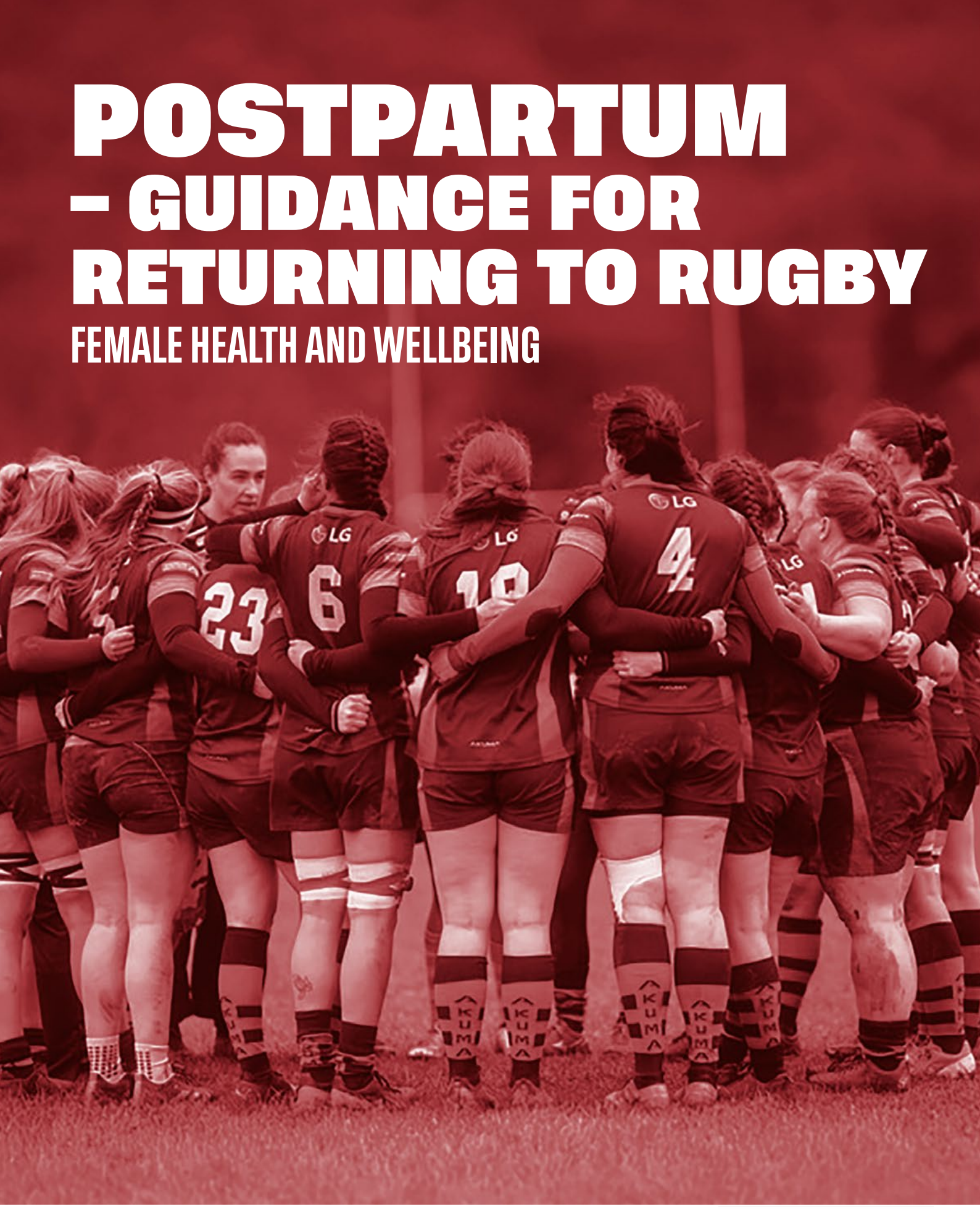
POSTPARTUM – GUIDANCE FOR RETURNING TO RUGBY

FEMALE HEALTH AND WELLBEING



England Rugby

RUGBY SAFE

Contents

1. Introduction

The intention of this guidance is to provide female rugby athletes e.g. players and match officials with the key information needed to guide a safe and effective return to rugby regardless of playing level and resources available. It is **NOT** medical advice and therefore it is important that female rugby athletes follow any specific advice given to them by healthcare professionals involved in their care.

Pregnancy, childbirth and the postpartum period (the first few weeks and months after giving birth) can lead to many physical, emotional and social changes. There is often conflicting advice and opinions offered during this time, so it is vital that athletes are supported with accurate resources to help prepare them for the demands of rugby following pregnancy.

The guidance will:

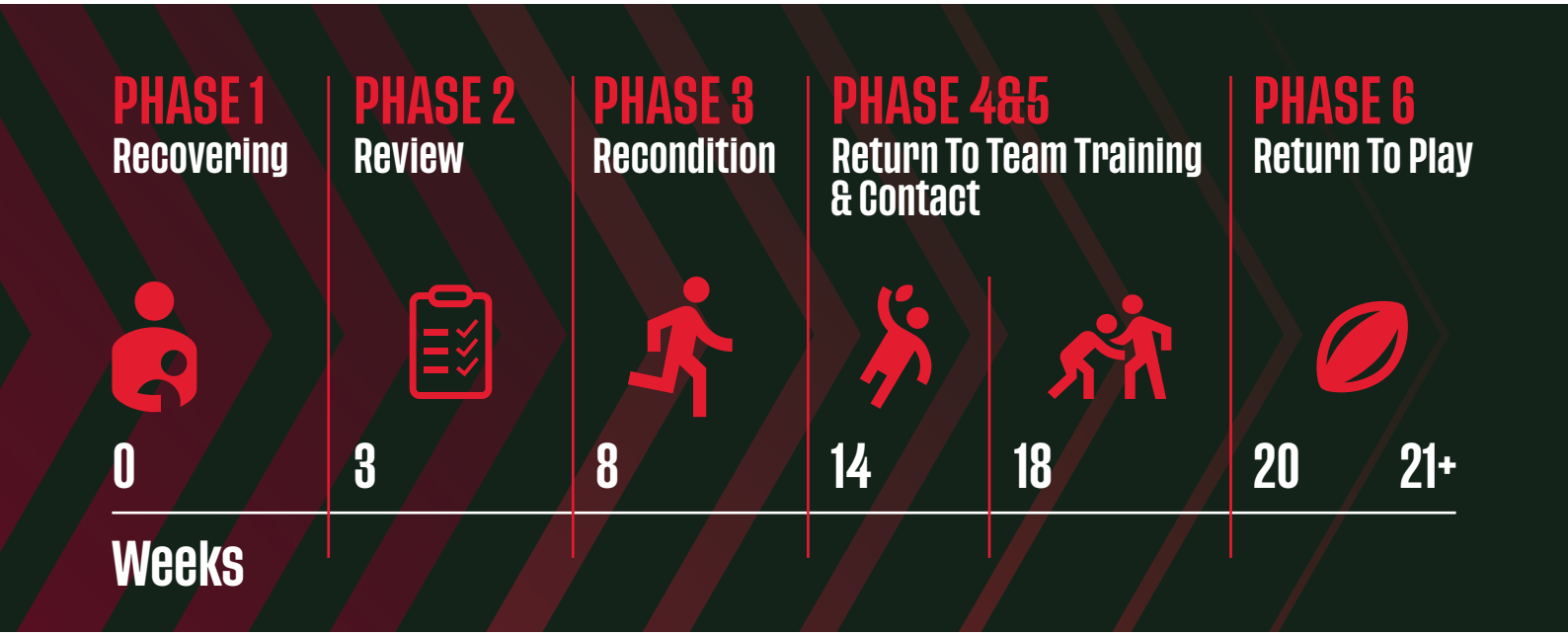
1. Guide female rugby athletes to return to rugby specific strength and conditioning.
2. Support female rugby athletes to achieve an effective and safe return to play.

The resource also contains information and **guidance for coaches** to help them feel confident in the role they play in supporting female athletes to successfully return to play following pregnancy.

World Rugby supports moderate to low impact exercise during pregnancy. However, Rugby is not recommended during pregnancy due to the potential increased risk of injury to both unborn child and mother.

For more information on participation in rugby whilst pregnant follow this link

Postpartum Timeline To Return to Play



This timeline has been designed to give an example of what a postpartum return to play could look like, however female rugby athletes should always be supported as individuals, so their timeline may look different.

Whilst each female rugby athlete will have varying levels of support from coaches and other team members, this guidance assumes a minimal level of provision to be available to each athlete.

It is important to recognise that any pregnancy, including loss (stillbirth, miscarriage or abortion), will create physical and emotional responses and an individualised approach for all female rugby athletes is advised.

Examples of Exercise Progression

	STRENGTHENING	CONDITIONING	RUBGY
PHASE 1: Recovering	Pelvic floor exercises	Activities of daily living	Recovery
PHASE 2: Review	Foundation exercises	Non impact conditioning	Static/short range skills
PHASE 3: Recondition	Strength and power	Return to running	Running skills/ kicking
PHASE 4: Return To Team Training	Return to normal gym programmes/ individual work ons	Return to non contact training	Non contact training
PHASE 5: Return to Contact training		Return to full contact training	Contact training
PHASE 6: Return To Play			Return to play

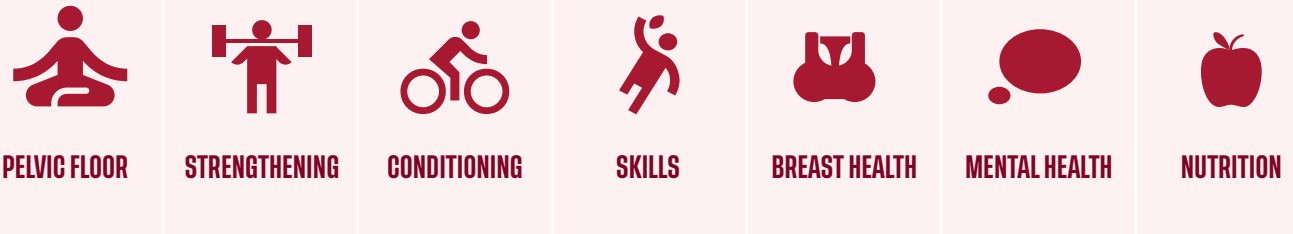
2. Return To Sport Postpartum

The information in this guidance is based on the World Rugby Return to Sport Postpartum Framework.

Exercise suggestions are provided within each stage to help guide female rugby athletes and their coaches throughout a postpartum return to play.

Each stage has information on aspects of the focus areas to consider before progressing to the next phase of return.

The six phases consist of specific **focus areas** including:



What do we know about women's and girls' injuries?

Key Messages For A Return To Rugby Postpartum

Each female rugby athlete's return will vary and whilst timescales for progression between stages have been included within the resource, these are the minimum timeframes.

Progress should be **athlete**, **symptom** and **function** specific.

1. **Return to play progression should be individualised and goal orientated**
2. **Progression should be based on your symptoms, function and healing timescales**
3. **Athletes should regularly 'self-screen' throughout each phase**
4. **Athletes can regress through stages if new symptoms occur. Any new symptoms or a return of symptoms should always be discussed with an appropriate healthcare professional.**
5. **Athletes should base decisions on returning to play on both their mental and physical readiness**

It is important that phases are **NOT** skipped or accelerated due to an absence of symptoms as the timeframes are based on physical healing as well as time to regain sufficient strength, conditioning, and skill levels for a safe and effective return.

This will vary for every female depending on their fitness before pregnancy, how their baby was delivered and any complications they experienced.

It is recommended that all female rugby athletes begin their return to play at Phase 1, regardless of how many weeks post-delivery they are.

Before beginning a return to rugby, it is also recommended that a female rugby athlete speaks with a health professional (e.g. GP) to ensure that they are physically ready to begin exercise progression and a return to rugby.

Return To Play Checklist

The 'self-screen' or checklist of physical and mental symptoms helps identify if a female rugby athlete is ready to progress or needs to slow down exercise progression at any phase of their return to rugby:

Ongoing (beyond 6 weeks postpartum) or onset of vaginal bleeding not related to menstrual cycle, during or after exercise ☐

Ongoing (beyond 6 weeks postpartum) or onset of vaginal bleeding not related to menstrual cycle, during or after exercise ☐

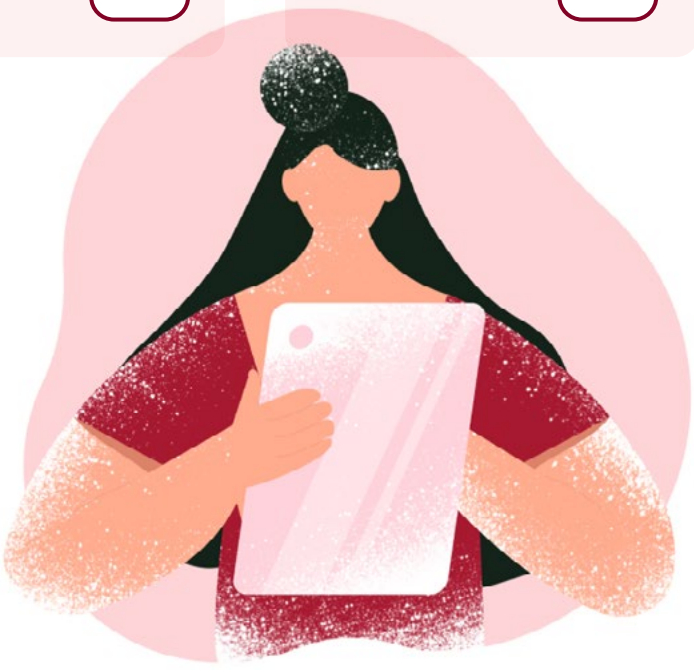
Signs and symptoms of pelvic floor dysfunction (e.g leaking urine, pain, frequency of urinating) ☐

Musculoskeletal pain related to exercise ☐

Caesarean section surgical site pain or symptoms ☐

Not feeling ready to perform exercise ☐

Now that the aims and key aspects of the Framework have been outlined, let's take a look at the phases of the postpartum return to sport in more detail.



1

PHASE 1: RECOVER

Phase 1 is focused on the recovery from pregnancy and childbirth and requires sufficient rest, hydration and nutrition. Any ongoing pain should not be considered normal and should limit progression onto **Phase 2: Review**.

Female rugby athletes can complete small bouts of daily living activities as symptoms allow (e.g., walking) and begin gentle mobility, pelvic floor and abdominal exercises. They should pay attention to using good technique when carrying out repetitive activities of daily living in the early postpartum period such as lifting and holding the baby to support the healing of abdominals and pelvic floor muscles.

Female rugby athletes should continue to be under the care of their healthcare professional in the early weeks who should be contacted if complications become evident such as:

- Persistent vaginal bleeding
- Persisting urinary retention (being unable to empty bladder, either fully or partially)
- Signs of infections such as spiking a temperature, foul smelling vaginal discharge, painful or oozing wounds (perineal or Caesarean)
- Strong smelling urine and pain when passing urine.
- Persisting and/or progressive abdominal pain or feeling generally unwell.

Phase 1: Recovery (0-3 weeks minimum)

0-3 weeks minimum						
Pelvic Floor	**Strengthening**	**Conditioning**	**Skills**	**Breast health**	**Mental health**	**Milestones**
Self-led player education on pelvic floor, bladder and bowel hygiene Daily PFMT Diaphragmatic breathing Ongoing communication with healthcare providers	Low load abdominal excercises Mobility exvercises	Walking and re-exposure to normal functional tasks	Nil	Breastfeeding support if required from healthcare providers	Screening for postnatal depression Good sleep hygiene	No infection or complications from limiting progression Psychological readiness to progress No reliance on pain medication

PFMT = Pelvic Floor Muscle Training

1

PHASE 1: RECOVER (CONTINUED)

Pelvic Floor

It is important for all female rugby athletes to have a good understanding of the anatomy, function, and rehabilitation of the pelvic floor muscles to help prevent the development of urinary incontinence (leaking).

The pelvic floor experiences physical and physiological changes during all pregnancies, regardless of how the baby is delivered. Vaginal childbirth will stretch the pelvic floor, increasing the risk of symptoms. This means that all postpartum female rugby athletes need to work to recondition their pelvic floor muscles.

When the pelvic floor muscles are unable to carry out their role and tolerate the load applied to them, they can present with **pelvic floor dysfunction symptoms** (PFD).

Female rugby athletes should ensure that they start or continue pelvic floor muscle training (PFMT) throughout pregnancy and as soon as possible after giving birth.

For more information on Pelvic Health including PFD and pelvic floor muscle training (PFMT) please see the Female Health & Wellbeing: Pelvic Health Resource.

Female Health & Wellbeing - **Pelvic Health Resource**

Abdominal wall

During pregnancy, the muscles of the abdominal wall endure progressive and sustained stretch. For the majority of postpartum female rugby athletes, this stretch naturally resolves by 8-12 weeks postpartum. However, approximately one third of females experience excessive stretching and thinning of some abdominal muscles that does not resolve by itself.

It is important to speak with a healthcare professional who can refer athletes to a pelvic health physiotherapist if signs persist.

Considering the high demand rugby can place on the abdominal muscles, it is important that female rugby athletes are aware of this potential issue. Whilst its presence is unlikely to delay a return to training, it can reduce quality of life in some females due to its impact on their physical health, lower body image satisfaction, and association with abdominal pain that is frequently perceived as discomfort or bloating.

1 PHASE 1: RECOVER (CONTINUED)

Birth Considerations

Each female rugby athlete's experience whilst giving birth will be individual to them. There are interventions which are provided to individuals based on their need during delivery which must be considered as part of their postpartum return to rugby:

Caesarean Section

Approximately 1 in 5 pregnancies are delivered via caesarean section. Caesarean section involves major abdominal wall surgery, and so the recovery phase is likely to last longer than an uncomplicated vaginal delivery.

Consideration of postpartum wound healing is needed throughout a return to rugby, and it is advised that female rugby athletes are cleared by a healthcare professional before commencing more vigorous exercise.

Episiotomy & Tears

An episiotomy is a surgical incision of the perineum and the posterior vaginal wall that is generally performed by a midwife or obstetrician during childbirth to allow safe delivery of the baby.

Many athletes will experience minor perineal tearing during vaginal childbirth. This can range from small grazes or tears affecting the skin (1st degree) to more significant tearing (4th degree).

Both episiotomies and vaginal tears may require suturing and female rugby athletes must keep the wound clean and dry as advised by midwives and engage in appropriate checks from their healthcare professional before returning to rugby.

Medical Complications

Any identified medical complications during pregnancy, childbirth or postpartum should be monitored and managed by a healthcare professional to ensure symptoms are appropriately managed or resolved. These should be taken into consideration when planning a return to rugby, and athletes are encouraged to discuss them with their healthcare professional for individualised advice.

Breast Health

During pregnancy the breasts undergo a number of physiological changes as they prepare to produce breast milk. In the postpartum period, the breast considerations during return to rugby will differ for those who breastfeed and those who do not.

- In non-breastfeeding athletes, breast size will begin to reduce towards their pre-pregnancy state which may take 3-4 months.
- In breastfeeding athletes, their breast size will undergo frequent fluctuations due to the production and removal of breast milk.

Whether an athlete chooses to breastfeed or not, they should ensure that they have a properly fitted bra both for everyday use and during physical activity.

For more information on breast health and sport bra fitting see the RFU Female Health and Wellbeing: Breast Health Resource.

Female Health & Wellbeing - **Breast Health Resource**

1 PHASE 1: RECOVER (CONTINUED)

Coaches play a role in supporting female rugby athletes

If athletes choose to breastfeed, coaches should discuss the availability of appropriate provisions, such as a room to breastfeed and/or express in as well as milk storage facilities, with their club.

Mental Health

Mental health is an important consideration throughout the postpartum period. Several mental health disorders are common after pregnancy, such as postnatal depression, anxiety and stress.

If a female rugby athlete is concerned about any aspect of their mental health, they are encouraged to seek support from appropriate health professionals and speak with peers, family and/or members of their team if they feel comfortable to do so.

For more information on mental health and signposting to support see the RFU Female Health and Wellbeing: Mental Health Resource.

Female Health & Wellbeing - **Mental Health Resource**

Nutrition

Nutrition plays an essential role in postpartum recovery to optimise healing, support reconditioning and ensure energy demands can be met, especially if continuing to breastfeed.

Female rugby athletes should aim to eat a balanced diet with nutrient dense foods, sufficient hydration and vitamin D.

For more information on female rugby athlete nutrition see the RFU Food for Rugby Resources.

Female Health & Wellbeing - **Food for Rugby Resources**

2

PHASE 2: REVIEW

Phase 2 exposes female rugby athletes to a more familiar strengthening and conditioning programme.

Ongoing 'self-screening' is vital, and any symptoms should not be ignored or deemed "normal".

Athletes should 'self-screen' for symptoms not only during exercise, but for 24–48-hours after training to ensure the appropriate level of exercise is being performed.

Phase 2: Review (3-8 weeks minimum)

3-8 weeks minimum						
Pelvic Floor	**Strengthening**	**Conditioning**	**Skills**	**Breast health**	**Mental health**	**Milestones**
Daily PFMT Request women's health review if PFD symptoms present	Progressive upper body, lower body, neck and abdominal loading Endurance focus Progress to more dynamic positions with light weight through the phase	Progressive walking distance and intensity Non-impact conditioning	Video analysis work Seated or static standing passing skills Short range kicking drills Walking passing drills towards end of phase	Monitor breast pain & frictional injuries	Screening for postnatal depression Access to a peer support group	No complications from delivery limiting progression No symptoms of PFD Actively engaging in PFMT Bra fitting No reliance on pain medication Psychological readiness to progress

PFMT = Pelvic Floor Muscle Training
PFD = Pelvic Floor Dysfunction

2 PHASE 2: REVIEW (CONTINUED)

Pelvic Floor

Phase 2 is an important time to continue **pelvic floor muscle training (PFMT)** to prepare the muscles to tolerate rugby demands.

Athletes may find focusing on completing rapid, strong, and purposeful contractions with symptomatic rugby tasks useful. For example, during a jump to encourage automatic activity of the abdominal and pelvic floor muscles. This is known as the "knack technique" and has proven effective in athletic pelvic floor training regimes.

Strengthening & Conditioning

Strength training is an important aspect of a female rugby athlete's return to rugby as it is normal to experience some loss of muscle mass during pregnancy.

The level of change will depend on the individual athlete's activity levels during pregnancy.

Female rugby athletes should gradually increase their training load by increasing the weights during any strength training and by increasing the speed of movement. It is important to focus on maintaining good technique as training load increases.

It is also important that all key muscle groups are included for both upper and lower limbs, alongside progressive pelvic floor and abdominal exercises. Female Rugby Athletes are also encouraged to include neck and shoulder exercises as they will have been absent from contact training for an extended period.

Duration and volume should increase slowly and before intensity, with rest days encouraged between conditioning sessions in the early weeks.

For more information visit the England Rugby Activate Exercise Programme.

Throughout this phase athletes can increase daily functional tasks, walking distance and intensity. As the phase progresses and comfort allows, athletes can begin non-impact conditioning progressions such as a static bike, seated ski erg, cross trainer, swimming (after 8 weeks).

England Rugby Activate Exercise Programme

Skills

If symptoms are absent, female rugby athletes should begin short range static drills, such as passing, starting in sitting and progressing to standing with increasing distance.

Breast Health

Depending on an individual's ability and choice to breastfeed, breast size may fluctuate during the postpartum period and stay increased up to 24 weeks postpartum.

High impact non-contact activities can expose female rugby athletes to considerable breast motion and cause breast pain, which may affect playing performance.

It is important that athletes have a supportive and correctly fitted sports bra for all physical activity.

Female Health & Wellbeing - **Sports Bra Fitting Guide Resource**

2 PHASE 2: REVIEW (CONTINUED)

Mental Health

Phase 1 considerations should be applied in Phase 2. Additionally, access to a peer-group (e.g. teammates) may enable athletes to share experiences with others who have returned postpartum or are going through their own return to rugby postpartum.

Nutrition

As exercise demands increase in Phase 2, female rugby athletes should continue with a nutritionally dense diet that ensures calorie and energy intake is matched with the level of exercise being completed. Many athletes have spoken about concerns around body image postpartum, and pressures to return to a pre-pregnancy athletic status. In some cases, such pressures may result in low energy availability, intentionally or unintentionally due to altered energy intake and or increased energy expenditure.

REDs

- The 2023 International Olympic Committee's (IOC) consensus statement identifies how low energy availability can have profound health and performance implications known as relative energy deficiency in sport (REDs).
- REDs can reduce bone health and increase the risk of stress fractures, which are a risk in postpartum athletes. Furthermore, REDs can increase the risk of pelvic floor dysfunction, fertility issues and impairments in performance.

Postpartum females who breastfeed may not always be meeting their nutritional needs, which are important to ensure milk supply is maintained for their baby whilst progressing through the stages.

Players are encouraged to stay well hydrated and have a healthy, balanced diet that considers the energy requirements needed to maintain breastfeeding and to perform increasing levels (volume, frequency and intensity) of exercise.

It is recommended that a female rugby athlete who is experiencing any symptoms during this phase contact a health professional for guidance.

What can you do as a Coach?

As exercise demands increase:

1. Work to ensure that postpartum female rugby athletes still feel connected to the team and able to participate in phase appropriate activities during training.
2. Encourage your female rugby athletes to 'self-screen' for any symptoms they may be experiencing and to prioritise seeking medical help if necessary.
3. Embed the Activate Exercise Programme into training and match day warms up for all players to enable returning players to engage in appropriate injury prevention activity.

2 PHASE 2: REVIEW (CONTINUED)

Example Exercises

FOCUS	EXERCISE EXAMPLES
Pelvic Floor	1-2 rapid maximum voluntary contractions. 8-12 maximum voluntary contractions aiming to hold for 10 seconds each. Repeat 2-3 times per day.
Abdominals	**Early phase** Quadruped (add arm/leg lifts, supermans). Supine: Arm lifts, single leg lifts, knee/arm dropouts, band pulls, ball squeezes. Deadbug excercises starting with one foot down. Standing: Band pulls, arm raises. **Mid to late phase** Quadruped: Crouched exercises, supermans. Deadbug progressions: Add weight - progress to tabletop positions. Curl up tasks. Kneeling side plank. Standing: Pallof, progressive cross body exercises (light band/weight).
Strength	**Early phase** Lower body: Bridge, step ups, heel raises, side lying gluteal/adductor exercises, leg press/extentions, resisted hip flexions, gymball curls. Upper body: Seated or lying upper body work (to include push and pull) and rotator cuff exercises, incline press ups. Neck: Supine neck drills, deep neck flexor with isometric flexion, extention, lateral flexion and rotation. **Mid to late phase** Lower body: Squat, lunges, Romanian dead lifts, split squats, standing adductor/hip flexor/gluteal exercises. Single leg calf and proprioceptive exercises. Upper body: Standing exercises to include push, pull and rotator cuff. Neck: Resisted banded drills and therapist led perturbations in all positions.
Conditioning	Progressive walking. Non-impact options (bike, cross trainer, swimming, ski ergometer).

3

PHASE 3: RECONDITION

Phase 3 prepares and facilitates players to return to impact and running, it also encourages more position specific considerations and reintroduction of low-level skills in preparation for non-contact training in **Phase 4**.

As female rugby athletes increase their training it is important to balance this activity with other considerations which may include mental health, sleep quality and quantity, breastfeeding, social support and childcare. Female rugby athletes should discuss any concerns they may have in balancing these responsibilities with their coaches and/or teammates.

Phase 3: Recondition (8 - 14 weeks minimum)

8-14 weeks minimum						
Pelvic Floor	Strengthening	Conditioning	Skills	Breast health	Mental health	Milestones
Standing PFMT 3-4 times per week Request women's health referral if PFD symptoms present	Add weight to exercises in all planes Position specific exercises	Continue non-impact conditioning Progressive plyometrics Running progressions: • Incline/anti-gravity/stairs • Straight line • Increased speed • Change of direction, acceleration & deceleration drills	Skills can be progressed from static -walking-jogging Begin position specific non-contact skills	Monitor breast pain & frictional injuries Breastfeeding support as required	Screening for postnatal depression Access to a peer support group	Pain free during running Strength markers within 90% (if available) No symptoms of PFD Lower limb muscle endurance between 20 and 30 repetitions Psychological readiness to return to rugby

PFMT = Pelvic Floor Muscle Training
PFD = Pelvic Floor Dysfunction

3 PHASE 3: RECONDITION (CONTINUED)

Pelvic Floor

Pelvic floor muscle training (PFMT) should continue, and exercise should be focused on training in functional positions (e.g., standing, forward lean, scrum positions). If you are symptom free, this can be reduced from a daily effort to three to four times per week.

Symptoms of **PFD (Pelvic Floor Dysfunction)** may first present during Phase 3 as training volume increases and female rugby athletes begin to increase exposure to impact. If urine leakage is experienced, athletes should try to avoid frequent pre-exercise bladder emptying or limiting fluid intake, as this can develop into other bladder related problems.

If symptoms begin at this stage, it is important to seek assessment and guidance from a health professional.

Strengthening

Towards the end of this phase a return to high-speed running will begin, so adequate muscle strength in all muscle groups, including hamstrings should be a focus in strength training. Female rugby athletes may want to consider introducing power-based exercises and if so, these should be introduced alongside progressive abdominal strengthening exercises.

Conditioning

It is important that a female rugby athlete's body is adequately prepared before a return to running, with sufficient muscular strength and exposure to plyometric (jumping) impact without pelvic floor symptoms or pain.

- Slow plyometric exercises such as box jumps can be a good starting point before progressing to faster and more continuous plyometrics like skipping and then hopping once you feel confident.

On average, postpartum athletes return to running at 12 weeks post-delivery, depending on any symptoms. Before doing flat level running, consider performing incline running (uphill) or water-based running for a more gradual exposure to impact forces.

- If symptom free, female rugby athletes should look to increase running intensity through gradual lengthening of distances covered and/or speed.

It is recommended that only one variable, volume or intensity, be increased at a time and running should initially be performed on non-consecutive days to reduce the risk of soft tissue injury and allow monitoring of symptom responses.

After this, rugby-specific running demands including high-speed running, deceleration, acceleration and change of direction can be included.

- Towards the end of this phase, athletes should be able to perform multi-directional tasks at speed and without symptoms.

Female rugby athletes should aim to be able to perform pre-pregnancy rugby running demands before returning to match play.

Whilst running-related pain is commonly experienced postpartum, pain should serve as a guide to reduce running volume or intensity and to seek further support if there is no improvement.

3 PHASE 3: RECONDITION (CONTINUED)

Skills

Skills can be undertaken with progressive movement (e.g., from static, to walking, to jogging) and non-contact position-specific skills can be incorporated into a return to rugby program in preparation for Phase 4.

Breast Health

Phase 2 considerations should be applied in Phase 3.

Female rugby athletes should continue to check their bra fit regularly to ensure it is continuing to meet their needs.

What can you do as a Coach?

- Encourage your female rugby athletes to 'self-screen' for any symptoms they may be experiencing and to prioritise seeking medical help if necessary.
- Offer support with psychological readiness to return to rugby. If they would be more comfortable speaking to a teammate, facilitate the opportunity for this discussion to occur either before or after training.
- Encourage participation in non-contact skills during training.

Mental Health

Questions that female rugby athletes may want to consider:

1. Do you feel confident about returning to rugby?
2. Do you think you will be able to present the same rugby performance that you had before your pregnancy?
3. Do you trust your body postpartum?
4. Do you believe your abilities in rugby will be compromised by recovering from your pregnancy?
5. Do you feel ready to return to rugby?
6. Do you feel pressure to return to rugby?
7. Are you afraid to perform some movements with your body?

Discussing these questions with coaches or teammates may help a female rugby athlete decide whether they are ready to return to all aspects of rugby-related training.

3 PHASE 3: RECONDITION (CONTINUED)

Example Exercises

FOCUS	EXERCISE EXAMPLES
Pelvic Floor	Standing: 8-12 reps of 10 seconds maximal voluntary contractions. 60 seconds submaximal 30-50% contraction. Repeated 3-4 times a week.
Abdominals	Progress from kneeling to full plank variations including mountain climbers and jackknives. Weight progressions to exercises e.g. curl up tasks, dead bugs, pallof, wood chops, trunck twists, medball slams.
Strength	Lower body: Add progressive weight and speed to exercises. Exercises promoting triple extension including single leg strengthening and balance. Power based exercises such as cleans, trap bar jumps, prowler push. Upper body: Add progressive weight and speed to exercises. Power based exercises such as explosive bench, medball throws, landmine throws, press ups. Neck: Resisted banded/weighted drills in functional positions.
Conditioning	**Early phase plyometrics** Box jumps 'on'. Squat to heel raise (increase 'bounce'). Lunge to lock out. Horizontal plyometrics: incline jumping jacks. Consider water based/band assisted plyometrics. **Late phase plyometrics** Broad jumps. Increasing height box jumps to include jumps 'off'. Single leg hops including multidirectional work. **Running preparation** Consider water, antigravity and stair runs initially. Running drills such as A, B skips, lock out drills. **Running progressions** Graded increase in running volume on non-consecutive days initially.

4 PHASE 4: RETURN TO NON-CONTACT TRAINING

Phases 4 and 5 facilitate a return to team-based rugby progressing from non-contact rugby (Phase 4) to contact rugby (Phase 5). As these phases see a return to team training for female rugby athletes, activities will include coach-led sessions alongside any additional individual training an athlete may choose to undertake.

Phase 4: Guidelines For Return To Non-Contact Training (14 weeks minimum)

14 weeks minimum						
Pelvic Floor	**Strengthening**	**Conditioning**	**Skills**	**Breast health**	**Mental health**	**Milestones**
Standing PFMT 3-4 times per week Request women's health referral if PFD symptoms present	Continue to add weight to exercises Individualised exercise prescription as assessments identifies	Non-contact training (Progressive volume)	Progressive tackle, contact and position specific skills	Monitor exercise-induced breast pain and bra fit	Screening for postnatal depression Access to a peer support group	Player physical and psychological readiness to progress Strength and endurance markers, within 90% of baseline Symptom free

PFMT = Pelvic Floor Muscle Training
PFD = Pelvic Floor Dysfunction

4 PHASE 4: RETURN TO NON-CONTACT TRAINING (CONTINUED)

Non-Contact Rugby

In terms of pelvic floor, female rugby athletes should continue with **PFMT** if they have symptoms.

Progressive weight can be added to **strengthening exercises**.

Continue with all strength exercises including neck and shoulder strengthening in preparation for contact events.

In terms of **conditioning**, involvement with the team and increasing training volume is encouraged as confidence and fitness allow. Large changes in training volume or intensity should be avoided due to the potential increase in injury risk.

Female rugby athletes must feel physically and psychologically ready to progress to contact-training before contact drills are initiated. Progression to contact should be supported by coaches.

Example progressions include **static tackle positions** before adding planned and unplanned movement, small-sided contact drills and then live play in Phase 5. Additionally, athletes should undertake position-specific contact skills such as **scrum progressions**.

In terms of **breast health**, Phase 2 considerations should be applied in Phase 4. Additionally, sports bra fit and support may also need to be reassessed to ensure it is sufficient for the exercise intensity being undertaken.

In terms of **mental health**, Phase 2 considerations should be applied in Phase 4. Female rugby athletes should continue to assess their psychological readiness to return to rugby using the questions suggested in Phase 3 and discuss them with their coach or teammate.

In terms of **nutrition**, training load will continue to increase through this phase so female rugby athletes should remember the significance of matching energy intake to energy expenditure, even more so if they are breastfeeding to avoid **REDs**.

Menstruation does not always return immediately following childbirth for most females, particularly those who continue to breastfeed.

Athletes should pay attention to symptoms that may indicate inadequate fuelling or overtraining such as excessive fatigue and injuries. If periods have returned, menstrual symptoms and cycle length may be different to pre-pregnancy so menstrual cycle tracking is of benefit in all postpartum players.

5 PHASE 5: RETURN TO CONTACT TRAINING

Phase 5 sees a return to full contact training, once the individual athlete and their coach feel they are competent to do so.

Phase 5: Guidelines For Return To Contact Training (16 weeks minimum)

16 weeks minimum						
Pelvic Floor	**Strengthening**	**Conditioning**	**Skills**	**Breast health**	**Mental health**	**Milestones**
Request women's health referral if PFD symptoms present	Full team programme Individualised exercise prescription as assessments identifies	Full team training	Individual player needs	Monitor exercise-induced breast pain and bra fit Breastfeeding and potential injury risks discussions Breast protective equipment discussions	Screening for postnatal depression Access to a peer support group Return to play support	Player physical and psychological readiness to progress All strength within 90%+ of baseline Symptom free Coach approved tackle competencies

PFD = Pelvic Floor Dysfunction

In terms of **pelvic floor**, female rugby athletes should continue to **'self-screen'** for any symptoms as the level of contact they are exposed to increases and continue with **PFMT** or seek a referral if symptoms persist.

In terms of **strengthening and conditioning**, they should continue with weekly individual strengthening regimes that address the upper and lower limbs, abdominals and neck.

In terms of **skills**, it is imperative that athletes have completed a sufficient volume of contact exposure prior to return to play, and that they feel both psychologically ready and technically competent to minimise the risk of injury.

In terms of **breast health**, Phase 2 considerations should be applied in Phase 5. In addition, the potential for breast contact-related injuries should be recognised as nearly 70% of female rugby players have experienced contact-related breast injuries.

In terms of **mental health**, Phase 2 considerations should be applied in Phase 5.

6

PHASE 6: RETURN TO PLAY

Once a female rugby athlete has successfully progressed through Phases 1 to 5, they are able to return to match play (Phase 6).

Phase 6: Return to play (20 weeks minimum)

20 weeks minimum						
Pelvic Floor	**Strengthening**	**Conditioning**	**Skills**	**Breast health**	**Mental health**	**Milestones**
Request women's health referral if PFD symptoms present	Normal weights programme	Normal conditioning programme	Four weeks full contact training prior to returning to play	Continue to monitor exercise-induced breast pain Re-assess sports bra fit once breastfeeding ceases	Screening for postnatal depression Access to a peer support group	Multi-disciplinary team deem player has both skill and conditioning ability to return to play safely All baseline data at 90-100% Baseline assessments for concussion and any other health problems should be re-tested Symptom free Player reported physical and psychological readiness to return to play

PFD = Pelvic Floor Dysfunction

A graded increase in minutes played is advocated to allow confidence and skill level to develop (e.g., playing 20 – 40 minutes for the first few matches).

However, the postpartum period does not end once an athlete has returned to play, with some defining postpartum as up to two years following childbirth. It is recommended that individuals continue to review and monitor PFD symptoms, as well as musculoskeletal pain and mental health for ideally two years, but at least the first year postpartum.

Additionally, athletes should continue to assess their psychological readiness to return to rugby and communicate with coaches and teammates if support is required.

6 PHASE 6: RETURN TO PLAY (CONTINUED)

Pelvic Floor

If PFD symptoms present or persist athletes are encouraged to seek support and an onward referral to a pelvic health specialist. Whilst being symptom free is promoted, there may be scenarios where some symptoms are continuing to be managed, and it is possible to continue to play.

Strengthening

If available, female rugby athletes may perform their team's normal weights programme in addition to any individualised training they are undertaking.

Conditioning

Female rugby athletes can take part in their team's normal conditioning training / programme.

Skills

It is recommended that female rugby athletes complete a minimum of four full weeks of unrestricted training with their team prior to playing a match.

Normal training should include exposure to full contact and high-intensity non-contact activities.

Breast Health

Phase 2 considerations should be applied in Phase 6. A sports bra fit, and support should be reassessed if breastfeeding ceases.

Mental Health

Phase 2 considerations should be applied in Phase 6.

Whilst female rugby athletes may progress through the phases from a physiological perspective, their psychological readiness to return to play is just as important.

Many postpartum females report a challenge with the transition to their new identity as a mother-athlete and adjusting to this can take some time.

Nutrition

Female rugby athletes should continue to ensure an adequate energy intake to minimise the risk of **REDs** and ensure optimal health and injury prevention. They should have returned to their pre-pregnancy diet and should ensure that any additional supplementations are in accordance with anti-doping policies.

3. Summary & Additional Resources

This six-phased, evidence-informed, return to rugby postpartum community guideline has been developed to support a safe, enjoyable, and sustained introduction back into rugby activity post pregnancy and delivery.

The guidance and examples provided are not meant to be prescriptive but provide an adaptable template for female rugby athletes and their coaches to use to support an individualised return to rugby.

It is NOT medical advice, and individuals should follow all advice given by healthcare professionals involved in their care.

Online Resources

NHS:
https://www.nhs.uk/conditions/baby/support-and-services/your-post-pregnancy-body/
https://www.nhs.uk/mental-health/conditions/post-natal-depression/overview/

England Rugby:
https://www.englandrugby.com/run/player-welfare/female-health-wellbeing
https://www.englandrugby.com/run/player-welfare/activate
https://www.englandrugby.com/play/prepare-play/food-for-rugby

World Rugby:
https://passport.world.rugby/injury-prevention-and-risk-management/tackle-ready/contact-confident/

About the Authors

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The full resource for both the elite and community pathways can be accessed here:
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