



**Regeneration for
Your Body's Center**

YOUR PLAN for the Postpartum

1. POSTNATAL TRAINING – TO BECOME FIT AFTER THE BIRTH

Congratulations on the birth of your child! You have done a great job with pregnancy and childbirth, you can be very happy and proud. MamaWORKOUT now offers you a health-oriented and effective training philosophy to get fit again. If you consistently stick to the MamaWORKOUT concept, you will feel fit and comfortable again! First of all, we ensure optimal regeneration, then we stabilize the middle of the body and then slowly build up full-body fitness.

AFTER BIRTH YOUR BODY IS GOING THROUGH THREE PHASES

1. Regeneration phase = childbed = week 1 - 6

In this phase, the formation of the relationship between mother and child has top priority. The second priority is maternal recovery! During the childbed (puerperium) the body produces hormones for the physical regeneration; muscles and organs contract and move to their original place. Certain behaviors and exercises promote this process, while others hinder it. The present regeneration plan explains what is good for the body and shows regenerative exercises for the pelvic floor, abdomen, and back. Those who stick to the plan, emerge strengthened from the puerperium and are well prepared for the postnatal exercises.

2. Recovery phase = week 7 - 17

Now you start with postnatal exercises. First, you stabilize the middle of the body (pelvic floor, stomach, back), gradually you integrate more and more full-body exercises into the training. The postnatal program - i.e. the recovery phase - extends over at least 10 weeks.

3. Re-entry phase = after week 17

After the recovery phase, the re-entry phase begins, i.e. you can enter step by step into a "normal" sports program. The body does not have the same constitution at this stage as it did before the pregnancy, so some safety rules and training peculiarities need to be considered. The re-entry phase can take up to 2 years.

2. WHAT DOES THIS REGENERATION PLAN GIVE TO YOU?

After birth your body is still far from "the old", the tummy is still very large, the middle of the body feels unstable, the breasts hurt and in addition to exhaustion possibly discomfort in the genital area may apply. The body is out of balance because it has made great changes for your baby and at the end, it has overexerted itself at birth or cesarean section. In order to restore its stability and its old form, the body needs time and the right regeneration measures. If you do something for yourself in the puerperium, you have the optimal conditions, because just now the hormones are focused on restoring the original body condition. This plan helps the body to heal overstretching and injury, helps muscles and organs to return to their original place and work properly, stabilizes and strengthens the body center. If you want to get fit again, use the childbed, the 6 weeks after birth, for your recovery! Take care of your baby and take care of yourself! Take time for this plan. Keep the weekly overview and exercises next to the bed or sofa in order to remind you. Women who follow our plan feel much fitter and better after the postpartum than others.

3. HOW DOES THIS REGENERATION PLAN WORK?

Start as soon as possible after birth (after spontaneous and after cesarean delivery). The sooner you start, the better the plan can take effect. BUT PLEASE NO STRESS! With a newborn, you cannot implement strict plans and intentions. Add the tips and exercises uncomplicated and stress-free in your daily routine of postpartum-life!

After an uncomplicated vaginal birth, you can start right away in the first week. Most mothers make it a little later, which is fine. Start within the first three weeks, the sooner the better for your regeneration. Perform the plan for six weeks from the starting time.

After a caesarian birth or a complicated, exhausting and laborious birth, you have to postpone the starting date a bit, because you will be very exhausted at first. Do the exercises "Venous Gymnastics" and "Breath Relaxation" in the hospital! At home, the plan will promote your recovery; start as soon as you feel physically and mentally ready. Perform the plan for six weeks from the starting time.

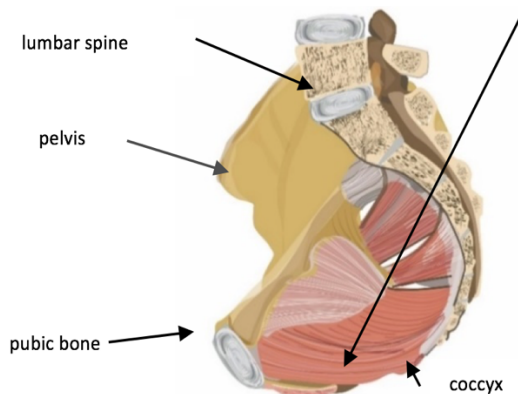
How is the procedure?

1. First, read the chapter "The Body Center After Birth". You need this knowledge in order to understand the plan, to do everything right in the daily routine of childbed, and to carry out the exercises from the weekly overview.
2. Then continue with the chapter "Your regeneration plan". Here you can find action recommendations for your everyday life and a weekly overview with the very gentle exercise program.

4. THE BODY CENTER AFTER BIRTH

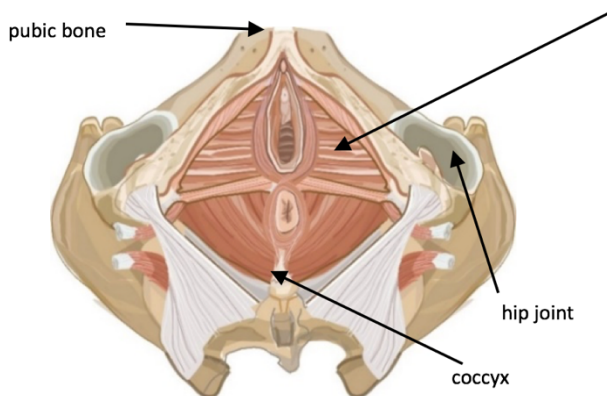
The body center - consisting of pelvic floor, abdominal and back muscles - is over-stretched, weakened and malfunctioning after birth. The MamaWORKOUT regeneration plan brings the body center back into balance. Before you start, you should deal with the muscles of the body center.

PELVIC FLOOR



Pelvic floor muscles from the side:

- From the side, it looks like a "hammock".
- The "hammock" is stretched out between the tailbone (coccyx), the pubic bone, and both sit bones.



Pelvic floor muscles from beneath:

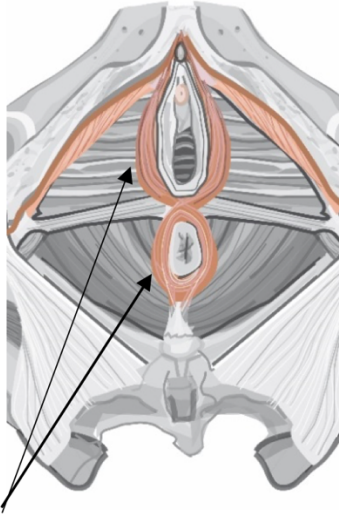
- The pelvic floor muscles form the bottom of the pelvis, closing the trunk downwards.

Tasks = Functions of the Pelvic Floor

- **Carrying and lifting/holding function:** Carries and lifts/holds the organs. Good pelvic floor basic tension ensures proper organ positioning and prevents them from sinking. This is important for good organ functionality.
- **Stabilization Function:** Stabilizes the body center. When the body needs to keep the pelvis calm and stable against external influences, the pelvic floor (along with other muscles) becomes active.
- **Supporting function:** Gives the entire trunk/body support from below. A stable "bottom" supports the posture and spares the spine.
- **Sexual function:** Pulses during intercourse and relaxes after orgasm, also a good basic tension narrows the vagina.
- **Opening and closing:** Closes or opens the body openings as needed (urinary/fecal continence).
- **Trampoline activity:** Reacts by reflex recoil suspension to pressure increases in the chest or abdomen. This means that when jumping, coughing, sneezing or laughing it stabilizes the middle of the body from below and prevents urine and stool leaving.
- **Movement function:** Supports pelvic movements.

One can imagine the pelvic floor structure in "three floors":

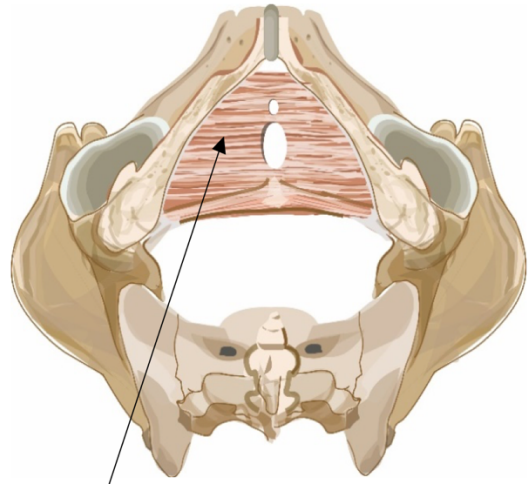
1. Lower floor = closing and erectile muscles
2. Middle floor = middle muscle layer
3. Upper floor = upper muscle layer



- 1. Lower "Floor":** Closing- and Erectile tissue muscles. The sphincter muscles close the body openings outside, from inside they enclose the urethra and the rectum.

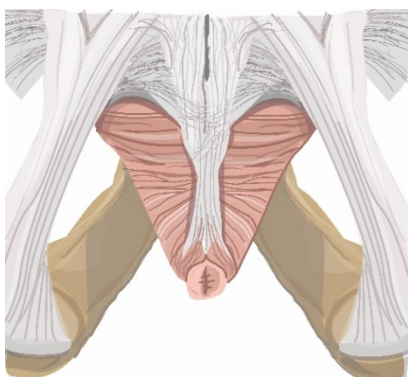
How to activate the lowest muscle layer:

Close the anus and vagina. Imagine closing the urinary output and closing the urethra up to the bladder. Then close the anus and string the rectum. Practice also to tie both openings at the same time.

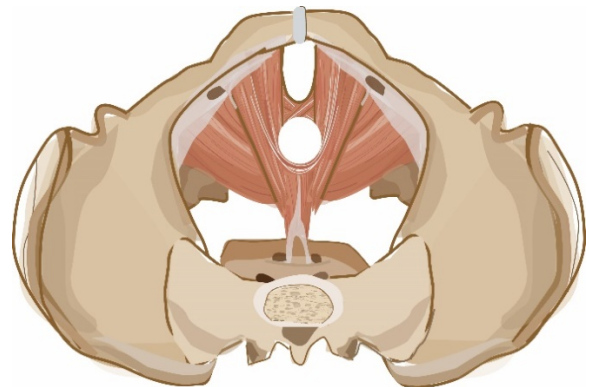


- 2. Middle "floor":** Horizontal muscle layer stretched between the sit bones and the pubic bone.

How to activate the middle muscle layer: tighten the sit bones towards dam center. Imagine both sit bones attract magnetically, it's more the imagination than something really moving. The buttocks muscle stays loose! If the buttocks tighten too much, practice with twisted thighs (make X-legs).



Upper "floor" viewed from the front
(Funnel shape)



Upper "floor" viewed from above
(2 passages for urethra, vagina, and bowel)

3. Upper "Floor":

The funnel-shaped muscle layer is also called "after-lifter".

How to activate the upper muscle layer:

Spread the spine, get big! Stretch the pubis and coccyx towards the midpoint of the dam, then lift the midpoint upwards. It feels like you want to suck up a tampon. You feel the organs lift.

The pelvic floor after birth



Already the pregnancy is a strain on the pelvic floor muscles. Then during the vaginal birth, an extreme stretch develops, and often additional injuries in the genital area occur. During cesarean section, the abdominal muscles cooperating with the pelvic floor are severed. In both cases, the pelvic floor can hardly perform its duties after delivery. Regeneration and careful reconstruction are important to prevent consequential damage. (Pelvic floor problems can show its effect in the postnatal period, but also only in old age.)

During childbed, the hormone status is set to "regeneration". With this plan, we support the body optimally. Afterwards, there will be postnatal gymnastics.



What hinders pelvic floor regeneration after birth:

- Heavy lifting/carrying impedes the completely strained, perhaps even injured pelvic floor from pulling back together and lifting into its original position.
- Strong pressing (for example, when going to the toilet or during intensive strength training).
- Rolling up from the supine position produces intra-abdominal pressure and downward thrust.
- Shakes caused by running or jumping as well as too early or wrong strengthening training for the middle of the body are counterproductive.



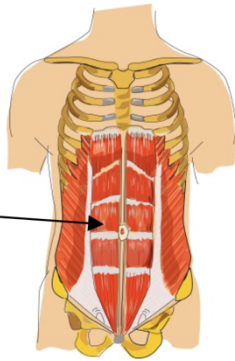
What you can do after birth for your pelvic floor:

- Avoid heavy lifting/carrying, only lift as much weight as your baby weighs.
- Work on a good posture, especially with a baby in your arms! Carry your baby as much as possible in an ergonomic carrying aid instead on the arm.
- Start with the MamaWORKOUT regeneration plan in the early postpartum period, then follow up with a recovery program.

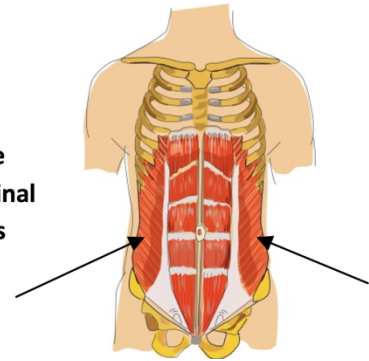
This is how your MUSCLE CORSET works

The muscular corset consists of all the abdominal muscles and the spinal extensor muscle (erector spinae). It has important functions: it moves the trunk and at the same time stabilizes it, it raises the posture and it makes the abdominal press (important for e.g. toilet, exhalation, childbirth).

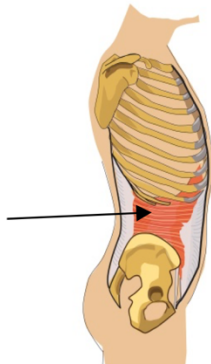
Straight abdominal muscles



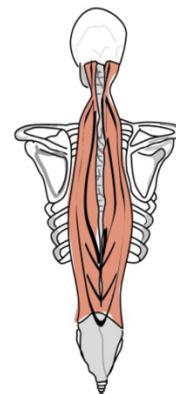
Oblique abdominal muscles



Transverse abdominal muscle



Erector spinae muscle



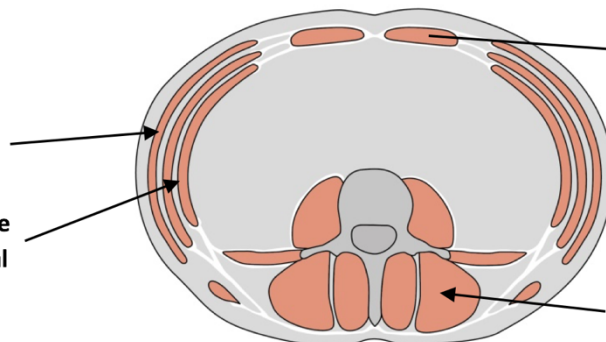
Cross-section through the muscular corset: Like a "corset", the abdominal and back muscles surround the body center, stabilize it and "lace it together".

Oblique abdominal muscles

Transverse abdominal muscle

Straight abdominal muscles

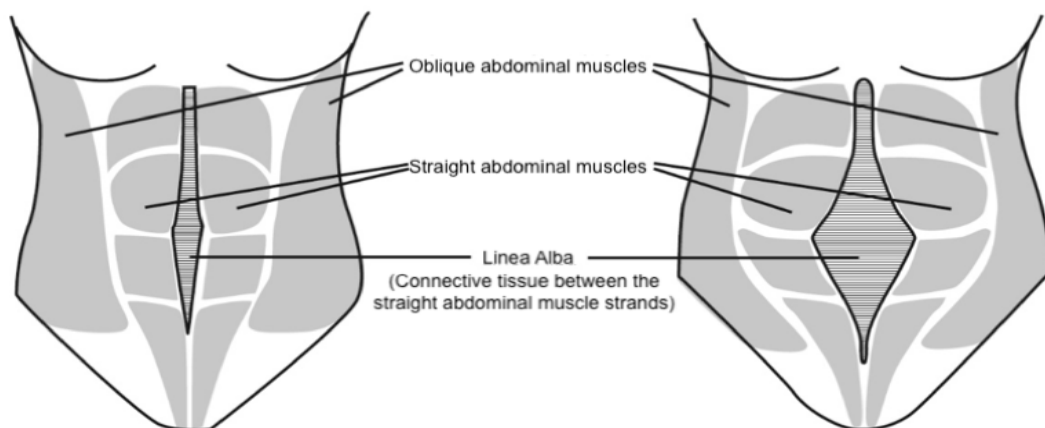
Erector spinae muscle



How to activate the muscular corset: Stand straight and stay upright during the exercise, tense the pelvic floor, place one hand on the stomach, pinch with the other hand into the waist. Now exhale deeply through the lip brake "pfffff ...", until there is hardly any air left in the lungs. You feel the belly in front becoming firmer and flatter. What you automatically tense at maximum exhalation is your muscle corset.

The abdominal muscles after birth

All abdominal muscles had to soften during pregnancy and give way, the straight abdominal muscle suffered most as both his muscle strands had to drift apart, creating an **abdominal muscle cleft (= rectus diastasis)**.



left: rectus diastase at the beginning of pregnancy, right: rectus diastase at the end of pregnancy

After birth, all abdominal muscles are overstretched, they have a bad basic tension, are partially thinned out and work much worse than before. The natural physical regeneration process ensures in the first 6 weeks that the muscles regress. Also, the rectus diastase regresses in the first few weeks, however often not completely.



What prevents the abdominal muscle to rebuild:

- Heavy lifting/carrying.
- Rolling up from the supine position, always straighten yourself over the side.
- Wrong or too early strength training for the abdominal muscles in the first few months.

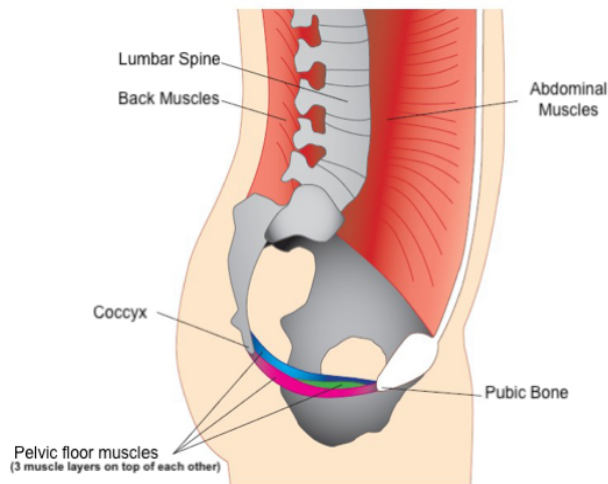


How to promote the rebuilding of abdominal muscles:

- Work on a good posture, especially with your baby in your arms!
- Never carry more weight during the first 6 weeks than your baby weighs.
- Start in the childbed with the MamaWORKOUT regeneration plan, then complete a postnatal exercise program.

This is how the muscle corset and pelvic floor work together

By means of connective tissue, the pelvic floor and the muscular corset are interlinked. On the front of the trunk, the pelvic floor is connected to the abdominal muscles and on the back of the trunk, it is connected to the back muscles. It forms a bridge between the abdomen and the back and gives the trunk support from below.



Pelvic floor and muscle corset are together responsible for moving the trunk and giving it support. Together they set up the posture and stabilize the upper body. When these muscles have good basic tension, work properly, and are in their intended position, this results in a narrow waist and a flat stomach!

In order for the muscular corset and pelvic floor to work together optimally, a balanced correlation of forces of all involved muscles is necessary. After birth, however, all mid-body muscles are out of balance, they are overstretched, have little basic tension, sometimes they are even injured.

Who wants to regain a fit, functional, tight body center, should do the following:

1. Implementation of MamaWORKOUT regeneration plan
2. After the regeneration phase, carry out a rebuilding program

On these pictures you can see the difference between flaccid and active mid-body muscles:



Try this in front of the mirror, in side-view: Stand up without any postural structure, let the pelvic floor consciously loose and let the belly sink forward. Then stand straight and build up your posture, staying fully upright during the exercise. **EXHALING:** Tense the pelvic floor in all layers, then the lower abdomen follows the pelvic floor inwards-upwards. Concentrate the waist with the exhale and tuck the navel inwards-up. When inhaling, let everything loose again.

5. YOUR REGENERATION PLAN

In this chapter, you will first get some safety rules and general recommendations for the regeneration phase. Then you get the weekly overview with the gentle exercise program.

SAFETY RULES for the regeneration phase:

After a birth, the body has to recover. A cesarean delivery is an operation and requires a lot of rest afterwards. If a woman is physically or mentally overworked in childbirth, it can endanger her health. **Symptoms requiring immediate medical attention:**

- The post-birth vaginal discharge (lochia) is getting stronger or is suddenly very red.
- Severe, sudden pain in the area of the scars or in the abdomen.
- Strong, not decreasing back pain or pain in the pelvis.
- Ongoing emotional depression.

In the first weeks there is a risk of blood clots (blockage of the blood vessels), signals are:

- Ringing in the ears, dizziness or fainting.
- Pain in the leg (especially calf).

GENERAL RECOMMENDATIONS for the regeneration phase¹:

- Organize a lot of support from your family and friends so you can take care of your baby and yourself. Even if you feel good, do not burden yourself, but collect strength for the next 18 years of childcare and parenting.
- If you have pain in the area of the perineum or downwards pressure, you should not be standing, sitting upright or walking a lot. Because in the upright position, due to gravity, the pressure of the internal organs on the pelvic floor is highest.
- Most women have no need to do a lot, this is the norm and you should pursue this need for rest. Yet exclusive lying is not recommended. Going around, mini-walks, venous exercises, and basic exercises promote regeneration. Stick to the weekly plan.
- The prone position promotes the rebuilding of muscles and organs: Put yourself every day for 5 minutes on the belly, with a flat pillow under it, while breathing relaxed and flowing into the abdomen.
- Relaxation phases with conscious breathing help with all healing processes. The exercise "Breath Relaxation" (see exercise section) helps organs and muscles to regress.
- Relax while breastfeeding/feeding! Take a comfortable, back-friendly position and breathe as described in the "Breath Relaxation" exercise. Put the phone far away and concentrate on you and your child.
- A balanced, healthy diet and plenty of fluids help recovery and protect against constipation.
- Generally avoid:
 - o intense and shock-loaded movements (for example, races, jumping)
 - o physical stress
 - o heavy lifting and carrying (directive: never carry more weight than the newborn weighs)
 - o strong pressing (e.g., at the toilet)
 - o Rolling up from the supine position (instead, get up over the side)
- Stay in regular contact with your midwife.
- Go to the gynecological follow-up after 6 weeks.

¹ The following recommendations are for women who have had a birth without serious physical or psychological trauma. This plan does NOT replace regular contact with doctors and midwives.

WEEKLY OVERVIEW for the regeneration plan

Requirements/Prerequisites:

- You and your baby are physically and mentally well, there are no health or mental problems.
- You are in regular contact with a follow-up midwife.
- When tensing the pelvic floor you have no severe pain in the genital or in the scar area. A light, well-tolerated pain sensation is normal.
- You can start with week 1 right after birth, but you can also postpone week 1 a little.

Necessary knowledge:

done

Read the chapter "The Body Center After Childbirth"
Read the chapter "Safety rules" and "General recommendations"

Week	Date from... to...	Gentle movement & exercises	done
Week 1		<ul style="list-style-type: none"> - A little walking around in the home or in the hospital. - Otherwise, only little standing, little walking, little sitting upright. - 2-3x daily venous exercises*. - 2-3x daily breath-relaxation*. 	
Week 2		<ul style="list-style-type: none"> - Walking around in the home and (if possible) in the garden. - 2-3x daily venous exercises*. - 2-3x daily breath-relaxation*. - Perform pelvic floor training* 1-2 times a day. As soon as the pelvic floor is palpable and activatable, you can additionally perform the muscle corset training*. 	
Week 3		<ul style="list-style-type: none"> - Walks around the house in the fresh air, 1-2 times a day 15 to 30 minutes. - If you have wound- or scar pain while walking, or if there is pressure/tension/pain in the area of the pelvis, walk for 10 minutes only. - 1-2x daily venous exercises + breath-relaxation*. - Perform basic exercises* for 5-10 minutes daily. 	
Week 4		<p>From the 4th week, you are probably well again physically since the wound healing and regeneration are already advanced.</p> <ul style="list-style-type: none"> - Extended walks, - 1-2 times a day for 30 to 60 minutes. - If you have wound- or scar pain while walking, or if there is pressure/tension/pain in the pelvic area, walk for 20 minutes only. - Perform basic exercises* for 5-10 minutes daily. 	
Week 5 & 6		<p>Now you are physically getting better more and more, still/nevertheless the regeneration plan should be continued to stabilize the regained fitness.</p> <ul style="list-style-type: none"> - Long walks, as long as you and the baby enjoy it. - Perform basic exercises* for 5-10 minutes daily. <p>Ambitious athletes can (if the birth was uncomplicated) start the rehabilitation program from week 5 onwards. In the MamaWORKOUT book, we go into detail about the options for women athletes.</p>	
Week 7		<p>The regeneration phase is over and you can start the recovery program. Anyone who has not done any basic exercises in the regeneration phase should now regularly perform them at home (in parallel to the recovery gymnastics). Women who are less ambitious in sports or who require a longer period of rest due to personal conditions may postpone the start of the postnatal exercises. However, you should not wait longer than 4 months.</p>	

* All exercises can be found on the following pages.

VEIN GYMNASTICS

Venous gymnastics prevents/guard against blood clots



Venous gymnastics in Dorsal Position:

- Lie down, your left leg angled, your right in the air.
- Stretch right foot and pull in (about 10 times).
- With the toes, paint the numbers one to ten in the air, the movement comes from the ankle. Bend right knee and pull it as far as it is comfortable towards upper body, then stretch again (about 10 times).
- Do the same with your left leg.



Venous gymnastics in Step Position:

- Step position, body weight resting on the front leg, the knee is bent, and the entire sole of the foot is on the floor.
- The front knee is in an imaginary line above the toe.
- Both tiptoes look forward.
- The back leg should be stretched as long as possible and in line with the back.
- Slide the heel of the back leg towards the floor until you feel a stretch in the calf. **Stay in this position for 5 seconds**, then lift the heel and lower it again, wait another 15 seconds, then raise the heel again. A total of 5 times, then change your foot.

RESPIRATORY RELAXATION

This breathing exercise trains the natural respiratory mechanics, which automatically integrate the muscles and fascia of the body center, resulting in a gentle, natural activation of the body center. The coordination of the pelvic floor-abdominal-diaphragmatic muscles improves, also the organs are stimulated to return to their original position.

The exercise has a healing effect on injuries and prepares for the basic exercises.



Starting position:

- relaxed position lying down or sitting with supported back
- Spine stretched long, shoulder girdle relaxed
- Jaw relaxed, tongue loosely on the floor of the mouth
- one hand on the lower abdomen and one on the front of the pelvic floor
- INhale through the nose, EXhale through the mouth

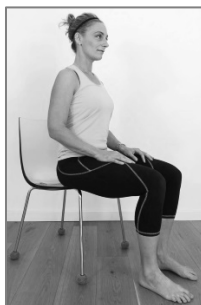
Technique:

- Attention! No deep breaths, just inhale a normal amount of air!
- IN: The breath flows through the chest, through the abdomen to the pelvic floor
- OUT: The breath escapes through the mouth without effort, the belly flattens automatically
- IN: The Breath creates a slow gentle "abdominal wave", first the upper abdomen bulges, then the lower abdomen, at the end the pelvic floor gently expands (Do NOT inflate the abdomen, quite normal breaths).
- OUT: The breath escapes through the mouth without effort, the pelvic floor lifts, the stomach becomes flatter

Perform for 2-5 minutes (the more difficult it is for you, the more minutes you have to practice)!

Pelvic floor training - perceive and activate the pelvic floor

After birth, you need patience and practice to be able to feel the pelvic floor again! It is easiest to tense the pelvic floor while exhaling, so we tense during exhalation.



Starting position:

For the pelvic floor training, sit on a chair, your feet are under your knees, the weight rests on both sit bones, the pelvis is erect, the spine is elongated, the shoulder girdle remains loose. First, you should practice WITHOUT baby, if you are more experienced, the baby can be in your lap.
INhale through the nose, EXhale through the mouth.

- Imagine the pelvic floor underneath your organs, where it is stretched between the pubis, tailbone, and sit bones. You should address and feel the three muscle layers one after the other.
 - Start with the sphincters. This lowest pelvic floor layer encloses the body openings vagina and anus like an eight. Inside, the sphincters continue by surrounding the urethra and the rectum. These pelvic floor muscles are the easiest to feel.
 - OUT: Close the urinary outlet and string the urethra, closing the anus and closing the rectum at the same time. (Attention, do not pinch your buttocks!)
 - IN: Let body openings loose again.
 - Repeat a few times until you feel good about the sphincter muscles.
 - The middle pelvic floor layer connects the two sit bones. Wiggle on the hard chair, then you feel the sit bones. Imagine, you want to pull the sit bones to each other. It does not happen much, it is a "paper-thin" feeling of tension, nothing more. (Attention, do not tense the buttocks!)
 - OUT: Pull the sit bones together, feel a very slight activity in the lower abdomen.
 - IN: The sit bones strive apart, the tension disappears.
 - This layer is the hardest to notice, repeat it several times. If the buttocks tense, turn the thighs inwards (X-legs) because so the butt muscle can not tighten.
 - You activate the top layer of the pelvic floor by stretching and straightening the trunk.
 - OUT: Spread pubis and tailbone to each other, they want to meet at the dam's center. You are pulling this center upwards. One can imagine lifting the organs or sucking a tampon inside. At the same time stretch the spine. Feel the tension in the lower abdomen!
 - IN: The organs sink, the pelvic floor sinks towards the chair.
 - Now all muscle layers together:
OUT: Close both body openings (tighten the urethra and the rectum), stretch both sit bones towards the perineum, tighten the tailbone and the pubic bone and suck up the perineal midpoint "like a tampon", stretch the spine. Feel the tension and the hold in the lower abdomen.
IN: Relax the back (without being rounded), sit bones, tailbone, and pubis drift apart, the organs sink towards the chair, loosen body openings. Feel the middle of the body sink softly, heavily and openly down!
- Repeat the tensing and relaxing of all pelvic floor layers 5 times.**

Muscle Corset Training - Perceive and activate the muscle corset

Tensing the muscle corset is easier than tensing the pelvic floor, also the muscle corset muscles are larger and stronger than the pelvic floor. The muscular corset can overlay the pelvic floor, that is, one tenses intensely the muscle corset and does not notice that the pelvic floor is "sagging down". Therefore, you should always first activate the pelvic floor inwardly and only then the muscle corset. We also couple the activation of the muscle corset to the exhalation.



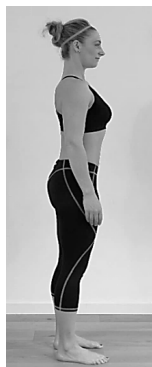
Starting position:

For the muscle corset training bring yourself in a good posture ...

- stand up straight
- Feet under the hip joints, evenly load forefoot and heel and imagine, you want to lift the arch of the foot slightly
- Pelvis in neutral position: pubis and pelvic bones lie in one plane, it automatically forms a mini-hollow cross
- Back erect, sternum lifted
- Shoulder belt hanging loosely like a jacket on the hanger
- one hand on the stomach, one on the waist

- All abdominal, waist and back muscles form the muscle corset, imagine it as an eighteenth-century lace corset.
- Prior to the muscle corset tension, the pelvic floor tension occurs: Close both body openings, pull both sit bones towards the perineum and upwards internally. Imagine, that you raise the organs internally. Do not pinch your butt!
- INhale through the nose, EXhale through the mouth. You notice that when you exhale the abdominal wall is flattened automatically. In order to tighten the muscle corset, we intensify this mechanism. Breathe out through the half-closed mouth "pfffffft", so long until there is no more air in the lungs (just remain standing straight). Do you feel the tension in the stomach and waist? That's your muscle corset.
- Breathe normally, nose IN, mouth OUT.
- OUT: first pelvic floor activation, then muscle corset activation: tuck the navel inward, make yourself taller in the trunk than you are, narrow the two lower ribs to each other.
- IN: Try to maintain some basic tension in the pelvic floor and muscle corset. Stay upright.
- OUT: Again pelvic floor and muscle corset: Tighten the pelvic floor inwards-upwards, then "close the zipper of too tight waist jeans".
- IN: Try not to lose all tension.
- OUT: The belly should become shorter from bottom to top, from right to left it should become narrower and the entire waist should tighten.
- Now take 10 more breaths and whenever you breathe OUT, you tense the pelvic floor and muscle corset.

BASIC EXERCISES - The basic exercises are used to regenerate the pelvic floor and abdominal muscles. Before performing, you need to know how to tense the pelvic floor. For this, read the chapter "Pelvic floor" and practice with the pelvic floor training.



Standing + Pelvic Floor

Starting position:

- Suspenseful, upright position: feet under the hip joints, spanning the arch of the foot like there is a marble underneath, pelvic bone and pubic bone are in one plane, pulling the spine out of the pelvis upwards, positioning the shoulder girdle back- and downwards in a relaxed manner, lifting the sternum slightly.
- Tighten the pelvic floor and drive to the first floor with an internal lift
- INhale through the nose, EXhale through the mouth

Technique:

- OUT: Say with the exhalation 5 times impulsive, strong and loud a fierce "k".
- IN: Your breath flows mainly into the chest, the tension in the middle of the body decreases a bit

5 Repetitions



Dorsal Position + Pelvic Floor

Starting position:

- comfortable supine position, legs set up, your baby can lie on your belly
- Distance shoulder girdle from ears, relax the jaw
- Tailbone and pubis move in the direction of the feet, the vertex moves in the other direction, the spine elongates
- Find a neutral position in the pelvis: pubis and pelvic bone on one level, between the floor and lumbar spine is a little space
- INhale through the nose, EXhale through the mouth

Technique:

- OUT: exhale through the almost closed lips with a long "fffffffff ...", while activating the pelvic floor (close the body openings, activate the sit bones towards the perineum, without tensing the buttocks, "suck a tampon inwards"), during the exhalation also activate the belly button inwards-up until the abdominal wall appears flatter
- **15 Repetitions**



Bench Position + Lower Leg Press

Starting position:

- Stable bench position, your baby can lie on the floor (if this is unpleasant, the exercise can alternatively be performed in the prone position)
- pleasant, medium back position (not sagging, not rounded))
- INhale through the nose, EXhale through the mouth

Technique:

- OUT: Activate the pelvic floor (close the urethra and the rectum and activate them together with the perineum towards inside), then press the shins against the floor until slight tension in the stomach is felt
- IN: Your breath flows mainly into the chest, the tension in the middle of the body decreases
- **15 Repetitions**



Shoulder Bridge + Foot Lift

Starting position:

- Shoulder bridge: knees hip-width, form a line between knees and shoulder girdle, press arm backs slightly into the ground
- INhale through the nose, EXhale through the mouth

Technique:

- OUT: Lift foot a few inches from the floor, keeping the pelvis steady, both hip bones must remain parallel on one level
- IN: Set foot down

Alternate feet, each foot 4 Repetitions

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