

## [244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Lawrence: Lawrence Neal here. Welcome back to HighIntensityBusiness.com this is episode 244. Today's guest is Patty Durell. Patty, along with her husband, Dave, own and operate Rock Solid Fitness, a one-on-one personal training studio in Dunedin, Florida. Their unique personal training philosophy has helped thousands of clients increase strength, lose fat, improve conditioning and rehabilitate injuries.

Lawrence: Patty has been helping people achieve their fitness goals for over 25 years. She is a master-level personal trainer, certified conditioning specialist, licensed physical therapist assistant, and has specialized training in nutrition and physical rehabilitation. Patty practices what she preaches, and has lost over 40 pounds and kept it off through proper exercise and nutrition. Patty has been a popular speaker to fitness and medical professionals, corporations, college and high school students, and many support groups. In short, we are very lucky to have Patty back on the show to about today's topic. Welcome back to the show, Patty. Great to talk to you again.

Patty: Thanks so much for having me, Lawrence. It's always a pleasure to be here.

Lawrence: You're most welcome. Thank you for helping me with this topic today. What we're going to be talking about is, how do you effectively strength train and work with pregnant women in high-

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## [244 – Patty Durell – How to Strength Train Pregnant Clients](#)

intensity training? This is obviously quite a sort of poignant topic for myself. My fiance's is quite far into her pregnancy. Certainly the beginning of the beginning of the pregnancy when we were strength training, I reached out to people within the membership to get some feedback and some advice.

Lawrence: My good friend, Ad Ligtoet, who some will recognize as being on the show, gave me some great advice, a few points that we'll perhaps touch on during this conversation. Then in a follow-up comment said, "Why do you ask?" Winky face. At the time, I just had to kind of like say, "Oh, no. It's just for some person I'm working with, or a friend," and try and brush it off because it was too early in the pregnancy to announce anything, but that was quite amusing.

Lawrence: Where I guess I wanted to start with this one, Patty, is the first question, which I think may be on some people's minds is, should we be training women during their pregnancy?

Patty: That's a great question, Lawrence. I equate it to, would you not train for an event like a marathon or some big event that was going to take a lot of strength and energy? I think that giving birth takes a lot of strength and energy. It's probably one of the most intense events that a woman is going to go through in her life, as far as physical energy demands and stick-to-itiveness, and not giving up during the whole thing.

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Patty: I think some of the things we learn in exercise, especially strength training, high-intensity way, comes to a great advantage for a woman to learn during her pregnancy, so yes, I recommend it highly. I haven't met very many doctors that don't recommend it for healthy women.

Lawrence: Wow. Well, that was not the response I was expecting, actually, but that totally makes sense. The becoming comfortable with something like high-intensity training, I can certainly understand how that could make labor slightly easier for women, perhaps. What I thought you were going to say was, I know it's really important to ... I mean, this is what Ad said to me, "It's important to maintain strength of structures, get control of metabolism, and of course secretion of myokines for general and mental wellbeing." However, I imagine you probably were kind of thinking, "Well, yeah, of course. That's an obvious reason to strength train," or not? Or would you put that as a secondary?

Patty: Put pregnancy as a secondary or all the things you just said as a secondary?

Lawrence: I mean, I guess I thought you were going to say the reason we strength train during pregnancy is to achieve all of the benefits that we want from exercise.

Patty: Of course, of course. I think that's the foundation of all strength training programs, whether you're pregnant or not, but definitely

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

when you're pregnant to avoid exercise, I think, is not a good idea. If you haven't been strength training and you haven't been exercising before your pregnancy, I definitely recommend that you do when you find out you're pregnant. Maybe I misunderstood your question.

Lawrence: No, no, no. That's interesting too. No, not at all. You're saying there is even if people have no experience in strength training or high-intensity training that are pregnant, should still consider it as a ... Because even though in pregnancy, one might think, "Oh, it's slightly high-risk," when if done correctly by a good instructor, it obviously isn't. Right?

Patty: Correct. If we think back in time, women, it's not uncommon for us to hear our grandparents or great-grandparents giving birth on the farm. If we don't think these women were exercising, and strength training, and doing physical activity, we're wrong. Women have been probably doing more strength activities and more physically demanding activities during pregnancy, well before today's time when we live a much more sedentary lifestyle. I think it's necessary for us to promote and encourage women to strength train while they're pregnant.

Lawrence: We did this class recently called a hypnobirthing course, and I was highly skeptical before we went, but it turned out to be really, really productive. It was more of a ... It was a course centered cultivating

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

the right mindset. It talked a lot about visualization, which is obviously popular in performance and in sports, but how visualizing a healthy pregnancy can be enormously beneficial come the day. Just talked about the kind of misinformation there is about what, I guess, a lot of us perceive labor to actually be. From my perspective, I always saw that the woman was always quite helpless, like what I see on TV, lots of blood, and generally they're obviously lying on their back and all of this.

Lawrence: To see examples and hear from this woman who ran the course, and to see videos of women doing it with far more, shall we say, I don't want to say "pride," because I don't want to say ... Because I know, obviously, it's very case-by-case, and some women have to have an epidural and it's not always plain sailing, or quite often not plain sailing for a lot women. It was not even known to me that some women could have a pregnancy that is the complete antithesis of that.

Lawrence: In some cases, she talked about how there are certain tribeswomen, who would literally give birth, like leaning against a tree and then catch the baby themselves, which I just found mind blowing to me. If anyone in that position where they're pregnant or have a partner who is, I'd highly recommend checking out the hypnobirthing options local to you, because I was very surprised, and I'm a very skeptical person, so there you go.

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Lawrence: Okay, so awesome. Good place to start. We talked about kind of the "why's." Let's say you've got someone coming into the facility for the first time, which I think would be a good kind of context, and they're pregnant. How would you go about, what sort of questions would you ask? What would that kind of taken consultation look like, from your perspective?

Patty: Of course, it's the same basic health history questionnaire that we give to everybody, but then we want to know also, "What trimester they're in? When they got pregnant? When is their due date? What does their doctor recommend? Have they been pregnant before? If they were pregnant before, did they have any complications?" Just kind of the history, specifically around their pregnancy currently and in the past, if they've had any. We definitely work closely with physicians. Again, I've never had a physician not recommend strength training to a pregnant woman.

Lawrence: Wow. That almost seems ... I would have thought that a lot of physicians would say, "Ah, you should just be more active and go swimming." I'm surprised. You've actually had a lot of physicians recommend strength training then? Not the typical what I would have thought they would have said.

Patty: Over the years, it's been ... This, I'm speaking for a healthy pregnancy. If somebody has a complication that's a whole different story. That is definitely whatever the physician says, whatever the

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## [244 – Patty Durell – How to Strength Train Pregnant Clients](#)

woman is comfortable with doing. I think when you have a pregnant woman, you have to, 100%, respect how she is feeling about it because I think that intuitively we know best in our own bodies what to do. My experience is also that when somebody is pregnant for the first time, there's a lot more cautiousness around that pregnancy, where the second one comes and ...

Patty: Remember, if you're pregnant for the second time and you have a little baby or a little kid, you're lifting that kid. You're doing so much physical activity and things that we might consider strength training through normal activities of life. A mom is usually taking care of a lot of stuff. I think that we're talking about a healthy pregnancy and yes, even the ...

Patty: I reviewed some literature on different countries and what the recommendations were, and they recommend strength training. It was very interesting to see that, just the guidelines. Like some countries would say, "Don't do anything that's going to cause trauma to your abdomen area." Then I think it was Spain that said, "Only blunt trauma," so even different countries recommend different things, and especially different doctors within countries recommend different things, so it's like everything in medicine. It can be very confusing, but generally over the years, I have just experienced that strength training is very important.

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Patty: It used to be way back in the day, in the early '90s, that physicians would say, "Hey, if you've been exercising, if you've been running, if you've been swimming, go ahead and continue to do whatever you've been doing, but don't take on anything new. If you haven't been doing exercise, don't start something new." Well, that kind of has gone away, by the wayside. I haven't heard that recommendation anymore.

Patty: It used to also be that, never get a woman's blood pressure up or her heart rate up over certain amounts, and so we would be walking around the gym with a blood pressure cuff on, or taking heart rates all the time. Really, we don't do that anymore either, unless there's a physician that makes that recommendation during the pregnancy. Again, we pretty much go based on what the physicians' recommendations are, which are pretty much the same guidelines that we generally all, I think, generally all follow.

Lawrence: Awesome. I'll embed the article, which we'll probably touch on maybe several times during this, which is called Guidelines for Physical Activity During Pregnancy: Comparisons From Around the World. I'll make sure that's listed in the show notes to this.

Lawrence: Okay, so let's move on to the programming. What might the exercise routine look like, in terms of what exercises you may avoid, and why, and what you will definitely include, and things like that?

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Patty: We really take it by the trimester. The first trimester, a lot of women don't even know they're pregnant. We might be doing exercises and not know we're pregnant yet, and so it's pretty much business as usual until we find out that we're pregnant. It's always interesting that that day, everything changes.

Patty: The general thing is, just like when we're strength training a youth, a child, we're looking at their physical stature. Rather than using an age, how well are they developed? Same with a pregnant woman. If she's in her first trimester and she's not showing it all, I'm not going to be concerned putting her on the leg press and creating abdominal pressure. Or I'm not going to be concerned putting her on the abdominal crunch machine and creating abdominal pressure.

Patty: Once that baby starts to develop, we have to make sure that we are not increasing any abdominal pressure, and so using that kind of just physical statue of how big her belly is to be the guideline as to how far back we come back on a leg extension, or how far we'll push her into a flexed hip position so that her belly is kind of ... Does that make sense?

Lawrence: Yeah, absolutely. Oh, just one quick question on that. Have you ever had it where a woman is very early in their pregnancy and you're quite happy to put them in, on some kind of abdominal machine or a leg press and have, obviously, the abs be quite engaged in those exercises. Have you ever had them kind of be wary about that or

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

concerned about that? Almost objected to you, to say, "You know what? I'm not comfortable with that." Or, "Is that safe?" Just curious how you might respond to that if you're given those kinds of objections or concerns.

Patty: 100%. Again, if the mom doesn't feel comfortable, we're not going to do it. Those concerns are genuine, and we'd never want to put a mom in a position where she's not comfortable. I think that just like you were saying about visualization, visualizing that something could potentially be harming your baby is also not a good visualization to have. I think that our minds are very powerful and whatever we're comfortable with is what we need to do.

Lawrence: All right, so it's a quick litmus test. If you say, "Are you comfortable with this?" And they say, "No, I'm not." Regardless of whether it is actually harmful or not, it's just best to perhaps skip that exercise.

Patty: Exactly. I've had the good fortune ... One of the OBGYNs in the area, she's a nationally known OBGYN. In fact, she was on Dr. Oz show. She was one of the only physicians that birthed ... Two babies were in one uterus ... Or, I'm sorry. Two babies were in two separate uteruses. This woman had two uteruses, which is rare to begin with, and then she got pregnant in both uteruses, which there's been two people ever known to do that.

Patty: She's a high-risk OBGYN that I actually ... She's a client of ours, so I've been able to work very closely with over the years. She has

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## [244 – Patty Durell – How to Strength Train Pregnant Clients](#)

given me a lot of insight as to ... We try, we handle pregnant women with kid gloves and really we don't need to. They're stronger when they're pregnant than really during any other time in their life.

Patty: She would say ... I'm taking a back step here, but I want to address this with you. She had cited research that was done during World War II when women were not getting well nourished and they were physically working harder than ever in time. She said that the women might have not had the best health, but the baby always had the best health. "We should be more concerned about the mom during pregnancy almost than the baby," was always her message. Does that make sense?

Lawrence: It does, yeah, yeah. I love how this podcast has almost turned into like an inspiring episode for women. Because I think even my fiance will listen to this and be like, "Yeah," because she's all about this kind of stuff, so it's a really nice perspective on it, actually. It's quickly occurred to me as you were talking there about the physiology of pregnancy just how ignorant I am, so I'll probably be relying on you quite a lot, Patty, to help me out during this.

Lawrence: All right, so just jumping back to the exercise programming. That's interesting, so depending on where they are in the pregnancy will obviously determine what exercises are ideal. Talk to me about, perhaps, when we're maybe at the mid-way point or when the bump starts appearing more, and obviously it's more difficult to do

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

some of those kind of, any exercise that has any abdominal pressure, so how might you change things along the way?

Patty: To jump back to your original question, Lawrence. Sorry about that.

Lawrence: That's okay. It's a podcast, we jump all over the place.

Patty: That's why they work well for me. In the beginning, in that first trimester, usually there's not a lot of precautions or contraindications that a physician will tell you to avoid or to be aware of, unless there is an unhealthy previous pregnancy or there's some health concern like diabetes or hypertension, obesity with the mom. Usually everything's fine in that first trimester, but if they're uncomfortable on the leg press, we might do ball squats. We're we're always thinking about an alternative exercise. If they're not comfortable on the abdominal machine, maybe we'll do Swiss ball abdominal exercises.

Patty: It's very important to address abdominal muscles throughout the pregnancy to avoid what they call a rectus diastasis, which is where the abdominal wall could split. It's very common in obese people or pregnant women, so it's important to strengthen those abdominal muscles to try and prevent that from happening. We don't like to avoid any exercises for women that are pregnant. I think it's important that all muscles still get addressed.

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Patty: In the second trimester is usually where we will see some contraindications that a physician might have imposed on that mom, or exercises to avoid. We're always, we take it from the beginning to always be concerned about overstretching, so if we haven't worked with the mom before, we're making sure that we're not overstretching any joints because of the hormonal changes that go on during pregnancy. The joint laxity does increase during pregnancy, and we want to make sure that we maintain proper structure and strength, especially in the spine, in the hips, where pregnant women will feel a little more pressure.

Patty: As the pregnancy goes on and we're in that last trimester, that's when we're really kind of letting that mom ... We're really monitoring her more for more shortness of breath. Like, "How are you feeling during the activity?" We're kind of setting the, "Okay, we're going to take a walk around the gym right now," and kind of slow down. That's when we see the most changes happening with women, are in that third trimester. Adapting the exercise more from an energy standpoint than from a strength standpoint and just kind of letting that mom ... Trying to maintain the strength, and letting her be in charge of what we do, basically, so that she has a good, positive feeling during that pregnancy.

Lawrence: Okay, so that makes sense. Essentially, in your experience, you've seen that pregnant women will have more sort of cardio respiratory fatigue, and that will affect their ability to cope with speed between

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

exercises, and greater volumes of exercise, and certain exercises that have a lot of systemic fatigue and that kind of thing.

Patty: Exactly. You'll see in that article I sent you that all of the countries that were referenced in that article kind of agreed that that was the baseline to terminate exercise. That was kind of the biggest baseline is, "How are you breathing?"

Lawrence: Right, okay, okay. A couple questions around some of the details. What would you suggest around resistance? Would you still look like, as you say, business as usual? Trying to increase resistance from week to week, and then perhaps later on in the pregnancy it might just be a case of trying to freeze the resistance, or how would you think about that, for instance?

Patty: The best example I can give is, a woman I worked with. It was her fourth pregnancy, and she was a professional woman. She was a very busy, successful woman. I can remember taking her through her pregnancy. She exercised with me 9:00 in the morning, let's say, and had her baby at one 1:00 in the afternoon, same day.

Lawrence: No way. Wow.

Patty: Yeah. Throughout that pregnancy, we increased her resistance the whole time. It might have been a pound, it might have been a repetition, but it was business as usual. We didn't change a thing, except for maybe the position of exercises, maybe the exercise

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## [244 – Patty Durell – How to Strength Train Pregnant Clients](#)

itself, but we didn't change the fact that we were progressing. What happens to a woman as she's pregnant, it's she is getting bigger. She is carrying more resistance with her every single day. She is progressing her resistance, naturally. I think again, we have to think about these things.

**Patty:** I mean, women are strong when they're pregnant. They can do things that women, in other times of their life, can't do. I think that we need to embrace that and just let that woman kind of let us know what's right for her.

**Lawrence:** That's great, that's great stuff. Okay, so I guess, that kind of answers these questions. Correct me if I'm wrong, but therefore, even things like intensity, cadence, training frequency, all kind of stays the same. It's like all cases, it's about adapting to the individual, so if an individual who's pregnant has issues with any of these variables, then you would just change them on the fly, basically.

**Patty:** We would, and we would also make sure that we are like militant about the things that we know are proper in general anatomy and physiology. Like we're not going to allow her to lock-out or isometrically hold exercises. We might not do isometric exercises with that person-

**Lawrence:** Why? Why is that?

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Patty: Even though the research says that it doesn't increase your blood pressure, some of the research says it does, and so women might have already ... They're having increased blood pressure throughout their pregnancy, normally, anyway so why do anything to increase that? We're probably going to do more things like not bring that person to extreme failure. We're not going to do those overload protocols with women, where we're doing eccentric timed contractions, and big, big intense things for her.

Patty: We're going to give her more rest, and we're going to allow her to not work that hard, but we're still going to prepare her for her birth date, the date that she's going to give birth, which is going to be an intense exercise, and she's not going to be able to give up, and she's going to have to push herself to the max.

Patty: I mean, if we think about the end result, if we keep that end result in mind, we might maybe someday be pushing women to their max during their pregnancies, and being okay with that, and saying, "This is exactly what you're preparing yourself for." It's hard to do research on pregnant women because who wants that risk?

Lawrence: Yeah, yeah. These are all fantastic points. Yeah, this is very helpful to me.

Lawrence: Have you got any thoughts on any kind of ... I know we touched this a little bit, but any clear, in your mind, do's and don'ts? Perhaps we can start with the don'ts for pregnant women. Anything that comes

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## [244 – Patty Durell – How to Strength Train Pregnant Clients](#)

to mind where it's like, "We absolutely will not do this, which we may do in another context"?

Patty: For sure. These are, again, I'm not sure that we, 100%, have to stick with these. That physician I was telling you about and myself have had many conversations about it over the years. Again, we're not going to not stick to them, because who wants that risk? For instance, lying on your back or lying on your side, that can potentially decrease the cardio output because of your arteries there, your abdominal artery, so we don't do exercises lying on someone's back or someone's side.

Patty: If we need to do something in a supine position, we'll modify on a Bosu ball, like for crunches so their hips are a little bit further down toward the floor than their chest, maybe. We're not going to ever overstretch someone. We're just not going to do that. We traditionally don't do like a rotary torso machine after the first trimester just because the visualization of that just doesn't feel right to us. I don't know that there's any good research that says you should not do that, but we just kind of steer clear of that.

Patty: Again, we never put any lying, prone or putting any pressure on the abdomen. We just don't do that. If someone is having like a shortness of breath, we are terminating, probably that exercise. Going for a walk, seeing if we can't get the breathing under control, and if we can't, then we're just going to say, "Okay, that's it for

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

today. Let's try it next time." We are always in constant contact with the physician in the beginning. Like, "What do you say? What are your guidelines?"

Patty: Like I said, every physician can be different. Some physicians don't care and say, "Whatever you want to do is great," and some physicians have really strict guidelines of what they want their patient to do. Those are really the typical "not's" that we won't do. That can relate to the leg press, that can relate to an abdominal machine, that could relate to a low back machine, a rotary torso. You might think about even a horizontal back extension machine. I don't think I would put a woman in that position either. Thinking about any sheer forces that might happen to joints. overstressing them, during pregnancy especially, is something to be mindful of.

Lawrence: Do you think it's okay, take like the MedX lumbar extension. Because, obviously, you can have the setting where it crushes you in the start position, but if you were to set that back slightly so there wasn't that pressure on the abdominals or it wasn't uncomfortable, that might be okay if it was a shorter range of motion, or not?

Patty: 100%, and that's exactly what we do. We just modify the range of motion. Because where do most women have the stress and the pain? In their low back.

Lawrence: Yeah, I was- [crosstalk] Sorry. Go on, sorry.

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Patty: Just from carrying that baby, just from the pressure, that frontal pressure on their spine, so we do, it feels good for women to strength train their back. We find that it helps them a lot.

Lawrence: Do you have any thoughts on abduction, so abduction or adduction. I had a comment here from Ad saying that leg abduction or as we would say in the U.K., abduction. I think that's a U.K. thing, I don't know. Leg abduction can be integrated longer than adduction. Assuming adduction is something, perhaps, not ideal later on in the pregnancy, is that correct in your view, or what's your take on that?

Patty: I have not come across that. I think that being very careful not to overstretch. That can be a very vulnerable place on everybody throughout strength training. I think that, again, I haven't heard or have been told to avoid that exercise in the past, but I can see where if you are overstretching that structure, how that can be an issue with that pubis bone right there. Again, the laxity in that pubis bone, so being very mindful to maybe even sometimes decrease that range of motion during pregnancy. Certainly again, I'm a big proponent of all muscles need to be strong.

Lawrence: You did a really good job just now of covering the don'ts, the things that you really probably shouldn't do. Is there anything else you wanted to add to the do's column in terms of things you must do

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

when working with pregnant women, especially those, they're sort of later stage?

Patty: You must be patient because that woman is going through a bunch of hormonal changes, and you can't take anything personally.

Lawrence: That's very true.

Patty: You must be positive, and educate throughout. Tell them why they're doing this, how it's going to help them on their birth date, and encourage them to make sure that they are taking care of themselves in other ways. Also, you must do abdominal strengthening. That rectus diastasis is a real thing for women, and keeping that abdominal wall strong. I mean, you think about a woman, what are they told? You've been through this. When you're trying to encourage that contraction, you're bearing down, you're contracting your abdominal muscles to try and get that baby out. I think it's important to strengthen those muscles, and also keep your activity level up.

Patty: Strength training is very important and that's what we concentrate on at Rock Solid Fitness, but making sure that you're going for walks, that you're managing your stress, that you're doing all of the other things that are important during your pregnancy. Getting pregnancy massages by a massage therapist, who's skilled and has a special pillow for your belly.

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Patty: I think making sure that we are strengthening all of the structures without overstretching them, and listening to that woman is really the most important things to be doing, and the physician, of course. Again, this is for healthy, normal pregnancies. Abnormal pregnancies are a whole different scenario.

Lawrence: That was great. I just want to, I guess, take a moment to say, because I think people may be wondering, "What's Ashley doing, Lawrence?" Who's my fiance. She's a month away.

Patty: I'm wondering.

Lawrence: She's obviously a month away from her due date, so very heavily pregnant. I think this is an interesting talking point. Just, so I won't take up too much of your time, Patty, on this, but at the beginning, we were strength training. We were using a membership that we both have at a local facility, which has got a fair amount of equipment, but all the machines are pretty terrible. On a personal standpoint, she doesn't feel safe in some of those machines. A majority of the good ones are plate-loaded. I, personally, am fine with them. They're no MedX, they're no Nautilus, but they're good enough. She doesn't feel particularly safe in them. Some of them do require a fair amount of skill, and so she sometimes struggled with that.

Lawrence: Then as the pregnancy progressed, we were still going, we were still going to the gym, and she had a small bump at the time. She got to

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

a point where she just wasn't ... I mean, obviously, I'm speaking on her behalf, so this might not be completely accurate. I would say from what she said to me, that it was more of a psychological thing. It was just she was afraid to really exert herself in that environment, and she didn't feel comfortable with it. I'd check-in with her throughout the pregnancy and say, "Do you want to go? Do want to go strength training?" Because obviously, I want her to but I'm not going to force her, because that doesn't ever work well in relationships.

Lawrence: At the end of the day, I have no idea what it's like to be pregnant, and so it's completely up to her. At the end of the day, she's not pregnant for her entire life, and so maybe pausing it for her was the right thing. However, if we did have access to better equipment, i.e., MedX, Nautilus ... I was talking to you Patty before we started recording about opening a facility here in Galway, where we will have MedX. If we had access to that, would she probably still be training or at least have trained further or later in her pregnancy? Of course. Because she's used MedX and Keiser training and she loves it.

Lawrence: It just kind of occurred to me as we're talking that if you are ... I'm thinking about myself as well here. If you are in a location where you're opening a facility and you have this type of equipment, that could be a great target market for you. Because pregnant women may feel very unsafe or afraid to use some of this other equipment.

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Obviously, MedX is Nautilus for the most part. It's perfect because they require very low skill to train hard in. It's just, again, another reason why I think this is a great business to get into. I just wanted to say that, I guess, to give people context on where we're at, and our own personal experience.

Lawrence: Because I also know there are people that listen to the show who are men or women, who would love their partner to take their training as seriously as they do. I get that completely, and so hopefully that will, I think, shed some light on I guess, my personal situation regarding that.

Lawrence: Okay, I was going to make sure, the next question I was going to ask you Patty, is there a cutoff with training pregnant women? You just said earlier on in this interview that you trained someone at 9:00 a.m., who actually ended up giving birth 1:00 p.m. that day, so that answers that question.

Patty: Right.

Lawrence: Right, right.

Patty: Right.

Lawrence: Unless you've got anything else to add to that, unless you have other people where you felt, "You know what? Maybe we should stop training," at any point. Have you had that experience?

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Patty: For sure. I mean, that's usually physician or mom-driven. I think that, that woman that I described ... Remember, it was her fourth pregnancy and she was a professional, successful executive. I think that that mindset has a lot to do with it. I think mindset has a lot to do with everything in life. To address Ashley not being comfortable with the equipment, I can tell you that I've had more women who have been pregnant for the first time say, "I'm not exercising," than women who have been pregnant for the second time.

Patty: Oftentimes, we'll get people, women who are pregnant coming into exercise the second pregnancy, who didn't exercise their first pregnancy. At the end, they say, "I should have done this the first pregnancy," but that comfort level of the unknown ... I mean, I have never been pregnant. I have cut an umbilical cord and been in the labor room with a friend, but I have never given birth myself or been pregnant, so I don't know what that feels like.

Patty: I can imagine that having the responsibility of another human being inside you is a huge responsibility, and wanting everything to go perfect is everybody's desire when they're pregnant, I think. I think there's a tremendous amount of respect that you had for Ashley in respecting her request to not exercise. I respect Ashley for that decision also, because her desire is to have the healthiest baby ever, and she's going to do what she feels is best. I think that's mom's duty and responsibility, always.

## [244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Patty: I just think that it's interesting how women, during their second pregnancy, now they have a little baby or a kid usually running around, that they're caring for. Life is completely different, perspective is completely different, and how they're going to handle this pregnancy and the upbringing of the second child is completely different as well.

Patty: In the big picture of life, and I think that's what we talked about mostly today, Lawrence, not really clinical or physiological or anatomical, but I think in the bigger picture of life, it's kind of a metaphor for how we deal with the medical issues that go on with us.

Patty: We can be an alarmist or we can be like, "Okay, what can we do? How can we get through this?" Rather than, "What don't we do, and what is the negative part of that?" I don't know if that makes sense, but I think that approach, when we're dealing with people with challenges, whether it's pregnancy or another medical issue, to figure out what we can do, how can we modify things? How can be positive? How can we create a mindset of, "I can and I will," rather than, "I'm afraid and I won't." That has a lot to do with the person that we're dealing with as well.

Lawrence: Do you have, I'm just curious, when you have someone come in who is pregnant, for training, do you have a preference whether they

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

are served by a female or male trainer at all? Or does it not matter in your facility, really?

Patty: I don't mind. In fact, I think it's great for male coaches to work with female pregnant women. Usually, the woman might have a preference. If anyone's going to have a preference, it's that woman. Like me, I'm a woman but I've never been pregnant. Does that make me not qualified to train pregnant ladies?

Lawrence: I know, you're totally right, but I'm just wondering if there would be a pregnant woman who came in and almost not irrational, but would just feel more comfortable having a woman trainer, even though said woman has perhaps not been pregnant herself. I thought maybe she could empathize more with her, I think is the logic there.

Patty: I think that women feel more comfortable with women in general, but that request come from them, not us, for sure.

Lawrence: I'm just curious. You've talked a lot about how you obviously approach or work with pregnant women in your business. Do you have that very much systematized so that when, if they were to come in, your trainers and your team know exactly how to manage those people?

Patty: We do. We have workout cards that are specifically for pregnant women, so we take care of that right from the get-go. Like we have it so it says, "leg press or ball squats" right off the bat. We know

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## [244 – Patty Durell – How to Strength Train Pregnant Clients](#)

we're going to do one or the other, and it's going to change. Then we have on our low back machine, we have a little space for ... We call it "how many holes separation," so we're decreasing the range of motion. We've prepared our workout cards, and we have different pregnancy cards because if they're with us for nine months, they're going to be going through a bunch of different routines. We kind of set them up that way.

Lawrence: This is great. I love these little detailed things. Is there anything else that you have different on the workout card for the pregnant women, and how you present it on the card? Like you were just saying exactly there, is there anything else?

Patty: Intensity. Yeah, intensity level. They don't get a choice. They're going to be, they can reach concentric failure, period, that's it. They're not going further than that, so that's another change. Again, it's going to be physician or client-driven most of the time. In the very beginning, we're contacting the physician and then any modifications that are needed go on the card.

Patty: When that woman is getting seen by her physician, eventually, very often, I mean, every other week in the end of their last trimester, they're getting checked by a physician, so the communication is constant throughout the pregnancy. It's constantly changing throughout the pregnancy based on the feedback that the woman is giving us, that the doctor might be giving us.

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Patty: No two pregnancies are the same. No two physicians are the same with what they recommend. I think it's important to just always be ready to change, and ready ... That woman's going to come in for her appointment, and she might tell you a bunch of stuff, and you need to be able to adapt immediately. You need to be able to know, and always err on the side of caution. If you're not sure, don't do it.

Lawrence: Excuse my ignorance on this one. The ball squat, is that where you're squatting with a medicine ball in-hand, or is it something totally different?

Patty: Sorry to just throw that term out there without an explanation.

Lawrence: No, it's okay. I should probably know it, to be honest.

Patty: I doubt that. What we call a ball squat machine is, we're going to put a physio ball up against a hard surface. We use a wall. We put that physio ball right at the maybe crest of the glutes, right in the low back. The person is going to-

Lawrence: Got it, yeah.

Patty: ... drop their bottom toward the floor in like a slow four seconds, only to a 90 degree angle at the knee, making sure that the ankle is directly underneath the knee. I know I'm talking with my hands-

Lawrence: That's okay. This is clear.

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[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Patty: ... and nobody in your podcast can see me. You come down to that 90 degree angle of your hips and your knees, and your knees are right over your ankle, and then you come back up. It's an eccentric contraction on the way down, a concentric contraction on the way up, not locking out those knees. Again, it just kind of allows less pressure on the belly, and it's a progressive, resistive exercise. If we never put a dumbbell in the woman's hands, it's a progressive resistive exercise just because she's gaining weight throughout the pregnancy.

Lawrence: Yeah, true.

Patty: Just to address obesity, that was always a big question in the beginning of my career with obesity. Because you know that this woman is going to be gaining weight, but this physician I was telling you about that I worked with, she would encourage me to get every obese pregnant woman to lose weight during their pregnancy. That was her goal. She did not want that woman gaining weight during their pregnancy because of the risks of diabetes and hypertension and toxemia. I think they call that preeclampsia now. All of those things are a reason to reduce someone's body weight. Obesity during pregnancy is its own risk and its own issue.

Patty: If you have a woman who is coming in to do training during pregnancy and is obese, that's a definite big red flag to get in touch

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## 244 – Patty Durell – How to Strength Train Pregnant Clients

with that physician. Or already has diabetes, or already has hypertension, those are big red flags to address with a physician.

Lawrence: Or just because she's high-risk, generally, while she's in your studio, is that what you're thinking?

Patty: She's just higher risk in her pregnancy for bed rest because of preeclampsia, too much protein from hypertension. There's a whole bunch of ... Again, healthy normal pregnancy is different than someone who has diabetes, hypertension, a thyroid issue, is prone to getting dizzy or orthostatic hypotension. Those are, cardiac problems are big deals during pregnancy, so those are some things, I think, to be aware of.

Lawrence: Yeah, I'm just thinking, I guess, you would, I guess, based on what the physician said. If the physician said to you, "Well, I'd love it if you were able to help this individual actually lose body fat during their pregnancy, or at least keep it where it is, maintain it maybe."

Lawrence: I guess you could say, "Well, the strength training is going to help. It makes fat loss more permissive, but obviously, diet is going to be the main intervention." Would you, in that case, if a physician said something like that, would you sort of try and have that conversation with a client and say ... I guess, so long as they were making it known to you they also wanted to lose body fat, would you have the conversation then around nutrition as well? Because I

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## [244 – Patty Durell – How to Strength Train Pregnant Clients](#)

know you do sort of cover that in your services too sometimes, I think. Is that right?

**Patty:** We would. We would definitely have a conversation around it, what healthy eating looked like, and then refer that woman to a registered dietician.

**Lawrence:** Okay, all right, cool, awesome. It's funny actually, when you talked about the ball squat, I was immediately thinking of Discover Strength's website video, which shows a woman doing exactly that. I should know that exercise, because it's one of those ones where I've seen it, but I didn't know what it was actually called. I've seen it a lot, and it's just funny that you've obviously now explained to me exactly what that particular exercise is called.

**Lawrence:** This has been a lot of fun. Thank you, Patty, again for coming on the podcast. I feel like we've covered this topic pretty well. I'm sure people will have more questions. What we would suggest is if you're interested in sending Patty any questions or follow-up questions, please search for this episode. It's number 244, so 244, and submit a comment on the blog post, as it makes much more sense for Patty to be able to answer that, as opposed to getting a billion emails, which are difficult to manage. Patty, best way for the listeners to find out more about you? You may not want to give your email this time.

[244 – Patty Durell – How to Strength Train Pregnant Clients](#)

Patty: It's okay. [www.RockSolidFitnessFL.com](http://www.RockSolidFitnessFL.com). I will give my email, forgive me if I don't respond immediately. It's Patty, P-A-T-T-Y @RockSolidFitnessFL.com, and that FL is for Florida.

Lawrence: Foxtrot, Lima. Awesome. For everyone listening, to find the blog post for this episode, please go to [HighIntensityBusiness.com](http://HighIntensityBusiness.com), and search for episode 244. Until next time, thank you very much for listening.

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