Each Side	60 seconds
Modified Bird Dog	2	10 Each Side	60 seconds
Modified Cat/Cow	2	10	60 seconds
Sit-to-Stand	2	10	60 seconds
<p style="text-align: center;">Walking <i>Aim for 10 minutes. Choose your speed. Rest if you need to take a break.</i></p>			

Complete each exercise fully before moving on to the next one.

Example:

Perform the exercise "Pelvic Floor Contraction: Endurance" for 10 seconds, rest for 30 seconds, then repeat this two more times before moving on to the next exercise.

If you struggle to keep your abdominal or pelvic floor muscles activated during the entire exercise, take a brief rest, and try again to complete the exercise with proper activation.

WEEK TWO

AFFIRMATION

"My body is a gift
I treat it like a treasure
I am grateful for the way it serves me
I hold no grudge, wishing I could go back to the body I had before
I connect with my bones
I connect with my muscles
I connect with my breathing
I connect with the gift"

CLASSROOM

Perfection Paralysis

Sometimes we get so caught up in having the perfect diet and the perfect workout routine that we end up just getting overwhelmed and doing nothing, or always saying, "I'll start on Monday". It is not the perfect workout program that will make a long term difference, but rather the consistent, small habits that make the biggest long term difference.



NATALIE

I remember after having my babies, I thought I needed to get right into perfect, hardcore workouts in order to feel good about myself again. I remember feeling so discouraged because I could not even run for two minutes straight (nor should I have even been attempting this at that point.) The fear of failure paralyzed me and I knew I had to break past that fear. I decided that instead of focusing on hardcore workouts, I would instead start with tiny micro-goals. I began by just walking to the stop sign at the end of the street and back. Once I felt comfortable doing that I started walking the loop around the block. Once I felt comfortable with that, I incorporated some additional exercises. I never would have continued progressing if I kept failing at my idea of a "perfect workout".

Small changes make a big difference in the end. Small, daily changes eventually become habits. And from those habits you will gain confidence and see changes in not only your physical progress but your thought process.

Don't let the fear of failure, the quest for the perfect workout, or the desire for the perfect body paralyze you. Finishing these exercises four times a week can make a big difference.

WEEK TWO

WEEK 2 GOAL:

Example:

"Week 2: I will follow the action plan 4 times this week. I will set realistic expectations for myself and show myself grace in the hard moments. I am going to focus on hydration and giving my body healthy food. I will practice proper breathing for 60 seconds every day. I will celebrate my success and feel proud of my work."

WEEK TWO

WEEK 2: ACTION PLAN

Complete the following exercises 4 times this week. You decide on the schedule that works best for you. If you get interrupted (we know how often that can happen with kids around) that is okay, just make sure to go back and finish all the exercises by the end of the day.

Exercise	Sets	Repetitions or Time	Rest Time
Pelvic Floor Contraction: <i>Endurance</i>	3	10 seconds	30 seconds
Pelvic Floor Contraction: <i>Strength</i>	3	10	30 seconds
TrA Contraction: <i>Endurance</i>	3	10 Seconds	30 seconds
Lying Overhead Reach	3	10	60 seconds
Knee to Chest	2	10 Each Side	60 seconds
Abdominal Bracing w/ Head Lift	3	10	60 seconds
Modified Cat/Cow	2	10	60 seconds
Sit-to-Stand	2	10	60 seconds
<p>Walking <i>Aim for 10 minutes. Choose your speed. Rest if you need to take a break.</i></p>			

WEEK THREE

AFFIRMATION

"I am strong, even when I'm tired
I am giving, even if it feels like I haven't given enough
I am brave, even when I feel weak
I am trying, even when I feel like I'm failing
I love out loud through my actions, my words, and my intentions
I am present, living in the moment
I give
I love
I live"

CLASSROOM

Signs of Overexertion, and How to Identify "Too-Much-Too-Soon"

It can be difficult to know when enough effort is enough. Our muscles need to be pushed a little in order to make a change (a process called overload), but if we work too hard too fast it can slow our recovery and potentially create new problems.

Pressure is okay. Tension is okay. Challenge is okay. Discomfort is okay. Pain is NOT okay. Pain is a signal that we need to back off, slow down, or stop. When you are sitting, standing, moving, lifting, or shifting weight, pay attention to signals of pain.

Pay special attention to proper technique to avoid future injuries. Breathing, alignment, and body mechanics with activity play a major role in preventing injury. If you are a new mom, try to spend equal time, equal time holding your baby on the right and left side. It can be easy to hold the weight on our non-dominant side so we can use our dominant side to get other things done. Overtime this can lead to overuse injuries in the neck, shoulder, back, hip, and knee.

Look for the following symptoms of overexertion:

- Irritability or behaving irrationally
- Symptoms of depression
- Difficulty thinking through tasks or actions
- Falling asleep while you're doing other activities
- Elevated blood pressure (blood pressure should be at or below 120/80 mmHg)
- Fast or irregular heartbeat (resting heart rate should be around 60 beats/min)
- Dizziness, confusion, or loss of consciousness
- Swollen or tender joints
- Muscle soreness that does not improve within 72 hours

WEEK THREE

If you've noticed that you are experiencing signs of overexertion, listen to those internal signals. Back off, rest, take a break, and get back at it when you feel ready! When you are ready, put in the work. It will pay off! You can do this.

WEEK 3 GOAL:

Example:

"Week 3: I will follow the action plan 4 times this week. I will give myself permission to say "no" when I am pushed beyond my limit. I will recognize when I need extra help and I will let go of the guilt of not being able to be perfect. I am going to focus on resting, recovering, and having patience with body. I will look for signs of overexertion, and change my habits to avoid overuse injuries."

WEEK THREE

WEEK 3: ACTION PLAN

Complete the following exercises 4 times this week. You decide on the schedule that works best for you. If you get interrupted (we know how often that can happen with kids around) that is okay, just make sure to go back and finish all the exercises by the end of the day.

Exercise	Sets	Repetitions or Time	Rest Time
TrA Contraction: <i>Endurance</i>	3	10 seconds	30 seconds
Around the Clock	4	6	2 sets Clockwise and 2 sets Counterclockwise No rest unless needed
Pelvic Floor Contraction: <i>Strength</i>	3	10	30 seconds
Modified Side Plank	3	10 Each Side	60 seconds
Knee to Chest	2	10 Each Side	60 seconds
Abdominal Bracing w/ Head Lift	3	10	60 seconds
Heel Drop Without Hands	3	10 Each Side	60 seconds
Sit-to-Stand	2	12	60 seconds
Walking <i>Aim for 15 minutes. Choose a speed that is slightly challenging. Rest if you need to take a break.</i>			

WEEK FOUR

AFFIRMATION

"I take care of myself so I can give my family my best
I rest when I'm tired
I work through discomfort
I keep trying
I have patience
I have perseverance
I do not hold myself to the standard of perfection
My best is enough"

CLASSROOM

Dealing with Exhaustion and Lack of Motivation

We all go through periods of time where we are super motivated, and other times that we are barely motivated to put on socks for the day. Fatigue is real and it can kill our recovery, our motivation, and it can steal the joy in the day.

Here are some quick tips to help you stay motivated:

1. Tie your efforts to a specific goal
2. Have a friend or group that you can go to for support
3. Commit to a specific time frame
4. Celebrate success with non-food rewards

When you are exhausted, your body is not recovering. **Here are some quick tips to help with exhaustion:**

1. Take a rest at any reasonable opportunity you find
2. Schedule time for self care
3. Limit screen time and caffeine later in the day, so you can have the best chance at quality sleep
4. Make your bedroom a place of rest (and it's perfectly okay to sleep on a pile of laundry if you need to!)

After we have spent time working on our rehabilitation, returning to (or beginning for the first time) higher intensity exercise is the next step. How do we know that we are at a safe place to advance?

WEEK FOUR

Signs indicating that it is safe to advance to more physically challenging exercise:

The guidelines indicate that you can safely return to previous activity levels without restriction if you have met the following criteria:

- You are at least 10 weeks out from vaginal delivery (or 12 weeks out from c-section)
- Your pelvic floor muscles have returned to normal (without pain, tenderness, or persistent discomfort)
- You are not experiencing any persistent back pain
- You are not experiencing any chest pain
- You are not experiencing significant depth of depression or width of separation in the linea alba
- You are not experiencing vaginal heaviness, or urine leakage during or after exercise

Note: Seek further advice from a health professional (Urogynecologist, Women's Health Specialist, Physical Therapist who specializes in Women's Health, etc.) if your symptoms persist.

WEEK 4 GOAL:

Example:

"Week 4: I will follow the action plan 4 times this week. I am going to celebrate my progress. I will keep working to improve my strength, stability, and endurance. I will use the people around me as a resource so I am not pushed beyond my limit. This week I will check for signs of readiness to move on to higher intensity activity. If it is safe, I will move forward, if not, I will give myself more time."

WEEK FOUR

WEEK 4: ACTION PLAN

Complete the following exercises 4 times this week. You decide on the schedule that works best for you. If you get interrupted (we know how often that can happen with kids around) that is okay, just make sure to go back and finish all the exercises by the end of the day.

Exercise	Sets	Repetitions or Time	Rest Time
Pelvic Floor Contraction: <i>Endurance</i>	3	10 seconds	30 seconds
Around the Clock	4	6	2 sets Clockwise and 2 sets Counterclockwise No rest unless needed
Standing Side Bending	2	10 Each Side	30 seconds
Glute Bridge	3	10	60 seconds
Modified Bird Dog	2	10 Each Side	30 seconds
Side Lying Knee to Chest	2	10 Each Side	30 seconds
Heel Drop w/o Hands	3	10 Each Side	30 seconds
Sit-to-Stand	2	15	60 seconds
Walking <i>Aim for 20 minutes. Choose a speed that is slightly challenging. Rest if you need to take a break.</i>			

COMPLETION

You did it! We hope you feel so proud of yourself. If you've made it all the way to the end, it is time to celebrate your success!

If you are a new momma, we know how hard this stage is. You are not alone. Working on your health is such a crucial part of self care. Working on yourself every day in some aspect helps you bring the best of you to your family.

Here are some ideas for a celebration (you have earned it!):

- A massage
- Coffee with girlfriends
- A good book
- An uninterrupted nap
- A hair cut
- A night out with friends
- A weekend away
- Staycation
- Pictures with your family
- A date night
- Shopping
- A quiet candle lit bath
- A movie all by yourself
- New shoes
- Pedicure

We want to help you stay accountable and make sure you actually celebrate your success! However you decide to celebrate, take a picture and tag us in social media using the hashtag: #AbsCoreandPelvicFloor

We can't wait to like, comment, and re-share your victories.

KEY TERMS

Connective Tissue - A grouping of tissue that supports, connects or separates different types of tissues and organs in the body. It is comprised of collagen and elastin fibers.

Core - Not an scientific term, but practically defined as the muscles that support the trunk, including the abdominal muscles, the pelvic floor muscles, the muscles of the back, diaphragm, and sides.

Diastasis Recti - Commonly defined as a gap of roughly 2.5 cm or greater between the two sides of the rectus abdominis muscle. Diastasis recti is also known as abdominal separation.

Incontinence - *Urinary incontinence*: The involuntary excretion of urine. *Fecal incontinence*: The involuntary excretion of bowel contents.

Linea Alba - A fibrous structure of connective tissue that runs down the midline of the abdomen. The linea alba runs from the xiphoid process to the pubic symphysis.

Ligament - Connective tissue connecting bones to other bones.

Pelvic Floor - The bones, muscles, ligaments, connective tissues, and nerves that support the pelvic organs (e.g. the bladder, uterus, vagina, and rectum).

Pelvic Floor Disorders - Pelvic floor disorders are a classification of disorders affecting the anatomy and functionality of the pelvic floor, which include urinary incontinence, fecal incontinence, and pelvic organ prolapse.

Pelvic Organ Prolapse - Characterized by decreased pelvic support, demonstrated by tissue laxity and descent of the pelvic organs into or out of the vagina.

Postnatal - The period of time beginning immediately after the birth of a child and extending for about six weeks.

Tendon - Connective tissue connecting muscle to bone.

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EXERCISE INSTRUCTIONS

Abdominal Bracing with Head Lift

- In a three step fluid motion contract your pelvic floor
- Contract your abdominals
- Gently bring your chin towards the ceiling and lift your head off the floor
- This should be a slow controlled motion, not just done as quickly as possible.
- Briefly hold for a count of one
- Slowly return to the starting position



Around the Clock

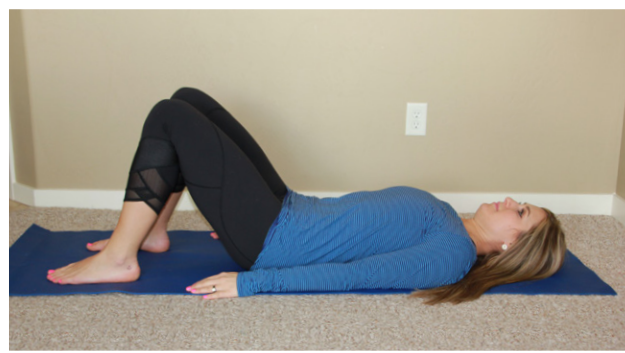
- Start in a standing position
- Picture an analog clock, and you are standing in the center
- Transfer your weight to your left side
- Step forward with your right leg (12:00)
 - Step back to the center of the clock
- Step out to the side with your right leg (3:00)
 - Step back to the center of the clock
- Step backward your right leg (6:00)
 - Step back to the center of the clock
- Switch feet. Transfer your weight to your right side.
- Step backward your left leg (6:00)
 - Step back to the center of the clock
- Step out to the side with your left leg (9:00)

- Step back to the center of the clock
- Step forward with your left leg (12:00)
 - Step back to the center of the clock
- Perform two sets clockwise, two sets counterclockwise. No rest, unless needed.



Glute Bridge

- Lie down on your back, put your feet comfortably on the floor, with your hands flat on the ground at your side
- Tighten and squeeze your pelvic floor muscles
- Activate the muscles of the glutes and lift the hips off the ground, until you reach a straight line from the shoulders to the knees
- Hold briefly for a count of one
- Slowly lower to the starting position



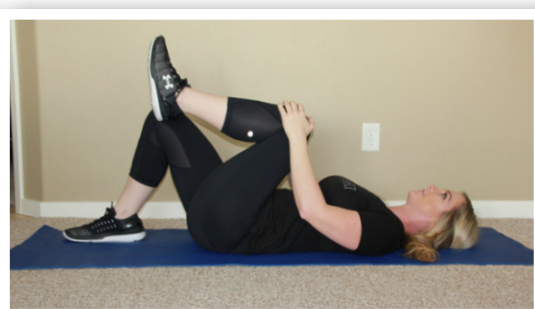
Heel Drop w/o Hands

- Lie down on your back, put your feet comfortably on the floor, with your hands flat on the ground at your side
- Tighten and squeeze your pelvic floor muscles
- Activate the abdominal muscles
- Gently lift the knee toward the chest
- Hold briefly for a count of one
- Keep the lower back pressed into the floor as you slowly lower the heel back to the ground
- Repeat all repetitions the same side before switching to the other side



Knee to Chest

- Lie down on your back, put your feet comfortably on the floor, with your hands flat on the floor at your side
- Activate the muscles of the core, and press your lower back into the floor
- Slowly bring one knee into the chest, hold briefly for a count of one
- Gently bring the foot back to the floor
- Switch, and repeat the motion using the other leg



Lying Overhead Reach

- Lie down on your back, put your feet comfortably on the floor, with your hands flat on the floor at your side
- Activate the muscles of the core, and press your lower back into the floor
- With straight elbows, lift the arms overhead, coming as close to the floor as possible without losing core support
- Slowly bring arms back to starting position



Modified Bird Dog

- Begin on all fours (knees and hands comfortably on the floor)
- Activate the muscles of the core, providing a brace to resist shifting body weight
- Gently lift one hand off the ground
- Extend the elbow and shoulder until the arm is overhead, in line with the spine
- Return hand to the floor
- Repeat the motion using the opposite arm
- Gently return to the starting position



Modified Cat/Cow

- Begin on all fours (knees and hands comfortably on the floor)
- Relax the muscles of the abdomen, completely
- Relax the pelvis, allowing it to tip forward (creating an arch in the spine)
- Allow the motion to begin in the abdomen, contacting the TrA and pull your bellybutton upward until you reach a fully straight spine
- Now contract again, moving the bellybutton as high as possible, allowing the pelvis to tuck and shoulders to round
- Gently return to the starting position



Modified Side Plank

- Lie down on your side
- Position your elbow directly under your shoulder to lift the upper body off the floor, keep your hip and knee in contact with the floor
- Tighten and squeeze your pelvic floor muscles
- Activate the abdominal muscles
- Gently lift the hip off the floor, keeping the knee on the floor, until your spine is in a neutral or straight position
- Hold briefly for a count of one
- Gently lower your hip back to the floor



Pelvic Floor Strengthening Exercises

Initially it may be very difficult to contract the muscles of the pelvic floor. It is okay if you can't contract them right off the bat. Don't worry. You may also only be able to contract and hold for 2-3 seconds at a time at the beginning and that is ok too. We want you to work up to where you can hold for 10 seconds at one time.

Pelvic Floor Contraction: Endurance

- Lie down on your back, put your feet comfortably on the floor, with your hands flat on the ground at your side
- Gently tighten and hold your pelvic floor muscles- hold this contraction for 10 seconds
- Breathe normally as you go through the exercise

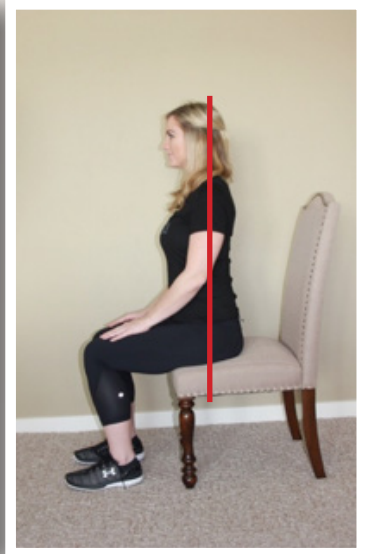
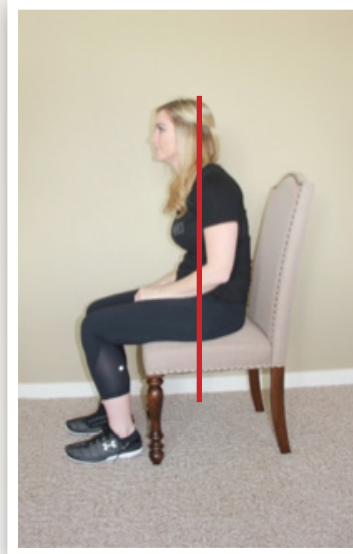
Pelvic Floor Contraction: Strength

- Lie down on your back, put your feet comfortably on the floor, with your hands flat on the ground at your side
- Tighten and squeeze your pelvic floor muscles as hard as you can, then after full contraction let go completely
- Breathe normally as you go through the exercise

Seated Posture & Alignment

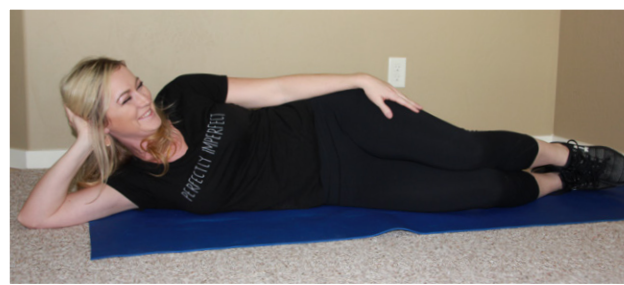
Checkpoints:

- Neutral and relaxed neck
- Shoulders and chest in an open position
- Shoulders aligned with hips
- Spine supported by abdominal muscles, not resting on the chair
- Pelvis in neutral position (not tipped forward, or tucked under)



Side Lying Knee to Chest

- Lie down on your side
- Position your elbow and knee in a location that you feel supported and secure
- Tighten and squeeze your pelvic floor muscles
- Activate the abdominal muscles
- Gently bring the knee (that is not in contact with the floor) towards the chest
 - You may prefer to use your hand to make brief contact with your knee as you hold for a count of one
- Gently extend your leg back to the starting position
- Repeat all repetitions the same side before switching to the other side



Sit-to-Stand

- Begin in a seated position (ideally using a non-cushioned chair)
 - Verify proper alignment, breathing, and pelvic floor support
- Extend arms out in front of the body
- Activate the glutes and slowly stand up
- Slowly return to a seated position
 - TIP: If you have difficulty standing with arms extended, initially help yourself out of the chair by using your arms as added support



Standing Posture & Alignment

Checkpoints:

- Neutral and relaxed neck
- Shoulders and chest in an open position
- Shoulders aligned with hips
- Ribs aligned with hips
- Hips aligned with knees
- Pelvis in neutral position (not tipped forward, or tucked under)
- Knees aligned with ankles
- Toes facing forward



Standing Side Bending

Checkpoints:

- Start in a standing position
- Gently contract and draw the pelvic floor upward
- Gently contract the abdominal muscles
- Breathe comfortably
- Slowly lean sideways, keeping the shoulders pulled back, and the chest open
- Return to a standing position
- Repeat on the opposite side



Transverse Abdominis (TrA) Contraction: *Endurance*

- Lie down on your back, put your feet comfortably on the floor, with your hands flat on the floor at your side
- Activate the muscles of the core, specifically focusing on the TrA, and press your lower back into the floor
- Use your fingers to feel the contraction in the lower fibers of the TrA located just slightly inside the front bony protrusion (ASIS) of the hip
- Hold for a count of 10





Abs, Core & Pelvic Floor

Core Dysfunction and Diastasis Recti Recovery