Increasing Health Equity for Postpartum Women Through Physical Activity

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While the birth of a child is a joyous moment within a family, there can be repercussions for the immediate and long-term mental and physical health of mothers. Many women struggle with mental health distress leading to postpartum depression and anxiety, with symptoms aggravated by lack of sleep, psychological distress, and physiological changes.1 Physical activity (PA) is a valuable tool to assist in coping with physical and mental challenges postpartum. However, many postpartum women are hesitant to engage in PA because of vague recommendations for what is safe to engage in,2 highlighting a lack of guidance in understanding how to safely engage in PA after childbirth. Moreover, self-efficacy for PA tends to be lower in the postpartum period3 and is associated with inactivity.4 Therefore, it is necessary to support mothers in increasing their self-efficacy for PA postpartum to increase PA behavior.5 Guided by Bronfenbrenner’s social ecological model,6 the aim of this commentary was to provide recommendations on how to support postpartum women’s PA engagement through a health equity lens.

PA has been described as a human right,7 and therefore, it is essential that we improve access and education surrounding PA adaptation postpartum to support and improve mothers’ well-being. The social ecological model6 depicts that human behavior is affected by numerous elements from individual to systemic levels. For this commentary, we use this model as a guide to support the engagement of PA for mothers, grounded within the chronosystem (stage of life that the individual is going through) as the postpartum period. We consider postpartum to be a fluid interpretation of time representing the recovery from pregnancy and birth both physically and mentally,4 yet it is commonly categorized as birth through to 12 months.8 Challenges faced during this period present inequities in PA engagement if not supported across all levels of society, including policy, community, interpersonal, and individual levels. Below, we describe ways in which postpartum women can be supported to engage in PA after the birth of a child across these levels, making it an equitable, accessible, and quality experience (see Figure 1). Given the commentary’s objectives, there is a narrowed focus on specific constructs relevant to postpartum women; therefore, reference to the broader social determinants of health that universally impact PA engagement across populations and lifespan (eg, gender, race, ethnicity) are not discussed, yet are recognized as critically important.

First, at a policy level, there is a need for advancing support for postpartum women to ensure there is adequate time for physical and emotional recovery after birth. Women require access to a maternity leave that is both of sufficient monetary compensation and duration to allow for care of self and infant.9 Expansion of paid maternity leave is also essential to support mothers in returning to the workplace if/when women choose to. Access to workplace health benefits is needed to ensure that postpartum women can leverage the expertise of relevant healthcare professionals (eg, physiotherapists, psychologists) to support physical and mental health. Further, flexibility around returning to the workplace is needed to support gender equality and workplaces can support PA engagement through workplace initiatives/opportunities (eg, access to recreation facilities).

At the community level, appropriate and equitable treatment from allied healthcare professionals is necessary to ensure that women feel they have recovered and are ready to return to movement. As aptly stated by a mother in our research, “I didn’t know who to ask about how it should feel.”10 Healthcare organizations must communicate reasonable expectations for PA postpartum and provide guidelines for how to get started. However, to date, a lack of research and clinical practice guidelines make it difficult for both postpartum women and healthcare providers to navigate a safe and effective return to PA postpartum.11 These guidelines may include preparatory and prevention methods, including access to pelvic physiotherapists and exercise psychologists, who are essential to women’s health both before and after childbirth to facilitate guidance and support self-efficacy for PA.11–13 In addition, community and municipal organizations must embrace partnerships with recreational organizations and allied healthcare providers (eg, maternity providers, general practitioners, pelvic physiotherapists) to ensure PA programming is catered toward mothers’ needs, such as offering mother and child fitness activities, childcare, and reducing membership fees when finances may be strained.

At an interpersonal level, mothers need to be provided with the opportunity and support for PA engagement. Mothers have discussed the need to adapt their PA to motherhood (eg, walking with their infant in a stroller) and around motherhood (eg, having childcare to go to a recreation center),14 and are often forced to rethink PA postpartum as they learn to move in a new body while caring for an infant amidst other responsibilities (eg, domestic, professional).10,14 Postpartum women often require social support to engage in PA alone (eg, from family or friends) or through group accountability (eg, mother groups). Partners need to be further supported in their PA pursuits so they in turn can support the mother. Parents who engage in PA together, as well as mothers who have greater social support, have more capacity to engage in PA as a family, or, as individuals.15

At an individual level, women must practice reasonable goal setting and learn to engage in PA through a self-compassionate lens (ie, believing it is okay to take time to prioritize the self, including PA engagement).16 There are times when PA is not compatible due to sleep deprivation or illness, and reprioritization is needed to

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support well-being (eg, recovery). Societal norms and the “bounce back narrative” often make mothers feel pressured in PA engagement beyond capacity.\(^{10}\) Of particular concern is the notion of intensive mothering\(^ {17}\) as a toxic perspective of motherhood that requires self-sacrifice instead of self-compassion. These changes in societal norms may support postpartum women’s PA engagement while also providing a more realistic understanding of the postpartum experience.

In conclusion, women continue to face barriers as it relates to health equity.\(^ {18}\) PA engagement, acknowledged as a human right,\(^ {7}\) is one ingredient toward achieving health equity that supports physical and mental well-being. It is essential that postpartum women have equitable access to quality PA and input is needed across all levels of society to make this happen.

References

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