Moira Merrithew, together with President and CEO of STOTT PILATES Lindsay G. Merrithew, and a team of physical therapists, sports medicine and fitness professionals, has spent over two decades refining the STOTT PILATES method to ensure it’s aligned with current scientific and biomechanical research. This clear and detailed approach forms the basis for STOTT PILATES training and certification programs.

modifying for Prenatal Exercise

BY MOIRA MERRITHEW

Women’s bodies go through tremendous change during pregnancy. Moira Merrithew, co-founder of STOTT PILATES® offers ways to modify exercises for your pregnant clients.

Pilates is ideal for prenatal women because it emphasizes core stability, and also joint stability, reducing stress and strengthening the entire body from the inside out. Engagement of the pelvic floor muscles is encouraged to aid in activating the deep stabilizing muscles of the lombo-pelvic area (lower back).

Recruitment of the pelvic floor will also help address and prevent incontinence – affecting an estimated 64% of women – while strengthening the lower back can help reduce the common occurrence of low back pain, a major complaint during and after pregnancy.

It is essential to adapt Pilates exercises for each individual as well as for the various stages of pregnancy. The first trimester is considered zero to 12 weeks; second trimester 13-26 weeks; and third trimester 27-40 weeks.

These modifications can be helpful starting in the second trimester when the greatest physiological changes occur, including pelvic mobility and lack of stability. According to the American College of Obstetricians and Gynecologists (ACOG) guidelines, it is important to avoid exercising in a supine position (lying on back) beyond the 20th week.

Circulatory and hormonal changes can cause ligament laxity, which can result in joint instability and lower back pain. Weight gain and decreased coordination can also occur.

Prenatal modifications:

- **SINGLE LEG STRETCH supported on ELBOWS**
  Many exercises that are normally performed supine can now be adjusted to a supine-incline position leaning back on the elbows. This position is ideal to decrease compression on the inferior vena cava.

- **SIDE-LYING on the PILATES EDGE™**
  If the baby is positioned higher under the rib cage contributing to heartburn and shortness of breath avoid positions of increased pressure into the rib cage. Keep transitions between exercises slow and frequent and use props to support the body. The Pilates Edge is a great place to perform exercises like the Side Kicks or Side Leg Lift for hip mobility and stability.

- **THE STABILITY CHAIR™**
  The Stability Chair is a wonderful piece of Pilates equipment, providing a full-body workout while avoiding the supine position. The sheath of connective tissue joining the two sides of the abdominal musculature called the “ linea alba”, can separate due to increased internal pressure against the abdominal wall resulting in a diastasis recti. Typically the separation will occur later in pregnancy but can actually occur from the 12th week onwards. Some contraindicated movements may be active flexion, extreme extension and rotation.

- **THE SPINE SUPPORTER™**
  Hormonal changes contribute to joint laxity, which can result in destabilization or injury of the joints. Ligaments of the lower back and sacral area are most often affected by the primary hormone of pregnancy, Relaxin. The Spine Supporter offers extra support for the spine while working the abdominal muscles to maintain stability.

- **SIDE BEND on the STABILITY BALL**
  Due to normal weight gain, increased size of the womb and an increase in breast size, a woman’s center of gravity shifts affecting balance. These changes also affect posture, possibly resulting in an increased lumbar lordosis and increased thoracic kyphosis. Exercises can be modified with the Stability Ball to work on balance, mobility and stability.

- **FOUR POINT KNEELING**
  Four-point kneeling can relieve pressure of the womb on the lower back and pelvis. This position can assist with activation of the deep muscles of the lombo-pelvic region and stabilize the spine in neutral while strengthening the stabilizers of the shoulder girdle and maintaining mobility in that area.

- **BY MOIRA MERRITHEW**

- **SINGLE LEG STRETCH supported on ELBOWS**

- **SIDE-LYING on the PILATES EDGE™**

- **THE STABILITY CHAIR™**

- **THE SPINE SUPPORTER™**

- **SIDE BEND on the STABILITY BALL**

- **FOUR POINT KNEELING**

- **THE STABILITY CHAIR™**

- **THE SPINE SUPPORTER™**

- **SIDE BEND on the STABILITY BALL**

- **FOUR POINT KNEELING**