

YOUR ONLINE GUIDE BACK TO FITNESS

S U P E R



ABOUT THE COACH

Amal Murad is a full time coach and personal trainer. She specializes in helping women unlock their full potential through movement and exploration.

She is a REPS certified LVL3 Personal Trainer; WCO certified LVL 2 Calisthenics Instructor & NSCA certified Pregnancy & Postpartum Athleticism Coach.

ABOUT THE 8 WEEK PROGRAM

This program is intended for women who are seeking education & trying to find a way back to fitness postpartum. The purpose of the program is to spread awareness about the changes that happen to a woman's body during pregnancy and to provide a general guideline and strategy to slowly progress back to a training routine during this period of your life.

Please note that if you choose to participate in this program, you have to be cleared by your Doctor/Pelvic Floor Specialist and are not experiencing any symptoms of pain or dysfunction.

ABOUT YOU

You are a mother. You have spent an average of 9 months creating life within you. Let that sink in.

9
full
months.

You were your child's first home and only shelter before he/she was introduced to this world.

That being said, your body *stretched, expanded and adapted* to make space for this beautiful human being.

It's an overwhelming process; there is so much that is out of your control.

All of a sudden your training routine of 6 days a week is impossible and you don't know what's "safe" to do.

You are suffering from exhaustion as well as physical changes.

Your body, especially your core, has altered to accomodate your growing belly.

You are gaining weight which is making you panic; your appetite goes from not being able to eat at all to not being able to stop.

Guess what? This is COMPLETELY normal and you are NOT alone.

PREGNANCY

What do we know about pregnancy?

1st Trimester: (1-14 weeks)

- Nausea
- fatigue & exhaustion
- pregnancy may not be confirmed

2nd Trimester: (14-27 weeks)

- Postural/structural changes
- fatigue usually subsides

3rd Trimester: (27-40 weeks)

- Energy levels deplete
- Back pain
- Changes Rib-cage/pelvis position

What are the do's and don'ts in training?

It depends.

Every body is different and everyone manages stress differently.

1. Make sure to see a **pelvic floor specialist** to work with you along with a pregnancy/postpartum coach.

2. Monitor your body and notice if you're experiencing **pain, symptoms** or increased symptoms of **dysfunction** (prolapse, incontinence, diastasis recti, pelvic pain, or ortho-pedic injury).

PHYSICAL CHANGES

Before we dive in, let us first discuss what your CORE is and how your core changes during and after pregnancy.

WHAT IS YOUR CORE?

It is not just your abs
(rectus abdominis muscles).

You see a lot of programs on social media promoting endless sit ups/crunches and plank holds to “strengthen your core and get that six-pack” without really explaining what your core is.

Always remember that having a “six-pack” does not necessarily mean you have a strong core; it is more a reflection of a balanced diet and/or a low abdominal fat percentage.

The goal of my 8-week postpartum program is to prioritize function > aesthetics.

And in order to do that, we must first understand our bodies and find different ways to strategically come back to a fitness routine.

CORE

Anatomy:

INNER CORE includes:

The diaphragm, **pelvic floor**, transverse abdominis & multifidus.

OUTER CORE includes:

rectus abdominis, obliques, lats & erector spinae.

The **pelvic floor** is the muscular base that acts like a basket that supports organs such as the uterus, bowel and bladder.

The **PF** muscles along with your diaphragm, back & abdominal muscles **control pressure** inside the abdomen.

The muscles allow urination and defecation.

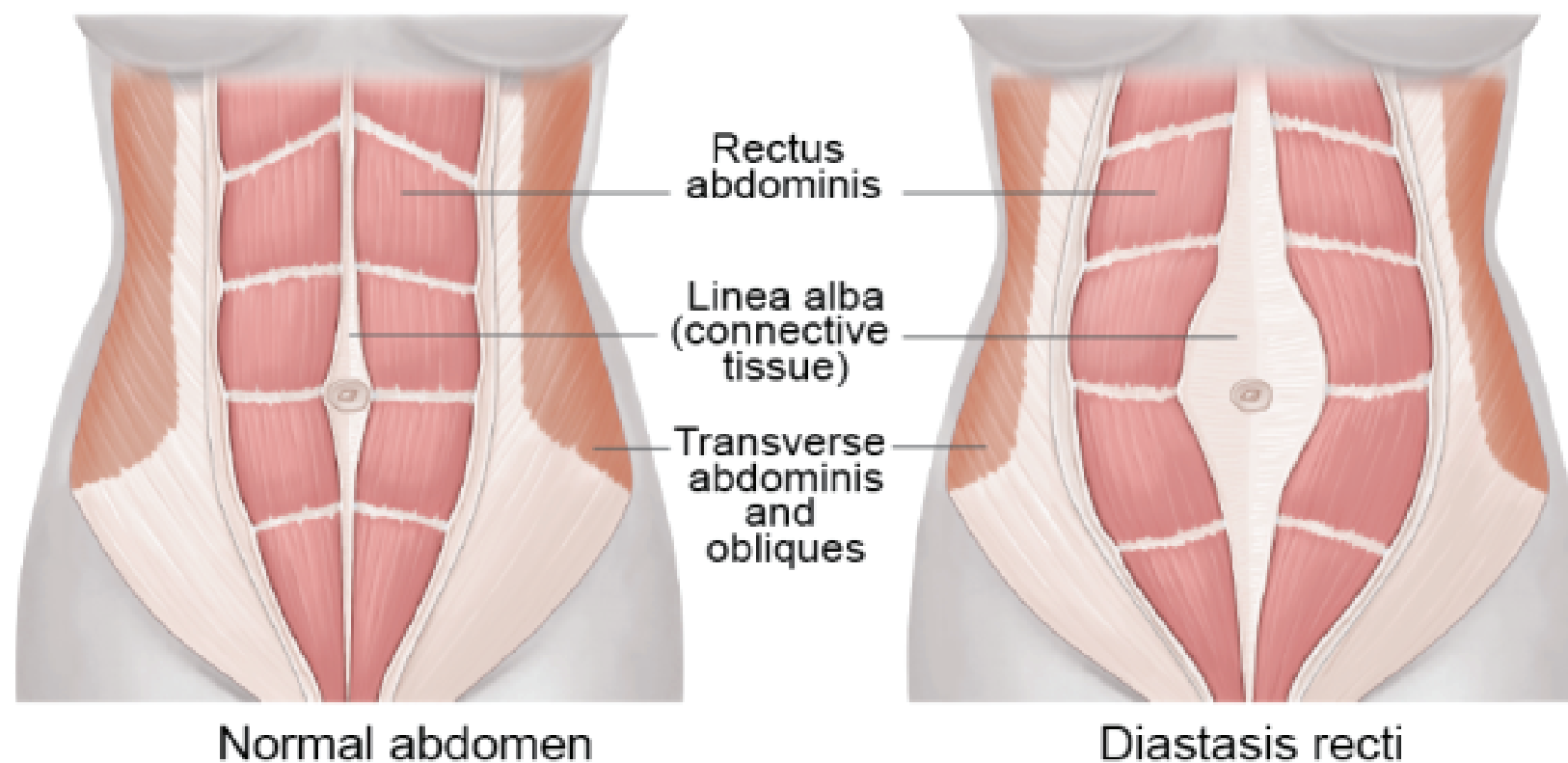


DIASTASIS RECTI

During pregnancy, your body is expanding and stretching to make room for your baby. This causes an abdominal gap between the two sides of your ab muscles.

This condition is called **DIASTASIS RECTI**.

Please note that this is a natural way for your body to adapt to a growing belly during pregnancy. Your goal is to help it heal postpartum. There is no research or evidence to prove that you can prevent a diastasis from happening although there are many programs online that claim to be able to do that.



SYMPTOMS

One key component to always address during pregnancy and postpartum is **PRESSURE**. Too much pressure can cause dysfunction and complications in the long run.

We don't want to overexert ourselves:

1. **during pregnancy** while our core is already dealing with continuous pressure on both our abs (diastasis recti) as well as our pelvic floor which is trying to support the weight of all your organs + growing baby.

2. **postpartum** when our core is trying to slowly heal from all the pressure.

How do we know if we are applying too much pressure?
by monitoring symptoms such as:

- **PELVIC FLOOR PAIN**
- **CONING/TRENCHING of abs**
- **INCONTINENCE**
(involuntary leaking and peeing)
- **PROLAPSE of organs**

SYMPTOMS

Diastasis Recti is usually visible when performing movements such as crunches, sit-ups and planks.



1. ***CONING** occurs as a visual cue to show you that you might not be able to control intra-abdominal pressure. Learning how to activate properly through breathing and exercise strategies are key to help evenly distribute the pressure instead of pushing outwards on the linea alba.

2. ***Incontinence (involuntarily leaking/peeing)** can also happen postpartum when you sneeze/laugh. Although this is common, it is not normal and should be taken as a sign to work on strengthening your core muscles (including your pelvic floor). Incontinence can also occur when performing high impact exercises such as jump rope, jumping jacks and box jumps.

The best option is to scale everything down and slowly work your way up with a progressive approach.

Check out @Munirahudanipt on instagram as a reference

“YOU CAN HAVE A SIX-PACK BUT ALSO HAVE A DYSFUNCTIONAL CORE AT THE SAME TIME.”



“HAVING A DIASTASIS DOES NOT MEAN YOU HAVE A WEAK CORE.”

I personally still have a 2 finger diastasis 16 months postpartum.

Alot of people's diastasis may not close completely after pregnancy but if they are still able to manage pressure and activate their core effectively during training, then there shouldn't be much of an issue. This is what we call a "functional diastasis". **CLOSING THE GAP ISN'T THE ISSUE, THE LACK OF FUNCTION IS.** The fact that we are constantly being told that our bodies need to be the exact same pre-pregnancy is very damaging.

SYMPTOMS

3. PROLAPSE:

Prolapse is a condition in which organs fall down or slip out of place. It is used for organs protruding through the vagina or rectum. Although this sounds scary, it happens to many of us, especially after a vaginal birth. Studies are ever-changing regarding this topic. Some cases require surgery while other people have found different ways to manage their prolapse.

Follow @popuplift on instagram

They are one of the most resourceful accounts led by Haley Shevener, a Certified Strength and Conditioning Specialist as well as Annemarie Everett, a specialized physiotherapist.

<https://www.popuplifting.com/>

While keeping all of these symptoms in mind, **How do we train then?**

by **PROGRESSIVE OVERLOAD:**

Progressive overload is a method of strength training that advocates for the **gradual** increase of the stress placed upon the musculoskeletal and nervous system.

Just like how an athlete will not try to lift 200 KGs if they have not slowly progressed to it; A pregnant and postpartum woman will not get back to strenuous exercises without slowly modifying and regressing the workouts.



It's very easy to obsess over how big your diastasis is or how much belly fat is left after you've given birth.

You receive snarky comments like "why does it look like you're still pregnant?"... you laugh it off but deep inside you are questioning it yourself.

I want you to remember that it took your body 9 months to grow a baby; you can't expect it to magically go back to what it was.

You are not the same. Both your body & your life have begun a new chapter. Embrace all that you are.

TRAINING

“When can I get back to training?”
“When can I start lifting again?”
“Should I do yoga instead?”

For us to understand when and how to train, we must first understand **PROGRESSIVE OVERLOAD**.

Your OB-GYN will most probably give you the green light to train after your 6-week appointment.

The truth about OB-GYNs is that they mostly focus on your uterus and ovaries. However, in order to start training, we must also put our pelvic floors into consideration along with the other muscles of our core.

Telling people to “listen to their bodies” is not enough. Sometimes, even if there is no pain, there still is risk. Just because you can does not necessarily mean you should.

What is progressive overload?

1. LEARN



2. CONTROL



3. LOAD



4. EXPLODE

SQUAT - PROGRESSIVE OVERLOAD EXAMPLE

1 LEARN



Chair squats

During pregnancy, your growing belly might have changed the way you squat. Firstly, you'll focus on form and adjusting your center of gravity without the extra weight.

2 CONTROL



Bodyweight Squats

Once you've fixed your form, it's time to work on full-range body weight squats. In order to progress, make sure you're able to comfortably perform these squats within your exercise routine for X amount of reps without compromising form.

3 LOAD



Weighted Squats

Start with light weights and slowly progress to heavier ones. If you face any symptoms such as incontinence, pressure or coning, make sure to REGRESS back to body weight squats without any added load.

4 EXPLODE



Jumping Squats

Although we all love HIIT training, exercises such as jumping squats might take a while to get back to. This puts a lot of pressure on your pelvic floor. Take your time and progress accordingly.

TRAINING

BREATHING STRATEGIES:

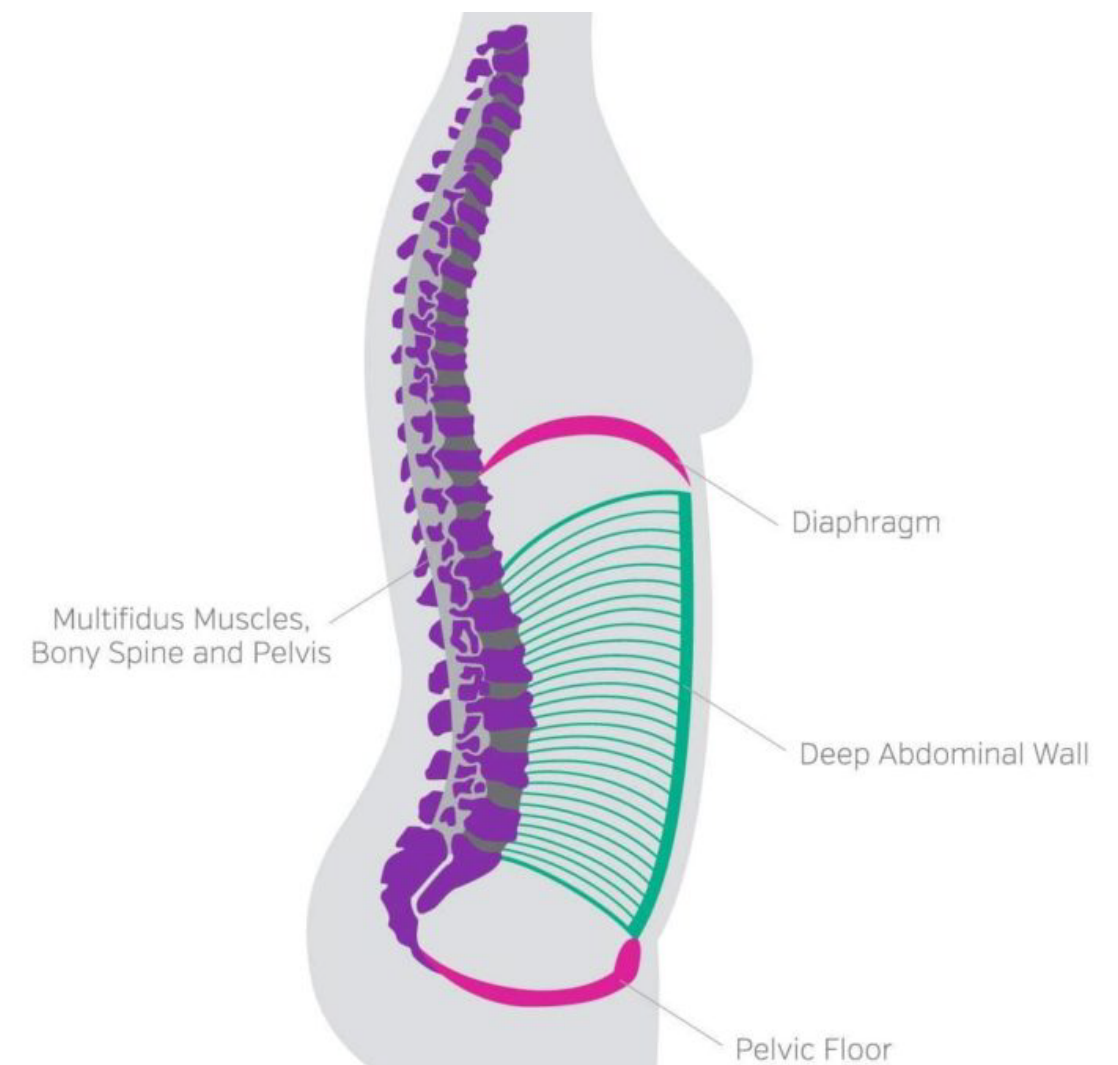
blow before you go means exhaling before the hard part of the exercise.

For example:

SQUAT

1- Inhale at the top and fill the belly and chest with air while relaxing the pelvic floor.

2- then Exhale BEFORE descending downward by gradually emptying the belly/chest and contracting your pelvic floor (kegel) throughout the whole movement. Repeat.



Your diaphragm and pelvic floor work together as a unit. Ideally, when you breathe in, your lungs expand and your diaphragm moves downwards towards your pelvic floor making the muscles stretch.

In contrast, when you breathe out, your diaphragm moves upwards and your pelvic floor muscles contract.

TRAINING

HOW ELSE CAN YOU MODIFY YOUR WORKOUTS?

It's so important to leave your ego out of this. Even if you are a professional athlete, this isn't a time to think about getting a PR or reaching your maximum effort during a workout.

You can slowly progress your way back by:

- Lower intensity
 - Lower rep range
 - Longer rest time
 - Modifying the workout
 - Less load
 - Managing pressure through breathing
 - Changing pelvis positioning
 - Focusing on posture (back gripping/ribs flared/ab flexing/butt gripping)
- etc..

This will depend on the individual. Not everyone will progress the same way or at the same pace.

TRAINING

To conclude,

*I know there is a lot to take in but knowledge IS key.
The more you know, the less scared you'll be.*

Unfortunately, online training guides are feeding off of our insecurities and using them to sell their programs instead of taking the time to educate us.

You're not the same. We are not the same.

I'm not asking you to love your body right away because I know how hard it can be to suddenly wake up and not recognize how you look/feel.

But what I'm asking of you is to respect your body and to take the time to understand the changes that have occurred. Only then will you be able to accept the changes.

I'm here for you, mama. Let's work on getting stronger together.

-Amal