

NURTURING YOUR PHYSICAL BODY AFTER YOUR BABY HAS DIED

A GUIDE BY LENNY'S LEGACY CHARITY

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Introduction

Hi, I'm Mim, founder of Lenny's Legacy Charity and mum to Lenny, Bhai and Raya. Lenny died unexpectedly just 27 minutes after he was born at 40 weeks, Bhai died again unexpectedly at 18.5 weeks gestation. The circumstances of my boys' deaths were different and unrelated but they are the reason I run the charity. We were fortunate to bring home Raya, our daughter in 2023. Raya means friend in Hindi and I hope when you read these pages it feels like a good friend is speaking to you.

This book is for anyone who has experienced the death of a baby and is going through the postpartum experience without their precious baby physically here. Firstly and most importantly, I am so sorry you are reading this. I am so sorry your baby died. I wanted to create the book I needed but never had. In times of such extreme emotional pain we all have a tendency to ignore our physical needs. For me, it feels like an added cruelty that when babies die, mothers are left experiencing postpartum, often with very limited support or knowledge. This book is to reassure you that you are not alone, to guide you through what you might expect physically and to offer advice on how to support your recovery.

Lenny and Bhai's deaths meant that I experienced postpartum twice without my babies. I believe that the postpartum needs of bereaved mums are further complicated by the impact of grief both emotionally and physically. Our bodies respond as if our babies are here, for example by producing milk, which can exacerbate our anguish. Unfortunately, many bereaved mums don't get the support they need with their physical recovery and have challenges accessing appropriate information which is accurate and sensitive to the experience of loss.

When Lenny died, I was told by a health professional that I would never be as fit and strong again. This isn't true. If you have watched the Lenny's Legacy film you will know that I cycled the length of New Zealand a year postpartum from Lenny's birth and 4 months after Bhai was born. I will never diminish what you have been through physically and emotionally, I truly believe the death of a child is the worst thing that can happen to a person AND I think that surviving the death of a child takes courage and strength. This is how I know you can and will make a good physical recovery. It is my belief and personal experience that physical strength can enable us to feel strong enough to carry our grief.

At Lenny's Legacy Charity, we support parents who have lost a child during pregnancy, in infancy, or later in childhood. We always say that loss happens in the context of peoples' lives because your children, your experiences, losses and the circumstances surrounding them are unique. However, as bereaved parents, we often find we have similar feelings, in this way we haven't all walked in each others' shoes but we have shopped in the same shoe shop. Our charity recognises the value of bringing people together who 'get it' - we know that sharing online and in physical spaces with people who have shopped in the same shoe shop is powerful. We offer online and in-person support groups, events and activities, which are usually either creative or active. We provide live, online, physiotherapist led postpartum Pilates for women who have experienced loss. Our website is full of information and guidance as well as more informal blogs which speak to some of the lived reality of loss. We raise awareness and 'support the supporters' to enable people to be there for their friends and family members who are experiencing grief. Finally, we offer professional training to health care professionals on communicating with bereaved parents.

We are a small charity with a big heart - everything we do comes from a place of compassion and care. If you find this book useful and wish to support our ongoing work, please share our charity details with others who might benefit or with health professionals and others who might signpost to us. Please also drop us a line via email or social media with some feedback - it is so helpful to support us to improve. Everything we offer to bereaved parents is free of charge. If you do wish to make a donation or fundraise for us, that will make a huge difference to our little charity and will go directly towards supporting bereaved parents.

This book is co-authored by myself and a number of incredible women (and one man) who have expertise in women's health in various fields. Whilst none of the contributing authors are themselves bereaved parents, they have all had a positive influence on my grieving experience and they are passionate about supporting our community. I am a big believer that knowledge is power - you are the expert in your own experience and combining that expertise with the guidance in this book will support your physical recovery.

Warm wishes and be gentle with yourself - Mim

Chapter 1: What to expect during postpartum after loss

This chapter was written by myself (Mim) in collaboration with midwife Emily Lumb, Dr Jessica Lloyd and Dr Oliver Smith.

About the contributors

Emily Lumb has been an NHS midwife for over a decade, and has experience working in the community and on the labour ward. Part of Emily's current role is to work with women who have experienced trauma or loss and with those who are pregnant after loss. Emily cared for me and Lenny after he was born and cared for me during my pregnancy and delivery with Bhai and with our living child, Raya. She has met all three of our children; she is a talented professional and a special person.

Dr Jessica Lloyd is a General Practitioner in the NHS with a background of previous Obstetrics and Gynaecology training. She has a specialist interest in Women's Health as well as Paediatrics. Throughout her academic training and clinical roles, Jessica has worked with those experiencing baby loss as well as supporting people who have gone through bereavement. She is committed and passionate about improving support for those experiencing, or those who have been through, baby loss as well as improving training for professionals caring for bereaved parents. Jess is a trustee of Lenny's Legacy charity and a good friend of mine.

Dr Oliver Smith is an Obstetrician with many years of experience in caring for pregnant women, women in labour and postpartum. As a clinician, he is keen to provide patients with detailed information so that they have a good understanding of what is going on in their body. Oliver is a special person to our little charity because he was the Dr who delivered Lenny and so we know that he was given the very best care and the best chance possible.

Chapter content

This chapter details physical postpartum recovery from a medical perspective. It is important for you to know what to expect, what is considered 'normal' and when you may need to seek further medical attention. This chapter contains the kind of information that you need but don't want to google. It can form the basis for discussions with medics if you have concerns. Please understand that this book is not medical advice

and it is really important you seek personalised medical advice if you have any worries.

A note from Mim

This chapter is probably the most difficult chapter to read but I put it first because it also contains information which is relevant at an early stage after loss. Go easy with yourself as you read it. By necessity, it is written from a medical perspective and so in places the terminology may seem clinical - I can assure you that the medical professionals who have contributed to this chapter are deeply compassionate and care for bereaved mums.

When Lenny died amongst all the grief and emotional pain and shock, I didn't know what to expect physically in terms of my postpartum experience. It was helpful to be able to ask Emily and Jess questions without feeling embarrassment and knowing that they understood my situation. Having experienced postpartum without my precious babies Lenny and Bhai twice, I know firsthand how cruel, confusing and downright unfair it feels. I hope you read these pages knowing that you're not alone, I hope you feel better informed about what to expect from your body and I hope you are able to be kind to that body of yours - she has been through a lot.

Important tips!

In this chapter I suggest you seek medical attention if you have particular concerns or experience certain things. I know that contacting midwives or the labour suite or even your GP can be really difficult and scary especially so soon after loss but it is really important you seek appropriate support. Below are some tips to help you out with this:

- Contacting the bereavement midwife (they are clinically trained and often highly experienced).
- Asking a friend or relative to contact the labour ward, with your permission, to ensure the medical professionals know your situation.
- Request to be seen in a different area of the hospital to where your baby died.

- Request a home visit (this isn't always possible but some midwives may be able to do this).
- Consider how to make this easier (can a friend collect some medication for you? Is it possible to have a phone call appointment).

In my experience medical professionals are happy for us to make suggestions about what might work best for us and often appreciate guidance from us about what feels possible. It can be hard to know what we need and to ask for it, but often, if it is at all possible, medical professionals will do what they can to offer personalised care.

Physical pain and pain management

Abdominal Cramps

In the first few days after birthing your baby you might experience period type pains/abdominal cramps. Usually these can be managed effectively with paracetamol and ibuprofen, a hot water bottle, a warm bath and rest. We understand that when a baby dies, these sensations can feel very similar (although much less intense) to labour pains and can be triggering. Given this, you may find it particularly important to manage this type of pain. Speak to a healthcare practitioner if paracetamol and ibuprofen is not sufficient.

Pain from perineal trauma

If you have experienced any degree of perineal trauma (which is very common in childbirth), this will increase your level of discomfort. It should be manageable with the pain relief mentioned above. Other things you can try are cool packs, ice packs, lavender spray or a cold lavender compress. If you have had an episiotomy, try to avoid sitting on that side. You will have an increased level of pain with episiotomy because of an increased level of bruising/ swelling. You can expect a midwife to be checking any perineal trauma at least once or twice within the first few days. If your pain in this area increases, please request another review. Midwives are used to checking perineal trauma, it is nothing to be embarrassed about so please seek support if you are experiencing issues. It is important you have a prompt assessment to prevent issues from worsening - the best people to speak to are midwives or to contact the labour suite.

Caesarean Section (C-section) Pain

If your baby was born via C-section, you will experience a greater level of abdominal pain. Liquid morphine (oramorph) is usually required and offered within the first 24/48 hours. It can be prescribed for a longer period of time if needed. Some units allow women to go home with some opiate based medication if ibuprofen and paracetamol are not enough - this differs throughout the country but please speak to your doctors.

Opiate based medication

These can be prescribed if ibuprofen and paracetamol are not enough to manage pain. Please be aware that these medications can cause drowsiness so it is not recommended that you drive whilst using them. They can also cause constipation if used regularly. These painkillers are for short-term use and should be used only under advice from a doctor because they are addictive.

Tommy's Charity has a useful section on C section recovery which you can find [here](#).

www.tommys.org/pregnancy-information/giving-birth/caesarean-section/

The next few weeks

Regardless of whether your baby was born vaginally or via C-section, your physical pain should greatly reduce after the first two weeks. If the pain does not improve or worsens then please seek medical attention from midwives or from the hospital (see the tips above if you are worried about doing this). Grief can alter the experience of physical pain. In some cases, when we are in great emotional pain, this takes precedence and we don't pay as much attention to our physical pain. Sometimes though, when we are in emotional pain this can manifest itself in physical pain; it doesn't make it any less valid or real but it is important to understand.

Lactation and Breast Pain

It is really common and understandable for many bereaved mums to find lactation particularly painful, both emotionally and physically. Your medical team should have discussed this with you; if they didn't please make sure you follow up with them on this. There is a medication called Cabergoline which can be prescribed (either 1mg or 4 separate doses of 250 micrograms). It takes a few days to work. This medication reduces or largely suppresses breast milk (it is unlikely to 100% stop it). This medication can be prescribed immediately after birth or in the few days following.

Cabergoline

Repeated doses of this medication can be given if it has not reduced breast milk supply enough, please speak to your doctor. It is worth noting that it affects dopamine levels and this means that occasionally it can cause or intensify depression, this is usually short lived and tends to be when someone has had repeated doses.

Some women choose to pump their breast milk and donate it to local neonatal units. The availability of milk banks varies depending on where you live so it is important to check with your medical team about this. It is essential to discuss with them the implications for you personally of this decision.

Often wearing a soft, supportive bra but with no wiring can reduce discomfort, try to limit touch and stimulation as far as possible as this will also reduce milk supply. Some women who take the medication will still produce a small amount of milk, but you can expect milk production to stop within a few weeks if you have taken the medication. Often bereaved mums want to stop producing milk but then also have complicated feelings once it has stopped, all of this is completely understandable.

Any pain that is not manageable with paracetamol, ibuprofen and simple techniques such as hot water bottles, cool packs, rest, should be reported to a midwife or health care professional.

Bleeding

You can expect to bleed for around two weeks after your baby was born and this will be similar to a heavy period. Some mums will bleed for much longer, up to around 6 weeks; however, you should expect this to reduce steadily after the first two weeks.

When to seek medical attention for bleeding?

- If your bleeding is so heavy that you completely soak a maternity pad within two hours
- If you pass any clots which are larger than a 50p piece. (If possible keep the clot to be examined by a medic or take a photo)
- If you pass numerous blood clots (even if they are smaller than a 50p piece but you have had a lot of them)
- If you are feeling feverish (hot, cold, shaky, achy)
- If you have strong smelling discharge or blood loss with particularly strong smells
- If you have any large gushes of blood (even if they stop again quickly)
- If you experience extreme cramps that don't ease with simple pain relief or if they become progressively worse

Call the maternity ward if you experience any of the above symptoms. If there is anything you are unsure or worried about, please get in touch with medical professionals. You have already experienced the worst, and experiencing postpartum without your precious baby is particularly unfair and confusing so please do seek help where you need to.

How your body looks and feels

It is perfectly normal for your body to look different to before you were pregnant. Your abdomen may be distended as your uterus takes time to shrink down. After a full term pregnancy and birth, the uterus is the size of a melon and will be like that for a few weeks, getting steadily smaller each day. In the first week after your baby is born, you might experience bloating in your bowels; this is really common and more so after c-section. This does ease with time, but regular eating, chewing gum and peppermint tea can help things settle.

If you get significant bloating, feel sick and you haven't passed wind since your baby was born, this needs urgent medical attention.

Try to be patient with yourself and with your body. Many of us have difficulty with body image after having a baby and this is intensified for bereaved mums. Our society celebrates the form of pregnant women but then expects women to look as though they haven't had a baby once they are postpartum. Practicing self-compassion is so important at this time.

Here are some simple things you can do

- Buy some new comfy clothes
- Pack away (don't throw away) your pre-pregnancy clothes
- Commit to one act of self-kindness a day (this could be having a bath, going for a walk, or having your hair done)

Most importantly, be patient. Your body will change in time. You might find the chapters in this book really helpful to develop a new appreciation for your body's strength and abilities.

Postpartum Periods

The timing of your first period can vary greatly. You may get your first postpartum period after loss anywhere between 2 weeks and 4 months after your baby was born. You may find that your period changes - it may be delayed, irregular, lighter or heavier than usual. This is partly due to hormonal changes but also factors including grief, stress, anaemia, and reduced nutrition. If you are concerned or experience anything which is particularly unusual for you, contact your GP.

What you can expect from healthcare professionals

Upon discharge from hospital you should have been given a number of contact details for you to use. You should also be contacted by a bereavement midwife. Bereavement midwives have clinical expertise as they are qualified midwives so you can ask them about any concerns you may have in addition to discussing grief and trauma. Your GP should contact you after a few weeks for a check up on your physical and emotional health. Medical professionals should have an understanding of your situation and know, and use, your baby's name. It is their responsibility to communicate effectively - if this doesn't happen your bereavement midwife can be a helpful contact.

Things to discuss with your GP

- *Follow up on any physical health concerns following the birth of your baby*
- *Follow up for any existing conditions - pregnancy, birth and grief is a lot for our bodies to cope with and existing conditions can be exacerbated or changed*
- *Blood tests to check for deficiencies, particularly things like anaemia are common*

Trying to Conceive After Loss

Some mums who have experienced the death of a baby wish to conceive again to try to bring home a sibling. Some mums don't want to consider this for many years (if this applies to you please speak to your GP about contraception options), but it is also common for people to wish to conceive again quickly. Advice around when to conceive will likely depend on your specific situation but you can discuss this with your bereavement midwife about when would be appropriate for you both physically and emotionally. It is a good idea to start multivitamins and folic acid if you are trying to conceive, especially as you might be depleted. We of course understand that bringing home a baby does not replace the baby you have lost but we also know that many people want to expand their families. Please know however you feel is valid.

Pregnancy After Loss

Pregnancy after loss (PAL) is a precious but very challenging time. You can expect to have additional support at this time from your medical team. It is reasonable to request additional care over and above what is clinically indicated if this helps you. For example, there may be no specific medical reason why you would benefit from additional scans, however doctors and midwives agree that if extra scans help bereaved parents they should be offered. Often PAL care is about striking the balance between offering reassurance where we can (i.e. through additional monitoring) and not increasing anxiety by inviting people to hospital (often a site of trauma) too often. The Lenny's Legacy website has a section on PAL which is much more detailed than is included herein.

If you have made it to the end of this chapter - well done. It is heavy going at times but I think it contains some really important information. A key take away for me is to recognise that the postpartum period is tough for our bodies but especially so when a baby dies. If there is anything you are worried about, find a medical professional who you trust and ask their advice. This experience is intensely lonely and isolating but it is their job to support you or to find the person best placed to do so. Please know you are not alone and go gently with yourself.

Chapter 2: The Mind and Body Connection

About the author

I'm Mim, founder and CEO of Lenny's Legacy Charity. I am mum to Lenny, who died at birth at 40 weeks, Bhai, who died at 18.5 weeks gestation and Raya, who we brought home. I am also a registered Social Worker, hold an MSc in Psychology, and a social researcher. I use my personal experience alongside theory and research in this chapter to explore the experience of grief, how grief affects us psychologically and the mind body connection specifically in relation to grief.

What is grief?

We have a number of resources on our website which explain what grief is. It can be helpful to develop an understanding of grief and loss to put words to what you are experiencing. Grief is a reaction to loss. Dr Joanne Cacciatore, a bereaved mum and grief expert, explains that the loss of a child at any age or in any circumstances should be considered traumatic grief. This is because no one expects to experience it; it is not the natural order of things in the same way the loss of a pet or grandparent (however sad) is. Grief is not a singular emotion, instead it encompasses a whole range of emotions including but not limited to anger, sadness, anguish, regret, guilt, despair, anxiety, love, yearning, envy, jealousy and many more. Grief isn't linear, it doesn't simply get 'better' over time.

Early grief

As discussed above, a baby dying is considered to be traumatic grief. Grief and trauma are messy and confusing and the way we experience and express our feelings at this time are unique. I remember in the early days after Lenny died that I kept reading, 'everyone grieves differently,' and so I wondered how I would know if I was grieving or if I was doing it 'right.'

Dr Laura Francis, a Principal Clinical Psychologist in Sheffield specialising in birth trauma and baby loss, says: "Everyone experiences loss differently and in the first three months following a loss most experiences are normal. However, just because they are normal it does not mean they are easy to manage and it is really important to focus on being kind to yourself and doing the basics like eating, drinking water, taking prescribed

medication, and getting out of the house a bit if you feel up to it during this time. Do not be afraid to reach out to others to ask for what you need. Our society is not great at talking about bereavement and people will say the wrong things but you can tell people what happened and it's ok to ask them to help you by bringing you meals or doing your washing or whatever else you need. Things I would be concerned about include: suicidal thoughts with a connected plan as to how you would end your life; harming yourself in any way; drinking more alcohol than usual, stopping or abusing prescribed medication, or using illegal substances to numb the pain; feeling unable to look after other children or dependants due to your grief and having no access to childcare support. This is not an exhaustive list. You know yourself, if you do not feel you are ok tell someone, go to your GP or call 111. It is ok not to be ok."

So, what is normal to feel in these circumstances?

Dr Laura Francis explains that it is important to give time for the initial shock of the loss to settle. She talks about it being normal to struggle straight after a loss and she explains that lots of people report for example: difficulties sleeping, intrusive thoughts, wanting to isolate from others, overwhelming sadness, some parts of the experience feeling very clear and other parts feeling blank, and going over all the 'what ifs'. When we lose a baby, our brains want to make sense of it and when there is no clear reason as to why it happened, we often unknowingly turn this in on ourselves and believe we are to blame. It is really important to know that you are not to blame for your baby's death.

For most of us, we understandably want to avoid thoughts and feelings connected to our loss as they are really painful. We often think that by keeping busy and pushing them down we are protecting ourselves. Dr Laura Francis states that she sees lots of bereaved parents who talk about feeling overwhelmed by thoughts when they are trying to get to sleep or that they have frequent nightmares. She explains that when we avoid our grief it will find a way to pop up when our defences are down, even if the only time is when we are asleep. Dr Laura Francis advocates for a gentle process of looking towards and looking away (The Dual Process Model) from loss. In practice, this means making time every day to deliberately look towards your loss, to notice the thoughts and feelings that come up without judgement and just to let them be. At the end of the allotted time, you can allow yourself to look away and focus on something else. By doing this, you give your grief regular space without it having to feel all consuming and over time this can lessen the intrusive thoughts at night.

What NHS support is available?

Maternal Mental Health Services (MMHS) have been set up all around the country to support women and birthing people who experience moderate to severe psychological difficulties connected to birth trauma and baby loss. If after 3 months, you are still significantly struggling and things have not improved, you may want to look into getting a referral to your local MMHS. Referral pathways differ across the country but generally it is worth asking your bereavement midwife for a referral or contacting the hospital where you delivered your baby to request information about your local service. Your GP may also be able to refer. NHS Talking Therapies offer a self-referral service and support with mild to moderate mental health difficulties including depression, anxiety and PTSD.

Dr Jess Lloyd and Dr Oliver Smith point out that it is also worth checking in with your GP about your mental health. Grief and depression for example have very similar symptoms including, but not limited to, low mood, loss of appetite and a lack of energy. Of course it is normal to feel intense sadness when a baby dies and, as explained above, this does not simply get better with time. So whilst it is normal to feel intensely sad, if you are struggling with functioning on a day to day basis months down the line, with eating and sleeping, it may be worth speaking to your GP.

Suicidal thoughts

The death of a child is a devastating experience and sometimes people feel like they can't go on. I remember reading that early grief can make you feel like if a piano fell from a building, you wouldn't rush out of the way. In other words, you might not have suicidal thoughts but you also don't want to face living this life. This feeling is sadly very common amongst bereaved parents in early grief - it is important to know you are not alone and there is nothing to be ashamed of but it is important to talk to someone about these thoughts. If these thoughts become more frequent or if you are actively suicidal and making plans to end your life, please seek available support urgently.

Remember, there is crisis support available through the NHS 24/7 and also from charities such as Shout www.giveusashout.org/ or Samaritans: www.samaritans.org/how-we-can-help/contact-samaritan/.

A bereaved mum's experience

"I spoke to my GP at length about how I was feeling, when my baby died. He explained that what I described was 'normal' considering my horrific experience. I was convinced I should be diagnosed with anxiety, depression and post-traumatic stress, he explained that whilst I may indeed display some of these symptoms, that what I was experiencing was acute grief. I clearly remember that he listened carefully and he didn't dismiss my feelings but equally he said he didn't want to pathologise my experience of early grief. The Dr really acknowledged how horrific the death of a child is and gave me some helpful advice around eating, drinking water and sleeping. He didn't prescribe anything or make any referrals but he did say I could contact any time. I felt reassured just by speaking openly with a health professional and felt heard."

What other support is available?

Counselling

Many bereaved parents find counselling helpful and some charities offer some free counselling sessions after baby loss. It is important to note that you can often self-refer for this rather than require referrals from a healthcare professional. Counselling is a non-judgmental space for you to explore your thoughts and feelings. A counsellor is there to 'hold space' for you; this means they actively listen to what you say, validate your feelings and won't try to fix your situation. Clearly child loss is not fixable, but there may be elements of your experience, such as your relationships with others, or going back to work, which a counsellor may support you to come up with your own solutions for. It can be really helpful to speak to somebody who doesn't know you personally and verbalise some of your more difficult thoughts and feelings. Many of us want to tell people about our children and counselling can be a really safe space to try this out.

Peer support

Lenny's Legacy offers online and in-person peer support groups. We believe that grief is a unique experience which occurs in the context of peoples' lives and so one person's grief cannot be compared to another

person's grief. However, we also find that some of the feelings and thoughts we have can be similar to other bereaved parents and sharing these can make us feel less isolated. I often borrow a phrase that a friend of mine shared with me, "we haven't all walked in each other's shoes but we have all shopped in the same shoe shop." Whilst our stories and our babies are entirely unique, I do think there is something incredibly powerful about sharing space with people who have said goodbye to their babies, planned funerals, attended post mortems and all the other unthinkable things that may be required of us. Having said that, attendees at our groups are always pleasantly surprised at how relaxed our groups are. It is ok to talk about loss but it is also ok to share happy memories or to talk about other things. People have commented that they smile and laugh more than they expected to, they have made friends through the groups and have come to ways of understanding and managing their grief which they may have not have done individually. As a charity, we (Lenny's Legacy) offer monthly online support groups 7.30-9.30pm the first Tuesday of each month and in-person support groups at Boston Arms, Woodseats, Sheffield the second Tuesday of each month 7.30-9.30pm. No matter how long ago your loss was, you are welcome at these groups.

How does grief change over time?

You may have heard phrases like, "grief is not linear," or, "it doesn't get easier it gets different." I find the following theory and visualisation useful to put this into context.

Dr Lois Tonkin describes an analogy of a ball in a jar. This theory describes how our grief does not get smaller over time but instead time can change our grief.

When a person dies, in the immediate aftermath and for sometime after, our grief is all consuming. To picture this, imagine a glass jar with a large black ball inside it which takes up the whole of the jar. In this analogy, the ball is grief and the jar is your life, so your grief takes up almost all of the space in your life.

If you imagine there are particular pressure points on the edges of the jar and when the ball touches these, you feel intense pain. Well, as the

ball takes up so much space, it is almost constantly touching the edge of the jar and you are experiencing intense pain.

Over time, the jar which represents your life slowly gets bigger - you might start to partake in social events, hobbies, go to work, on holiday, get a puppy - slowly, your life begins to grow around your grief. Slowly, you might experience joy from time to time. The ball does not shrink. You still miss your child just as much as the day they died but you have learned to somehow incorporate their loss into your life.

The ball still moves around in the jar and occasionally hits the side of the jar; when this happens it feels just as intense and just as painful as when our child first died. However, it tends to hit the side of the jar less often because the jar is bigger now. This explains why even years or decades on bereaved parents can still feel intensely sad about the death of their child. However, they are less likely to have prolonged periods of this intensity of feeling.

Sometimes, things will happen to cause the ball to move more and hit against the side of the jar more frequently. Some of these things are predictable, sometimes they seem to come out of nowhere. When this happens, the ball will hit against the side of the jar more frequently. This explains why when something happens to unsettle our grief we can have a period of time where we feel we are going 'backwards' or when we are particularly struggling. This is completely normal and it can take time for things to settle again.

Grief brain

You may have heard the term, 'grief brain,' used to describe forgetfulness or absentmindedness - I have heard many stories of remote controls in the fridge, or forgetting to feed the cat etc. Your brain is contending with so much that it can be really difficult to manage to do the basic tasks. Go easy on yourself here. It can be useful to try to take less on, make lists and manage your expectations of what you can achieve at the moment. Over time your clarity of thought will return but right now your brain is dealing with so much.

Grief tired

Grief is exhausting¹. Many people describe how nothing is as exhausting as grief. We have all heard parents complain about sleepless nights with a baby but from experience, sleepless nights WITHOUT a baby because they died are far far far more exhausting and painful. This is in part due to the number of emotions you are experiencing at once, as well as the emotional and physical processing of trauma - put simply your mind is working overtime trying to make sense of something which can never make sense of². You might find that you struggle to sleep or that you sleep for an extended period but wake feeling unrefreshed. Over time this tends to improve. My personal experience is that I still feel this at certain times when my grief is particularly intense, so it is not always linear.

Sleep

Sleep is really important both for our mental and physical health. Our sleep is commonly disturbed after experiencing the death of a baby, especially when our minds are trying to make sense of something which will never make sense. Sleep is something I struggled with even before Lenny died. Below are some tips I have gathered along the way which you may wish to try:

- Stick to a routine of bedtime and waking time
- Limit screen time in the evenings and leave all devices out of the bedroom
- Do something relaxing like having a bath or drinking chamomile tea
- Read (physical books with a low reading light are best), find some books with content that feels safe and right for you now
- Use essential oils (pillow sprays or lavender tend to be good)

¹ Meisenhelder, J. B., & Gibson, L. E. (2015). Caring for the bereaved parent: Guidelines for practice. *Journal of the American Association of Nurse Practitioners*, 27(10), 546-551.

² Stevenson, M., Achille, M., Liben, S., Proulx, M. C., Humbert, N., Petti, A., ... & Cohen, S. R. (2017). Understanding how bereaved parents cope with their grief to inform the services provided to them. *Qualitative Health Research*, 27(5), 649-664.

- Herbal sleeping tablets (check with your doctor for any contraindications for you)
- Consider a magnesium supplement or magnesium flakes in your bath
- If you wake in the night and can't get back to sleep, do something relaxing like reading rather than tossing and turning
- Speak to your doctor about sleeping tablets (these are for short term use).

A baby dying has a huge effect on our physical body. As explained in Chapter 1, some of this has to do with the postpartum effects of growing and birthing a baby. Our bodies take a while to catch up with the devastating reality that a baby has died and often continues as though they are here, which is incredibly traumatic for bereaved parents.

However, the intense emotional experience of grief also affects us physically. As explained above, part of this is physical exhaustion and fatigue, which is far more intense than normal feelings of tiredness. You might have difficulty waking and then starting your day or having much structure to your day. Roy (my husband, father to our children and co-founder of Lenny's Legacy) and I found our activity levels and productivity significantly reduced for months, having previously been very active and busy people. Over time, we gradually increased what we were able to do. Now, three years on we tend to plan in more rest than we used to, especially around anniversaries and times which are hard for us.

The emotional pain of grief can also manifest in physical symptoms³. Just as you will have heard about stress causing physical symptoms, grief can do the same. Things like gastrointestinal discomfort or bodily aches including headaches or muscle aches are common in grief. Personally, I experienced pain in my jaw from clenching my teeth and often awoke with neck pain, both of these symptoms were due to holding tension in my body. Whilst physical symptoms might be caused by grief, this doesn't make them any less intense or mean that you shouldn't seek support for

³ Utz, R. L., Caserta, M., & Lund, D. (2012). Grief, depressive symptoms, and physical health among recently bereaved spouses. *The Gerontologist*, 52(4), 460-471.

them. It is especially important to seek medical advice if you are experiencing new physical symptoms, rather than assuming they are a physical manifestation of grief.

The physical experience of processing trauma

The death of a child is traumatic and both the mind and body process this trauma. Physical trauma responses can include increased heart rate, sweating, nausea, lightheadedness and feelings of panic; it is also common to experience flashbacks for the first few months⁴. This is our body's way of coping with something that we know is an extreme and stressful event. Our minds cannot decipher between a traumatic memory or flashbacks and the reality of what is happening here and now. That is why they can be so distressing and why we often experience physical symptoms alongside these. These physical symptoms are our bodies' fight and flight responses. Our brain is telling our body there is something scary or upsetting, our body attempts to protect us from danger. This isn't a logical process, we know we can't run from or fight our grief, but rather this is an automatic mind and body response. If you think back to far less traumatic, but nevertheless stressful times in life, such as your driving test, you might remember briefly experiencing these symptoms to a much lesser degree.

How can we address these physical symptoms?

Just as the mind can affect the body, things we do physically can calm our minds. In this way, the mind-body connection is a feedback loop. Below I have included some techniques you can do at home to calm your mind and therefore reduce your physical symptoms. These are known as grounding techniques as they bring the focus to the here and now. These work by encouraging your nervous system to focus on different sensory input, which sends more calming feedback to the brain.

These are useful to do before bed or at any time you feel particularly panicky or worried. The more you practice them, the more you are likely to use them when you need to. You can incorporate them into your day for example, doing the butterfly hug whilst boiling the kettle (if you're anything like me that means regularly!)

⁴ Van der Kolk, B. A. (2003). *Psychological trauma*. American Psychiatric Pub.

The Butterfly hug: Cross your arms across your chest and place your hands just underneath your shoulders on the front of your chest. Your left hand will be on your right side and vice versa. Breathe deeply and simply tap your body. Here is a demonstration and explanation: www.youtube.com/watch?v=iGGJrqscvtU

Rubbing the backs of your arms: Give yourself a hug and rub the backs of your arms rigorously.

5 sense grounding technique: This is also known as the 5-4-3-2-1 technique. Sit comfortably and identify 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell and 1 thing you can taste.

Square breathing: Sit or lie down in a comfortable position. Imagine a square. You will be timing your breath imagining that you are travelling along the sides of a square. Inhale slowly through your nose for a count of four, hold your breath for a count of four, exhale slowly and with control for a count of four, hold your breath again for a count of four before again inhaling for a count of four and so on. There are example videos of this on youtube. Repeat this a few times.

The role of exercise

People have various motivations and reasons for exercising - whether that is enjoying certain sports or keeping healthy etc. In grief, exercise can be an embodied practice for us. Embodied practices are activities that we do to be really present in our own bodies. It can be really difficult for us to do this when a baby dies, not only to confront our grief but also to be in our postpartum body.

However, embodied practices can support us in building connections with our bodies, to enhance self awareness, to foster mindfulness, and to deepen our connection with ourselves. A simple example of an embodied practice is a full body scan. To do this, simply close your eyes and concentrate on each body part and focus on relaxing each area of your body as you do this. Exercises such as yoga or Pilates can be really helpful in this way. Sometimes we are able to experience our emotions in our physical body before we are able to name them or articulate them. These kinds of embodied practices can help us to gently explore trauma held in the body and to stay present with our bodies and mind. These practices can help us to deal with what is happening at the present

moment; this can be helpful particularly when our minds keep taking us back to the most traumatic aspects of our loss.

My experience

I enjoyed strength training before Lenny died and I saw it as an important thing to do to support my other sports. In my grief, I have found weight training really useful in managing my emotions. Becoming physically stronger has made me feel that I am emotionally strong enough to handle feelings of grief. For me, lifting weights requires a lot of concentration so my mind doesn't tend to wander to difficult places.

In the early days I found it really challenging to stay consistent and didn't enjoy exercising at all but I did it to go through the motions and help me to develop a routine. I knew that the benefits of exercise for mental wellbeing are really well documented but I also knew that all the endorphins, nature and physical achievements in the world wouldn't change the devastating reality that my baby had died.

Over time I came to realise that whilst exercise didn't change my reality, it did help me manage my reality. I haven't enjoyed every workout, cycle, or walk but doing these things has never made me feel worse and sometimes doing them has made me feel marginally better. Personally, because I felt slightly better for doing some movement, I would then be more likely to do movement and this became a positive feedback loop.

For a more thorough exploration of the role of physical activity in our grief, please see our film, Lenny's Legacy which you can watch for free on youtube. We cycled over 2,500km with an elevation gain of over three times the height of Everest. This was less than a year after Lenny was born and five months after Bhai was born; it showed me that we really can be fitter and stronger than we have ever been. For me, the film reflects how physical achievements can also reflect hope for us and a sense of moving forward through our grief.

Conclusion

Grief is unique to all of us but I hope this chapter provides you with a sense of what you might feel emotionally and where and how to seek support. It is helpful to understand the mind-body connection to use it to our advantage where possible and to be gentle with ourselves when we realise that grief is affecting us physically. If your baby's death has made you feel like a stranger in your body, left you feeling physically weak and lacking in motivation - you are not alone! This chapter should reassure you that this is a perfectly natural reaction to your circumstances. Building in some movement can help you to reconnect with yourself and to realise your strength and resilience. Movement and exercise cannot take away your pain or change your reality but it is something you can take control of and it can help you manage this incredibly difficult reality.

Chapter 3: Baby loss - a holistic viewpoint

About the author

This chapter has been written in collaboration with Aimee Barnes. Aimee is a Yin Yoga teacher, massage therapist and acupuncturist. Within this chapter Aimee will refer to 'bodywork' and by this she is referring to using these therapies to work with the physical body and influence our emotional health. Much of her work is guided by the principles of Traditional Chinese Medicine (TCM). Aimee recognises the importance of honouring and working with our physical bodies to allow our bodies to take care of us. Through yoga, movement and meditation, Aimee encourages us to reconnect with our bodies and our true selves.

Mim's experience

After Lenny died, I wanted a massage because I was experiencing lots of body aches and pains. I was worried about going for a massage as I had a postpartum body and no baby. I contacted Aimee as I knew of her from attending some of her yoga classes and I explained my situation. I found her response to be empathetic, considerate and warm, which meant I felt comfortable to attend.

We always had a chat before the massage and I was surprised how easy I found speaking to Aimee about my feelings, how I wasn't self-conscious of my postpartum body and how helpful I found massage. I believe this was largely because Aimee has an ability to 'hold space' for others, which is calm and non judgemental. I also found her to be respectfully curious - she didn't pretend to know what I was going through but didn't shy away from any subject either. I often found that massage eased my physical tensions and pains but also brought my emotions to the surface and often I found myself in tears.

I think it is important if you have any bodywork, particularly in early grief, that you know you are in a space where you feel held and where it is ok to allow your emotions to come naturally. Whilst massage and other therapies are not cheap, I do think they are really supportive in grief. Often family and friends don't know how to help and vouchers for these kinds of things can be really helpful.

What insights can you share from a Traditional Chinese Medicine perspective about this type of grief and loss?

Traditional Chinese medicine (TCM) is over two thousand years old and is an ancient system of medicine used globally. In TCM, we use a framework known as five element theory, which relates to the seasons and recognises that as humans we are the micro of the macro, meaning the cycles around us flow within us. Each element has a corresponding emotion and we associate grief and sadness with the Metal Element, and the organ system most affected is the Lungs. This emotional and physical connection is a reminder of how the body might be impacted by our ever changing emotional landscape.

There are many ways that grief might manifest in the body; we might notice that the breath feels shallow. Sadness combined with the exhaustion of processing grief can leave us feeling too fatigued to breathe deeply, which can result in further fatigue. In grief, our nervous system might feel unsafe and in a hyperarousal state, so we might be easily startled, fidgety and agitated. So whilst we might feel exhausted, we also feel on edge- you may have heard the phrase 'tired but wired,' to describe this feeling. Body centered therapy offers a bottom up approach; it uses various techniques to send soothing signals through the body. A good starting point is the grounding techniques in Mim's chapter, which send calming signals to the nervous system. These signals help calm the nervous system and restore a sense of safety in the body, which can be really supportive in grief and trauma.

In Traditional Chinese Medicine (TCM), we recognise the importance of making space for grief to be held. We live in a society that promotes acceleration and with that comes a pressure to rush the healing process, to turn away from pain and to 'get on with things'. However, in TCM we recognise the importance of making space for grief to be held and nurtured. Holistic therapies recognise and respond to all aspects of a person's health, including both emotional and physical aspects, as TCM does not view these separately. When we're too depleted to hold that space for ourselves, holistic therapies can be a supportive option. In a bodywork session, there is nothing for a client to do. Holistic massage and other therapies should not purely focus on the physical but also offer a compassionate space for things to be as they are. An important part of my role is to work with clients to explore the parts of them which need

care. I don't speak of silver linings or encourage anyone to 'look on the bright side', rather I meet people where they are at. My personal approach is to combine a blend of acupuncture, massage and breathwork.

Below I have included some rituals which you can do in your own time at home to support your mind and body in grief.

Breathwork for grief - Alternate Nostril Breathing

This is a great breathing technique to calm the nervous system and could offer some relief during times of overwhelm. Here is a description so that you can try it. I would recommend getting used to the practice when you feel relatively calm so that you can use it effectively when you really need to.

- Sit comfortably, lean against a wall so your spine is long and spacious but your back is supported. Let your legs be loosely arranged and let your body be as soft as feels possible.
- Allow one hand to rest in your lap, let the index and middle fingers of your other hand rest into the space between your eyebrows.
- Inhale through both nostrils - as you exhale use your thumb to close your left nostril, allowing the breath to pour through the right side.
- Inhale now through right, when you reach the top of your inhale, close the right with your little finger and let the breath pour out of the left side.
- Again inhale through the left nostril and so on.

Try not to concern yourself with how deep the breath is, just allow the breath to be soft and effortless, without strain or forcing.

Acupressure - Lung 9 - Supreme Abyss, with frankincense

Acupressure refers to applying pressure to points on the body which are used in acupuncture. This means you are able to get some of the benefits of acupuncture at home without the use of needles. I tend to use essential oils in my practice as these can enhance the treatment.

Frankincense is a beautiful oil which is both calming and grounding. The oil is related to the lungs and is said to deepen the breath and calm a busy mind. I would suggest using this oil to massage around the neck and chest or on the acupuncture point below.



This point is used in TCM (known as Lung 9, supreme abyss) when a person's grief has become too heavy for them to hold. It opens the lungs, restores a lightness in the breath and brightens the inner skies. I would never claim to be able to ease a person's grief, but rather this point can enable people to feel that their grief is more manageable.

I find that my mind is anxious and busy in grief - do you have any tips to calm my mind?

In my experience, this really depends on the individual. For example, a common answer is to meditate or to relax. While this is great for some, for others, silence can feel confronting when they have a racing mind. My advice would be to explore being in nature and try to consciously engage with your surroundings, noticing what the ground feels like beneath your feet, the temperature of the air on your face, the colours, and the textures of what you see. In doing so, we don't try to eradicate thoughts but allow something else to exist alongside so the mind will naturally slow down.

I find that when I attempt activities to reconnect with my body like massage or yoga, I am particularly tearful and emotional - why might this be?

As I mentioned, our body is always listening and responding to our emotional landscape. The mind and body are intimately interconnected as detailed in Mim's chapter. When we experience a strong emotion, like grief, we might find that some tissues tighten; we might be literally holding it together until we feel safe and ready to release. When moving our body, we might experience an unforced and natural letting go, not of grief but of emotional tension that is nestled in the body. As we move, areas that are stuck soften, tightly woven tissue unravels, and with that the body thaws and tears might flow or we might feel anger or frustration.

Our body holds so much wisdom, and embodied practices like yoga or massage allows space for this wisdom to be experienced. All emotions are welcome and are important even if they are difficult. If you find that you are particularly tearful during these practices, I encourage you to do them in a space where you feel safe to allow these emotions to be as they are.

I hope you find space to be kind and nurturing to your body. If you are struggling with this, I would gently encourage you to seek support from someone if you can. Holistic therapies can help us to face profound grief by ensuring our bodies are nurtured and to allow us to manage these huge emotions.

Chapter 4 - Postpartum recovery from a Physiotherapist's perspective



About the author

Jenni is a registered physiotherapist and runs The PABL Project, supporting the physical postpartum recovery of those who are postpartum after baby loss. Jenni facilitates the Pilates after Loss course offered by Lenny's Legacy Charity which is delivered live, online and is free to bereaved mums. Jenni is passionate about ensuring that bereaved mums receive support for their physical wellbeing and has seen firsthand the significant physical and emotional benefits that movement can bring to those in grief.

A note from Jenni

Hi, I'm Jenni and the most important thing that I want you to hear is just how sorry I am for the loss of your precious baby. I started The PABL Project after a dear friend of mine lost her baby to stillbirth at full term and experienced very little acknowledgement of the fact that her body was postpartum.

The focus of this chapter is to discuss aspects of physical recovery and strengthening with a particular focus on the core and pelvic floor muscles. In doing so, I will also discuss reconnecting emotionally with your body because we hold grief and trauma within our bodies. For this kind of loss, it is common for the core and pelvic floor to be particular areas where we hold grief and trauma as they are the areas of the body most changed by pregnancy and birth. So, the emotional benefits of doing these practices are as beneficial as the physical benefits. For example, bereaved mums who have completed the Pilates after Loss course are often able to return to their pre-pregnancy activity level, which is a great physical outcome, but they also report a more positive body image, greater self-compassion and confidence.

Working in partnership with the body

It is really common for women to take a long time to work through and understand the complex feelings they may have towards their body. I would gently encourage you, though, to begin this process by recognising

your body is grieving too; you are going through this together and so you can work in partnership with your body.

A letter to yourself

A helpful activity can be to write a letter to your body. Think of your body as a good friend who has gone through something really hard and give your body some loving encouragement as you write.

It is also helpful to acknowledge that as you grieve, your body is nurturing and caring for you - working quietly in the background to knit itself back together and to heal the physical changes and trauma that you have experienced. How incredible our bodies really are!

Self-Care

Are there ways that you can nurture your body as your body nurtures you? Simple loving activities such as staying hydrated, fueling yourself well and prioritising rest.

One of the activities that the bereaved mums I work with have found helpful as they start to think about their physical postpartum journey is Body Scanning. This gives the opportunity to connect with and 'check in' with your physical self. When we are grieving and our minds are overwhelmed, it can be very easy to forget about our bodies and our physical wellbeing. We can end up disconnected from our bodies, especially when our body may feel like a representation of the loss or the trauma that we are experiencing.

Body scanning

Try to take a few moments every day to mentally scan your whole body from head to toe. It can be helpful to do this in the shower as the feel of the water and the quiet pause in the day can really help. Ask yourself what physical sensations do you feel? Any sensations of heat or cold? Stiffness or niggles? Where are you holding your muscle tension? Can

you release it? What about your body functions - maybe you are thirsty? Hungry? Tired? What does it feel like to take a few full deep breaths?

So, a good starting point, even if you are very emotionally raw or physically depleted right now, is trying to think of your body as a partner in your grief, nurturing your body as your body nurtures you, and checking in with your physical self through daily body scanning.

But acknowledging my body is emotionally painful...

Pregnancy and delivering a baby have had a physical impact on you and right now your postpartum body may be a difficult representation of the reality of your situation. Add to that the physical trauma that you may have experienced and it is no wonder that acknowledging or connecting with your body may be emotionally painful. If you are feeling strong emotions when you focus on your body, then please know that this is really common and normal. Although it can be alarming and can make you want to disconnect from your body, these feelings that you are experiencing can and *will* change over time.

It can be helpful to recognise that how your body looks and feels right now is not going to be how it stays. Your body has an incredible ability to recover from what it has been through and to prepare for the future. You will get stronger and in fact, you have the potential to be stronger than you've ever been before! You may always carry physical signs of your pregnancy and birth but, as we start to reconnect with the body and reshape how you feel about your physical self, I hope that over time your feelings towards these physical reminders become tender rather than painful.

Mim's experience

"At first I didn't like the way my postpartum body looked and felt, over time I grew stronger and realised that although my body feels different to before pregnancy, it grew my baby, I am a mum now and my body reflects this which feels important because the outside world doesn't know I am a mum"

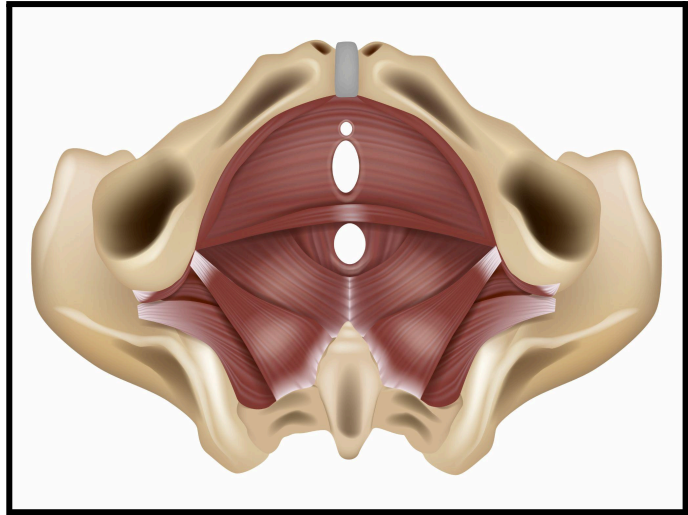
Below, I will discuss some postpartum-specific exercises to strengthen your core area and pelvic floor. Bereaved mums who complete the Pilates after loss course tell me that exercising can provide a temporary 'break' from the intense emotions associated with grief. On the other hand, sometimes, connecting with the body, especially the areas where you may hold trauma, can be particularly emotional. This is not a bad thing - experiencing these emotions is the start of working through them - but it is very important that you keep yourself emotionally safe. If you think that you are going to be emotionally triggered by exercising, then can I encourage you to do the following things before you start:

- Talk through how you feel about your body with someone.
- Plan to exercise at the time of day that you feel most resilient (i.e. not in the middle of the night when you're exhausted but can't sleep!)
- Make sure that someone is available to you, if you need them - You could ask someone to exercise with you, or exercise when someone else is in the house or at least available to contact.
- Learn some grounding techniques (see Mim's chapter) and know how you can settle your emotions.

If you do experience strong emotions when you focus on your body through exercise, then allow yourself to sit with and explore these emotions rather than avoid them, as far as it feels safe to do so. Be gentle with yourself in this process - it's okay to step away and return at another point.

Postpartum recovery starts with the pelvic floor

We're going to start with the pelvic floor muscles and it's important to understand firstly where they are and what they do. This is an image of the pelvis, looking up from below. As you can see, the pelvic floor muscles completely cover the space at the bottom of the pelvis. Think of your pelvis as a bucket, full of your abdominal contents, and your pelvic floor as the bottom of this bucket.



Your pelvic floor is really strong and actually pretty amazing! During pregnancy it works hard supporting the weight of your baby and pregnancy (placenta, fluid) and it also has the ability to lengthen over 250% during a vaginal birth. In addition, your pelvic floor multi-tasks to support the movement of your hips and spine.

The stretching of this important group of muscles during pregnancy and vaginal deliveries can leave you with pelvic floor symptoms, and feeling quite weak and wobbly in your core area when you are postpartum. These muscles are good at recovering but strengthening your pelvic floor muscles will help with:

- Giving you that sense of strength and control back in your trunk and core
- Maintaining and improving your bladder and bowel control
- Supporting the movement of your lower back and hips, and preventing or improving pain in these areas
- Preventing pelvic organ prolapse in the future
- Increasing sexual enjoyment for you and your partner

Due to the pelvic floor muscles being stretched, it can be hard to know whether you are switching them on correctly initially, so physical recovery begins with re-establishing an awareness of these muscles.

You need to be able to switch on but also relax your pelvic floor. Here's an exercise for you to try:

Pelvic floor exercises

1. Lie comfortably on your back or your side.
2. Core breath

Breathe in, expanding your rib cage in every direction like an umbrella opening. As you do this, relax through your pelvic floor muscles. You can focus on this sensation by imagining that you are breathing right down and through the bottom of your pelvis, gently pushing apart your sit bones, pubic bone and tailbone with your breath.

3. Pelvic floor lift and squeeze

Next, as you breathe out, you are going to gently squeeze and lift your pelvic floor muscles, without tightening any other muscles in your thighs, buttocks or upper body.

To do this, on the out-breath:

- Squeeze gently around your back passage as if you're stopping yourself from passing wind.
- Next, lift and squeeze around your vaginal passage.
- Lastly, tighten around your bladder opening, as if stopping yourself from passing urine.

Hold this lift and squeeze gently as you continue to breathe gently. As your pelvic floor tires, make sure that you actively release the squeeze before it tapers off and ensure that your pelvic floor is fully relaxed before performing another lift and squeeze.

You can download a more detailed leaflet titled [Core Breathing and Pelvic Floor Exercises here](#).

Once you have an awareness of your pelvic floor, it is important to strengthen these muscles in sitting and standing.

NICE guidelines tell us that we should aim for 10 squeezes of 10 seconds, each followed by 10 strong quick squeezes, and that we should aim to do these three times daily. If that sounds like too much of a challenge then just commit to doing them little and often - something is always better than nothing!

You can also download an app such as [Easy Kegels](#) (free) or the [NHS Squeezy app](#) (small cost involved) to help you do these exercises.

Your abdominal (tummy) muscles

Another muscle group affected by pregnancy are your abdominal muscles. During pregnancy, your abdominal muscles lengthen and the band of connective tissue down your midline, called the linea alba, softens and widens. This is a hormonally driven process and is completely normal. It is important to note that the abdominal muscles have not split apart but have softened and widened; we call this separation. The amount of separation will vary between women but research shows that 100% of women will have abdominal muscle separation at full term.

Again, your body is incredible in the way it quietly starts knitting itself back together after pregnancy, but we can support this process through exercising the abdominal muscles. This begins with learning how to use your deepest abdominal muscles, which run *across* your lower tummy. These muscles work together with your pelvic floor so it is important to add them into your pelvic floor muscle exercises. Here is another exercise for you to try:

Deep abdominal muscles squeeze

1. Lie comfortably on your back, knees bent and feet on the floor. Relax!
2. Deep abdominal muscle engagement - If you feel comfortable doing so, place your fingers on your hip bones and then come in an inch and down an inch. Your fingers are now over your deep abdominal muscles, your Transverse Abdominus, which run across your lower abdominal like a corset.
3. Take a breath in, focusing on breathing wide and deep through your ribcage and expanding down into your pelvis.
4. As you breathe out, lift and squeeze through your pelvic floor and

draw your lower abdominal muscles in towards your spine, imagining this corset tightening across your lower abdominal or your hip bones drawing together at the front.

You should feel the muscles under your fingertips tense up. See if you can hold this pelvic floor and deep abdominal muscle squeeze steady as you gently breathe in and out. Don't worry if you find this difficult - initially it feels like trying to pat your head and rub your abdominal, but it will become easier with practice!

In around one third of women, this abdominal muscle separation can persist to some extent. This in itself is only an issue if it is causing you symptoms. The symptoms that you may notice are:

- Bulging or 'doming' along your midline when you sit up from lying down
- A feeling of discomfort along your midline
- Feeling a sense of a gap when you feel along your midline
- Feeling weak and wobbly in your core when doing day-to-day activities
- Low back pain
- Poor posture
- Incontinence (leaking of wee or poo)
- Symptoms of prolapse (sense of bulging or heaviness in the pelvic floor area)

Strengthening and engaging your pelvic floor and deep abdominal muscles can support across the gap and help reduce symptoms. However, if you are experiencing these symptoms, you may benefit from a one-to-one assessment and treatment plan. Be proactive and ask your GP to refer you to a Pelvic Health Physiotherapist or find one privately in your area via [The POGP website](#).

...and breathe!

The reason that we start pelvic floor and deep core muscle exercises with a breath is because your diaphragm and pelvic floor need to work

together. If you breath-hold during these exercises then you are increasing the pressure within your abdominal area, which then creates downward pressure through your pelvic floor area when you do effortful movements. This is one of the reasons why pelvic floor symptoms such as leaking urine can be common during activities such as lifting, going on a trampoline(!), coughing and sneezing.

Key point

If you remember only one thing from reading this chapter then I would like it to be:

Breathe out and switch on your pelvic floor during effortful movements!

This is particularly important as we start to add full graded exercise into our recovery.

Introducing graded exercise

Pelvic floor and deep abdominal muscle squeezes are the initial part of your recovery but not very helpful on their own! You need to start moving gradually and to strengthen your pelvic floor and deep core so that they can handle the load and impact that comes with day-to-day life and exercise. Initially, this may involve gentle movements such as pelvic tilts and knee rolls while lying down and also gentle walking, increasing your distance and speed gradually.

Exercises such as squats, bridges and lunges all produce a better pelvic floor contraction than pelvic floor squeezes alone, so these are helpful exercises to start adding in when you feel ready. Remember to breathe out on any effort to avoid bearing down on your pelvic floor!

As you gain strength, start adding in low impact exercise such as the static bike or cross trainer at the gym. Swimming is a great option, but you must wait until seven days after postpartum bleeding has stopped and all wounds are fully healed. This is usually after around 6-8 weeks postpartum.

Exercises for postpartum recovery

These exercises focus on your pelvic floor and core area. They are a great place to start once you have learnt how to do a core breath followed by switching on your deep core (pelvic floor lift and squeeze with a deep tummy muscle engagement).

These exercises should be pain-free and should not cause any pelvic floor discomfort such as a sense of bulging or heaviness, or leaking urine or stool. You should also be able to perform them without any signs of tummy muscle separation. If you experience any of these symptoms then you would benefit from seeing a Pelvic Health Physiotherapist for an individualised assessment and treatment plan.

Doing these exercises will also help you to reconnect with your body and to reframe your core area as a part of your body that can gain strength and bring hope for the future, whatever that future may look like for you. Do them as and when you feel able. Once daily would be ideal but even once a week is better than none!

These exercises are also safe if you have had a Caesarean Section or have perineal stitches. Increasing the blood flow in those areas through exercise will actually help with healing. I have included some examples of exercises below.

Core breath

Before each exercise, do a core breath followed by a deep core squeeze (pelvic floor and deep tummy muscles). Hold your deep core squeeze gently throughout and try to breathe throughout the exercise rather than holding your breath!

Lie comfortably on your back, with your knees bent and your feet on the floor. If you're comfortable doing so, place your fingertips in an inch and down an inch from your hip bones, if not rest them on the floor beside you. Relax! Take a moment to scan your body from head to toe and to allow your body to sink into the floor beneath you, releasing any muscle tension that you are holding.

Pelvic tilts

Imagine that there is a marble lying midway between your belly button and your pubic bone. Flatten your back and curl your tail bone upwards to roll that marble into your belly button. Do this using your tummy muscles, do not push with your feet! Next, roll the marble from your belly button down to your pubic bone, by arching your lower back and sticking your tailbone down into the floor. Do this using your lower back muscles, keeping your ribcage soft and relaxed. Repeat 10 times.



Heel slides

Keeping your heel in contact with the ground, slide one foot away from you along the floor until your leg is fully straight. Draw your leg back in towards you. Don't allow your back to arch. Repeat with the other leg. Perform 10 times.



Head lift

Support your head with clasped hands. As you breathe out, tuck your chin on to your chest and roll your head and shoulders up and away from the floor. Hold for a few moments and then breathe in as you lower back down. Watch for hard doming along your midline and keep the natural arch in your lower back. Repeat 10 times.



Knee drop out

With your hands on your hip bones and keeping both feet on the floor, allow one knee to drop out to the side. Keep your pelvis and your other leg completely still as you do this. Then return the knee to the midline, still keeping your pelvis still. Repeat to the other side. Perform 10 times.

Single leg lift

Breathing out, float one leg up into a tabletop position and then back down on an in breath. Create the movement from your hip, keeping your knee at 90 degrees. Keep your pelvis level and don't allow your back to arch. Repeat with the other leg. Perform 10 times.



Bridge

Place your hands on the floor by your sides and bring your heels as close to your bottom as possible. In this position, push your hips as high to the ceiling as possible, squeezing the muscles in your buttocks (your glutes) as you do this. Hold for a moment then return to the floor. Repeat 10 times.

Progress by hovering one foot and performing a single leg bridge (see picture), but make sure to keep your pelvis level.

Leg slide- In an all fours position, with a flat back...

Slide one foot away from you along the floor, keeping your toe in contact with the ground. As you do this, keep your pelvis still and in the midline and don't allow your tummy to drop down towards the floor. Draw your leg back to the starting position and repeat with the other leg. Perform 10 times.



Progress by lifting your leg off the ground at the end of the movement. Focus on stretching your toe away from you rather than towards the ceiling. This will help you to not arch your back or drop your tummy towards the ground.

Shoulder taps

Start on all fours and engage through your pelvic floor and deep abdominals. Tap the front of your right shoulder with your left hand, followed by the front of your left shoulder with your right hand. You can progress into a half plank position and/or by adding alternate leg extensions between the shoulder taps.



Squats - In standing, with feet hip width apart

As you breathe in, take your bottom back and your arms forward, dropping into a squat. Next, breathe out and lift and squeeze strongly through your pelvic floor and deep tummy muscles as you return to standing. Repeat 10 times.

This is an important exercise to teach your body to breathe out and use your deep core when lifting or performing effortful movements.

When can I start running or other high impact forms of exercise?

This is a really common question, which is addressed brilliantly by the Return to Running Postnatal guidelines, written by an expert team of physiotherapists.

The key point to highlight is that you should ideally not start running (or other high energy impact activities) until 12 weeks after delivery.

If you want to exercise prior to this point, try to choose a low impact exercise such as the static bike, or work with a postnatal exercise

specialist to ensure that you're working 'with' your body and not against it.

The Return to Running guidelines also lay out prerequisites for running, such as pelvic floor endurance and body strength tests.

You can download a trigger-free version of the Return to Running guidelines from [The PABL Project](#) here.

EXAMPLES OF EXERCISE PROGRESSION IN THE POSTNATAL RUNNER					
Weeks Postnatal	Examples of Exercise Progression				
Weeks 0-2	 Pelvic floor muscle strength & endurance	 Basic core exercises e.g. pelvic tilt	 Walking for Cardiovascular exercise		
Weeks 2-4	 Progress walking, pelvic floor muscle/core rehab			 Introduce squats, lunges & bridging in line with day-to-day requirements	
Weeks 4-6	 Low impact exercise - static cycling	 Low impact - cross trainer	Individualise according to postnatal recovery, mode of delivery, perineal trauma & saddle comfort		
Weeks 6-8	 Scar mobilisation	 Power walking	 Increase low impact exercise	 Add dead lift	 Add resistance to lower limb & core
Weeks 8-12	 Introduce swimming	 Dependent if lochia stopped & wound healing satisfactory	 Spinning if comfortable sitting on a spinning saddle		
Week 12 & Beyond	 Graded return to running	 Goal specific	 Consider running coach	 Consider risk factors e.g. obesity	 Modify according to signs & symptoms

Source - Goom T, Donnelly G & Brockwell E. Returning to running postnatal - Guidelines for medical, health and fitness professionals managing this population. March 2019

SIMI Sports Medicine NI

Your pelvic health

It is common to experience pelvic floor symptoms whilst your pelvic floor and abdominal muscle strength is still recovering postpartum. For this reason, it is important to look after your bladder and bowel health during this time.

When should I seek help?

Postpartum recovery isn't always easy and after a loss there are additional challenges due to emotional triggers and feelings of grief.

I would suggest finding support and guidance from a Pelvic Health Physiotherapist or an exercise professional with postnatal training and experience.

If you have had a Caesarean Section then there will be extra considerations and you should be guided by the timescales given to you by the hospital.

In addition, if you have any leakage of urine or stools, if you feel like you have a separation in your abdominal muscles or if you have low back pain or pelvic pain, then you should see your GP for a referral to a Pelvic Health Physiotherapist. It is okay for you to exercise, but choose activities that do not bring on your symptoms.

And finally...

The women that I have worked with after a loss have gained incredible physical and emotional strength through exercise. I firmly feel that exercise can have a positive impact on any grief journey. I hope this chapter is helpful, and please know that the other support I offer through The PABL Project is here for you too - there are online resources and the option to book 1:1 sessions online or in person with myself. A great place to start would be the Pilates after Baby Loss classes provided free of charge to you through Lenny's Legacy Charity.

If you haven't already seen it, head to Youtube and watch the Lenny's Legacy film of Roy and Mim's cycle of the length of New Zealand. My favourite quote from the film is:

"Deep deep sorrow and joy can coexist. I don't know what the future holds, I don't know what life is going to look like, but I have confidence that I can face it. I can do things and there is hope"

I wish I could change your reality, but I know I can't change the fact your baby has died. I do hope that through helping you to heal physically, to reconnect with your body and to see yourself gain strength, that you find some of that confidence and hope for the future, whatever the future may be for you.

References

Crawford (2016) Pelvic floor muscle motor unit recruitment: Kegels vs specialised movement. American Journal of Obstetrics and Gynaecology Volume 214, Issue 4, Supplement, S468.

Goom, Donnelly and Brockwell (2019) Return to Running Postnatal – A guide for medical, health and fitness professionals managing this population.

NICE (2021) Pelvic Floor Dysfunction: Prevention and Non-Surgical Management

POGP Advice and guidance for the childbearing years

Chapter 5 - Postpartum Nutrition and Grief

About the contributor

This chapter was written in collaboration with Shelly Baker. Shelly holds a BSc in nutrition and a PG diploma in Nutrition, both with Distinction. Shelly is a registered nutritionist (ANutr) and is a qualified personal trainer. Shelly has a wealth of experience working in various roles as a nutritionist, but has particular expertise in supporting people to recognise and reach their personal goals. She is passionate about people finding joy in cooking, eating and moving their bodies.

A note from Mim

This chapter explores how we can nourish our bodies whilst experiencing grief. Time and time again bereaved parents tell me that they struggle with motivation, energy and the ability to plan and cook meals. This chimes with my personal experience. Before Lenny died, I loved cooking and in grief I found it incredibly difficult. This chapter provides some reassurance and some great practical tips.

Motivation

At this time, it is completely understandable that food may feel like an extra challenge, with appetite changes, cooking feeling overwhelming, or meals becoming an afterthought. There is no "right" way to approach this, and however you are feeling is completely valid.

Right now, the most important thing is to be kind and patient with yourself. Your body will benefit from nourishment, and it's okay if that looks different than it did before.

Essential Nutrients for Recovery

A note on supplementation

Most supplements are unnecessary and expensive. We can get most of what we need from the food we eat. I would ALWAYS recommend

asking a doctor for advice on supplementation and to test for specific deficiencies. Some common supplements (which may be helpful with guidance from your doctor) are Vitamin D, High quality Omega 3, Iron and B12.

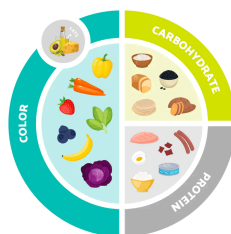
Some key nutrients to be aware of are:

- Iron – Iron levels can drop after birth, contributing to exhaustion. Good sources include red meat, lentils, beans, spinach and dried apricot. If you are struggling to get enough or if eating is difficult, iron rich water might help or you could check with your GP about taking an iron supplement.
- Protein – Supports tissue repair and strength. It also keeps you feeling full. Easy sources include eggs, prepped tofu, yogurt, cheese, chicken, or protein shakes.
- Omega-3s – This may support brain health and mental wellbeing so it can be helpful to manage the difficult emotions experienced in grief. It is found in oily fish (like salmon, mackerel, sardines, etc), walnuts, chia seeds, and flaxseeds.
- B Vitamins & Magnesium – Help with energy and nervous system support (these can help you to feel more energised during the day and to sleep at night). Found in whole grains, nuts, seeds, and dark leafy greens.
- Vitamin D – Supports mood and immune function. A supplement can likely be beneficial (check with GP), NHS advice everyone should consider taking a daily supplement containing 10 micrograms of vitamin D during the autumn and winter.
- Zinc - Aids in tissue healing which will likely be important after pregnancy and birth. It is found in seafood, red meat, pumpkin seeds, lentils, and chickpeas.

Nutrition

Focusing on individual nutrients can feel overwhelming so opting for a variety of foods, eating regularly and having balanced meals is often enough to get the nutrients we need. Balanced meals keep us fuller for

longer and provide stable energy and blood sugar responses. When your body and mind is already contending with so much, this can be really supportive. When planning meals, try to consider these food groups:



- Protein: Chicken, Fish, eggs, Greek yogurt, tofu, beans and lentils.
- Healthy fats: Avocado, nuts, seeds, olive oil, fatty fish, cheese.
- Carbohydrates: Whole grains, rice, quinoa, pasta, potatoes, bread.
- Fruits and vegetables: Fresh or frozen—both are great (tinned, pre-chopped, etc).

Even if a meal doesn't check every box, something is always better than nothing. If a plain bagel is all that feels manageable, that's okay. Your body needs fuel, and perfection isn't the goal.

Hydration

Grief and exhaustion can make it easy to forget to drink enough fluids. Staying hydrated supports energy levels, digestion, and overall well-being. If drinking plain water feels unappealing, try fruit teas, sugar-free cordial (even warmed up), add lemon or lime juice, or try coconut water. Keeping a water bottle on you and sipping throughout the day can make a difference, even if it's just small amounts at a time. Perhaps setting reminders on your phone to sip could be useful. You may wish to explore adding electrolytes if you are having difficulty eating and drinking.

Caffeine

In times of exhaustion and difficulty sleeping, it is understandable that to get through the day you might reach for caffeinated drinks for an energy boost. Coffee and tea can be helpful in moderation and might help you get through an activity or chore. However, it is really important to note

that too much caffeine can lead to energy crashes, anxiety, or disrupted sleep, especially when emotions and stress are already high.

If caffeine is a go-to for you, balancing it with hydrating options can be beneficial. Alternatives like herbal teas, cordial, warm milk, or coconut water could be a good option. If sleep is impacted, swapping coffee for decaf or opting for caffeine-free herbal teas in the afternoon and evening may help with better rest. Try and avoid caffeine after midday when you can if sleep is disturbed.

Grief and Food

Grief can deeply affect our relationship with food. Many people find they:

- Lose their appetite and forget to eat;
- Feel overwhelmed by grocery shopping or cooking;
- Go hours without eating, then suddenly feel ravenous and order takeaway or snack on food that doesn't make them feel better; or
- Struggle to find the energy or motivation to cook.

All of this is completely understandable. Making food easier, even in small ways, can support both physical and emotional well-being. If grief has made eating feel like a challenge, simplifying meals can make nourishment more manageable

When Cooking Feels Overwhelming

- **Accept Help** - If someone offers help, asking them to cook can be a huge relief. Many people want to help but don't know how. Some people who say, "Let me know if there is anything I can do," genuinely want to be given guidance on what to do, so consider asking them to make meals.
- **Keep it simple** - Sticking to easy, familiar foods can ease the pressure of planning and preparing complicated meals. Even if you are used to cooking elaborate meals, remember things like toast, soup, cereal, jacket potatoes, and sandwiches are all easy, practical options. Try to make one simple meal that used to be enjoyable to reconnect with that part of life.

- Prepare food in small steps - rather than cooking a big meal all at once, break the tasks down so chop vegetables in the morning and then cook in the afternoon.
- Use convenience foods - convenience foods aren't cheating and they don't have to be unhealthy either. Examples include pre-chopped vegetables, microwaveable rice or jarred sauces. Even if you haven't used these before, they can be helpful when your motivation to cook is low.
- Batch cooking - If energy allows, batch cooking can reduce the need to cook daily. Freezing portions of soup, stew, or pasta can help on tough days. When you have energy and want to, chopping up an extra veggie or grilling an extra chicken breast, for example, can help for moments when food motivation is low.
- Frozen meals – Pre-cooked rice packets with frozen vegetables and a protein (like prawns, chicken or tofu) can be quickly assembled (quinoa and lentil packets are great too).
- Meal kits - like Gousto, Mindful Chef, Green Chef etc can lighten the mental load of planning.
- Ready meals - Services like Wiltshire Farm Foods, All Plants (vegan), and Cook can deliver ready-made meals. If budget allows, having a few ready-to-heat balanced meals on hand can make a big difference on days when cooking feels impossible. Supermarket ready meals – Many brands offer balanced options with protein and vegetables (e.g., Cook, Charlie Bigham's, Gym Kitchen or supermarket brands).
- Protein shakes or meal replacement drinks – If solid food feels difficult, a protein shake can help get some sustenance in. Even better if you can blend this up with some oats, fruit, and nut butter.

Refocusing on cooking

When we are facing difficult times in our lives, we naturally compare our motivation and energy to when we were doing well and question why we are struggling with something we previously managed. I would gently encourage you to avoid making this comparison with yourself or others; you are contending with so much right now and it is understandable that cooking is not a priority. Cooking is also a form of self-care, but it can feel really difficult to take care of ourselves when we are struggling. Please be

patient with yourself and remember cooking doesn't have to be perfect, but that something is better than nothing.

Quick, Low-Effort Meals for easier nourishment

If cooking feels like too much, these simple, nourishing options can help:

- Microwave Jacket Potato with Toppings - microwave a potato for 5-7 minutes, then top with cottage cheese, tuna, or beans.
- Pasta with Jarred Sauce & Protein - pasta with jarred tomato or pesto sauce and pre-cooked chicken, prawns, or tinned lentils.
- Stir-Fry with Pre-Cooked Rice or noodles - heat frozen stir-fry vegetables, add tofu or cooked chicken and toss with pre-cooked microwave rice or noodles and a ready-made sauce.
- Toast with Toppings (opting for some protein and healthy fat where possible): peanut butter and banana, cheese and tomato, avocado and smoked salmon.
- Pre-made soup with Bread & Extra Protein - heat a store-bought soup and stir in Greek yogurt or shredded chicken, served with wholegrain toast. (Opt for chunkier higher fibre soups when you feel up to it, with beans and lentils, etc).
- Smoothie - blend a banana, milk, protein powder, peanut butter, and oats.
- Ready-made salads with Added Protein -premade supermarket salads with boiled eggs, tinned fish, or pre-cooked chicken, add a handful of nuts and maybe a pouch of precooked quinoa or pasta.
- Oven-Baked Fish & Frozen Veggies -frozen fish fillets baked in the oven, paired with frozen vegetables and microwaved potatoes or rice. Add a sauce or tinned tomatoes if you like.

Easy Snacking Ideas

If full meals feel overwhelming, small, high-impact snacks can help maintain energy levels and provide essential nutrients without the effort of cooking. Some ideas include:

- Greek yogurt with honey or berries and nuts or seeds;
- Cheese and wholegrain crackers;

- Nuts and dried fruit;
- Oatcakes with nut butter;
- Hard-boiled eggs;
- Microwaved edamame beans;
- Babybels and some pickles; and
- Chocolate bar or biscuits alongside some fruit or yoghurt.

Even if appetite is low, small snacks can help keep energy levels steady and prevent fatigue from worsening.

Right now, your goal is nourishment in whatever way feels manageable, as in grief your energy and motivation will fluctuate. It is okay to have days where food feels easier and days where it doesn't. If all that is possible one day is toast or a ready meal, that is still caring for your body. Comparing cooking habits to before isn't helpful, energy levels and emotional capacity are different now, and that's okay.

Being patient with yourself is key. Some days will be easier than others. What matters most is showing up in whatever way feels possible, without judgement. You might find that cooking becomes a mindful, calming activity for you. You might find that you become really passionate about cooking and trying new things. Or you might find that your relationship with food and cooking changes over time in different ways.

Chapter 6: Becoming your Strongest Self

This chapter was written in collaboration with Siobhan Houldridge.

About the contributor

I'm Shiv; I am a gym owner of Unit 16 in Sheffield (as featured in Women's Health top 10 Women's only gyms). I have over 10 years of industry experience running women's strength and fitness classes, and I work with a range of different clients, many during pregnancy and postpartum. I hold a first class degree in Sports and Exercise Science and I am a 'Girls Gone Strong' Women's coaching specialist. My sport is Strongwoman - I love lifting and moving heavy things - I have competed at World's Strongest Woman. My real passion is helping women to achieve things that they never thought possible - from people who have never stepped foot in a gym before, to those who want to compete. I am hugely supportive of Lenny's Legacy as a charity because I think that bereaved mums have to be some of the strongest women on the planet - you shouldn't have to be but you are.

In this chapter I will offer some advice and guidance on how to approach strength and resistance training postpartum, explain my journey working with Mim and offer some basic exercise programmes. I am so sorry you are here reading this book, but I am here to guide you on how you can make a good physical recovery and in doing so how that might support you emotionally too.

An important note

The information I have provided is based on a full term pregnancy and delivery. Unfortunately, there is a real shortage of research for those who experience earlier loss and the impact on the body. However, this chapter should be suitable for anyone who has been pregnant and birthed a baby - so this covers from around 15 weeks gestation up to full term. This is because many hormonal changes take place by the second trimester, you have still given birth and are postpartum. The weeks I advise are based upon averages for full term pregnancies; please bear in mind that averages mean that it might take you slightly

longer, or you might feel you can do some of things sooner - we are all individuals.

What are the benefits of strength and resistance training?

Strength training is absolutely crucial for women of every age and at every stage of their lives. The huge range of benefits include, but are not limited to:

- Increased bone density, which can help prevent osteoporosis in later years;
- Reduced risk of chronic conditions such as diabetes and cardiovascular disease;
- Improved balance and posture which can reduce the risk of falls; and
- Changes in body composition such as increasing muscle mass and reducing body fat.

Strength training can be really beneficial to improving and maintaining good pelvic health, something which is key after pregnancy. I would say the most important benefits of strength training in the context of pregnancy and infant loss are feeling empowered, confident, physically strong and building trust in your body again. I am a huge advocate for focusing primarily on what our bodies can do, rather than how they look - I think this can have a positive impact on our mental wellbeing.

Body image

As with all of the coaching I do, I think how your body looks is the least important part of training. Too often we hear the phrase 'get your body back.' I would gently encourage you to move forward and to see what your future body can do. Your body may change after birthing a child, societal pressure for women to go through something as monumental as pregnancy and childbirth and look exactly as they did before is unrealistic and unfair. There are physiological changes during pregnancy such as hips widening, which are absolutely necessary and that is ok. I recommend avoiding any 'body transformation' material online and please remember that not everything you see on social media is a true reflection of reality.

Mim often talks about not wanting her pre-Lenny body back because he existed, he matters and he made her a mum. She has shared with me that she fits in most of her pre-pregnancy clothes, but some she doesn't, and some don't fit the same, so it has been an excuse to treat herself to new clothes.

Having said this, I recognise that concerns about body image may be an added source of pain after your baby dies. It is truly unfair to have to come to terms with the physical changes you have experienced without your baby here as they should be. Please be kind to yourselves and your body; you have been and are going through a lot. My hope is that, in time, exercise can support you to feel more comfortable in your own skin.

Before you begin strength training....

You will get stronger training postpartum; if you want to, you can absolutely become the strongest you have ever been, but it is important to be patient and remember there is no rush. It does take time to build strength, particularly core strength after pregnancy and birth, particularly if you had a cesarean section, but you can certainly regain this strength. It is far better to be consistent with a training programme which is manageable for you, than to burn yourself out or injure yourself by overdoing it.

To ensure your progress is safe and controlled, make sure you consider your breathing, correct bracing and engaging and relaxing your pelvic floor. Focus on how your body feels and pay attention to symptoms such as heaviness in the pelvis, coning or doming of your abdominals, especially if you have diastasis recti, incontinence, pelvic or lower back pain or pain around your c-section scar. If you notice any of these symptoms in relation to exercise, I would strongly advise seeking support from a trainer who has the relevant qualifications and experience working with postpartum women.

Guidance on exercise timescales

The below timescales are general and meant for guidance only. Your physical recovery is unique to you. It is important to be mindful of any symptoms as described above and to seek professional support if you are unsure.

During the first 12-16 weeks postpartum: At this early stage, bodyweight exercises, light resistance training and gentle abdominal exercises are recommended. I would stress that the type and intensity of these

exercises will need to be tailored to your personal experience. This is why I recommend working with a qualified trainer who is experienced in postpartum recovery if you wish to exercise before 12-16 weeks postpartum.

If you haven't already, it would be a good idea to sign up for the 6 week PABL project Pilates, which is offered by Lenny's Legacy Charity. This is specific to the postpartum experience and is sensitive to loss. If you have already completed it, then you have already completed a crucial stage in recovery and put yourself in a great position to begin strength training and other activities.

Given the intensity of your grief at this stage, with the added emotional strain of funerals, investigations and other things which no one should ever have to face, it might be a good idea to try to focus on a gentle daily walk at this stage, maybe with some gentle yoga or Pilates.

I would advise avoiding high impact exercises such as jumping or running until your body is ready for it, which usually takes around 12- 16 weeks postpartum, because they can create increased intra-abdominal pressure. Heavy weight training, carrying heavy objects, or other high load activities should be avoided at this stage, as these can also increase intra-abdominal pressure, strain the pelvic floor muscles and cause stress to tissues, which are repairing. It is also sensible to avoid sports with a high risk of falling such as climbing or downhill mountain biking at this stage in recovery.

Once you are 12- 16 weeks postpartum: Whether or not you have had a vaginal or C-section delivery, you can be confident that you are ready to start strength training safely. You can also attend fitness classes at this point, if you feel comfortable to do so. It would be good to let the instructor know so that they can make any necessary exercise changes.

After 16 weeks postpartum: Providing you have been steadily building up your activity levels as detailed above, you can start incorporating compound lifts such as weighted squats and deadlifts. Some great exercises to do post-pregnancy to support core strength and stability are unilateral and offset exercises such as split squats, half kneeling dumbbell presses, single leg glute bridges, deadbugs and suitcase carries. My recommendation is to start with light weights and slowly build the resistance each week, ensuring you focus on breathing through the movement whilst not bearing down into your pelvic floor.

Remember to listen to your body and watch out for signs you may be over exerting yourself (e.g. pelvic floor symptoms like dragging, heaviness, bulging, leakage, pain or musculoskeletal pain). If you are not confident with strength training, I would recommend getting a personal trainer or strength coach so they can take you through the technique and ensure you are lifting correctly. If this is not something you are comfortable doing, you may be better off getting an online coach to help you program sessions that you can do at home using limited equipment. The workouts don't have to be extensive; you could initially try and incorporate a short 5-10 minute workout at home 2-3x per week. It just needs to be something that you can easily achieve each week, the duration and difficulty can then build up over time.

Energy Scales

It may also be helpful to use a scale to rate your energy levels and this could help you determine the intensity at which you should train on that particular day. For example:

- 9-10 Do the workout as planned;
- 7-8 Workout as planned, but it is ok to modify and drop weights or intensity;
- 5-6 Modify the workout and decrease the repetitions, sets or weight being lifted;
- 3-4 Do 20 minutes of moderate intensity cardio or yoga/Pilates; or
- 1-2 Do 10 minutes of a mindful low intensity activity such as going for a walk or stretching.

Due to the complexities of grief, you may find this scale useful to consider over the coming months and years. Grief is not linear, so it is unlikely that you will work up the scale over time. Rather, it is a useful scale to use to plan your activity levels in response to your energy levels and intensity of your grief at certain times.

Diastasis Recti

This is the abdominal separation that occurs during full term pregnancy; sometimes it takes time to come back together and differs in severity. If you have diastasis recti after 12-16 weeks postpartum, it is advised to still have this checked as exercise progression will vary slightly depending

on the severity. It is worth noting that diastasis recti persists in 1 in 3 women postpartum, so it is not unusual, and it is treatable but is worth keeping an eye on. Women with diastasis recti often fall into two camps: those who are overly cautious and underload their abdominal muscles, and those who may push themselves too hard, too soon. Finding the right balance is key. There is no “perfect” exercise or exercise regime for women with diastasis recti, with many different forms of exercise having positive results. I would recommend starting very steadily and avoiding coning and doming of abdominal muscles.

A note on rest

Although the benefits of exercise are extensive, you also have to be gentle with yourself and know when you are doing too much. Everyone's recovery is different, especially when you are experiencing grief. Some key signs that you may be over exerting yourself post pregnancy are heaviness in your pelvis, lower back or nerve pain, muscle soreness that lasts more than a couple of days, extreme fatigue post exercise, and sessions that previously felt comfortable feeling more challenging. If this is something you experience, it might be beneficial to reduce the intensity of exercise for a while and try yoga, Pilates or going out for a walk to let your nervous system and body recover.

Future pregnancies

Many women who experience the tragic death of a baby go on to have another pregnancy or pregnancies. Exercise and strength training can prepare your body for future pregnancies by speeding up the recovery and strengthening of your deep core muscles. Exercise can improve aerobic fitness and prepare your body for the physical challenge of pregnancy. Aside from all the physical benefits, exercise can reduce stress (which will be key in pregnancy after loss), improve body confidence, self-esteem and low mood.

Conclusion

I believe that you can build your physical strength in the context of postpartum and grief, but I think this needs to be done steadily and carefully. Whilst exercise and strength training can't reduce your grief, Mim has often shared with me that feeling physically strong helps her to feel emotionally stronger and able to carry her grief - I hope this is the same for you. I hope you approach your exercise routine with self-compassion; this is the powerful practice of treating ourselves with

kindness, understanding and acceptance, especially during times of difficulty. I truly believe that experiencing the death of your precious baby is something no one should have to experience, and it is really important to be gentle with yourself. You are on your own journey and you need to take it at a pace that is realistic for you. I'm rooting for you and I know your baby is so proud of you.

My experience of supporting Mim

Mim started strength training in my group sessions just before lockdown hit. When gyms reopened, Mim was pregnant with Lenny; she continued to attend the group sessions until late in her pregnancy and I advised her on how to safely modify the exercises. After Lenny died, Mim came to the gym after a few months. I then trained her through her pregnancies with Bhai and Raya. Training Mim through three pregnancies close together and the recovery from each of these has been a privilege. I have seen firsthand how she has recovered physically and how consistent training has been supportive emotionally even in the depths of her grief. We have formed a close friendship and I have learned a lot about grief and loss.

In training Mim, I have been aware not only of how she is physically but also of the impacts of grief: we tend to back off if she hasn't had much sleep, take things a little easier at difficult times of the year and modify the training based on particular injuries. For me this is about balance, making sure to consistently train and work hard enough to get benefits, whilst being aware that grief has a huge effect on the body. It has been great to see that Mim has made steady but huge progress each time postpartum; she cycled the length of New Zealand and can do body weight pullups. I share this because if you consistently train with steady progressions you WILL get stronger and can become the strongest you have ever been. I encourage you to focus on your own journey and your personal goals. You are training in the context of having birthed a baby and dealing with intense, devastating grief. It is incomparable to anyone else; you are having to contend with a lot. I think exercise can make this feel more manageable rather than adding to your load.

What Mim says

Early in my grief I went to the gym just as a safe place I could go. I found going through the motions and following instructions gave me a focus for my mind so I had a little break from the depths of my pain - it is hard to think about anything else when you are focussing on standing on one leg. Over time, going to the gym became about having some sort of structure or routine and an anchor for my week. It was, and still is, very important that I feel completely comfortable there and completely comfortable with Shiv. There are times when I have turned up in floods of tears, there are times I have felt anxious or angry, but I feel I can be myself with Shiv. I really think it is important you find a trainer or a space where you feel comfortable and that works for you. It was only further down the road when I started to view exercise as a way to get fitter and physically stronger. Put simply, survival rather than getting fit and strong was my priority.

Looking back, since Lenny died, I have suffered another loss (of Bhai at 18+5 weeks) and had another full term pregnancy and C-section in the space of only 3 years. However, within this time I have also achieved a lot physically: I have hit PBs on compound lifts, cycled the length of New Zealand and I can do body weight pull ups. Since Lenny died, I have both been the fittest and strongest I have ever been, but equally I have also had a LOT to recover from. I want to stress that this has not been easy or straightforward; at times it has been frustrating, recovery is rarely linear and sometimes it was one step forward and two steps back. Both Shiv and I agree that I would have returned to heavy lifting sooner had Lenny lived but postpartum recovery in the context of grief is VERY different.

I have experienced various injuries related to holding stress in my body, struggled with sleep and generally lacked motivation. I also would not have had three pregnancies and births so close together had I not experienced loss. I want you to know that you absolutely can get fit and strong in time, but that the road might be longer than you anticipate. Simply getting out of bed and facing the day can be a huge challenge so maybe fitness is not your priority now and that is ok - we can't expect ourselves to function at the same level when the worst has happened to us. Maybe you want to focus on daily walks for now and return to this chapter further down the road. One thing that I have had to learn is to be gentler with myself in grief. I don't push myself as hard and listen to my body more; sometimes this means resting or taking it steady, and I find the scale Shiv included helpful to guide me in this.

Returning to Exercise Postpartum - Bodyweight and Free Weight Workout Options

These exercise sessions are for women who are at least 12-16 weeks postpartum with clearance from a medical professional to return to exercise.

If you are new to resistance training, stick to bodyweight and light dumbbell/kettlebell workouts for the first 6 weeks returning to exercise. I recommend then seeing a trainer to be taught the correct lifting technique for the big compound lifts after this period. If you are more experienced and have done a significant amount of strength training before, you can reintroduce light barbell movements. As always, be aware of your body and what you need each session.

The main goals of the first 6 weeks of returning to exercise are:

- Rest and recovery;
- Re-establishing good breathing patterns;
- Strengthening core and pelvic floor connection;
- Improving mind and muscle coordination; and
- Progressively returning to strength training exercises.

In the session plans below, numbers and letters are used to show exercise order. If an exercise has the number 1 in front of it, it's in the first set of exercises to be performed. The letters show the order in which the exercises in the set are completed.

Some exercises are performed as a superset, meaning they are paired with another exercise. If there are three exercises performed in a series, that's a triset. For example, Workout 1 begins with a superset. Exercise 1A is a Bodyweight Squat to box/chair (or a Goblet Squat to box/chair) and Exercise 1B is a Wall Slide. That means you perform one set of Exercise 1A, rest 30-60 seconds, perform one set of Exercise 1B, rest 60s-2min, and repeat until you've done the designated number of sets. Then move on to the next set of exercises. Rest needed between exercises and sets will depend on your recovery, previous experience and the weights being lifted.

The set and repetition information is written in the following format: Sets x Reps x Wt. So in Workout 1, Exercise 2A, 2-3 x 8-10 / e.s indicates 2-3 sets of 8-10 reps each side.

Your repetition range for this period of training will be set between 6-12. If you can comfortably hit 12 repetitions of an exercise, the next time you do this session take the weight up slightly and drop the reps back down to 6-8. Each week it would be great if you could progress in some way, whether that is increasing the amount of repetitions, sets or weight lifted. If you do not feel up to progressing the session in any way one week, this is also absolutely fine. Remember to use the scale mentioned previously in the chapter to rate your energy levels and help determine the intensity of your session.

Click on any exercise to see a demo video.

Workout 1 - Bodyweight or light dumbbell/kettlebell home workout

	Week 1-2			Week 3-4			Week 5-6			
Exercise	Sets	Reps	Wt	Sets	Reps	Wt	Sets	Reps	Wt	Rest
1A <u>Bodyweight box squat</u> or <u>goblet squat to box/chair</u>	2-3	8-12		3	8-12		3-4	8-12		30-60s
1B <u>Wall slides</u>	2-3	8-12		3	8-12		3-4	8-12		60s-2min
2A <u>Supported reverse lunges</u> or <u>reverse lunges</u>	2-3	6-10 e.s		3	6-10 e.s		3-4	8-12 e.s		30-60s
2B <u>Incline slow mountain climber</u> or <u>mountain</u>	2-3	6-10 e.s		3	6-10 e.s		3-4	8-12 e.s		60s-2min

<u>climber</u>										
3A <u>Glute bridges</u> or <u>feet elevated glute bridges</u>	2-3	8-10		3	10-12		3-4	10-12		30-60s
3B <u>Side plank off knees</u> or <u>side plank</u>	2-3	10s hold		3	10s hold		3-4	10s hold		30-60s
3C <u>Bird-dog</u>	2-3	8-10 e.s		3	8-10 e.s		3-4	8-10 e.s		60s-2min

Workout 2 - Light dumbbell/kettlebell and machine gym workout

	Week 1-2			Week 3-4			Week 5-6			
Exercise	Sets	Reps	Wt	Sets	Reps	Wt	Sets	Reps	Wt	Rest
1A <u>Kettlebell suitcase deadlift</u> (can perform <u>elevated</u> off low box)	2-3	6-10 e.s		A 3	6-10 e.s		3-4	8-12 e.s		30-60s
1B <u>Half kneeling dumbbell press</u>	2-3	6-10		3	6-10		3-4	8-12		60s-2min
2A <u>Lateral step up</u> to <u>balance</u> or <u>dumbbell lateral step up</u>	2-3	6-10 e.s		3	6-10 e.s		3-4	8-12 e.s		30-60s

2B <u>Seated</u> <u>row machine</u> or <u>TRX rows</u>	2-3	8-10		3	8-10		3-4	8-12		60s-2min
3A <u>Half</u> <u>kneeling</u> <u>pallof press</u>	2-3	8- 10 e.s		3	10- 12 e.s		3-4	10- 12 e.s		30-60s
3B <u>Plank off</u> <u>knees</u> or <u>full</u> <u>plank</u>	2-3	10- 20s hold		3	10- 20s hold		3-4	10- 20s hold		30-60s

Remember any movement you do is better than no movement at all and try to use the scale to assess the intensity and duration of workouts. When you make things harder, do this gradually and if it feels too difficult, ease off. You know your body and you understand how exhausting grief is. Focus on your form so that you prevent injury and really work the muscles you are aiming to work. You might surprise yourself as time goes on with what you are able to do physically. I have trained Mim through grief and I have seen firsthand how hard it is just showing up, but I also know she always leaves sessions feeling very slightly lighter.

Chapter 7 - Concluding thoughts by Mim

I hope you have found some words of comfort in these pages and found the information helpful. I know too well it doesn't change the sad reality that your baby has died. I know there is nothing I can do to take away your pain, but I do hope the information and guidance within this book makes your experience slightly more gentle.

I wanted to write the book to answer the questions that I needed answers to. I want to remind you that you aren't alone in this isolating experience. I want to ask you to please nurture your postpartum body - your experiences have been so cruel and unfair, please be kind to yourselves.

None of the contributors to this book (apart from myself) are bereaved parents, but they all care deeply about offering support through this book. I hope you find people in your lives who care deeply about you and your babies. I know from experience that who these people turn out to be might surprise you. My advice is to notice those who lean in rather than take the easier option of looking away; they're rather special like the contributors to this book.

We would love to hear from you if you have any feedback or thoughts from the book. You can contact us via social media (Instagram or Facebook) or via email. Please also share this book, our website and our charity with friends and family, or with your healthcare teams so that the people who need us can find us.

Finally, we have more resources on our website so have a look at these when you are ready. We also do monthly online and in person support groups and lots of in person and online events. These are all free of charge for bereaved parents.

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Thank you to my sons Lenny and Bhai for being the driving force behind everything I do. This book started off as a summary pamphlet about the Pilates course; it became a book because as your mum I can achieve things I never thought possible. Thank you to Roy for being a constant support and an amazing dad to all of our children.

Finally, thank you to every bereaved parent who has been in contact with our little charity - it is an honour to know you all. I just wish we had met under different circumstances. It is a privilege to hear about your babies. I always think of our stories as love stories rather than loss stories. This book, like everything we do, is dedicated to your sweet babies who should be here. I like to think that our babies guided you to read these pages.