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Your guide to return to running following childbirth



This guide was developed in 2024 by Megan L James, Gráinne M Donnelly, Diane M Crone, Victoria H Stiles, Lynne Evans, and Isabel S Moore, and co-designed with postpartum runners.

Please be aware that the following guide has not yet been tested. We do not recommend that you use it at this stage.

'How to' use this guide

Start when you are ready

This guide is here to support you. There is a lot of information that will hopefully be helpful. However, with everything else going on after your birth, this could come across as a little overwhelming. Depending on your circumstances, it may not feel helpful to read all of this when you have just given birth. It is important to take your time, move at your own pace, and come to this when you are ready. It needs to be right for you.

Navigating this guide

To view this guide more easily, it may be downloaded and opened in [Adobe](#) or a similar PDF reader. We recommend landscape viewing on a phone. This guide starts by explaining some context and considerations before you begin. It then provides a flow diagram of the stages you will progress through. Next, you will see a 'quick guide' summary page of the exercises to engage with during your recovery. This is followed by three pages that go through each aspect in more detail. There is then a page with links to other topics and guidance and finally some resources that may help planning your exercise and offer any further information.

Consider your running level and experience

Depending on your running level and experience, this guide may be above or below what you want or need. We hope that it provides a starting point and that the guide is quite flexible. If there is too much, just fit in what you can or want to - it will all help. If there is too little, you can add things alongside this guide, for example, through consultation with postnatal personal trainers. This way, you may adapt this guide to suit your individual return.

Additional information

All QR codes throughout this guide can be scanned. If you download the guide, as well as any of the linked pages you wish to view (p13), QR codes can also be clicked for ease. These QR codes contain additional information that may help and support you. Engage with this content as much or as little as you want to. It is supplementary to aid understanding of suggested exercises, as well as other information that you might find useful. Click on the various topics on the Contents page to jump to pages of interest. Every page is numbered in the bottom right-hand corner and clicking here will take you back to the Contents page.

Contents

Infographic.....	4
Context.....	5
The ‘non-linear’ journey.....	6
Linking all areas.....	6
Those who are new to running.....	6
Considerations.....	7
Stages of your journey.....	8
‘Quick guide’ summary.....	9
Pelvic floor.....	10
Impact activities.....	11
Strength and conditioning.....	12
Other topics and guidance.....	13
Supporting guidelines*.....	14
Academic articles informing this work*.....	14 -15
Pelvic Obstetric and Gynaecological Physiotherapy (POGP) information and physio finder*.....	16
Resources: Your plan.....	17-19

Your Guide to Return to Running Following Childbirth

Co-designed with postpartum runners



Stages of the journey

Stage 1. Rebuilding your foundation



Most healing occurs in the first 6-12 weeks postpartum. This phase includes a return to physical activity and re-building base level of fitness.

This may be recommended during weeks 0-6* of your return to exercise.

Stage 2. Progressing your re-conditioning



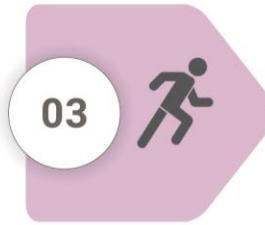
Begin integrating low impact forms of running, progressing your pelvic floor exercises and strength and conditioning.

Be mindful of complications and check for breast pain. This may be recommended during weeks 6-12* of your return to exercise.

Can you complete the following activities without pain, heaviness, dragging or incontinence?

- Walk for 30 minutes
- Single leg balance for 10 seconds
- Single leg squat x10 per side
- Jog on spot for 1 minute
- Forward bounds x10
- Hop in place x10 per leg
- Single leg running man x 10 per side

Stage 3. Return to running



Return to pre-pregnancy strength and conditioning.

If you are no longer experiencing symptoms, you may reduce your pelvic floor exercises.

This may be recommended during weeks 12-18* of your return to exercise.

Stage 4. Consolidating your progress



You may wish to progress back to your pre-pregnancy levels and beyond or run more competitively in this stage.

This may be recommended for weeks 18+* of your return to exercise.

*Weekly ranges are suggested as a rough guide and progress should be individual and based on symptoms, healing and how you are feeling



Stages of progression across specific areas

Stage 1	Stage 2		Stage 3	Stage 4
3x daily: Quick contractions Maximum effort contractions Progress by trying to hold for 10 secs	3x daily: Quick contractions Maximum effort contractions Aim for 10 secs	Pelvic Floor 	Reduce to 1-2x weekly if no symptoms Exposure to impactful activities	Maintain and return to activity as normal
Walking Fast walking	Single leg low hops Grounded running Slow running	Impact Activities 	Running Double leg low hops Countermovement jump	Double leg high hops
Sit to stand, bridge, side lying abduction, twists, half plank, calf raises, lunges, squats, pelvic tilts, knee rolling. Non-impact endurance	Add weight to exercises & adapt to single leg Continue non-impact endurance Re-engagement with running exercises	Strength & Conditioning 	Increase weight to exercises as necessary Return to pre-pregnancy programme	Continue and maintain exercises as necessary

Considerations

- Your body may move and feel differently compared to before pregnancy. If it doesn't feel 'right', slow down or seek advice from your GP or a pelvic health physiotherapist.
- See a pelvic health physiotherapist if you have symptoms before using this guide, as you progress through and seek advice if you are concerned.
- If you had a caesarean birth, be mindful of scar healing time and adapt abdominal exercises if necessary. Monitor any discomfort and look out for infections.
- Be aware of your mental health. Returning to running should not be something that causes you added stress, but something that makes you feel happy and more fulfilled.
- Ensure you have a supportive and appropriately fitted sports bra, particularly when you recommence running. Monitor any exercise-related breast pain.

Scan the code to access the full version of 'Your Guide to Return to Running Following Childbirth'



Infographic

CONTEXT

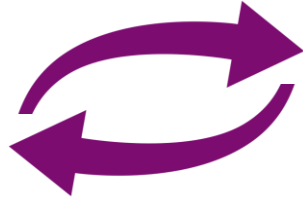
Current Government guidelines recommend 150 minutes of moderate, or 75 minutes of vigorous physical activity each week for postpartum women (see infographic to the right).

These Government guidelines should be considered when using this guide and provide an indication for how much exercise to do. The activities presented in the following pages may be adapted to fit into your life.

However, ultimately, the amount you do will depend on how you feel and what you can fit in. If you need further guidance, consult a pelvic health physiotherapist (p.7) or postnatal personal trainer. If you'd like more information, scan or click the QR code to access these Government guidelines:



THE 'NON-LINEAR JOURNEY'

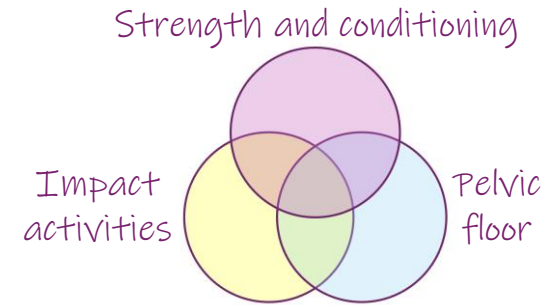


If you move on to the next stage and this brings on symptoms, pain, you aren't quite sure or it doesn't feel 'right', move back to the previous stage and consolidate before progressing.

Base your progress on these self-checks and how you are feeling, physically and mentally.

You may have busy or tiring weeks that don't allow you much time or energy to do the exercises. This is completely normal. Just spend a little longer in your current stage before moving on. It is important to spend enough time actually doing the exercises in each stage before progressing, rather than just having been in the stage for 'long enough'.

LINKING ALL AREAS



Programme areas (p.10-12) will complement each other and assist in progression to the next stage. Progression should depend on what you feel comfortable with and presence of pain or symptoms.

Inability to progress in one area, due to pain or symptoms, does not prevent you progressing in the other areas where you are not experiencing this. Work to your comfortable level in each area and this will help you progress across the board.

Pelvic floor muscle training can be progressed at the speed you are able, so these may advance quicker than the other areas. All three areas are important and may allow you more time doing what you enjoy most e.g., by preventing injury or symptoms.

THOSE WHO ARE NEW TO RUNNING...

This guide was designed with mothers who ran prior to pregnancy, and this should be considered when using it. The UK guidelines (p.5) currently state that women who were previously inactive should wait until the 6-8 week check to engage in more vigorous activity and ensure they start gradually. The build up from moderate to vigorous activity should take place over a minimum of 3 months. Take this into account if you were not active prior to pregnancy, or if you did not engage with impact activities. Perhaps spend a little longer in each stage before moving on. Again, monitor your symptoms, pain and mental health – the time to move on needs to be right for you. Note: this may also apply if you were inactive for a large period of your pregnancy, prior to birth, and will be individual to you.

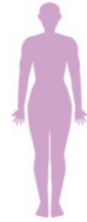
CONSIDERATIONS

Your unique birth

Each birth experience will be unique to everyone and could even include a mix of delivery types. Any delivery type may bring its complications that may vary person-to-person. The following information outlines some broad considerations that may apply to you.

If you delivered vaginally and/or assisted with forceps, you are at an increased risk of pelvic floor dysfunction and may have perineal tears. It is important to be aware of this, allow healing time and check for symptoms of pain, discomfort, prolapse, dragging, heaviness, bulging or leaking.

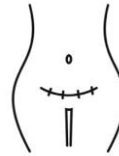
If you delivered by caesarean, this is major abdominal surgery and this should be taken into account. Abdominal healing typically takes place in the first 6-12 weeks after birth – allow time for this recovery, it will be individual to you. You may also experience pelvic floor dysfunction, as its occurrence is not unique to vaginal births. Sometimes, having an emergency caesarean can mean that you have almost gone through the process of both a vaginal and caesarean delivery and it is important to also consider this.



Your body may move and feel differently compared to before pregnancy. This is ok, but it's important to be aware of this. Any changes will be individual, and you may not experience differences at all. Throughout, it is important to consider how you are feeling and if it doesn't feel 'right', slow down or seek advice from your GP or a pelvic health physiotherapist*.



See a pelvic health physiotherapist if you have symptoms before using this guide. If progressing through the guide brings these symptoms on, move back to the previous stage and seek advice if you are concerned. You shouldn't have to live, adapt or put up with these symptoms!



If you had a caesarean birth, be mindful of scar healing time and adapt abdominal exercises if necessary. Monitor any discomfort and look out for infections.



Be aware of your mental health. Check in with yourself that you are not doing too much for the mental benefits, as this could lead to injury and have the opposite effect. Returning to running should not be something that causes you added stress, but something that makes you feel happy and more fulfilled. If it is too much with everything going on, that's ok, take a break and come back when you are feeling better. Your return to running does not define you, it is one aspect of your life and it's not a race(!).



Ensure you have an appropriately fitting and supportive bra, particularly when you recommence running. Continue to monitor breast pain during exercise.

*Click or scan to find a physiotherapist:



STAGES OF YOUR JOURNEY

Everyone's timeline, progress and goals will be individual. **Suggested** weekly ranges are provided for those who wish to use them but are a **rough guide only**. These relate to the time from your return to exercise, **NOT** weeks since birth. Progression should be based on presence of **symptoms** (physical and mental), any **ongoing healing** and **how you and your body is feeling**. You may be ready to progress earlier or later than others and spend more or less time in certain stages. **This will need to be right for you**. Consult a healthcare professional for guidance if needed. Although you may not return to exercise straight after birth, note that pelvic floor muscle training is recommended as soon as possible (just wait until the catheter is removed if you had one).

Stage 1: Re-building your foundation

Most healing occurs in the first 6-12 weeks postpartum. Depending on when you return to exercise after birth, bear this in mind and keep an eye on any complications. This phase includes a return to physical activity and re-building your base level of fitness. This may be recommended during weeks 0-6 of your return to exercise. Click/scan the QR code for more early-stage information:



Stage 2: Progressing your re-conditioning

Begin integrating low impact forms of running, progressing your pelvic floor exercises and strength and conditioning. Be mindful of complications and check for breast pain. This may be recommended during weeks 6-12 of your return to exercise.

Stage 4: Consolidating your progress

You may wish to progress back to your pre-pregnancy levels and beyond or run more competitively in this stage. This may be recommended for weeks 18+ of your return to exercise.

Stage 3: Return to running

Reduce pelvic floor exercises if no symptoms and return to pre-pregnancy strength and conditioning. You may not wish to progress beyond this. This may be recommended during weeks 12-18 of your return to exercise.

Can you complete the following activities without pain, heaviness, dragging or incontinence?



- Walk for 30 minutes
- Single leg balance for 10 seconds
- Single leg squat x10 per side
- Jog on spot for 1 minute
- Forward bounds x10
- Hop in place x10 per leg
- Single leg running man x 10 per side

For more information on this see the QR code (p.16):



Impact activities

Pelvic floor

Strength and conditioning

Stage 1

Walking
Fast walking



3x daily:
Quick contractions
Maximum effort contractions – progress
by trying to hold for 10 seconds

Sit to stand, bridge, side lying abduction,
twists, half plank, calf raises, lunges,
squats, pelvic tilts, knee rolling.
Non-impact endurance (e.g., static bike)

Stage 2

Single leg low hops
Grounded running
Slow running



3x daily:
Quick contractions
Maximum effort contractions – aim
for 10 seconds

Add weight to previous exercises,
adapt to single leg where appropriate.
Continue non-impact endurance alongside
re-engagement with running exercises

Stage 3

Running
Double leg low hops
Countermovement jump



Reduce to 1-2x weekly if no symptoms
Exposure to impactful activities

Increase weight to exercises as
necessary.
Return to pre-pregnancy programme

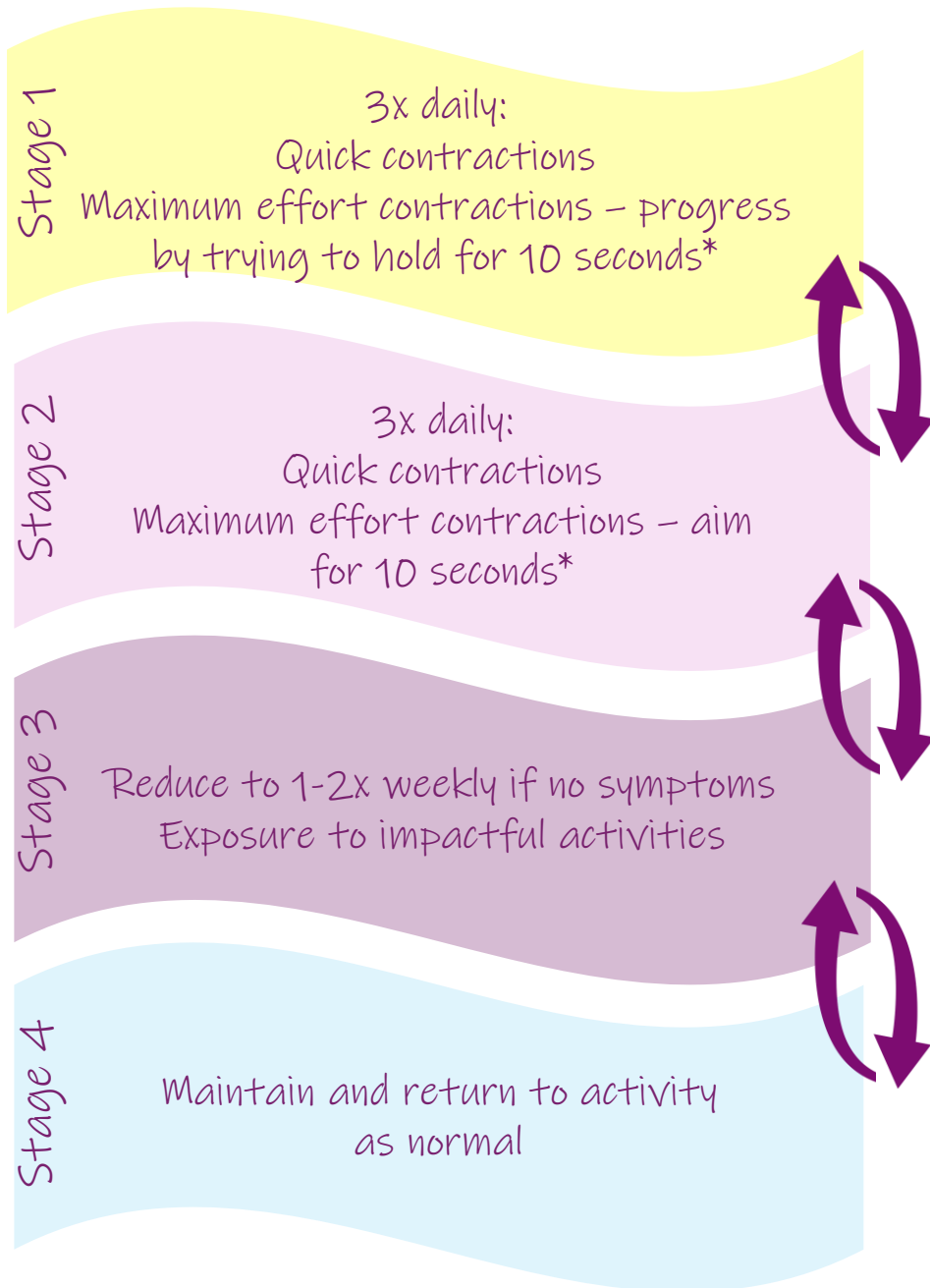
Stage 4

Double leg high hops

Maintain and return to activity
as normal



Pelvic floor



You should engage with pelvic floor muscle training during pregnancy and postpartum. These should be done as soon as possible after birth - just wait until the catheter is removed if you had one! Building strength in your pelvic floor may help reduce symptoms of pelvic floor dysfunction and will complement the gradual re-loading of the impact activities.

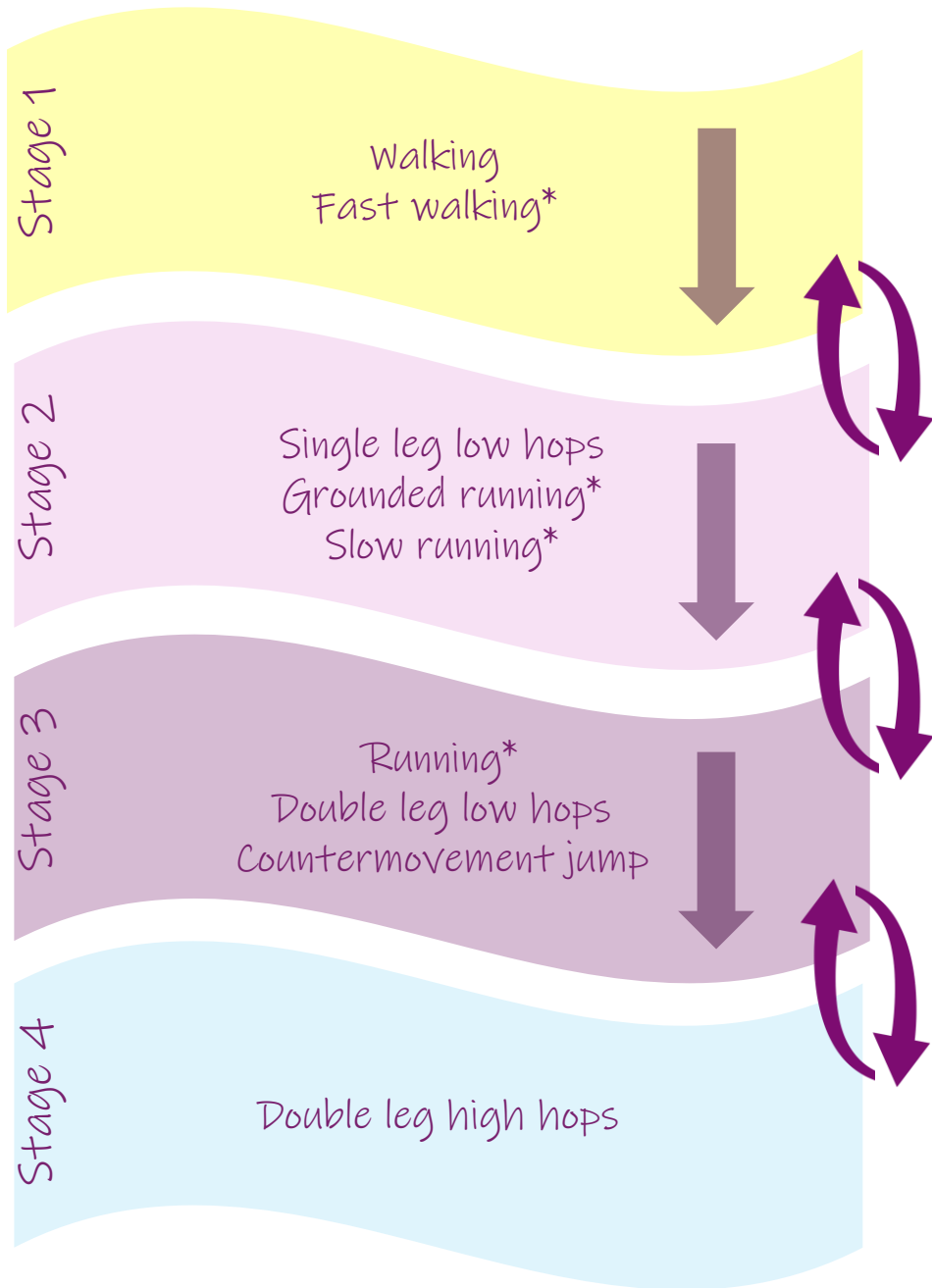
*The 10 second target for maximum contractions remains an ‘aim’ throughout. You will likely be closer to achieving this by the end of stage 2, rather than stage 1. If you are ready to move on in the other areas before achieving 10 seconds, progress unless you experience any symptoms.

It is very important that these are done properly to be effective. Make sure you relax fully between each squeeze. If you cannot contract or relax, or are unsure if you are doing it correctly, speak to a pelvic health physiotherapist (p.7) or your GP. The strength and conditioning exercises (p.12) will help support the surrounding muscles. Further guidance on pelvic floor dysfunction and how to approach the exercises is available, just click or scan the QR codes:



These can be done anywhere, in any position, for example, while feeding your baby or sitting, to fit into your routine. If coughing, sneezing or lifting, try to actively engage your pelvic floor muscles in anticipation of the activity (the knack technique).

Impact activities



These activities get gradually harder in terms of the impact placed on your pelvis. This is to slowly re-expose your pelvic floor to impact activities, building back up to running. It is important to check for any pelvic floor dysfunction symptoms (see p.7) while performing these, regardless of the type of birth you had. However, vaginal births may carry a greater risk, so be mindful of this.

All hopping and jumping activities are to be done on the spot and the number of repetitions should build up gradually, while checking for symptoms. Click or scan the QR code to view videos of some of these exercises for further guidance:



Start with the top activity in each stage and progress downwards. Running on a treadmill puts a greater load on your pelvis than running off the treadmill. Therefore, if you also wish to run on a treadmill, we recommend that this happens after, and not instead of, running off the treadmill.

*These running exercises can be broken up by walking periods (walk-run sessions). Increase the time running compared to walking as you progress. Walking with the buggy may provide a good and accessible progression in stage 1. However, buggy running is not recommended until your baby is 6-9 months old. Beyond this, buggy running can be a good way to get out with your baby. (



Strength and conditioning

Stage 1
Sit to stand, bridge, side lying abduction, twists, half plank, calf raises, lunges, squats, pelvic tilts, knee rolling.
Non-impact endurance (e.g., static bike)

Stage 2
Add weight to previous exercises, adapt to single leg where appropriate.
Continue non-impact endurance alongside re-engagement with running exercises

Stage 3
Increase weight to exercises as necessary.
Return to pre-pregnancy programme

Stage 4

You may have taken a break from physical activity at some point during your pregnancy and early postpartum. It is important to address any de-conditioning all over the body. If you have had a caesarean delivery, ensure you work slowly through the abdominal exercises, listen to your body and allow healing time.

Do **not** swim until scar healing and lochia has finished, usually ~8 weeks. The exercises within each stage can be undertaken at any time during the stage, rather than progressed one at a time. Click or scan the QR code for a video of an example workout class and guidance on some of these exercises:



Many of these exercises can be done at home. Everyday items and things around the house, such as tins, can be used to add weights to exercises. For some exercises, even holding your baby can assist in the exercise progression and make the exercise specific to your demands of everyday life. The selected exercises here target the key muscle groups for running and motherhood. If you'd like a wider selection or increased level of exercises, see a postnatal personal trainer / pelvic health physiotherapist for further guidance.

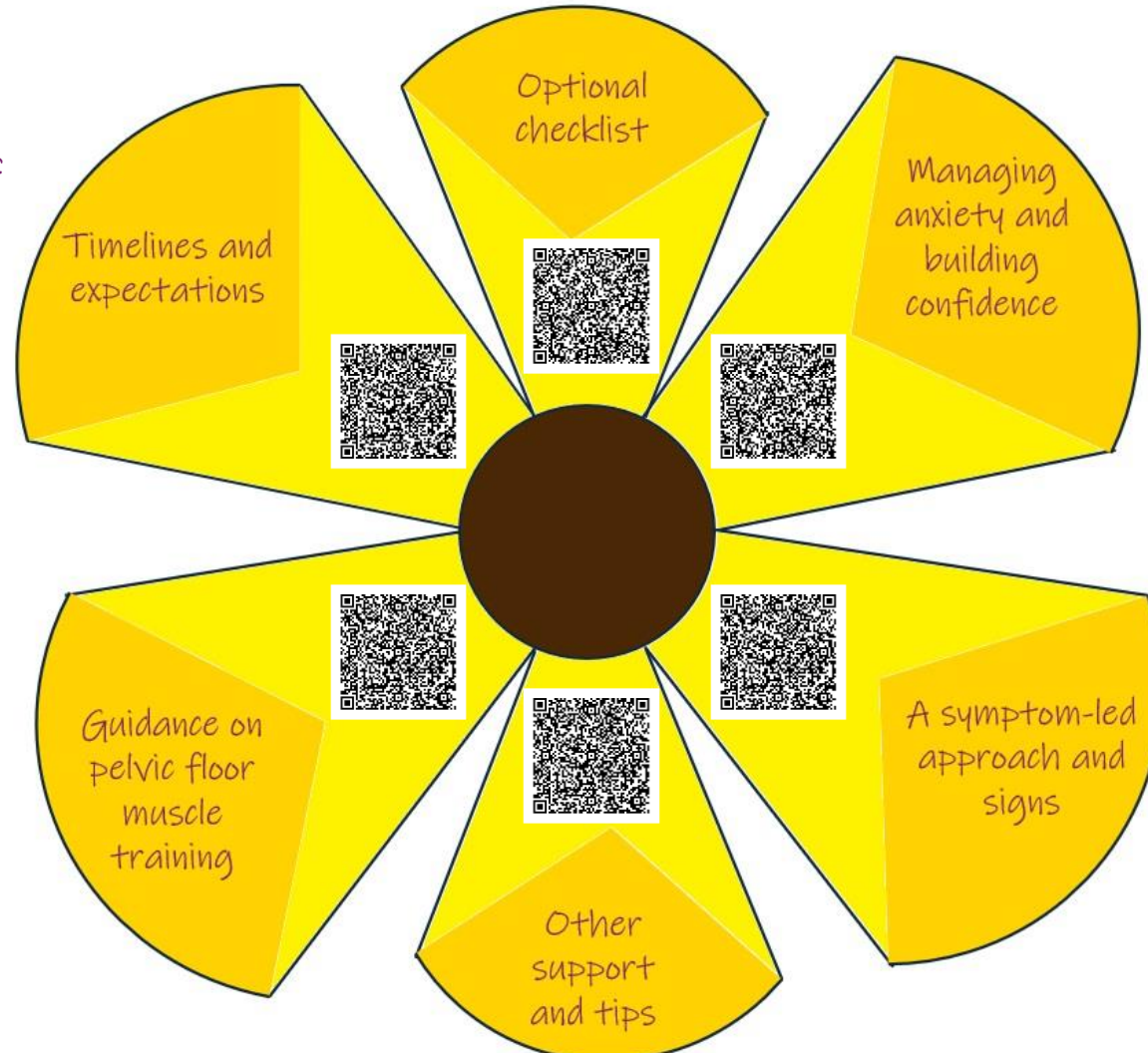
For some extra class videos, click or scan the QR codes here for a Part A, B and C sequence:



OTHER TOPICS AND GUIDANCE

Here are some additional topics to help you. These feature guidance on pelvic floor muscle training cues and apps, prevalence of complications and symptoms you may experience, diastasis rectus abdominis (separated stomach muscles), relative energy deficiency in sport, bone health and breastfeeding, buggy running, running programmes, social suggestions, useful steps, symptom checking and ways to support your mental health. If there is any information you haven't found yet, it could be here. Just click or scan the QR codes on each 'petal' to jump to an information page where you can find out more.

Get to know what is common but not normal and an idea of some timelines so that you don't expect too much of yourself too soon!



You may feel anxious or uncertain about returning to running. This is normal. There are some things that may help combat this like setting goals and celebrating little wins!

Pelvic floor contractions may feel like "stopping the flow of urine mid-flow". See further guidance and find the cue that works for you to make sure you do these properly.

If you cannot see a physiotherapist, try seeing your GP, midwife or self-check for symptoms when performing different exercises. Ensure you look out for signs to stop.

Supporting guidelines:

UK Chief Medical Office Government guidelines (2019):

<https://assets.publishing.service.gov.uk/media/5d839543ed915d52428dc134/uk-chief-medical-officers-physical-activity-guidelines.pdf>



Return to Running Postnatal Guidelines (Goom et al., 2019):

<https://absolute.physio/wp-content/uploads/2019/09/returning-to-running-postnatal-guidelines.pdf>



Academic articles informing this work:

If unable to access any of these, please request access on the website / contact the author.

Physiotherapy Management of Urinary Incontinence in Females (Bø, 2020):

<https://www.sciencedirect.com/science/article/pii/S1836955320300655?via%3Dihub>



Reframing Return-to-Sport Postpartum: the 6 Rs Framework (Donnelly et al., 2021):

https://www.researchgate.net/publication/356576564_Reframing_return-to-sport_postpartum_the_6_Rs_framework



Multidisciplinary, Biopsychosocial Factors Contributing to Return to Running and Running Related Stress Urinary Incontinence in Postpartum Women (Moore et al.,2021):

https://www.researchgate.net/publication/352536435_Multidisciplinary_biopsychosocial_factors_contributing_to_return_to_running_and_running_related_stress_urinary_incontinence_in_postpartum_women



Clinical and Exercise Professional Opinion of Return- to-Running Readiness after Childbirth: an International Delphi Study and Consensus Statement (Christopher et al.,2023):

<https://bjsm.bmj.com/content/bjsports/58/6/299.full.pdf>



Clinical and Exercise Professional Opinion on Designing a Postpartum Return-to-Running Training Programme: an International Delphi Study and Consensus Statement (Deering et al., 2024):

<https://bjsm.bmj.com/content/bjsports/58/4/183.full.pdf>



Running During Pregnancy and Postpartum, Part A: Why Do Women Stop Running During Pregnancy and Not Return to Running in the Postpartum Period? (James et al., 2022):

https://journals.lww.com/jwphpt/fulltext/2022/07000/Running_During_Pregnancy_and_Postpartum,_Part_A_.2.aspx



Running During Pregnancy and Postpartum, Part B: How Does Running-Related Advice and Guidance Received During Pregnancy and Postpartum Affect Women's Running Habits? (Donnelly et al., 2022):

https://journals.lww.com/jwphpt/fulltext/2022/07000/running_during_pregnancy_and_postpartum,_part_b_.3.aspx



Pelvic Obstetric and Gynaecological Physiotherapy (POGP) information and physio finder:

Fit for the Future - Essential Advice and Exercises Following Childbirth:

https://thepogp.co.uk/_userfiles/pages/files/resources/211721pogpfffuture_signed_off.pdf



Pelvic Organ Prolapse:

https://thepogp.co.uk/_userfiles/pages/files/resources/232207pogpprolapse.pdf



Pregnancy Related Pelvic Girdle Pain:

https://thepogp.co.uk/_userfiles/pages/files/resources/23697pogppelvic_girdle_pain.pdf



Exercise and Advice After Pregnancy:

https://thepogp.co.uk/_userfiles/pages/files/resources/pogp_ea_after_pregnancy.pdf



Find a Physiotherapist: <https://thepogp.co.uk/patients/physiotherapists/>



RESOURCES: YOUR PLAN (example for stage 1 in all areas)

Date :

If useful, write down what activities you'd like to do on which days this week to provide some structure. Fit in what you can and use the 150 minutes of moderate physical activity (or 75 minutes vigorous activity) per week as a guideline. It doesn't matter how you break up this 150 minutes, do what works for you - e.g., 5x30 mins, 3x50 mins or a combination of 3x20 mins plus 3x30 mins – or any variation in between!! Try to do exercises across all three areas if possible but **don't feel you need to fill each box every day!!**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Stage:1 Impact activities	20 minutes walking with buggy (during nursery drop off)			30 minutes fast walk to exercise class		20 minutes walking with buggy on family day out	
Stage:1 Pelvic floor	2 mins while brushing teeth x2 2 mins while sat feeding (6 mins total)		2 mins while brushing teeth x2 2 mins while sat feeding (6 mins total)		2 mins while brushing teeth x2 2 mins while sat feeding (6 mins total)		2 mins while brushing teeth x2 2 mins while sat feeding (6 mins total)
Stage:1 Strength and conditioning		20 minutes static bike		30 minutes postnatal core exercise class			

How did this week feel?

How do you feel?

Did you experience any symptoms?

RESOURCES: YOUR PLAN

Date :

If useful, write down what activities you'd like to do on which days this week to provide some structure. Fit in what you can and use the 150 minutes of moderate physical activity (or 75 minutes vigorous activity) per week as a guideline. It doesn't matter how you break up this 150 minutes, do what works for you - e.g., 5x30 mins, 3x50 mins or a combination of 3x20 mins plus 3x30 mins – or any variation in between!! Try to do exercises across all three areas if possible but **don't feel you need to fill each box every day!!**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Stage : Impact activities							
Stage : Pelvic floor							
Stage : Strength and conditioning							
How did this week feel?			How do you feel?			Did you experience any symptoms?	

RESOURCES: YOUR PLAN

Date :

If useful, write down what activities you'd like to do on which days this week to provide some structure. Fit in what you can and use the 150 minutes of moderate physical activity (or 75 minutes vigorous activity) per week as a guideline. It doesn't matter how you break up this 150 minutes, do what works for you - e.g., 5x30 mins, 3x50 mins or a combination of 3x20 mins plus 3x30 mins – or any variation in between!! Try to do exercises across all three areas if possible but **don't feel you need to fill each box every day!!**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Stage : Impact activities							
Stage : Pelvic floor							
Stage : Strength and conditioning							
How did this week feel?			How do you feel?			Did you experience any symptoms?	