Blueberry Therapy
PELVIC HEALTH AND PEDIATRICS

FREE POSTPARTUM GUIDE

Move Again.

A Postpartum Exercise Guide

Running, lifting, yoga, Pilates, breath, and pelvic floor. The evidence-based way back to your body, built by a pelvic health physiotherapist who treats postpartum people every day.

BLUEBERRY THERAPY

Pelvic Health & Pediatrics | Dundas, Ontario

START HERE

The 6-week clearance is not a finish line.

Your body just did one of the biggest things a body can do. Pregnancy and birth, every kind of birth, change your tissues, your hormones, your nervous system, and the way you carry pressure through your core. None of that resolves on a calendar.

For decades, the standard advice was: rest for six weeks, get cleared at your check-up, then go back to "normal." That advice is outdated. The newest research tells a different story. Exercise during the first year postpartum is not only safe, it delivers some of the largest mental health, pelvic health, and quality-of-life improvements we have data on. The problem isn't moving. It's moving without a plan.

This guide gives you the plan. Six lanes (pelvic floor, breath, walking and running, lifting, yoga, and Pilates) with timing, progression, red flags, and what to look out for. Read straight through, or jump to the lane that matters to you most.

The one thing that runs through all six: your pelvic health is the foundation. If you take one thing from this guide, take that.

What's inside:

01 Pelvic floor: the foundation of every lane
02 Breath: the underrated postpartum tool
03 Walking and running: the real timeline
04 Lifting: stronger, smarter, slower
05 Yoga: nervous system reset
06 Pilates: deep core that pulls it together
+ Phase-by-phase timelines, red flags, and references

LANE 1 OF 6 · PELVIC FLOOR

01

Your pelvic floor is the foundation, not an afterthought.

Pelvic floor muscle training cuts the odds of leaking by 37%

Before you run, lift, flow, or roll out your mat, your pelvic floor is the floor of all of it. Whether you delivered vaginally, via planned C-section, or somewhere in between, pregnancy itself loaded these muscles for nine months. They don't bounce back on a schedule.

Pelvic floor muscle training (PFMT) is the most well-studied postpartum intervention we have. The research is clear: when it's done well, PFMT reduces the odds of urinary incontinence by 37% and lowers the risk of pelvic organ prolapse. It improves stress incontinence specifically, the kind that shows up when you sneeze, cough, run, or lift.

"Just do your Kegels" is the wrong advice for half of you.

Pelvic floors aren't all the same. Some are weak and need strength work. Some are too tight, holding chronic tension that masquerades as weakness, and they need to learn to release. Some are uncoordinated, firing at the wrong time. Doing the wrong exercise for your specific pattern can entrench the problem instead of fix it.

An assessment from a pelvic health physiotherapist tells you which kind of pelvic floor you have right now and what specifically your body needs. It's the difference between guessing and knowing.

What you can do this week:

- Practice gentle pelvic floor contractions paired with breath. Lift on the exhale, and let go fully on the inhale.
- Notice (without judging) moments of bracing or breath-holding through the day.
- Book a pelvic health physio assessment if you haven't yet. No referral needed in Ontario or anywhere in Canada.

> **⚠ Pause and get assessed if:**
> You feel pelvic heaviness, pressure, or "bulging." You're leaking urine or stool with activity. You have ongoing pelvic, low-back, or hip pain. These are signals worth acting on.

LANE 2 OF 6 · BREATH

02

Breath is the most underrated tool you have right now.

Diaphragm + pelvic floor work as one piston

Your diaphragm and your pelvic floor are partners. When you inhale, your diaphragm drops down, your belly softens, and your pelvic floor gently lengthens. When you exhale, both spring back up. They work as one piston.

Postpartum, that piston gets out of sync. Sleep deprivation, stress, holding your breath while you brace through a feed, lifting a car seat with a clenched jaw. All of it teaches your body to hold tension and grip through the abdomen. Over time, that pattern shows up as leaking, pelvic heaviness, low back pain, or "my core just won't turn on."

Why breath comes before strength.

If you start adding load (running, lifting, even a Pilates class) before your breath and pelvic floor are coordinated, you're loading a system that isn't ready. The same is true for nervous system recovery. Breath is what tells your body it's safe to rest, digest, and heal.

Breathwork also activates your vagus nerve, the main driver of your parasympathetic ("rest and digest") nervous system. This is the counterweight to the sympathetic ("fight or flight") activation that runs the show through pregnancy, birth, and the early months of motherhood.

A 5-minute daily practice:

- Lie on your back, knees bent, one hand on your belly, one on your chest.
- Inhale slowly through your nose for 4 counts. Feel your belly rise while your chest stays quiet.
- Exhale through pursed lips for 6 counts. Feel your pelvic floor and belly draw up gently.
- Repeat for 5 minutes. Most days.

Why this matters before any of the next 4 lanes:

Walking, running, lifting, yoga, and Pilates all rely on this breath-pelvic-floor coordination. Five minutes a day rebuilds the connection that pregnancy and birth disrupted. Build the foundation here and the rest gets dramatically easier.

LANE 3 OF 6 · WALKING & RUNNING

03

Your body sets the timeline.

Individualised, gradual, symptom-based progression

For years, postpartum runners were told "wait six weeks" or "wait three months" before lacing up. The 2025 Canadian Guideline (Davenport et al.) deliberately moved past those rigid calendar rules. The new recommendation is straightforward: **individualised, gradual, symptom-based progression.** No fixed date.

For some people, a return to easy running is appropriate within weeks. For others, it takes months. Both can be correct. The difference is what each body is signalling.

The four signals that matter:

- **Incisions and perineal tears have healed sufficiently.** A C-section scar and a third-degree tear heal on different schedules. Your body, not the calendar, decides.
- **Lochia (post-birth bleeding) doesn't increase with activity.** If you walk and bleeding picks up, your body is asking you to back off.
- **No symptoms during light activity.** No leaking, no pelvic heaviness, no pain.
- **Your pelvic floor is responding well to gradual load.** Walking, then longer walking, then impact readiness, then walk-jog, then easy running.

If all four signals are green, your progression continues. If one isn't, that's useful information. Back off, address it, and try again.

> **⚠ Red flags during return to running:**
> Leaking, pelvic heaviness or pressure, pelvic or low-back pain that shows up with running, or any return of post-birth bleeding (lochia) with exertion. These mean back off and get assessed, and none of them mean you're done running.

Readiness markers and a typical progression.

Readiness markers from the 2024 Donnelly Delphi consensus:

When you and a pelvic health physiotherapist are evaluating readiness for higher-impact running, the milestones to look for include:

- Pelvic floor strength, endurance, and coordination under load
- No urinary or fecal leaking with daily activity
- No prolapse symptoms (heaviness, dragging, "falling out" feeling)
- Lumbopelvic and lower-extremity strength
- Walking 30+ minutes pain-free without symptom flare
- Tolerance for low-impact loading (single-leg balance, hopping, jogging on the spot)

A pelvic health physiotherapist can run through these in a single assessment. That's a much more useful "green light" than any number on a calendar.

A typical progression (your timeline may differ):

Phase	Focus	What you're listening for
Early	Walking (gentle and progressive), PFMT, breath, mobility	Lochia not increasing, healing on track
Building	Longer walks, impact readiness, strength	30+ min pain-free with no symptoms
Reintroduction	Walk-jog intervals, then easy continuous running	Symptoms remain absent under load
Return to goals	Progressive volume and intensity	Symptom-free as load increases

LANE 4 OF 6 · LIFTING & STRENGTH

04

Your postpartum body wants to be strong.

2 strength sessions per week is the new postpartum recommendation

Strength training is one of the most protective things you can do for your pelvic floor, your back, your bone density, and your mental health postpartum. The 2025 Canadian guideline now recommends two muscle-strengthening sessions per week as part of the postpartum movement baseline.

Research suggests that intra-abdominal pressure during lifting alone isn't the determinant of pelvic floor outcomes. **How** you lift (your breath, your bracing, your coordination, your symptom response) matters more than **how much.** Unmanaged pressure causes the problems.

Two skills to learn before you load:

- **The Knack.** A gentle, anticipatory pelvic floor lift just before you lift. Pre-engage without gripping.
- **Exhale on effort.** Inhale to set up, then exhale through the hardest part of the lift. No held-breath bracing in the early phases.

The four phases of postpartum strength:

Phase	Timing	Focus	Load
Early Rehab	0–6 weeks	PFMT, deep core activation, gentle bodyweight	Bodyweight only
Foundation	6–12 weeks	Squat, hinge, push, pull patterns, breath under load	Light, symptom-guided
Progressive	3–6 months	Compound lifts, building resistance	Moderate, with a physio check-in
Return to Goals	6–12 months	Previous training intensity, barbell work, Olympic lifts if applicable	Symptom-free throughout

⚠ Red flags during strength training:

Leaking during or after sets. Pelvic heaviness or dragging after a session. Pelvic or low-back pain with specific movements. Any of these mean modify the load, modify the breath, and book an assessment. Think of it as a tune-up, and keep going once things settle.

LANE 5 OF 6 · YOGA

05

Quiet medicine for a loud nervous system.

Postpartum yoga: lower depression, anxiety, and cortisol

Your nervous system is doing a lot. Newborn cries activate ancient stress wiring. Sleep loss bumps your baseline cortisol up. Hypervigilance becomes a default that doesn't switch off when the baby finally does. This is biology, and it's exactly what postpartum yoga is good at addressing.

Across multiple small randomized trials, postpartum yoga has been associated with measurable improvements in depressive symptoms, anxiety, post-traumatic growth, and quality of life. It's one of the few mind-body interventions with consistent positive evidence in this population.

The mechanism is well documented.

Yoga modulates your hypothalamic-pituitary-adrenal (HPA) axis, the system that controls your body's stress response. Studies show lower salivary cortisol after regular yoga practice. Yoga has also been linked to enhanced oxytocin in some samples (relevant to bonding and mood) and to stronger parasympathetic nervous system activation. That's the "rest and digest" mode that lets your body heal.

What kind of yoga, when:

- **0–6 weeks:** restorative shapes, supported breathing, gentle mobility. Nothing dynamic yet.
- **6–12 weeks:** gentle Hatha, breath-led flow, postnatal-specific classes. Avoid deep abdominal work and inversions.
- **3+ months:** moderate flow, gradual reintegration of stronger poses. Continue avoiding heavy abdominal compression.
- **6+ months:** most people can return to their preferred yoga style with appropriate modifications.

The 10-minute rule:

Ten minutes of breath-led, gentle yoga most days does more for your nervous system recovery than a 60-minute power class once a month. Consistency beats intensity here. Especially in the early months.

LANE 6 OF 6 · PILATES

06

The deep core work that pulls it all together.

Pilates improves diastasis recti outcomes postpartum

Pilates and pelvic floor rehabilitation speak the same language. Both target the deep stabilizers: your transverse abdominis, your pelvic floor, your multifidus, and your diaphragm. This "inner unit" is what holds everything together while the outer muscles do the heavy lifting in the rest of your day.

For postpartum bodies, Pilates is one of the best bridges between early rehab and getting back to your regular workouts. It teaches your body to load again with control. It addresses diastasis recti directly. It rebuilds the connection between breath and movement that pregnancy disrupted.

Choose your class carefully.

A regular reformer class at week 8 (fast cues, advanced sequences, no postpartum modifications) can add load before your inner unit is ready. A class explicitly labelled "postnatal" or one-on-one with a postpartum-trained instructor is worth more than three drop-ins at a regular studio.

What to look for in a postpartum-friendly class:

- Cued breathing throughout (exhale on effort, inhale on lengthening)
- Diastasis-aware progressions (no early planks, sit-ups, crunches, or roll-ups in the first 12 weeks)
- Pelvic-floor-friendly cues (no held breath, no maximal bracing)
- Instructor checks in with how you're feeling, not just what you're doing

When to start:

Most people can begin gentle, postnatal-specific Pilates around 6 weeks postpartum, after a pelvic floor physio assessment. Reformer-based work and stronger progressions usually fit best from 3 months onwards, depending on your symptoms and goals.

⚠ Modify or pause if:

You see "doming" or "coning" through your midline during exercises, you're holding your breath, or you feel pelvic pressure or heaviness during or after class. None of these are dealbreakers. Treat them as feedback.

THE COMMON THREAD

A pelvic health physio is your green light.

Across all six lanes (pelvic floor, breath, walking and running, lifting, yoga, and Pilates) the same recommendation keeps appearing in every guideline: **get assessed by a pelvic health physiotherapist before you ramp up.** An assessment tells you what your specific body needs, whether or not anything is wrong.

A pelvic health physio assessment at Blueberry Therapy looks like this:

- **A full hour.** Long enough to do this properly.
- **A detailed history.** Pregnancy, birth, recovery, current symptoms, your goals.
- **A physical assessment.** Internal and external, with full informed consent at every step. You're in control the whole time.
- **A clear plan.** What we found, what it means, what to do this week, this month, and over the next 6 months.

In Ontario and across Canada, you can self-refer. No GP visit, no referral. Most extended health insurance covers pelvic floor physiotherapy under regular physio benefits. We see clients in person in Dundas, Ontario, and virtually anywhere in Canada.

When to book:

Ideally 6–8 weeks postpartum, before you ramp activity. Also book if: you're 3 months out and thinking about returning to running. You've had any leaking, pressure, or pain. You feel like "my core just doesn't work anymore." Or you simply want a green light before adding load.

EVIDENCE & REFERENCES

The research behind this guide.

This guide isn't opinion. Every recommendation is grounded in current peer-reviewed research, international clinical consensus, and 25+ years of pelvic health physiotherapy practice. The most important sources:

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2. Woodley SJ, et al. *Impact of postpartum exercise on pelvic floor disorders and diastasis recti abdominis: a systematic review and meta-analysis.* Br J Sports Med. 2025 (published online). PMC12013572. PMID: 39694630.

3. Donnelly GM, Brockwell E, Goom T, et al. *Clinical and exercise professional opinion of return-to-running criteria and considerations postpartum: an international Delphi study.* Br J Sports Med. 2024;58(6):299. doi:10.1136/bjsports-2023-107002.

4. Goom T, Donnelly G, Brockwell E. *Returning to running postnatal: guidelines for medical, health and fitness professionals managing this population.* 2019.

5. Munns L, Spark N, Crossland A, Preston C. *The effects of yoga-based interventions on postnatal mental health and well-being: A systematic review.* Heliyon. 2024;10(3):e25455. PMC10845905.

6. Buttner MM, Brock RL, O'Hara MW, Stuart S. *Efficacy of yoga for depressed postpartum women: A randomised controlled trial.* Complement Ther Clin Pract. 2015;21(2):94–100.

7. Unver S, Timur Tashan S. *Effect of yoga on posttraumatic growth and quality of life in first-time mothers: A randomised controlled trial.* Eur J Integr Med. 2021.

8. *Do measures of muscular fitness modify the effect of intra-abdominal pressure on pelvic floor support one year postpartum?* Int Urogynecol J. 2021. PMC7793631.

9. Chen PJ, et al. *Effects of prenatal yoga on women's stress and cortisol levels.* 2017 (referenced via Munns et al. 2024).

This guide is educational, not a substitute for personalized clinical assessment. If you have postpartum symptoms or specific health concerns, book an appointment with a pelvic health physiotherapist or your healthcare provider.

Blueberry Therapy
PELVIC HEALTH AND PEDIATRICS

You've got this. You just need a plan.

Three ways to keep going from here. Pick the one that fits where you are right now.

📋 BOOK A PELVIC HEALTH ASSESSMENT

In person in Dundas, Ontario, or virtually anywhere in Canada. New clients welcome. No referral needed.
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🎧 LISTEN TO THE HOLE SHEBANG PODCAST

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