

Postpartum Guidelines for Dancers

“The body undergoes tremendous change and adaptation throughout pregnancy. While it may then change and adapt to no longer being pregnant, it will never be the same as it once was.” (Edwards and Green, 2019)

More and more, female dancers are returning to class, rehearsal, performance and their professional careers after having one or multiple babies. Because of the changes that occur to a woman’s body during pregnancy and after delivery, special care should be taken when considering return to dance. With proper attention to nutrition and a slow and gradual preparation of the body, a dancer can successfully return without putting herself at risk for injury.

Initial Postpartum Period

In the first days following delivery, the mother needs adequate time to heal. Recovery can be unique for every woman depending on the type of pregnancy (full term vs. delivering early), number of children (twins), type of birth (cesarean), and any complications. Only very light activity is recommended during this time, and excessive bleeding or swelling of the genitals may indicate over-exertion. After a vaginal birth, usually around the 6-8 week mark, the vagina and uterus have returned to the pre-pregnancy size. Women often follow-up with their physicians at this point and may be cleared for return to activity if there are no complications. However, historically, women have not been given specific and detailed education about this return, which should be gradual, monitored, and modified as needed. This may also require consultation and treatment by a pelvic floor physical therapist trained in postpartum care.

The Fourth Trimester

In 2018, the American College of Obstetrics and Gynecology defined the 13 weeks after delivery as the fourth trimester. This brought attention to the increased healthcare concerns and need for resources for women during this time period. However, once you are postpartum, you are always postpartum, so be patient with yourself.

Possible Pelvic Floor Dysfunction

- **Stress Urinary Incontinence**

Although difficulty controlling urine after pregnancy is common, it is not normal. It may be caused by a discoordination between the pelvic floor, diaphragm, and abdominal muscles. This may result in the involuntary leakage of urine with coughing, sneezing, lifting, running, jumping, etc. Incontinence can be addressed with proper care through a pelvic health physical therapist.

- **Pelvic Organ Prolapse**

The vaginal wall, rectal wall, and/or uterus can all lose structural integrity after pregnancy, labor, and delivery. This may cause a collapse in any or all of these tissues, leading to pressure, pain, and bladder or bowel dysfunction. While prolapse may require surgery, most cases can effectively be treated by a pelvic health physical therapist.

- **Pelvic Pain**

Women may experience pelvic pain following pregnancy. Sites may include the pubic symphysis, sacroiliac joints, lumbar spine and/or hips. Deep pelvic pain and pain with intercourse are also common. All of these issues can and should be treated by a physician and/or a physical therapist.

- **Diastasis Recti**

Diastasis Recti is the separation or tearing of the rectus abdominis muscles. Most women recover from this change in the abdominal wall within 6 months after pregnancy. If it does not go away, women may experience low back pain, incontinence, impaired core strength, and/or organ prolapse. While a small percentage requires surgical intervention, most diastasis recti impairments can be treated with help from a pelvic health physical therapist.

Musculoskeletal Changes

- Postural changes: for example, but not limited to forward or anterior pelvic tilt, increased sway back “lumbar lordosis” difficulty finding one’s “center,” flared rib cage
- Weakness and inhibition of the “core” musculature, including abdominals and pelvic floor
- Tendency to “butt-clench” and posterior pelvic tilt in an attempt to stabilize
- Laxity of the ligaments (the supportive structures around the joints) due to hormone changes
- Changes in breathing patterns
- Potential decreased bone density with breastfeeding

Return to Activity, Exercise, Class, Rehearsal and the Stage

- Returning to activity must be slow and progressive. A dancer who has had a vaginal birth may return to activity within a few days of birth with her doctor's permission. A dancer who has had a c-section typically waits a minimum of 6-weeks.
- Initial rehabilitation begins with foundational exercises to stimulate the deep muscles, correct breathing inefficiencies, and adjust postural changes. This may require guidance from a pelvic health physical therapist.
- Consider an early progression to a floor barre or mat pilates-based program in preparation for return to dance. The program should focus on strengthening and restoring neuromuscular control to the deep abdominals and pelvic floor.
- All progressions should be gradual and monitored for signs of symptoms of overtraining. This would include muscle soreness, fatigue, sleep disturbances, irritability, or injury. Dance movements involving jumping will require a longer progression. Petit allegro and grand allegro will be some of the last components of the return to dance protocol.
- When exercising or dancing while breastfeeding it is important to adjust your caloric intake. After adjusting for your increased activity level, a good rule of thumb is to add an additional 300-500 calories to provide enough energy for breastfeeding.
- Pregnancy, delivery, and being a new mom are life-changing events which can all induce high levels of stress. Remember, while exercises and dance can be stress-reducing, they can also be stress-inducing. Self-checks and open lines of communication with your dance medicine team are important to ensure you are not causing more harm than good with your return to dance program.

Psychological Issues

While the birth of a baby is an exciting time, most new mothers experience postpartum "baby blues." This usually lasts only a few days and might include brief periods of mood swings, anxiety, crying, or difficulty sleeping. Some new mothers experience a more intense form of depression known as postpartum depression.

This is not an uncommon phenomenon, and mothers should be aware that this is simply a complication of birth, not a character flaw or weakness. Some symptoms of postpartum depression include depressed mood, excessive crying, difficulty bonding with baby, withdrawing from friends and family, change in appetite, overwhelming fatigue, feelings of hopelessness, and more. Symptoms of postpartum depression can develop within the first few weeks after giving birth, but can also occur earlier while still pregnant. If you or someone you know have questions or feel you may be struggling with postpartum depression, consider contacting a health professional or organization for help from the "resource list" below.

Common Questions/Concerns

“I had a c-section. Does that change anything?”

Yes. After a c-section, exercise should be avoided for at least 6 weeks postpartum. At 6-weeks, you may begin gentle exercise, such as distance walking, core and bodyweight exercises. At 6-weeks, heavy weight training, crunches, and jumping should be avoided. It is also important to address the scar itself with scar massage to improve tissue health. Consider consulting a pelvic floor PT that specializes in postpartum care to assist with a safe return to exercise after a c-section.

“I would like to continue breastfeeding my baby. Are there any issues with this?”

Exercise and activity will not directly have an impact on your ability to breastfeed. However, it is important to realize that the body requires continual input from the baby during feedings or from pumping to maintain a steady supply. Additionally, your caloric needs are much higher when breastfeeding, so you want to make sure to adjust nutrition and diet appropriately. Staying well hydrated is also extremely important. You are at a higher risk for stress fractures while breastfeeding, making nutrition and gradual return to activity even more important.

“I’ve noticed I leak a little urine when I cough or sneeze. Is this normal?”

While urinary incontinence is quite common in postpartum women, it is NOT normal. Maintenance of continence requires significant coordination between the diaphragm, the pelvic floor, and the abdominal muscles. The system is frequently dysfunctional after delivering a baby or undergoing a C-section. If you are leaking urine, seek a consultation from your gynecologist or primary care physician and consider working with a pelvic floor physical therapist who specializes in continence and postpartum care. Also, see our informational paper, “I Leak when I Leap!--Pelvic Floor Dysfunction in Dancers.”

Resources

Book: “Go Ahead, Stop and Pee - Running During Pregnancy and Postpartum.” By Kate Mihevic Edwards and Blair Green, 2019

National Health Hotline: <https://www.samhsa.gov/find-help/national-helpline>

Website: <https://www.acog.org/Patients/FAQs/Exercise-After-Pregnancy?IsMobileSet=false>

Disclaimer: The information on post-partum guidelines contained in this paper is intended to help guide and inform the dancer. It is not meant to take the place of the advice of a medical professional.

This information is provided by Dance/USA Task Force on Dancer Health.

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