

Postnatal Fitness

C-section vs. vaginal delivery

If you have recently given birth and are wondering what exercise plans are best for you there are lots of things to consider, especially the type of delivery – vaginal or caesarean section. When it comes to giving birth the best plans can be turned topsy-turvy. There are varying opinions as to just which of the options for a birthing plan is best. It really is circumstantial, you may not have a choice medically in the end but either way it is important to have a 'flexible' plan. Knowing the physiological affects of either option will help you to determine the plan that is right for you. Grateful for my chosen path of being a male I do not wish to tell you which path is less painful but I can get you to think about the healing processes of each one before you commence exercise.

Prenatally women will benefit greatly from a implementing a healthy approach before conception. A woman who is fit and healthy before conception and during pregnancy will have health and fitness advantages following birth. For now we are looking at the difference in postnatal training between each type of delivery.

There is a lot of coverage on the never-ending debate on the C-section – should it be elective at all? Well that is for another day. While for some it is a medical necessity, Western society would like to see the total c-section births to be 15%. Actual statistics however indicate they can be as high as 30%, suggesting that the desire for women to have a natural birth is on the decline.



What does a delivery do to your body?

A c-section is a relatively straightforward procedure once the incision has been made. While surgery has come a long way it is still invasive and destructive to your abdomen muscles and connective tissue. An incision is made through the abdominal muscles and uterus. After being sutured back up the healing process begins. **Functionally this is your greatest setback because this must heal properly before commencing any significant training.**

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Natural birth entails a much more realistic sensation of labour but for many women the process can be long and painful. At times women will suffer tears or the obstetrician will make a cut in the vagina to aid delivery. The physical exhaustion combined with the trauma of labour will lead to pain and fatigue, if not exhaustion.

While I will not overstep the mark to voice an opinion on which method is best I will say that the point here is that one is natural and one is not. One stimulates the next phase of childbirth and one does not. The body is designed to give birth naturally; it is a process that should be encouraged to be natural.

So you have had a baby and want to get back into shape? One of the most significant factors between the two options is that the postnatal training outcomes are worlds apart. You are more likely to retain your original shape after a natural birth. The abdomen is still intact, it maybe feeling a little soggy but it is still in its original form. The range of exercises and the intensity of which they can be preformed sooner from a natural birth is far greater than that of a post c-section birth.

From a physiological viewpoint they have advantages and disadvantages.

C- section what happens to you?

Although you may not have a choice in the matter but assuming you do, the pro points for a c-section are;

- Simple and pain free (initially because you will have an epidural or spinal block)
- Relatively little to no danger to the infant or mother (the strongest arguing point)
- Minimal complications

C-section con

There is no doubt that the abdomen will develop considerable amounts of scar tissue and it takes time for this to heal.

- Major disruption to the abdomen with permanent scaring
- It takes many weeks to heal and then you have the rehabilitation of the muscle damage.
- If a second c-section is required in a subsequent pregnancy the scar tissue is doubled and so on.

Vaginal delivery pro

Apart from being 'natural' it is the bodies preferred way to deliver your baby.

- No lasting scaring that affects body's functional movements
- The body recognises the process and can start full functional movements almost immediately afterward

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Natural delivery con

There are most definitely risks associated but bare in mind that we are looking at the physiological affects of childbirth. Risk factors are:

- Relatively increased risk to both infant and mother
- Hip damage (sacroiliac displacement)
- Potential for nerve damage in the lower spinal nerve pathways
- Acute scaring in the vaginal/cervix region

Due to the major disruption to the abdomen and the resulting scar tissue c-section recovery is slow. Initially with the healing process taking some weeks, the training can be immediate but extremely simple. Light activation exercises with the use of breath and only for seconds at a time. Having said this once the surgical incision has healed, apart from the aesthetic issue of a scar, the body will eventually become fully functional but the process must be progressive over a much longer period of time.

What else should i consider before starting an exercise program after having my baby?

Throughout pregnancy the chance of the upper rectus abdominis splitting vertically is high. The rehabilitation of this muscle group will be necessary as it is not affected by the surgery. In some cases this muscle split can be sutured, although rare and not necessary. Through continuous training your body will eventually restore the body to its original strength.

So overall all postnatal rehab is greatly enhanced by those mothers who choose to exercise through the entire pregnancy, in particular those who used core/functional strength training as their base for all training. Further to that those women who have exercised regularly before falling pregnant and continued throughout pregnancy (if medically possible) experience even faster returns to pre-pregnancy form. Remember to seek out your own professional advice before embarking on any new or altered exercise program. You should always seek clearance to exercise from your obstetrician.

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