
Position Statement on Pilates and Pregnancy

Pilates is an excellent movement modality to undertake at all times, but especially relevant for women to practice during, and after pregnancy. The demands on the body as it changes continue through pregnancy, during labour and in the everyday repetitive movements associated with caring for a baby. Due to its adaptability and capacity for modification, the Pilates repertoire is ideally suited to deal with the individual changes and tweaks and twitches that come with your pregnancy.

A reminder on the Pilates fundamentals. Keep these in mind as you practice.

Centering – concentration – control – breathing – flowing movement

What comes with pregnancy?

Postural changes as the baby grows, loosening of ligaments as the hormonal changes kick in, tiredness, swollen feet and ankles, lower back pain, SIJ pain, pubic joint pain etc. You may experience all, or none of these things, but pay close attention to how your body is coping with the pregnancy changes, as that will guide you regarding your Pilates practice. Tell your Instructor about your body and its progress through pregnancy, and seek out the adaptations and exercise modifications to ensure you stay safe and in control of your practice.

- Gain approval from your specialist or GP before you start Pilates, a good studio will ask this of you before you commence.
- If you are now pregnant and new to Pilates, we do not

Australian Pilates Method Association

Address PO Box 135 Hurstbridge VIC 3099 AUSTRALIA

Phone/Fax (03) 9718 1881

E-mail admin@australianpilates.asn.au

Website www.australianpilates.asn.au

recommend you start in a group class environment, but seek out specific personalised instruction in a certified studio. Contact the APMA for details on certified studios convenient to you.

- If you are familiar with the Pilates principles in your body already, continue in the teaching environment that suits you, but do seek specific modifications as you progress through the months of pregnancy.
- Enquire about your Instructors level of experience with teaching pregnant clients and discuss the areas she/he will be monitoring as you progress. They should be enquiring about how things are feeling or follow up on how each session went.

Specifics to consider -

- Lower back pain or pain from the sacroiliac joint is common in later stages and can continue after the baby is born. Your Pilates exercise needs to adapt for these issues, and repertoire to assist these aches needs to come and go as required. Keeping your glutes from getting too tight, stretching the back and glutes will all help. Working in a neutral spine position and avoiding excessive flexion or extension may be appropriate. It all depends on how much experience you have and how your body is faring.
- Pubic symphysis pain can develop; in this case you need to avoid movements or positions that exacerbate the pain around the pubic bone. Asymmetrical leg movements, wide leg stretches or wide leg movement exercises are the ones to be cautious with e.g., legs in straps, scissors on the mat, clams on the mat.
- Your balance and centre of gravity will change over time, so exercise caution getting on and off equipment, and ask your Instructor to teach you how to safely get up off the floor, or out of bed.
- Upper body strength shouldn't be ignored, as you will soon be holding a little bundle and sitting for sustained periods of time in a breastfeeding position. Ask your Instructor to make sure upper back strength work is part of the game plan. The shoulders and the upper back can also become rounded, so stretching the chest muscles and including exercises for maintaining correct posture in this area is also important.
- Core work and pelvic floor strengthening will be an

important component, and these techniques are of course integrated throughout the Pilates repertoire. Spend time learning from your Instructor about pelvic floor strengthening and seek guidance from a Pelvic floor Physiotherapist if you are concerned or are having difficulty understanding how that should feel. A Pilates Instructor is not qualified to diagnose or treat pelvic floor disorders.

- Your core strengthening work should focus on the deep abdominal muscles, in particular the transversus abdominus (TA) and the obliques. TA control and strengthening is beneficial because it supports the uterus, helping to keep the rectus abdominus (six pack muscle) halves closer together and prevent the join line (diastasis) from opening too much. This will also help prepare you for delivery, as one of the roles of the TA is to contribute during the pushing phase.
- During the first trimester you should still be able to exercise lying on your back, as long as you feel comfortable doing so, or unless you have been cautioned against it. Kneeling on all fours (4 point kneeling) or seated on a ball may be more useful in building endurance, and will provide greater comfort.
- Exercises with double leg lifts/lowering should be avoided. They can overload the abdominals, and exacerbate or even cause, pelvic pain.

Listen to your body, workout to your own capacity on the day and if an exercise doesn't feel right, don't do it.