

Outdoor Physical Work: A Forgotten Probiotic

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Abstract

This article emphasizes the essentiality of outdoor physical activity particularly in patients and postpartum women for early and healthy recovery. A global standard of a minimum daily exercise of 25-30 min serious walking as an equivalent for after the first few days postpartum is recommended. In caesareans, however, serious outdoor physical activity should be delayed until after the first few weeks postpartum, depending on neonate and maternal physiological and health states. Setting simple and definitive global guidelines for resumed exercise postpartum in open-air conditions is an inevitable part of optimal public health programs in today's increasingly modernizing time.

Keywords Physical work; Public health; Recovery; Outdoor exercise

Demand for a Pragmatic Science

Discussion on the necessity of physical activity during pregnancy has long been on. Also, efforts have been made to facilitate postpartum exercise timely. However, frankly no, or most optimistically scarce, attention has been devoted to the essentiality of adequate outdoor physical work for patients especially in early postpartum women for healthy recovery, in term of timely uterus involution and optimal ovaries and reproductive health and efficiency. However, it must be noted that inter-mother differences do exist, and thus, a major medical challenge has been to develop sound strategies that can be applied on large national and global scales. But, what sounds certain is the fact that the possibility does occur for a mother after a normal natural delivery to resume outdoor fresh-air exercise as early as few days (e.g., 4-5 days) postpartum.

The main innovative aspect of this article relates to its outdoor fresh-air nature of exercise, exposing the fresh mother to natural air conditions. However, the open-air exercise must be initiated gradually and increased little by little, preferably on a daily or every other daily rhythm. The outdoor physical work mostly represents gentle walking the rate and duration of which may be enhanced over time. This can be converted to gentle running later on to become more serious afterwards. For instance, modest long-distance running may possibly easily start by about 6-8 weeks postpartum or likely earlier. This exercise program works best in mothers that were conducting regular and serious exercise during the entire pregnancy until just before parturition. Aerobic outdoor activities (e.g. walking, climbing, running) are considered optimal for both light and heavy pregnancies the timely resumption of which after delivery results in improved maternal-neonatal health and resistance against a variety of pathogens.

The success of early serious exercise programs postpartum highly depends on maternal weight management as well [1,2]. The regularity and rhythmicity of adequate physical work long before and indeed during pregnancy provides safety against unwanted obesity, including dramatically harmful central adiposity [3,4]. As such, such prolonged exercise programs must be conducted in parallel with optimal eating and resting regimens [1-5]. Frequent small meals during day and no

major large meal overnight are amongst the essential nutritional elements for successful and health-improving individual and public exercise strategies [6-11]. Preventing diabetes and combating obesity and related metabolic abnormalities can only be aimed for with optimal timing and intensity of both eating and exercise [6,9,10]. Recently, a philosophy has been developed to harmonize eating and exercising intensity on a circadian or daily basis no longer [3]. This implies that conducting regular daily exercise with relative intensity is safer and more healthful than overly serious exercise conducted merely once weekly or in any comparable long interval [12-15]. In a nutshell, it is the regularity, rhythmicity, frequent, and the daily nature of the exercise that matters most in optimizing human physiology and health. This applies to pregnant and lactating mothers very appropriately, since metabolic pressures on the body are dramatically intense, and thus, more relief may be obtained through intense-enough well-disciplined exercise programs.

Conclusion

Outdoor physical work, as a forgotten probiotic, for aerobic refreshing of reproductive and other peripheral tissue is a safe strategy to hasten patient and post-delivery maternal recovery and improve lactation for optimal neonate and child well-being. However, conducting early enough fresh-air exercise programs requires prolonged programming of aerobic physical work long before and during the entire gestation or any recovery periods. Eating and resting regimens must also be optimized regularly in parallel with open-air exercise, preferably on a short-interval basis of daily.

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