

# Infographic. Guidance for medical, health and fitness professionals to support women in returning to running postnatally

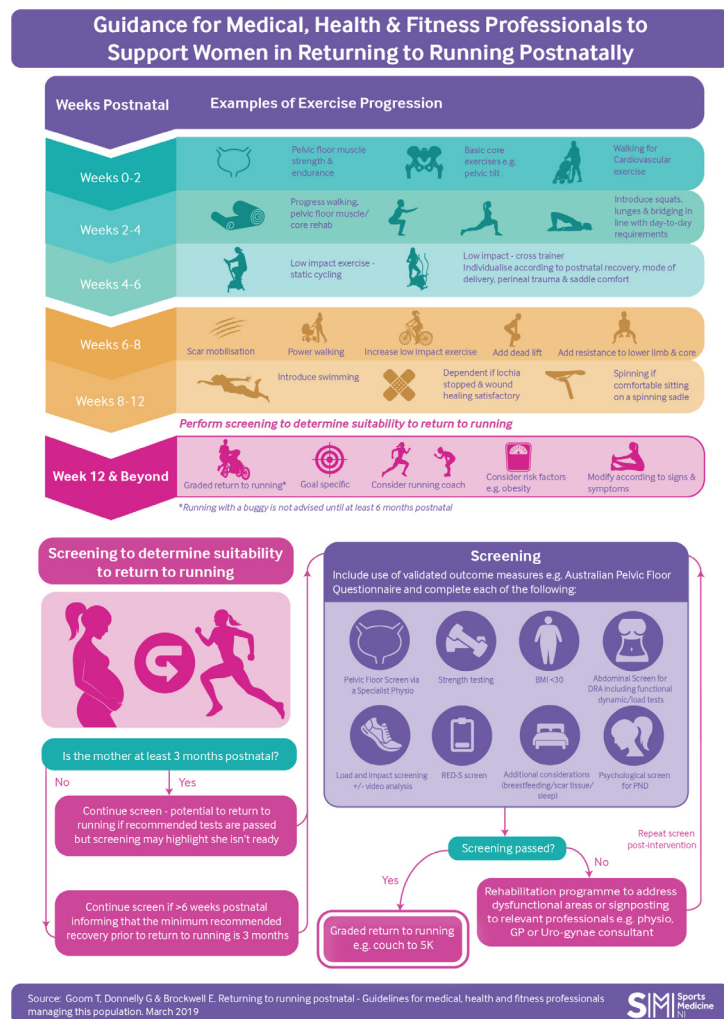
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Running is an increasingly popular form of physical activity with many women now continuing to run throughout their pregnancies.<sup>1</sup> Consequently, many women may want to return to running or take this up as part of an active lifestyle following childbirth. Profound physical and physiological changes accompany pregnancy,<sup>2</sup> and subsequent tissue healing following childbirth is understood to take 4–6 months.<sup>3</sup> These healing timescales should be considered to support a successful return to running postnatally. Running involves sudden rises in intra-abdominal pressure<sup>4</sup> and considerable force transmission through the lower limbs and pelvis with potential contre coup effects within the uterus.<sup>1</sup> Undertaking running too soon could be considered to increase the risk of pelvic floor dysfunctions, such as urinary incontinence, pelvic organ prolapses, abdominal weaknesses and lumbopelvic pain.<sup>2</sup> Potential injury and long-term consequences such as these can create physical and psychological barriers for women returning to or initiating running following childbirth.<sup>4</sup>

Recently, the UK's chief medical officers (CMOs)<sup>5</sup> recommended that, after having built up moderate intensity physical activities over a minimum period of 3 months after giving birth, and in the absence of any signs or symptoms of pelvic floor or abdominal wall dysfunction, more intense activities such as running can gradually resume. However, the overall paucity of research investigating pelvic health and running specifically means that this topic remains poorly understood.<sup>6</sup> In addition, there are currently no official guidelines to standardise advice or indeed optimise a return to running in the postnatal period.

In March 2019, independently produced guidance on returning to running postnatally was released into the public domain.<sup>7</sup> This guidance aimed to improve access to information, stimulate new research and standardise advice to postnatal women. These guidelines were developed through scoping of the literature with extensive peer review. Evidence was critically appraised and graded using

Recommendation	Level of evidence
1. Postnatal women can benefit from individualised assessment and guided pelvic floor rehabilitation for the prevention and management of pelvic organ prolapse, the management of urinary incontinence and for improved sexual function.	Level 1+: well-conducted randomised controlled trials or randomised controlled trials with a low risk of bias
2. Return to running is not advisable prior to 3 months postnatal or beyond this if any symptoms of pelvic floor dysfunction are identified prior to, or after attempting, return to running.	4: expert opinion
3. Assess pelvic health, load impact management and strength testing in order to evaluate readiness to return to running postnatally.	4: expert opinion
4. Consider additional factors in a woman's postnatal evaluation, such as weight, fitness, breathing, psychological status, diastasis rectus abdominis, breast support and feeding, Relative Energy Deficiency in Sport (RED-S) and running with a buggy.	4: expert opinion



**Figure 1** Infographic: guidance for medical, health and fitness professionals to support women in returning to running postnatally.

the Royal College of Obstetricians and Gynaecologists classification system.<sup>8</sup>

Expert opinion and grey literature were considered in the absence of peer-reviewed published literature. Four key recommendations were identified (table 1), and an infographic summarising the guidance was subsequently created (figure 1). This infographic includes important considerations for returning to running with examples of physical activity which supports the staged approach recommended by the CMOs.<sup>5</sup>

This guidance provides a much-needed starting point; however, more high-quality research is needed to support women in returning to high-intensity activities and competitive sports following childbirth. We urge all readers to share this information across their professional networks to empower medical, health and fitness professionals to confidently consult with and appropriately advise postnatal women in returning to running. This not only reduces the likelihood of potential injuries and long-term consequences, but it also supports the notion of a whole systems approach to enable and reassure women to be physically active during all stages of motherhood.<sup>9</sup>

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