

S7 Ep7 Coaching Podcast – Women’s Health with Dr. Jagruti Amin

Transcript

Georgina Maxwell: 00:13

Hello and welcome back to the coaching podcast.

Georgina Maxwell: In today's episode, we're focusing on topics that are essential to the understanding of the female participants in the athletes within our sport. We're talking all things women's health. From puberty and retaining young girls in paddle sport to understanding the menstrual cycle and how it can affect training and performance, navigating pregnancy and postpartum recovery and the mighty menopause. We're going to attempt to cover it all in this episode. To help us unpack these important conversations, I'm joined by an exceptional guest who has given up her time in researching this topic over the past few weeks maybe months. Dr. Jagruti Amin, Dr. Jag for short when she was clinically practicing women's health as one of her areas of interest. So today we'd like to explore the following. What coaches need to know how to create supportive training environments.

How understanding the female body can help athletes perform at their best, injury prevention, how to help women and girls stay in paddle sport for longer. So, whether you're a coach, an athlete, a parent, a recreational paddler, this episode is packed with insight you won't want to miss. So, let's get started. Hello Jag. How are you doing?

Jagruti Amin: 01:35

Hi everyone.

So, I'm Dr. Jagruti Amin or just Jag mostly and I'm a paid-up member of Paddle UK a paddler and a GMC registered doctor who gave up a license to practice due to seriatric arthritis in 2018 and that means that since then I haven't seen or treated patients. I qualified in the UK in 1999 and initially trained in medicine and then started haematology training in UK hospitals but jumped shipped to become a GP which included a six-month hospital job in obstetrics and gynaecology. As a GP, I

was particularly interested in women's contraception, sexual health and safeguarding.

I actually had a separate role as a contraception and sexual health doctor for several years and I was also a member of the faculty of sexual and reproductive health until 2018. I also worked as a name GP for safeguarding children and dabbled in medical politics as a representative on the local medical council. All things women's health remains a passion to this day and although I don't practice, I keep up to date with the issues and guidelines. I believe as women we need to be our own advocates which means educating ourselves about our bodies and minds so that we can have proper conversations with health care professionals and in other areas of our lives like work where women's health impacts. So, one of the great things about being a doctor that you always have colleagues to call on when you reach the limits of your own experience and knowledge. And while doing the research for this podcast I've been helped by a former colleague Dr. Kaye Brennan, who's a sport and exercise medicine specialist, doctor and GP. She's also a council member at the faculty of sport and exercise medicine in the UK and she works for the Ministry of Defence as well. So, a huge thanks goes out to her. What I want to do today is signpost you all to websites and sources of information which are up to date, relevant, evidence-based, and are recommended by the medical profession. I'll try and summarise everything with and try and keep clear of all those weird technical terms. but it's really important that you realise that I'm not giving you personal medical advice. And if this podcast brings up any issues that affect you personally, you need to go and speak to your own GP or consultant about them before making any changes. I'm going to put together a list of references and websites which will be available at the end of the podcast.

The absolute final thing is that although I'm a member of Paddle UK, I'm doing this podcast as a volunteer and I've also not received any sponsorship from elsewhere either. So, let's get started.

Georgina Maxwell: 04:14

Well done. Yeah. Yeah, you've got a lot done a lot. It's amazing. Thank you for having you. So, how about we take a bit of a linear approach here. We're going to discuss periods, pregnancy, postpartum, and the menopause. So, we'll start right at

the beginning with the periods. as a 16-year-old girl entering the outdoors, I'm one of the lucky ones that have continued with these sports and now at a very high level at what I do. so, yeah, let's start right at the beginning. Periods. Go for it.

Jagruti Amin: 04:44

So, periods are a bit of a problem.

Jagruti Amin: There was a great report that Sport England and women in sport brought out and in the teenage years there's a huge drop in girls and sport. by 17 or 18 years old only three in girl three in 10 girls compared to six in 10 boys say they're sporty and even with those girls 70% of those they avoid sport during their periods and there's a whole variety of reasons for that. I started as a swimmer and periods were a nightmare but let's go on and see what we can do about this so let's talk about actually using the word period because people don't like using the word and that's despite there were campaigns one was in 2022 call it what it say period people get uncomfortable and they think it's too personal and some people worry about safeguarding and of course you shouldn't pry but if parents or girls start talking to you about their periods and how they're affecting them you need to be in a place where you're confident talking to them and directing them to the information they need.

Jagruti Amin: And being that matter-of-fact person increases trust and means that the women and girls are more likely to open up to you. So, one of the things I was thinking about was that for clubs and coaches you could become period champions. It really doesn't take much to put a mini regular and super tampon and a pre-wrapped sanitary pad in your first aid kit with a bit of paracetamol as a painkiller and use something simple and confident as a matter of fact at the start of every session or every trip something like I carry a first aid kit which includes period supplies and painkillers if anyone needs them.

Jagruti Amin: And I remember talking to you Georgie before and you were talking about the red box scheme in Scotland.

Georgina Maxwell: 06:38

So, in Scotland there's a great scheme where in any public toilet there's free menstruation stuff everywhere. So, it's really great to have that. So, I'm not sure if you have that down in England and Wales. Do you?

Jagruti Amin: There is a red box scheme and you can get information about where those red boxes are from the red box project online. But I think at a club level you can do exactly the same thing. You can get a box together that's got period supplies in it. Women get caught out and there is period poverty. So, the big thing is not making people ask for where it is. So, think about putting up signs or using your club website or social media. And on that you can also put information about other schemes or places in your area where people can get period supplies.

Georgina Maxwell: 07:39

I think one of the tricky things as well is that often there might only be one female in the group, and they don't have anybody else to talk to or they might not feel that way.

Georgina Maxwell: So, what you're saying is so good about being able to be approachable. Be that parent if you're in that position of responsibility as well, to help the young ones. So, good. Yeah.

Jagruti Amin: 07:52

It's just really important and I think this is for female paddlers yourself. So, carry your own supplies in a small dry bag and always make sure you've got some spare underwear in your dry kit when you come off. Period pants are going to be easier than trying to get a tampon or a sanitary pad in place when you've got a dry suit on. So, think about putting those on just in case. There's also swimming period pants which swim clubs suggest if you're not wearing a dry suit and you might actually be getting wet.

Jagruti Amin: So, the last bit of this is more teenage girl embarrassment and that's in the form of breast boobs, tits, or whatever you want to call them and also getting changed. So, let's face it, they get a bit of getting used to and they can make you feel a bit self-conscious and they also get in the way. So, think about trying to put your buoyancy aid on top of all of that, they hurt even if you're not particularly well endowed. So, if you're a parent and you're buying that first bra and your teenage girl

is sporty, have a look at getting a sports bra that fits and more importantly that they're happy wearing. and we could all look at maybe considering borrowing a dry robe or buying a second-hand one or even new one if there aren't any changing facilities where we're going to be paddling.

Georgina Maxwell: 09:19

That's great advice.

Georgina Maxwell: Do you have anything on nutrition for youngsters in, going through this? But also, definitely me when I'm on, I'll get off the river and I'll be like, "where are the crisps?" where are you with nutrition with this? And how do we look after ourselves during that particular time of the month or if we're, losing a lot of iron all of these things? Where are we nutritionally?

Jagruti Amin: 09:38

So, nutrition is really important, especially when society and all forms of media are telling young girls and women what they should look like still. so, this next section applies to people who haven't got medical conditions where they've been told to follow a specific diet. So, things like diabetes, if you've got a condition like that, speak to a doctor, your specialist nurse or dietitian before you make any changes. The big subject in nutrition is a condition that not many people know about or talk about and it's called REDS which stands for relative energy deficiency in sport and food is fuel and food is a major factor in your performance and we need to be raising awareness like other sports are such as rowing.

Jagruti Amin: And the concept is that as well as the energy that you need for your sport and everyday activities, your body also needs energy to carry out its normal functions. And they're things like keeping your brain going, keeping your mood up, making hormones, looking after your internal organs, your fertility, and keeping your bones strong. And if you run out of energy on a particular day, your body will compensate by taking energy away from those body functions, and your body functions will suffer. So, looking at women, it was elite female athletes that this was first looked at, but we now know it affects men and recreational athletes, too, because we don't have a team of dietitians and medics around us. And actually,

we're more at risk. And up to 67% of all athletes are at risk. And it's so easy to build up that energy deficit.

Jagruti Amin: And you do it by overtraining and cramming different activities into your life, which leads to overtraining and not allowing enough recovery time between those activities. Then all you have to do is add in a little disordered eating.

Jagruti Amin: And hands up, who doesn't forget to eat doesn't like cooking? chuck in a few more life stresses. And hey, presto, there you have it.

Georgina Maxwell: 11:37

And a lot of my clients as well, they might not get the opportunity to go out much and suddenly they're doing basically all or nothing, and it's not even just clients. It's recreational paddlers. They might have three weeks at work and then suddenly they're off in Slovenia paddling. Probably maybe the hardest stuff they paddle and physically demanding days. So yeah, that kind of yeah.

Jagruti Amin: 12:00

And this whole REDS concept is great because It's actually looking at what you're doing on a particular day. So, it doesn't matter if you've not done anything for a while or whether you have got a big burst. It's about planning. and you don't have to be skinny or have an eating disorder to have REDS. That's the big thing. and you also have to look at your total activity load each day. So, people tend to fixate on their big sport like paddle sports and forget that they do a bit of gym training and they've done something else as well. and the problem with all of this is that the knock-on effects are things like your performance going down, recovery taking longer, being more prone to injury and illness, sleep gets disturbed, you're exhausted, and long-term, brittle bones, which equal injuries, really poor mental health, and if it's really bad, organs like your heart don't work as well, and your fertility is affected. pay suggested that if we're thinking about paddle sports in particular, some of the physical warning signs could be things like heavy arms, recurrent shoulder and back pain, dizziness and headache when you're on or off the river, gut pain, so discomfort in your stomach and your abdomen.

Jagruti Amin: And performance-wise, declining boat speed despite increasing your effort, plateauing strength, not being able to maintain your technique at the end of a session or a trip, and if you're someone who uses an erg output on there, behavioural clues everyone can look for. So, if you notice people who are skipping meals, avoiding, group snacks that are being passed around, they're overfocusing on their body weight or they're really anxious about their performance or about food. But they're really difficult because people can be in denial and very secretive about those things. The specific thing in girls and women is their periods. And if anything starts to change with your periods, that's a warning and it shouldn't be dismissed.

Jagruti Amin: So that's your periods becoming irregular, skipping some, and definitely if you miss three in a row and aren't pregnant, you need to go and see a doctor. If you're on hormonal contraception, sometimes you don't bleed that you have aren't real periods. So that sign can be hidden. So, we do need to be keeping track of our periods and parents and coaches need to be talking to each other and sharing information about periods and also about training load as well. The place to find all the information is the project REDS website which is [reds.com](https://www.reds.com) and it tells you everything that you need to know. It goes over day-to-day eating, nutrition, hydration. There's also a podcast from the faculty of sports and exercise medicine that coaches might be interested in.

Jagruti Amin: and if you want evidence and medical based information on sports nutrition from the UK Sports Institute came out with Sports Nutrition Fundamentals to improve performance, which was produced alongside Sport England. All of these things bust the myths about carbohydrates being bad. They are not. About loading up on protein, you shouldn't. And all fats being the enemy. They're not. So, they all look at a food first approach and not supplements. The only supplement that's recommended is Vitamin D and the recommendations for that are on the NHS website. If you're worried about anything to do with nutrition, REDS, eating disorders, please read up on the information and go and see a doctor. There are some clinics springing up in the UK, but there are other specialist services that can help, too.

Jagruti Amin: And I think you were talking about days that you're exercising. So, the UK Association of Dietitians website tells you all about this and hydration. And it's all about pre-fuelling two or three hours before looking at a light meal or a low-fat, high

carbohydrate snack. And there are examples there. And then throughout the activity, every hour or so, thinking, do I need another snack? And most importantly, when you get off that water, you need to refuel. Ideally within the hour and definitely within the day.

Georgina Maxwell: 16:03

Great. Perfect.

Georgina Maxwell: Great advice there. thank you very much on the periods topic. We're going to jump to the next one now if that's all right. if you're happy with that. Yes. So, recently having had a baby, gone through all this process of pregnancy, postpartum, a pretty brutal, emergency c-section, and all of these sorts of things, we know every pregnancy is different, every postpartum journey is different, and, yeah, I guess what we're kind of keen to just unpick a little bit here because it's not applicable to everybody, but people surrounding these pregnant women or people going through postpartum, it's definitely

Georgina Maxwell: helps with the support network with that. yeah, what would you want to talk about with that topic?

Jagruti Amin: 16:48

So yeah, there's lots to say about pregnancy and postpartum, but is it okay if I just go back quickly?

Georgina Maxwell: Sorry.

Jagruti Amin: So, no, you're okay.

Georgina Maxwell: Yeah. Great.

Jagruti Amin: There's just a little bit on periods and cycle syncing that I'd like to talk about. It's not too long at all and then we'll go straight on to that. So sorry to take this back but periods women you need to know what's normal for you and you also need to know a bit of your family history and the basics are when did you start having your periods? How long from day one period to the start of your next period? Is that always the same? How many days do you bleed for? How heavy is your bleeding? How do you feel during the month? And when was the last day of your period?

Jagruti Amin: You also need to know if there's any period problems that run in the family. and you can keep track of things just using a normal calendar, your phone, or you can download a menstrual diary from the National Association of Premenstrual Syndromes. everything period is covered on the NHS website, women's health concern, the Royal College of Obstetrics and Gynaecologists website, and Brooks is also really good for young people. And any period issue can affect your quality of life and that includes your hobbies like sport. So don't put up with them. Go and see your doctor. The big things are painful periods. and there's lots that can be done about them apart from painkillers. Heavy periods and what's heavy for one person may be light for someone else. But if it's disrupting your life, you go and see someone about it.

Jagruti Amin: And heaviness, it's the fact that you're losing blood. So, for women, heavy periods are one of the biggest causes of anaemia which lead to tiredness and other symptoms before you hit the menopause. and the last thing is premenstrual syndrome because it's real and contrary to popular belief, it isn't just mood stuff. there's 150 symptoms and some of them are physical like tender breasts and they all affect body mood and drive and so they were going to affect your paddling. 30% of women have moderate or severe symptoms and you need to be able to find information and that's from the National Association of Premenstrual Syndromes.

Jagruti Amin: There's also a young person's guide to premenstrual syndromes and women's health concern and keep a menstrual diary for at least two cycles and then go and speak to a doctor about it. quickly about cycle syncing because there's loads of interest on the news and in social media so much so that people are telling you this information as if it's fact. So, at the start of November 2025, the Faculty of Sport and Exercise Medicine came out with a blog looking at menstrual tracking and training. All of the studies that they looked at showed only weak trends and basically every woman's an individual and there's not enough evidence to support altering the type of training that you're doing around your menstrual cycle. Even UEFA said that separately.

Jagruti Amin: There's no current evidence that cycle syncing different food types does anything for your performance. If anything, it drives under fuelling and pushes you into that REDS thing. So, the best advice at the moment is if you're going to use

a menstrual tracker, it's just so how you feel. and if there's times when you feel horrendous, you can choose to give yourself a little slack. When it comes to menstrual cycle and injury risk, there's not enough evidence that hormones are the main problem. They're part of a much bigger picture that involve things like women's anatomy and funding and sports kit and facilities. Also, everyone knows about things like ACL injuries in female footballers, but injuries in one sport don't necessarily translate well into other sports.

Jagruti Amin: So, I was having a bit of a think and for paddle sports, we don't run around and suddenly change direction with our legs. And maybe we should be looking at our shoulders, elbows, and wrists because women's shoulders are inherently more unstable than men's. The angle our forearm makes our elbow is larger, and we're more likely to have conditions like carpal tunnel syndrome, which affect grip strength, and be hyper mobile. So, that affects joint stability, core strength, and joint position sense. Last bit of all of this, is I asked Kaye specifically about teenage girls in training, and I'm going to paraphrase her here.

So, the take-home message is that teenage athletes get lots of low-level injuries like minor sprains, strains, tendon irritations, overuse, and growth pain. But they happen so often that they get in the way of performance and long-term development. And it's all because of a teenage specific cocktail of issues. Firstly, adolescent bodies have rapid changes in both bone growth, tendon stiffness, and also how the brain and nerves control their muscles. And during those growth spurts, the rates the injuries are mentioned and overload injuries increase. Secondly, teenage muscle and tendon growth isn't as fast as their bone growth.

Jagruti Amin: So, if you return them to training too quickly before using progressive loading which is a gradual increase in the stress on the muscles and tendons to safely remodel them that means that the risk of reinjury and persistent pain increases. So, there should be less than a 10% load increase a week and if there is proper pain control should be provided. Thirdly there are the lifestyle factors. So, teenagers need 8 to 10 hours of sleep a night, who knew, high-quality nutritious food and support for the dual stresses they have at school and in their sport. They also need adequate recovery time which is often longer than we think and it's easy to

overtrain. So, a total number of hours of any type of training should be monitored and they also need back intensive sessions being avoided or stopped.

Jagruti Amin: And the last factor is that specialising in just one sport increases the risk of injury. So, for teenage girls, the risk of injury increases even more because oestrogen levels at the time of ovulation, which is egg release, make the joints more lax and also make them ache. We also know that female athletes have higher rates of reinjury, especially of their knees and ankles, than men. And they also have a susceptibility to low iron which can cause tiredness and also inadequate fuelling. Going back to that bit on REDS. There's also too much of a current interest in cycle syncing with their periods and with their menstrual cycle.

Jagruti Amin: So what these teenage girls need is regular meals providing enough calories and protein for recovery, a slower return to sport after injury than their teenage male counterparts. And we really need to be steering them away from sinking their diet, their training, and their rehabilitation to their menstrual cycle. It's all quite complicated and there's a summary of the research and the models in the links to the podcast. So, I think we can move on to pregnancy now if that's OK and don't think I've forgotten about the importance of the pelvic floor because it's in the next section.

Georgina Maxwell: 24:06

Thank you. I'm glad you didn't miss that bit out.

Georgina Maxwell: Yeah. so yeah, again it's not just paddle sport, is it? It kind of goes across the board as well. And I do feel like the climbers are doing pretty well in some of these topics that we're about to touch on so the pregnancy, postpartum and menopause. So yeah, let's delve into these topics if you can please.

Jagruti Amin: 24:32

So, a bit of an apology about this. but the bit about pregnancy and postpartum comes with a bit of a spiel. And it's not that I'm being judgmental, patronising, or dictatorial. At least I hope not. It's just a statement of fact. So, the NHS website has an entire section on pregnancy and also activity after pregnancy and physical health, physical training is encouraged because it helps in loads of areas like general health,

pregnancy outcomes, mental health, wellbeing, and it also means that there's a faster return to your athletic fitness after pregnancy.

Jagruti Amin: And the activities that are suggested on that NHS website are the ones that on balance are seen as safe for most women to participate in unless they have medical issues. Paddle sports aren't on that list of physical activities. And when it comes to individual sports, certain sports have clear guidelines like Football and Rugby and others have things called consensus statements. And British Rowing has one of those. And the International Olympic Committee in 2016 brought out a paper where it looked at exercise and pregnancy in elite and recreational athletes, but it said it couldn't produce an exhaustive list of all sports either. Unfortunately, in paddle sports, we're not in the IOC document.

Jagruti Amin: We don't have any guidelines or consensus statements to guide paddlers, coaches or health professionals when a paddler becomes pregnant. And we know that there are risks to the pregnant woman and the developing foetus from paddle sports. We also know that every woman has her own risk threshold for what she's prepared to do or needs to do for her mental and physical health during pregnancy. And sometimes that's a complete mismatch with the medical risk that the health professionals see. We also know that paddlers use their sport and other sports which some of the population might see as extreme to keep physically and mentally healthy and also for others it provides their income.

Jagruti Amin: So, if your GP, midwife or obstetrician can understand why you're doing a sport, it helps them to work with you and try and make sensible suggestions that might be acceptable to you. I think the other thing is that there's a lot of pressure put on pregnant women because we see all these success stories with elite athletes. But they're surrounded by teams that help them and really vigorous risk assessments and there's a push to try and be a superwoman. But there's the other side of that is that women do get complications during pregnancy and are really hard on themselves and other people are really quick to judge them. So, we're never going to hear about any near misses or losses either.

Jagruti Amin: So, from a medical point of view, from the time a woman decides she wants to try for a pregnancy, there's certain medical conditions and complications from previous pregnancies that mean that some activities are off limits and also

pregnancy is dynamic and things change all the time. So, you need to keep looking at things. So ultimately it is the pregnant woman's decision. But bearing all that in mind, I'm going to go over how you can find out information about recommended levels of activity in pregnancy and when to discuss what you want to do with your GP, midwife or obstetrician. And I'll signpost you to where you can find all this information.

Jagruti Amin: It's not individual medical advice and I'm not making a risk assessment for paddle sports, but if you're planning a pregnancy or are pregnant, you do need to discuss your sport with the health professional that's involved in your health and maternity care. So, the UK recommendation for exercise in pregnancy is 150 minutes of medium intensity exercise. So that's your heart rate going up and you might sweat and breathe hard but you can still talk and not sing a week.

Jagruti Amin: muscle strengthening exercises twice a week and you can get information about that from Tommy's the pregnancy charity website and pelvic floor exercises and there are really good leaflets on pelvic obstetrics and gynaecology physiotherapy and while I'm talking about pelvic floor exercises women we need to get in early so don't wait until you're pregnant as soon as you can and you can download simple instructions from the website I've just said or if they are boring, you can download the Squeezy app. And if that's boring, there are other options which cost money like Peri fit, which allows you to play arcade games, or which gives you some simple feedback, but you need to be doing them because you don't want to be leaking urine. You don't want to be leaking from your bowels, and you don't want prolapse of your organs. So, they're really, really important.

Jagruti Amin: the last thing the UK recommendations say don't bump the bump. So, faculty of sports and exercise medicine have been a bit more pragmatic and they've said if you're already active, try and maintain the level of activity. However, you need to make modifications after discussion with the doctor if there is too much vigorous activity or there is a risk of bumping the bump. And also, they advise you to avoid overheating and that you shouldn't really exercise for more than an hour especially when it's hot and humid. They've got a much more detailed patient leaflet that's available on their moving medicine website and they also signpost to Tommy's the pregnancy and baby charity and the active pregnancy foundation. So, paddle

sports risk bumping the bump for a number of reasons and river trips are often more than an hour long.

Jagruti Amin: So, you need to have a discussion with a doctor. And you might wonder why the bump is such a big concern. And the reason is something called placental abruption, which is more likely to happen. If the bump is bumped, your body suddenly decelerates or there's constant vibration. And that's all about the blood supply to the developing foetus. And it can reduce the foetus's growth and go all the way through to pre-term labour or still birth, which is why people worry about it. So, when do you need to discuss all of this? ideally, as soon as you know that you're trying, but if not, as soon as you find out that you're pregnant or at your booking in appointment, which should be before 10 weeks. And it's a discussion that you need to come keeps coming back to as your pregnancy progresses and anything new develops.

Jagruti Amin: to help you The Active Pregnancy Foundation have a get active questionnaire for pregnancy and that's adapted from Canadian guidelines and they've partnered with Sport England with this and the form is a really good way of gathering information about your level of activity at the moment and to have that there for a general discussion with a doctor. But you need to get someone to understand your own world and that's really bad from a piece of paper. So, my suggestion is rather than just relying on talking, take a couple of short videos along showing the lowest and the highest grades that you paddle. They don't even have to be about you paddling. And they're a really good way to start a conversation. And when they're looking at the risk of bumping the bump, it's not just the risk on the water. It's about the risk of falling when you're getting to on and off the water.

Jagruti Amin: And they're also looking at other things that might put you at risk of pregnancy complications which might affect the pregnancy as well. If you want to have a look at the type of risk assessment that UK Sport use, there's a link at the end and that might be a good tool to look at some of the conditions in paddle sports that you need to bring up in this discussion. And just remember this might all be too much for them to take in and assess in a single appointment. So, if you know who you're going to see, try and get the information to them say a week or so beforehand. and also expect them to say I need to go away and think about this and get some

guidance from other colleagues in sports and exercise medicine or obstetrics. So big breath. Let's talk about some of the things that go on in the pregnant body and what you need to be aware of.

Jagruti Amin: It isn't comprehensive, but anything I've missed is on the websites I've mentioned before. So, Georgie's asked me off screen about Relaxin, and that's a hormone that your body releases when you're pregnant, and it's particularly high in the first 12 weeks, but it stays up high until you stop breastfeeding. It's great for preparing your body for pregnancy and childbirth, but unfortunately, it loosens your ligaments, which support your joints as well. So, you're at increased risk of injury to joints because your joints send signals to your brain about where your body is in space, you become a bit more wobbly and more at risk of falls as well. We've already talked about your pelvic floor and the fact that that's where your core begins as well.

Jagruti Amin: So, you need to be doing your pelvic floor exercises. And there's also a condition called DRAM, which is diastasis of the rectus abdominis muscles. And it's where you find a gap vertically where you imagine your six-pack would be. 60% of women get it, but it needs to be discussed once you notice it because it can get worse and it can lead to back pain and at its very worst, incontinence or prolapse. your health care professional should be able to refer you to Women's Health Physio and they'll help to strengthen your deep abdominal muscles, not the ones that you get that people crunch and also your pelvic floor. And there'll be advice about certain movements that you might need to modify or not do. And unfortunately, a lot of those movements are movements that we use in paddling.

Jagruti Amin: pelvic girdle pain and low back pain occurs in 50% of pregnancies and you can also get swelling of your hands and that can cause carpal tunnel syndrome which can cause pain and reduced grip strength. The bump itself can also cause you problems and I can see that Georgie's nodding at this. So, it changes your centre of gravity so you're more prone to fall and it changes how you handle that boat. that bump takes up space, your breathing gets shallower, you need to wee more, it's uncomfortable, it can affect your sleep, it restricts your movement. So, these are all things that you need to be aware of. and on top of all of that, your basic requirements change. So right from the offset, you get morning sickness and nutrition and hydration come into play. So, you mustn't under fuel and you mustn't get dehydrated.

Jagruti Amin: your sleep's going to get affected and your tolerance to changes in temperature might change and you get more fatigued as you get go on through pregnancy. And the last thing is that any infections that you get might also affect the developing foetus as well.

Jagruti Amin: So, there are lots of other conditions that can develop during pregnancy. but we're going to move on from there and move on to postpartum if that's okay.

Georgina Maxwell: 35:29

Well done. Yeah. Do you need a breath?

Georgina Maxwell: You're doing absolutely brilliant job. Thank you far. So, yeah, let's move on to this postpartum phase, which again, it's just going to vary from person to person and the type of birth that they've had. So, yeah, from a padded specific point of view.

Jagruti Amin: 35:49

Yes. Here we go.

Jagruti Amin: So, disclaimer again, this is not medical advice. It's just pointing you to information and sources that you can use to have a conversation with your midwife medical team or GP. And unfortunately, as Georgie said, there's not a lot of sport specific guidance out there apart from rugby players and runners. first thing to say is everyone has a different experience of pregnancy and child birth. So, they enter the postpartum period in different states. Their support systems are different and you're also adapting to a major change in your lifestyle. So, the postpartum period, as far as I'm concerned, lasts as long as it needs to until your body's healed physically and you've mentally adjusted to your new role in life. So, the recovery needs to be personalised, flexible, and free from external judgment and pressure but it's a big one.

So, immediately after delivery or caesarean sections, if there's things that you can't do or shouldn't do, you should have been told by your midwife or medical team. If you haven't been, then someone needs to ask for you because you're going to be knackered. So, get someone to ask for you. Get it written down or get a link because

words don't stick in people's heads. The aim is to get moving quickly gently. So, there's guidance on the NHS website, the faculty of sport and exercise medicine's moving medicine website, the Tommy's and the POGP which is the pelvic obstetric gynaecology physiotherapy website about usual activity immediately after delivery. But everyone agrees on one thing. The first stage of postpartum care is recovery and it lasts as long as it needs to.

Jagruti Amin: The things that you're recovering from are your vulva and its skin which needs to recover. You've got wounds. So, they are episiotomy, tears, caesarean section wounds and there's also pelvic floor trauma. If you've got DRAM that's recovering and hopefully your pelvic girdle and low back pain will be improving. So, there are medical conditions that you might have developed during pregnancy and delivery as well. And then there's the huge psychological impact of the labour and the caesarean section delivery and the psychological impact of the changes that your body's been left with. And you're also on top of all of that trying to get feeding right, trying to get breastfeeding right if you're doing that. Trying to rest and deal with normal life. You're also dealing with the fact that your relationship to the world and your partner has completely changed.

Jagruti Amin: So, rushing through this period and burying your head in the sand isn't a good thing to do. You can have a chat at your six-to-eight-week mother and baby check and people forget that it's as much about the mum as it is about the baby. have a chat about what you'd like to be returning to doing, especially if you want to return to strenuous exercise. The moving medicine website from the faculty of sports and exercise medicine has a pre-screening for readiness flowchart, postnatal activity recommendations, an inform an information leaflet and a workbook which makes a good starting point for having a chat with your midwife consultant or GP.

Jagruti Amin: They can use it as a screening tool for any medical reasons that mean you can't sort of start increasing your activity and you can use the workbook to give them an idea of where you are now and where you want to So take them along with you. The information on that site starts from day one post-delivery and it addresses simple things like walking which actually don't feel that simple at that time. The health professional who's carrying out your 6-to-8-week check can go over whether you're ready to start anything more strenuously. And that's looking at you medically

and also psychologically. And they can also reinforce the warning signs to look out for that your body is telling you that you're doing too much or going too quickly. And the time to find your new normal is from 3 months postpartum onwards.

Jagruti Amin: and the moving medicine information in the UK and Canadian guidelines which came out in 2025 but aren't validated in the UK have given us all a real reality check. They both recommend a discussion with a doctor before starting this next step and I've already discussed that sort of before. So, in the UK, the aim is to try and get back to a total of two and a half hours of moderate intensity physical activity with two strength sessions per week and that's gradually from 3 months onwards if you're physically and mentally ready. The Canadians have pulled that back even more and say 2 hours spread over 4 days a week and that it could take up to 12 months or more to get there.

Jagruti Amin: So, I know that many women listening to this may see that level of activity as next to nothing, but I think it really does tell you that you need to cut yourself some slack. Both say that it may take longer or you may have times when you go backwards. And that is completely dependent on how long you take to recover, your support systems. Remember, you're still on feeding duties and other things, how you feel, and any medical conditions you have. They also say that rest, nutrition, and hydration should be prioritised. Remember, if you're breastfeeding, you're at a high-risk time for REDS. And also, in the postpartum period, you're still more at risk of injuries while those relaxing levels go down. And your bone density or strength has gone down temporarily during pregnancy and needs to recover. Breastfeeding means that those last two things can take longer to return to normal.

Jagruti Amin: Finally, remember that if a gym or another sports body needs a medical certificate for you to take part in an activity when you're pregnant or in the postpartum period, it counts as private work and there'll probably be a charge from your doctor. As an aside, although I've been talking about pregnancy and postpartum, you may find that at various points in your life, illness and recovery, if they're acute or chronic, mean modifications to what you can do. And it's a good idea to have a backup list of activities to fill that gap rather than it being sprung on you.

So, I think that's all I want to say about that, apart from mental health, which is really important. So, there's no shame in not feeling okay. you're going to be asked how you're feeling from the moment you get pregnant until you're outside the other side of the postpartum period. It's common is depression and anxiety. And when you're someone who's used to exercising, you're more at risk. So, talk to someone, ...

Jagruti Amin: anyone, if you're not feeling right. And there's information on the NHS website, the Tommy's website, and the maternal mental health alliance. Please speak to a midwife or a doctor about it. And don't bottle it up.

Georgina Maxwell: 42:42

Well done.

Thank you, that was great. are you ready to move on to the last topic?

Jagruti Amin: 42:47

Yes. Deep breath.

Georgina Maxwell: 42:48

Need a deep breath. Yeah. So, the last topic we'd like to talk about is menopause. Certainly, from working on the river, I have a few clients who are in that category for sure and some may not know that they're aware of the peri-menopause that they're coming onto that and...

Georgina Maxwell: some may be well in the thick of it and got a good handle on how to control things a wee bit. But yeah, let's chat about this subject if you don't mind. That'd be great.

Jagruti Amin: 43:15

I'm coming at this as someone who started going through the peri-menopause in her late 30s and has been on HRT since her early 40s. And I was also a GP who was informally educating her peers on the menopause in the early 2010s trying to bust myths around it. but yet again, this is not medical advice. It's an overview and there's links to recognised bits of information that you can look at. So, we talk about the menopause, but that's actually the time after your periods have stopped for 12

months, and that usually happens sometime between the age of 45 and 55, but some women are going through this in their early 30s or straight after surgery. and we've still got a third of our lives to live ahead of us, so we need to get on top of this.

Jagruti Amin: And the problems actually start in the peri-menopause so those are the years leading up to the menopause and they can last for a decade and your oestrogen levels are dropping but not nice and steadily. They're all over the place and that's what's causing the problems during the peri-menopause and also the long-term health problems at the menopause. So that oestrogen is needed for almost every part of our body to function properly. So, when it drops, we start to get problems with mood, brain fog, sleeping, controlling our temperature, keeping our muscle mass and strength up, keeping bones strong, keeping our connective tissue, which is important for joints, skin, your pelvic floor, and your vaginal health. we also can start to get headaches and migraines can get worse. And the number of women I know that this has happened to. And really importantly, sex can become really painful and your drive might go.

Jagruti Amin: Your body shape can change. You start to put more weight around your middle which can affect your body image and it also increases your risk of heart attacks and you pull all those together and no wonder we start to struggle. Now some women do go through the peri-menopause and menopause with no symptoms at all. So, we do have to remember that we're all individuals. So, looking at the water brain fog is real and it doesn't mean that you've lost any of your intelligence or decision-making skills. It just means that you can't access them as quickly or as reliably as you used to. and that would get anyone down, man or woman. add to that loss of strength and muscle mass and suddenly moves you used to try to make don't work. And if you haven't slept well, that's going to feed into. Finally, imagine having a hot flush in a dry seat with sweat running down your face or back while you're on the river. So, of course, there are times when it all becomes too much because we're human and we also compete with our younger selves the whole time. and the frustration shows itself in loads of ways.

Jagruti Amin: And when it's public and not understood, it leads to shame and giving up on things that we used to love. And I think you've probably seen that with some of your clients on the river, Georgina. And it's really difficult to put into words. And once

your confidence takes a bash, you can end up in a really vicious circle. So, I'm really glad we're talking about it now because it used to be taboo. And unfortunately, due to a few really flawed trials that came out in the early 2000s, the fear of God was put into doctors and women around treatments like HRT. And it's taken years to debunk it all. so, it's about time we are talking about it. So, as a woman, the best thing you can do is educate yourself about the peri-menopause and menopause using evidence-based information because there's lots of information out there because it's all over the media.

Jagruti Amin: But you need to make sure that what you're being told is evidence-based. And if you want to know when you might start to feel off, ask your mums and sisters because the timing sort of runs in families. The most recent UK review on the menopause was in 2024 by NICE and they've got information for patients on their website. But other more women friendly, patient-friendly, normal person-friendly websites are the women's health concern which is part of the British menopause society, menopause matters and other sites that are signposted on there.

Jagruti Amin: and the aim is for you to know how you're feeling and why. Know what your options are so you can be an active part of the decision making that goes on. things you need to know. NICE doesn't recommend any complimentary medicines for treating symptoms. That's because there's no evidence also just because something is natural doesn't mean it doesn't cause side effects or harm. and they also talk about medicines that can be used instead of HRT for various symptoms, but the only way to get oestrogen back is with hormone replacement therapy, which is usually combined with progesterone to protect the lining of your womb. they also talk about getting oestrogen to your vaginal walls using pessaries and cream.

Jagruti Amin: So, if you think you might want to try any of these things, look at the resources I've pointed you to and go and make an appointment to see a doctor who's got an interest in women's health on the menopause. Most GP surgeries can point you to the person to see at their practice. There aren't many conditions that would stop you taking HRT, and your doctor can tell you if you have one of them. People worry about risks and benefits, and with HRT, it's particularly about breast cancer. the resources I've told you about tell you all about that and also try and compare the risk to the effects of things like alcohol smoking and obesity and

inactivity but they're all best discussed with your doctor in person. So, I'll get off my soap box there and go back to what coaches can briefly do because that's really important too.

Jagruti Amin: So, I think as a coach, especially a male one, my advice is going and educate yourself using the same resources I've just pointed out. And also speak to women in your life who are peri-menopausal or have been through the menopause and are willing to talk to you openly. It's about empathy and understanding. It's not about fact building. and you don't have to announce that you understand. Word will get out. if you notice someone is struggling with their emotions, if it's possible, give them space and a listening ear. Sometimes need all it takes and a little reassurance. You've got to remember that your reaction is also guiding what the reaction of other paddlers who they might be paddling with in a group are going to be like so don't be dramatic and practically encourage women not to give up and remember you may be looking at a woman who doesn't meet the traditional picture of a menopausal woman.

Jagruti Amin: Drop the grade for a while to re-establish confidence and to learn new techniques that aren't so power driven on more forgiving water before stepping back up. Look at kit volume of boat size of blade. If they've got joint pain, are they comfortable in their boat? Can you change the outfitting? Final suggestion is actually something that all women need to know and it's about long-term health of women and it's about the type of training that you need to do during the peri-menopause and menopause to prevent long-term health conditions. And this is all to counteract that effect of the dropping oestrogen. And the four parts are pelvic floor exercises, which we've talked about before, medium to high impact exercise training for bone strength and resistance training for muscle mass and bone strength, and finally balance and flexibility to prevent falls and injury.

Jagruti Amin: So, the only thing I will say about pelvic floor exercises is that if your symptoms are not responding to the pelvic floor exercises, go and see your GP because there are other options for treatment. and you don't need to stop doing what you like doing just because of a little bit of incontinence or a prolapse. the second one, the high medium to high impact exercise. Unfortunately, kayaking, canoeing, and stand-up paddle boarding don't fall into this category.

Jagruti Amin: So, you need to find something that fits the remit for you. you don't suddenly have to become a runner overnight. I mean, I'm learning to shuffle to retro dance music because that hits the brief and makes me happy. And that's fine. The strength and resistance training doesn't mean hitting a gym and bulking up either. Anything's better than nothing. And you can work out at home using your own body weight. And the Royal Osteoporosis Society website is a really good source for beginners.

Jagruti Amin: The key is to work to exhaustion, whatever weight you're using. So, you should do 8 to 12 reps before you need to have a rest and repeat that three times. For balance and flexibility, you're looking at things like tai chi, yoga, and Pilates. On top of all of this, you need to remember about REDS. But during menopause, the usual guidance is that you might put on up to 10 kilos in weight. So, the UK association of dietician's website and women's health concern have a leaflet about menopause and diet. However, you're an active woman and you might find that if you follow those guidelines, you start losing weight. If that happens, you need to pull back and go back to those REDS principles. And if it happens really quickly, you need to get checked out by a health professional to check there's nothing else going on that's dropping your weight. all of that's an awful lot to fit into a week on top of cardiovascular training, which hopefully overlaps with the impact training. And the aim isn't perfection.

Jagruti Amin: It's to do something regularly and not to beat yourself up if there are days or weeks that you can't do it. The mantra is anything is better than nothing.

Jagruti Amin: So, after that whirlwind tour, I think I've frazzled my own brain. Georgina, over to you.

Georgina Maxwell: 52:44

Yeah, thank you very much. That's a lot of good information there. And also, it's just the next route to positive change with women within sport and being open about all these topics and subjects and great because I don't think there's many things relevant to our areas out there in podcasts, in words, in anything really. So, I think it's very much an honour that we've had you on board here, one to one spend all this

time researching all of that them topics and two gathering information amongst peers and friends and all of that.

Georgina Maxwell: you've done such an amazing job and I think I can talk beyond from all the women out there and coaches male coaches who are going to benefit from this information that you've just done an absolute brilliant job of just putting it in well and a really practical use and...

Georgina Maxwell: loads of resources for people out there who can continue to love the sport. thank you so much. You've been amazing.

Jagruti Amin: 53:45

That's okay. I just had a thought, just a final few words.

So, coaches and paddlers, I think it would be really useful for everyone if there was a resource produced by our regulatory body on women's health and if they could possibly look at some sort of guidance around pregnancy and postpartum.

Jagruti Amin: that would be great because of all the recent interest in health and safety and liability in paddle sport. For coaches, there's some great CPD modules that are free and they're on the Sports Scotland website. and they're on various aspects of women's health. It would be remiss of me with my background not to ask you to take control of your contraception and sexual health. The website you'll be looking at looking for is the College of Sexual and Reproductive Health, if you're younger, have a look at Brooks and there's always the NHS website. remember to try to be breast aware and please speak to a health professional if you have fears or concerns that are stopping you taking up your invites for cervical smears, mammograms, or even vaccinations. The neurodivergent among us, there is information coming out slowly about how we're impacted differently by the hormone changes that occur through life.

Jagruti Amin: keep your eyes peeled out there, but make sure you're looking for legitimate sources of information. And last, but not least, prioritise safeguarding yourselves and others. No matter what age you are, please speak up, report, and discuss issues with someone trust. There are safeguarding officials in every club and at Paddle UK. And there are local and national organisations that provide advice and

support either on the phone, on social media, or online. And abuse isn't just about the physical, so don't minimise it in your head. To end on a happy note, happy International Women's Day, everyone. The end.