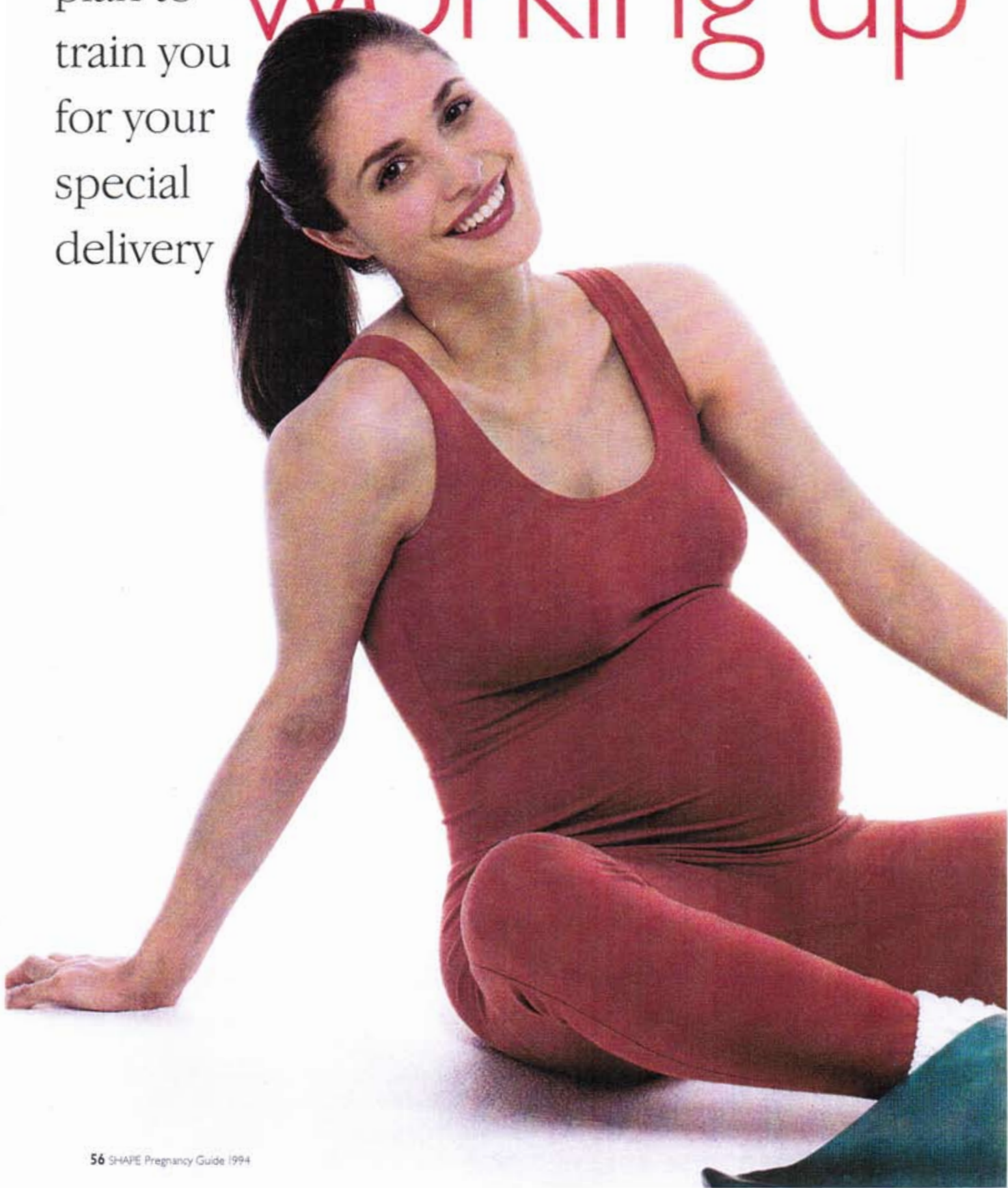


An exercise  
plan to  
train you  
for your  
special  
delivery

# working up



# to the big day

by Lisa Peters O'Brien

**I**n the labor and delivery scenario of every expectant woman's dreams, Valerie Ravetz, M.D., gave birth to her first child, Samuel, after a reasonable eight hours of labor. In fact, everything about Ravetz's pregnancy went well. "I felt great and was comfortable with my body throughout my pregnancy," Ravetz says. "I had lots of energy right up to the end."

Why was it so uncomplicated? Even though Ravetz, a family practitioner, has delivered babies herself, she doesn't chalk up her easy childbirth to medical know-how. "Being a doctor didn't help [prepare me for childbirth] at all," she says. "But exercise did. It gave me stamina and enabled me to be in touch with my body and understand what was happening to it."

Talk to women who have exercised during their pregnancies, and most will claim it made their pregnancies, labors and deliveries more comfortable. Pregnant and postpartum women credit cardiovascular fitness for boosting their energy and self-esteem, as well as preparing them for the grind of labor. Many believe it enabled them to get back to their pre-pregnancy shapes faster. They claim weight-training and flexibility work helped with the stresses of carrying a child (such as relieving low back pain), labor, delivery and motherhood (being stronger may alleviate the upper-body strain that comes from feeding and lifting). Some women even swear their deliveries were faster, easier and "on time" because they exercised.

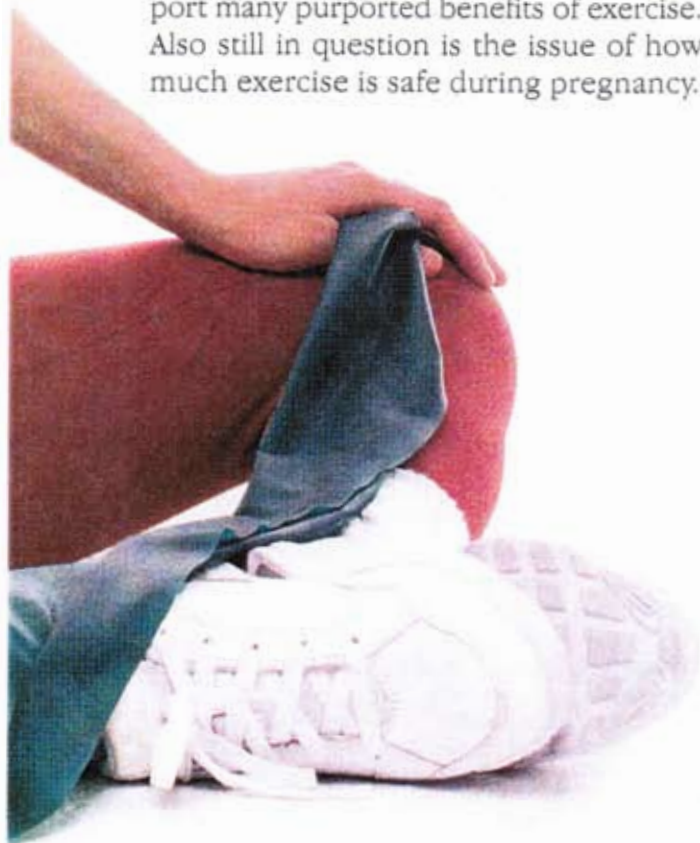
Speak to scientists and experts in the medical field, though, and you'll find no such consensus. While many agree that moderate exercise is advantageous for most pregnant women, scientific evidence doesn't yet support many purported benefits of exercise. Also still in question is the issue of how much exercise is safe during pregnancy.

## Expert Testimony

The problem in coming up with concrete clinical evidence about exercise during pregnancy is that in the exactitude of science, women during pregnancy are anomalies and are difficult to study. For instance, when determining how much training a pregnant woman can undergo, scientists ethically cannot put an expectant mother on a treadmill and have her push herself to the extreme. Because of this, says James Clapp, M.D., director of research of the Department of Obstetrics and Gynecology at MetroHealth Medical Center in Cleveland, Ohio, "Nobody really knows how much is too much."

When it comes to other concerns, such as the effects of exercise on labor or on birth weight and the general health of the child, too many variables come into play that ultimately flaw the studies. No two pregnancies are alike, and complications that arise during pregnancies, or the pregnant subjects' varying wellness and fatigue levels, can easily skew the data. As a result, most research is compiled from case studies, animal studies, or on such a small sampling of women that the results are useless.

Theoretically, two physiological adaptations are thought to occur during exercise that concern scientists when they study pregnant women: an abnormally high increase in core body temperature (hyperthermia) and a diversion of blood away from the uterus toward the working muscles. Based on animal studies, some scientists believe that if the uterus heats up from prolonged or intensive exercise by the mother, birth defects and premature labor could result. Likewise, they believe a reduction of blood to the uterus could rob baby of needed oxygen, glucose and nutrients, with similar conjectured results.

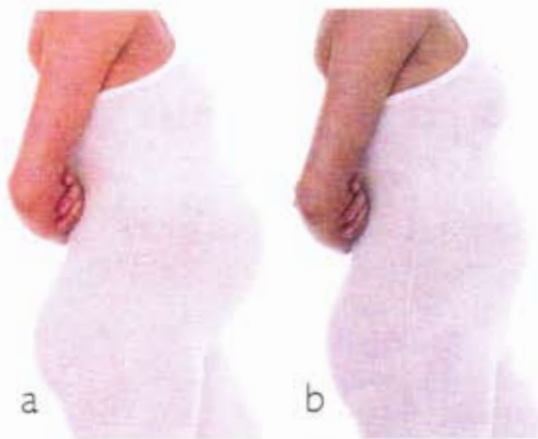


However, Clapp's ongoing research has shown that the marvelous pregnant body has built-in mechanisms to prevent either from happening. Clapp, who is also a professor of reproductive biology at Case Western Reserve University, says that the body's ability to dissipate heat is improved both by training and by pregnancy. The more you train, the more efficiently you sweat (to a certain point). That, along with the pregnant body's increased blood volume, which acts as an internal cooling system, combine in a way that may actually be protective of the fetus. Similarly, since both exercise and pregnancy cause increases in blood volume, the "overexpansion" of blood stores probably helps to maintain blood flow to the fetus.

Clapp's studies have also shown that women who exercised while pregnant gained less weight and had shorter

labors, with fewer complications and obstetric interventions (such as forceps deliveries and cesarean sections).

Other researchers aren't quite so positive about how exercise helps during pregnancy, however. Michelle Mottola, Ph.D., associate professor of anatomy and kinesiology and director of the Exercise *(continued on page 60)*



### Belly Breathe

For all exercises, start and end with a belly breath: Inhale through your nose and expand your abdomen. [A] Think of your belly button coming forward as you inhale. Then exhale through your mouth and bring your belly button back to the spine in five "elevator" stages (the fifth floor is when you reach your spine). [B] You should feel like your abdominal muscles are compressing inward. Count aloud while exhaling so that you don't hold your breath. While doing each repetition of an exercise, exhale and inhale naturally, holding your abdominals at the fifth floor position as you breathe.

This type of breathing is invaluable for labor preparation and strengthening your abdominals. Make sure to read "The Abdominals Ensemble" on page 120 before you begin.

### Workout Schedule

The following program of strengthening exercises, designed by Julie Tupler (pictured with model Eugenia) should be done in the order shown, three or four times a week. Tupler suggests that your exercise program should also include regular stretching (see page 40), squatting exercises (see page 80) and Kegels (see postpartum exercises, page 106). (For her basic introductory program, send a self-addressed, stamped envelope to Maternal Fitness, 4 Park Ave., Suite 18J, New York, NY 10016.)

To start, you should do 4 sets of 10 to 12 repetitions of each exercise (except for exercises 9 and 10), with a 30- to 45-second rest period in between sets. For the dumbbell exercise, choose a weight light enough that you can complete all reps with good form. To progress, add a pound or two of weights—but don't use more than 10 pounds total.

For the exercises using a resistance band, increase the number of reps to 15 per set in order to progress. You can also choke up on the band. Use slow, controlled movements, and don't bend your wrists.

### Trimester by Trimester

As your body constantly changes to accommodate your expanding belly, you'll need to monitor your exercise schedule to help, not hinder, the process. Remember, while there are a few absolutes you can count on—such as loose joints from the hormone relaxin and a change in your center of gravity—all bodies react differently to the stresses of pregnancy. Since we can't give you a foolproof list of dos and don'ts for each trimester, listen to your body and exercise accordingly.

To guide you, here are some suggestions from Michelle Mottola, Ph.D., director of the Exercise and Pregnancy Lab at the University of Western Ontario, Canada:

#### First Trimester

- Don't tax yourself. In addition to nausea many women experience headaches, dizziness and fatigue in the first trimester. If you don't feel well or tire easily, exercise at a decreased level.
- Watch your body heat, since the fetus is especially fragile during this stage of development. Drink plenty of fluids and, if in doubt, take your temperature.
- If you weren't exercising before becoming pregnant, Mottola suggests that you might want to wait a trimester before you start, and start slowly. "Your body is adjusting to the stress of pregnancy."

#### Second Trimester

- If you've been exercising, you can increase your intensity slightly to get a training response. Usually women feel at their

best now. If you took your first tri off, start at a low intensity, monitoring your heart rate to determine if you're working in the 140–150 beats-per-minute range.

- If you are doing any activity that requires quick changes of direction or jerky movements (like high-impact or step aerobics, or racquet sports), monitor your weight gain and its effect on your balance. Consider switching to swimming, or activities that support body-weight, such as cycling.

- Avoid any activity that could result in serious falls: downhill skiing, horseback riding, rock climbing, water skiing, skating. Experts also warn against exercise that requires lying on your back for a long time, because it can decrease cardiac output.

- If you've never exercised and you're just starting, determine from your doc-

tor that yours is a healthy pregnancy. Then begin with walking or low-impact aerobics, eventually working in activities such as bicycling or swimming if you'd like to do more.

#### Third Trimester

- "Now is definitely the time to toss that 'no pain, no gain' mentality," says Mottola. Your ability to train intensely is going to decrease in the final months, regardless of your training level. Aside from the increasing weight, attendant clumsiness and shortness of breath, you may be fatigued if baby is keeping you up at night.

- Postural correctness is as important as cardiovascular work and strengthening. Be careful not to let your body contort to compensate for the extra weight, or you'll end up with backaches and other pains.

### 1. Military Press

(strengthens middle shoulders, upper back and triceps)

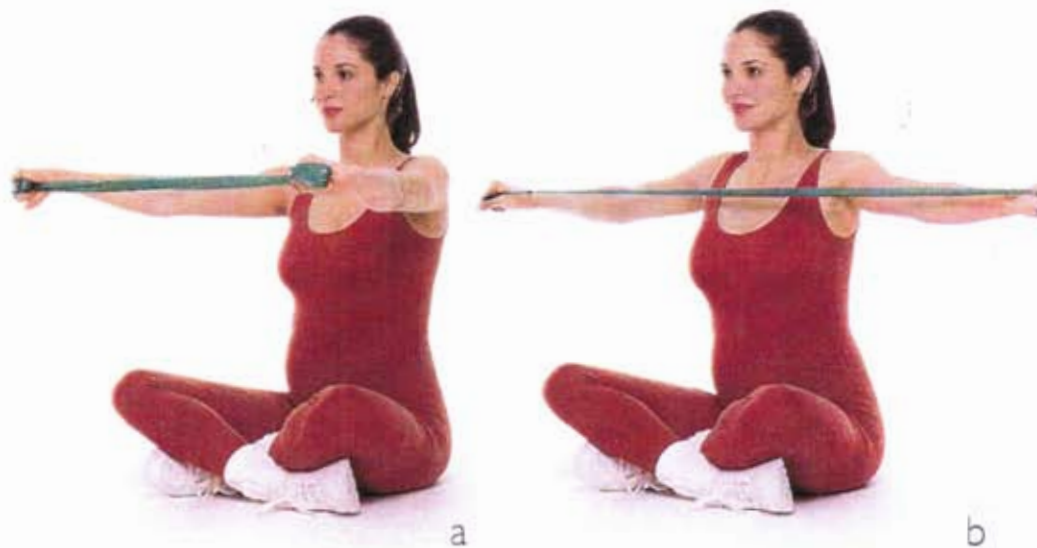
Sit cross-legged on the floor, torso erect. Hold a dumbbell in each hand at shoulder level, elbows bent and pointing downward [A]. Belly breathe, inhale then exhale, bringing your belly button to your spine (fifth floor), as you press dumbbells upward until your arms are extended over your head but your elbows aren't locked [B]. Return to starting position as you inhale and expand your belly, then exhale, and repeat.



### 2. Front Pull

(strengthens upper and middle back, rear of shoulders)

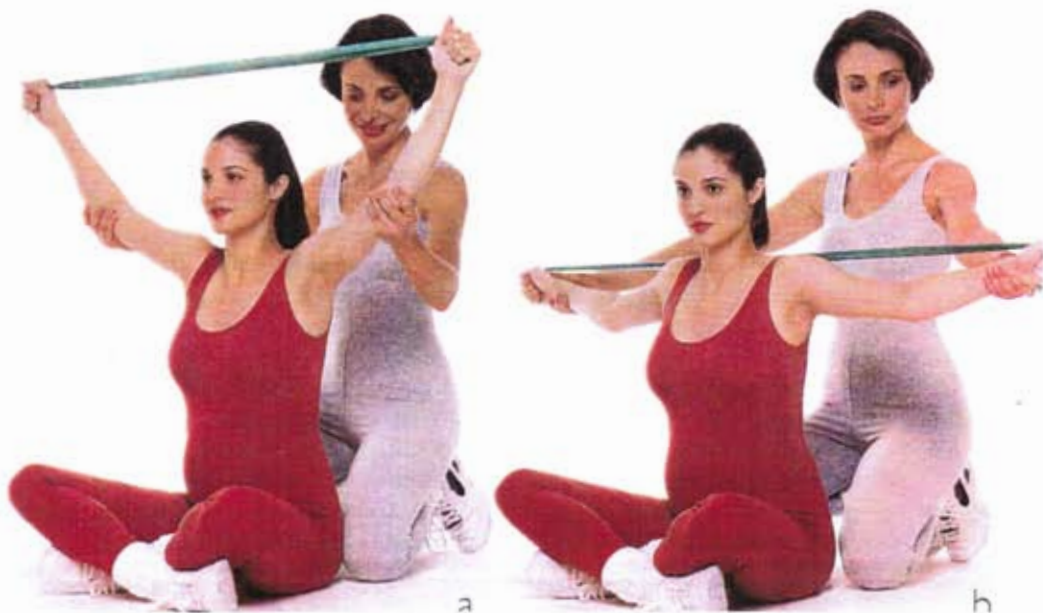
Sit cross-legged on the floor holding a stretch band or elastic cord taut, a little wider than your shoulders at chest height, with palms down, wrists in neutral position [A]. Belly breathe to bring your belly button to the fifth floor. Then, keeping arms straight (so you don't use your biceps), pull hands apart while the band moves toward your chest, initiating movement by squeezing shoulder blades together [B]. Do not lock elbows or lift shoulders, and use slow, controlled movements. Return to starting position and repeat, beginning with a belly breath.



### 3. Overhead Pull

(strengthens front of shoulders and upper back)

Sit cross-legged on the floor holding a band taut above and behind your head with arms slightly bent. Your palms should face forward, with wrists in neutral position [A]. Belly breathe, bringing belly button to spine, then pull arms straight out to sides [B]. Movement starts from under the arms. Return to starting position and repeat.





**4. Lat Pulldown**  
 (strengthens middle back, biceps and rear of shoulders)  
 Sit cross-legged on the floor and hold band taut behind your head with palms facing forward, elbows slightly bent [A].

Keeping your head, neck and spine in line, inhale and expand your belly and then exhale and bring your belly button to spine as you pull your elbows down to your waist so that the band is stretched behind your back [B]. Stay erect without leaning forward as you pull the band down. Inhale and expand your belly as you return to starting position and repeat.



(continued from page 58)

and Pregnancy Lab at the University of Western Ontario, Canada, insists that exercise has little effect on labor—other than to give you more stamina to help you through it. “You’re not going to make it any easier; it’s a tough process,” she says. “How hard and how painful it is depends on many variable factors other than exercise.”

The American College of Obstetrics and Gynecology (ACOG) has been cautious about the recommended intensity of exercise during pregnancy, too, although their new technical bulletin is less restrictive (see “Good News About Maternal Exercise,” page 42).

### Pregnant Concerns

So what can you do? Exercise—for all the reasons that mothers and scientists suggest—but arm yourself with knowledge and good sense. Know the apprehensions of the medical establishment, namely, the theory that overdoing it may cause premature births and birth defects. Discuss with your doctor how to adapt the ACOG guidelines to your level of fitness.

Know yourself, and don’t push your body to its limits. Or as Raul Artal, M.D., professor and chairman of the Department of Obstetrics and Gynecology at the State University of New York Health Science Center in Syra-

cuse, and co-author of *Pregnancy and Exercise* (Williams & Wilkens, 1991), says, “If it makes you uncomfortable, don’t do it.”

Clapp’s work has led him and others to recommend that an expectant woman’s training program should be flexible, based on her age, physical condition, fitness level and motivation for working out. He also advocates self-monitoring according to training intensity.

“If you are doing aerobics at 50 percent of your maximum capacity three times a week, it’s obviously not as stressful as a competitive athlete’s workout,” says Clapp. “The more seriously you are training, the more seriously you should monitor.” Clapp’s research thus far indicates that training schedules of more than 7.5 hours a week should be done under professional supervision.

### Test Yourself

How can you monitor yourself? Most experts recommend the “talk test” and the rate of perceived exertion (RPE) as methods of measuring exercise intensity. Both are self-tests, so evaluate yourself honestly.

For the talk test, if you can’t carry on a conversation during your cardiovascular work, you’re overdoing it. RPE is even more subjective: You decide how hard you feel you are working out by comparing yourself to a numerical

scale of rated exertion. The RPE scale runs from 6, or “very, very easy,” to 20, your perceived maximum output. Artal says that pregnant women need not exercise past the “moderate” to “somewhat strong” level (12 to 14) in order to maintain cardiovascular fitness. Clapp suggests that you don’t exceed 17, or “very hard”—a recommendation for very fit women.

The idea is to exercise within your capabilities. “If you’re at all concerned about something,” says Clapp, “measure it.” If you think you may be overheating, take your temperature before and after working out. While ACOG recommends not to exceed a body temperature of 101 degrees Fahrenheit, the threshold has not been determined. “We have seen women who’ve exceeded the guidelines and their pregnancies have turned out OK,” Clapp explains. “But it makes sense not to elevate your temperature more than one-and-a-half degrees Fahrenheit during the course of exercise.”

If you think you’re dehydrated, check your urine in the toilet. It should be pale and watery. If it is dark yellow and has a strong odor, you may not be drinking enough, although those characteristics may also be caused by the vitamins you’re taking. To be safe, drink at least eight 8-ounce glasses of water a day.

“You should (continued on page 62)



a

### 5. Seated Row

(strengthens middle back, biceps and rear of shoulders)

Sit erect on floor with legs in front of you, knees bent. Wrap a band around both feet and hold one end of band in each hand, elbows bent and close to your sides, palms facing each other [A]. Expand your belly and then bring belly button to the spine as you pull the band straight back and squeeze shoulder blades together until elbows are behind you [B]. Expand your belly as you return to starting position and repeat.



b

### 6. Oyster

(strengthens upper hips)

Lie on your left side on the floor, head supported by upper arm, legs bent at a 45-degree angle to hips, pelvis in neutral position. Place right hand on belly [A]. Inhale and expand your belly. Then, exhale and bring your belly button to the fifth floor and imagine it going out the back of your spine (sixth floor) as you lift your right leg up to hip height and continue to exhale at the top of the lift [B]. Bring your belly button back to the fifth floor as you return your leg to starting position. Do 10, then rest. While resting, do a Kegel exercise (page 106), holding to a count of 10. Repeat on the right side. To progress, tie a band or tube around both ankles.

a



b.



## 9. Sitting Abdominals

(strengthens abdominals)

Sit cross-legged on the floor with your back supported against a wall, both hands on abdomen. Think of your abdominal muscles as a sideways elevator, with first floor being where your belly button is in a relaxed position and fifth floor where it is brought to the spine.

To do the "elevator" exercise, inhale, expand the belly, then bring your belly button back to the fifth floor. Hold it there, breathing evenly, as you count to 30. Then close your eyes, and imagine your belly button going out the back of the spine (sixth floor) as you count to 5. End the exercise with another belly breath.

Then inhale and expand the belly and bring the belly button to the third floor (halfway between first and fifth). Now contract the muscle to the fifth floor, then return to the third floor again. Make sure your back does not move. Work up to 100 repetitions at a time, 3 times a day. When your abdominals get stronger, you can make the movement smaller by going from the fourth floor to the fifth. Before you go into labor, you should be able to move between the fifth floor and the sixth, as done in the "elevator."



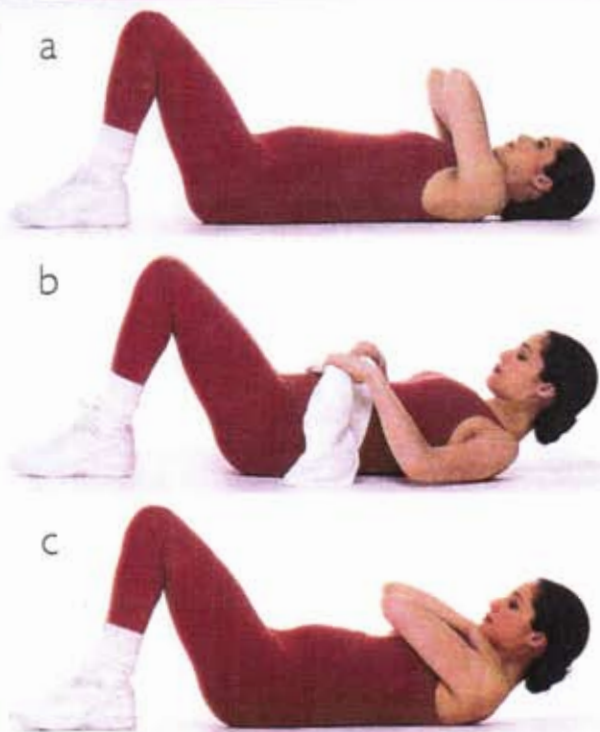
## 10. Abdominal Curl

(strengthens abdominals)

Before doing these curls, you should be able to easily do 100 contractions from the third floor to the fifth floor (exercise 9), as well as correct pelvic tilts (exercise 8). If you can't, stick with the sitting abdominals.

Lie on your back with knees bent comfortably, cross arms in front of chest, and place chin on wrists for neck support [A]. If you have a diastasis of two fingers or more, hold a towel or sheet to splint your abdomen. [B] (See "Body Check: Diastasis," page 119). Inhale and expand abdomen, then exhale, compressing abdomen toward spine as you do a pelvic tilt. Hold this position and lift your head, and count or exhale as you contract your abdominals from the fifth to the sixth floor [C]. If you have trouble lifting your head, have a friend help. To progress, lift head and shoulders off the floor, but only if you can keep your abdominals contracted to the fifth floor as you move. If you can't keep a pelvic tilt or your abdominals compressed to the fifth floor, do the sitting abdominals exercise (exercise 9). Return to starting position and repeat.

Start with 3 sets of 10, then 20, then 30 repetitions. Between sets, roll to your left side and do some Kegels, but keep the pelvic floor muscles relaxed while doing abdominal work. If you are not comfortable lying on your back, stick with sitting abdominals.





### 7. Side-lying Adduction

(strengthens inner-thigh muscles)

Lie on your left side, head supported by upper arm, bottom leg extended in line with torso. Relax your right leg in front of your torso with knee bent either on the floor or propped on a pillow for support. Tilt your pelvis so that your hips are square to the ceiling and not rolled too far forward. Place your right hand on your belly [A]. Expand your belly then bring it into the spine as you lift your left leg as high as possible. Keep the knee facing forward. [B]. Expand the belly as you return to starting position, then repeat.

After each set, relax the abdominals and do a Kegel exercise, holding to the count of 10. Repeat the recommended sets on the other side. To progress, tie a band or tube around both ankles. (For efficiency, you can do exercises 6 and 7 in order on one side of your body, then roll over and do them on the other side. Remember to use good body mechanics when changing position: Roll your whole body to the side, and use your arms to bring yourself to a sitting position. To lie down on your back, first go down on your side then roll on to your back.)



### 8. Pelvic Tilt

(strengthens abdominals and stretches lower back; foundation of abdominal curl)

Lie on your back with knees bent comfortably and feet flat on floor. Use a pillow under your head if it's more comfortable. If lying on your back makes you feel lightheaded or nauseated, do this exercise in a side-lying position. Inhale, expand your belly [A], then bring belly button to the spine as you exhale. Hold it there and rotate the pelvis upward toward your navel until your lower back is on the floor and your back is flat [B]. Hold for a count of 10. Don't lift the buttocks in the air or move them in front of your hips. Expand the belly as you return to starting position and repeat. For comfort, roll to your left side between sets.



(continued from page 60)

monitor your body as you would even if you weren't pregnant," says Clapp. "Get ample hydration, good nutrition and balance your rest and activity cycles."

Regardless of the ongoing debate, there is one certainty about pregnancy and exercise that has all the anecdotal evidence it needs: Exercise usually makes women feel good. It seems to help many get comfortable with their changing bodies and combat the sense of helplessness. When a pregnant woman exercises, she no longer has to sit on the sidelines feeling baby has taken over. She can get right out there and play.

## Big and Strong: Taking Charge of Your Prenatal Workout

"Exercise is important for the mind-body connection," says Julie Tupler, R.N., B.S.N., a personal trainer and certified childbirth educator who designed the prenatal strengthening program that starts on page 59. "By working your body you gain a knowledge of the changes it is going through. You become an active participant."

Tupler, a natural-born teacher who founded and runs Maternal Fitness, a New York City-based exercise and wellness program for expectant and postpartum mothers, instructs women how to use their bodies to facilitate birthing. Much like a trainer preparing a triathlete for competition, she gives her clients—like Valerie Ravetz—a pregnancy-specific program that strengthens and stretches the upper back and shoulders, abdominals, pelvic floor, and inner and outer thigh muscles. "She knows where the tension hits during pregnancy," says one of her pregnant pupils, "and how to [design your workout] to help relieve it." Tupler also specializes in a strengthening routine for the abdominals. Her technique is designed to train all the abdominal muscles to work together more effectively, which she feels is key to maintaining a strong abdominal wall throughout and after pregnancy, and in compressing the uterus during delivery [see "The Abdominals Ensemble," page 120].

## Start With Aerobics

You can set up your own regular pregnancy workout using Tupler's exercises but, first, don't forget about aerobic work. You should do enough weekly cardiovascular work to derive aerobic benefits—that is, a minimum of 10 to 20 minutes (and usually no more than 45 moderately paced minutes for the average fit woman) at least three times a week.

Exercise regularly, since (continued on page 119)

## Cool Down

Complete your workout with static stretching, holding each stretch to mild tension for 20 to 30 seconds without bouncing. Breathe through the stretch and feel the muscle lengthen. Always include stretches for the low back, hip flexors, calves and inner and outer thighs.

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### The Abdominals Ensemble

Here's a quick anatomy lesson. Four major muscle groups make up your front abdominal wall: the rectus abdominis, the outermost muscle that runs down your middle from your breastbone to your pubis; the external obliques, which run diagonally downward from the rib cage to the pelvis; the internal obliques, which cross underneath the externals and run diagonally upward from the pelvis to the rib cage; and the transverse abdominis, the deepest abdominal muscle that wraps, like a corset, around your middle.

The what? You're right—few of us have heard of the latter. We hear plenty about the first three—and are forever being cajoled into strengthening them with abdominal crunches and curls—but what of the transverse? It's an involuntary muscle (a muscle that controls reflex contractions) that we use when we cough and sneeze. But we also forcibly contract it when we have a bowel movement and when we push a baby through the birth canal.

If you practice the proper belly breathing technique, you'll use the transverse abdominis as you compress your abdom-

using a support for balance only if necessary, and hold each stretch without bouncing for 10 to 20 seconds.

### Keep It Light

Whether doing exercises with weights or a resistance band, take care not to overstress your joints. Use slow, controlled movements. "The concern with strength-training and pregnancy is ligament laxity," says Lucinda deJong, a physical therapist at the Women's Center for Rehabilitation in Colorado Springs. Because of hormonal changes during pregnancy, the ligaments supporting your joints loosen and compromise their stability. As with your cardiovascular work, your goal should be conditioning, not getting buff: Most experts advise against heavy weight-lifting during pregnancy. If you've got to strain and hold your breath, you're working with too much weight.

Most importantly, work out according to the shape you are in. If you're out of shape or haven't exercised before, take it slow and easy. ■

*Lisa Peters O'Brien is a New York-based fitness writer and editor.*

**89.** "My doctor recommended Gatorade for morning sickness. It really worked!"

—*Shawn Anderson, fitness-apparel buyer, mom, Seattle, WA*

**90.** "Try traditional exercises—pelvic tilts, Kegels, squats, abdominal crunches and leg extensions—with your back against the wall to support your posture. Imagine that the wall is flypaper. Pull your abdominals in. Try to reduce the arch in your back. This strengthens abs and helps stabilize your spine."

—*Kathy Stevens, aerobics instructor, mom, Los Angeles, CA*

**91.** "Visualize yourself climbing a mountain when a contraction comes to a peak. Then imagine sliding down the other side when the contraction subsides."

—*Eleanor Kelton, Bradley instructor, mom, Manchester, NH*

**92.** "If you notice a painful swelling and redness around your nails, you may have paronychia [an inflammation of the nail possibly due to bacteria]. Use cotton-lined gloves for all wet work."

—*Michele Gasiorowski, M.D., dermatologist, mom, Greenwich, CT*

**93.** "Aquatics is great for pre- and postnatal exercise. In addition to the buoyancy, any exerciser can use the resistance of water—about 12 times that of air—to gain strength and aerobic power."

—*Susan B. Johnson, Ed.D., director of Continuing Education for the Cooper Institute for Aerobics Research, Dallas, TX*

**94.** "Since the face tends to get fuller during the second and third trimesters, you might want to restyle your hair by adding height to the top of your head, growing out the length, and taking away fullness on the sides."

—*Dee Joyce and Paula Fallon, owners of Maximum Image Hair Salon, Concord, MA*

**95.** "When you're in labor, regular deep abdominal breathing will help keep your muscles relaxed and save precious energy for stamina."

—*Bea Brennan, Bradley instructor, mom, Coraopolis, PA*

**96.** "To avoid back strain, walk regally as if you are wearing a crown. When viewed from the side, your ears should be centered over your shoulders and your shoulders should be over your hips."

—*Mary Pullig Schatz, M.D., pathologist, medical-staff president at Centennial Medical Center, author of Back Care Basics: A Doctor's Gentle Yoga Program for Back and Neck Pain Relief, Nashville, TN*

**97.** "Ask the person who will catch your baby to involve you and your mate in your health care. Test your own urine, monitor your own weight, become familiar with your health record, listen to your baby's heart, measure the growth of its home. You are parents *now*. Birth is just a change of environment."

—*Ruth Watson Lubic, R.N., Ed.D., director of the Maternity Center Association, certified nurse-midwife, mom, New York, NY*

**98.** Try using recipes with fresh-cooked broccoli, kale or collard greens, as well as tofu, tahini or almonds. Eating these foods will accommodate calcium needs."

—*Nikki Goldbeck, author of As You Eat, So Your Baby Grows: A Guide to Nutrition in Pregnancy, Woodstock, NY*

**99.** "Drink lots of water. I've seen some women go into premature labor because they neglect drinking enough. You need at least a quart a day."

—*Marlene Spies, nurse-manager of labor and delivery, University of Kansas Medical Center, mom, Kansas City, KS*

**100.** "Pregnancy is a time of great physical and emotional upheaval. A lot of old issues get stirred up. Use this time to rework old conflicts to get some better solutions for yourself. There's nothing wrong with having ambivalent feelings."

—*Gail Erlick Robinson, M.D., director of the Women's Mental Health Program, Department of Psychiatry, University of Toronto, Toronto, Canada*

*Editor's note: These tips are not meant to override advice from your primary caregiver. Please clear all exercise and nutrition practices with a physician.*

## The big day

(continued from page 62)

the rare workout can tax your body more than a habitual program. Swimming, walking, biking, jogging, low-impact aerobics, step or stair climbing are all good cardiovascular options, but avoid exercises that put you at risk of falling. Remember that joint laxity during pregnancy, especially in the ankle, may also cause you to have shaky balance even when you jog, play tennis, do aerobics, or stair climb.

Tupler's strengthening program can be done either immediately after your aerobic session or on alternate days. If you choose the latter, be sure to warm up your muscles first with about 10 minutes of gentle limbering exercises, such as arm-swinging while walking, stationary cycling or marching in place. Include shoulder rolls and arm circles, as well as static stretches, especially for the upper and lower back, chest, front and rear of thighs, hip flexors and calves. Stretch to the point of mild tension (continued on page 120)

### Body Check: Diastasis

Diastasis recti is a fancy name for the separation of the rectus abdominis—the main abdominal muscle—that can occur during pregnancy as the growing belly forces the muscle outward. The condition may occur after 20 weeks, or when you begin to "show," but it's painless and often goes unnoticed. However, if you're doing abdominal exercises, it's important to check for diastasis and take some precautions.

You can feel if you have a serious separation by lying on your back, knees bent and feet flat on the floor, and placing your fingers above and below your belly button, perpendicular to your torso. Lift your head, and you may feel a separation or gap ranging from one to three (or more) fingertips wide.

A one-finger gap is considered normal. If it's two fingers, eliminate oblique exercises and trunk rotation from your workout program. And while doing abdominal crunches, splint the rectus by interlacing your fingers across it, or place a long towel or sheet underneath your back, crossing it over the abdomen for support. If the separation is three fingers or more, don't do crunches at all—stick with pelvic tilts or belly breathing only.