SHERIDAN SKYE

TOP 20

TOP 20 PRE & POSTNATAL COACHING MISCONCEPTIONS

clean health

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ABOUT SHERIDAN SKYE

Sheridan is proudly a mum of two, coach, nutritionist and Registered Nurse with a key passion for pre and postnatal training and nutritIon.

When she fell pregnant in 2019, she wanted to adapt her training whilst being pregnancy-safe. As a registered nurse, she asked colleagues (doctors and midwives) for guidance. She was shocked to be told that she couldn't lift more than 5kg despite her squatting 100kg the week prior! It didn't seem right.

Most coaches she connected with either had no idea about prenatal training, or they prescribed pilates and yoga instead of resistance training. She was still hard-pressed to know what resistance training she could do through her pregnancy. So she kept searching for those answers.

She's spent five years soaking in everything about pre and postnatal training. She's applied it to herself and her clients and even partnered with industry legends such as Mark Carroll to produce a pre and postnatal series and Layne Norton as their pre and postnatal specialist.

ABOUT CLEAN HEALTH

WE BLEND THE LATEST SCIENCE WITH REAL-WORLD, PRACTICAL COACHING TOOLS THAT YOU CAN APPLY TO YOURSELF OR WITH CLIENTS INSTANTLY!

Established in 2008, Clean Health is one of the world's leading online fitness educators, having taught more than 50,000 students in over 80 countries.

Our range of online, easy-to-access courses are developed and created by the very best in the industry across nutrition, sports science, fitness business and strength and conditioning.

Clean Health was founded by personal trainer and company CEO Daine McDonald **(@dainemcdonald)** as a personal training organization focused on getting results based on the science of lifestyle, nutrition, and training.

Our first performance-based gym was opened in 2012, and by 2015 we had 3 locations and were on our way to completing over 300,000 sessions before we closed our gyms down for good in 2020 to go all-in on online education.

ABOUT CLEAN HEALTH

We have been featured in numerous media publications and TV shows, including the Sydney Morning Herald, Yahoo Finance, GQ Magazine, Men's Muscle & Health, Men's Fitness, Australian Women's Health & Fitness, Oxygen Magazine and more.

We have partnerships with industry titans such as Layne Norton PhD, Sebastian Oreb, Jackson Peos PhD, Bill Campbell PhD, along with corporate giants such as Fitness First, Good Life Health Clubs, BFT and more.

Our experts have presented at some of the most significant health and fitness events globally, including FILEX, MEFIT Summit, and the Australian Fitness Expo.

Our mission is to raise the level of knowledge and industry standards for 500,000 fitness professionals worldwide by 2030.

For more information on us, visit us via the channels below:

WHY THIS GUIDE?

During my own pregnancies, I realised the advice I was getting from my doctors about staying fit during pregnancy was outdated, and the fitness coaches I looked up to didn't have a clue on how to help me in this new chapter of my life, I knew something had to change.

As a registered nurse, seeing this gap in knowledge and support didn't sit right with me. It's crazy how many times I've heard that women should just stop resistance training or put their fitness goals on hold when they're pregnant. That's a myth that needed busting because, honestly, staying active with resistance training is a win-win for both mum and baby.

The goal of this guidebook is pretty straightforward: to clear up the daily misconceptions I was hearing and give coaches the tools they need to help women thrive during pregnancy and after. There's so much power in properly supporting their pre and postnatal journeys with evidence-based strategies, and I wanted to make sure that knowledge was accessible to you!

SO I PUT TOGETHER THE TOP 20 MYTHS I HEAR ON A DAILY BASIS AND PROVIDE YOU WITH THE ANSWERS THAT MATTER!

This guidebook isn't just a resource; it's a movement towards empowering women to keep chasing their fitness goals safely during one of the most transformative times of their lives. It's about showing that with the right support and knowledge, they don't have to put their goals on pause. I wanted to help bridge that gap, offer a new perspective, and maybe, just maybe, change the game for pregnant women everywhere who want to stay strong and active.

MYTH #1

COACHING PRE AND POSTNATAL CLIENTS IS COMPLEX AND SCARY

I totally get it—coaching a pre and postnatal client can be nerve-wracking. You don't want to mess up, and there's so much you might not know. Honestly, I felt the same way when I was pregnant with my first daughter, Elle. Back then, I had absolutely no clue about what I was doing until I spent five years in the trenches, soaking up every bit of knowledge about pre and postnatal nutrition. But what if I told you that coaching pre and postnatal clients can actually be pretty simple?

And when I say "simple," I mean it. Coaching pre and postnatal women involves principles that can be applied to ensure their safety, just as you do when guiding clients through a fat loss phase. This is exactly what we teach you to do in our pre and postnatal certifications!

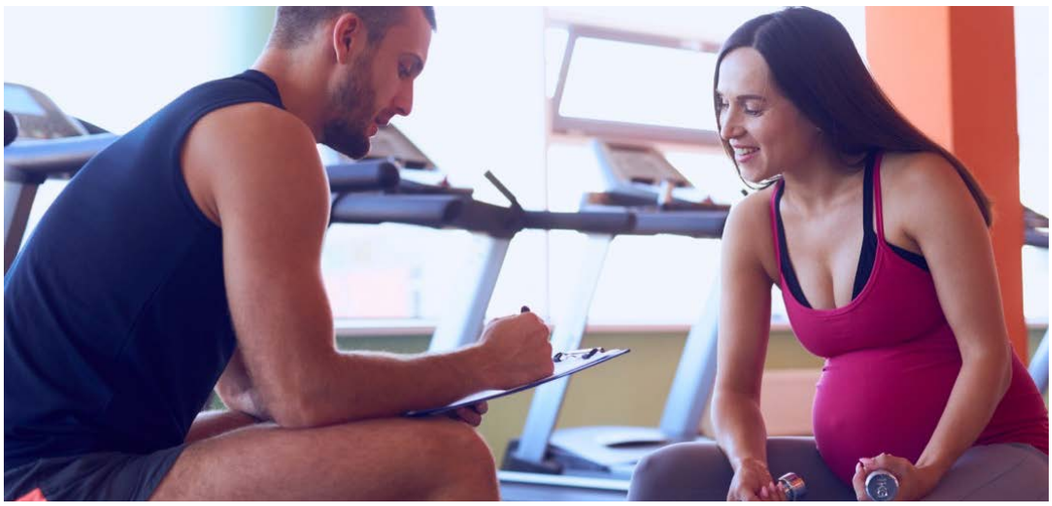
MYTH #2

I'M NOT PASSIONATE ABOUT COACHING PRE AND POSTNATAL WOMEN, SO WHY BOTHER?

Over the years, there has been a noticeable trend where women are starting their families later in life [1]. Currently, a significant portion of women choose to have children between the ages of 25 and 35, and many of them have more than one child.

With that said, I have a question for you: do you care about your business revenue and not going out of business?

In the business world, it's crucial to establish a strong foundation. Ensuring that your customers' lifetime value (LTV) exceeds your customer churn rate is essential because replacing clients can be both time-consuming and costly. We talk about the health and fitness market being saturated, but it's not saturated with good coaches who have stood the test of time. In fact, most PT's go out of business within the first two years of getting their certifications, and Clean Health exists to ensure that doesn't happen to you.



If you are a coach specialising in women aged 25-35, it's important not to overlook a significant aspect of your potential business. Failing to coach women through their pre and postnatal phases can reduce the potential LTV of your clients. Many coaches shy away from working with pre and postnatal clients, but if you're reading this guide, you're already ahead of the game.

I'm not saying that pre and postnatal coaching has to become your primary focus, especially if you have a specific type of client you prefer to coach. However, if your client avatar is a woman within the 25-35 age bracket, you risk losing her to another coach if you lack the basic skills required to support her through one of the most transformative phases of her life.

MYTH #3

KEGELS ARE THE ONLY SOLUTION FOR A STRONG PELVIC FLOOR

Kegels involve contracting and relaxing pelvic floor muscles to improve bladder control, organ support, and sexual satisfaction [2]. However, they may not be universally effective.

In fact, telling your client to do a ridiculous amount of Kegels could actually do more harm than good. Overdoing Kegels without considering the broader context of their physical health may lead to an excessively tense pelvic floor, potentially exacerbating issues rather than alleviating them. A comprehensive approach that takes into account the entire body's needs is essential for achieving true pelvic floor health during the pre and postnatal phases.

Pelvic floor issues are more complex and can result from factors like childbirth, hormones, posture, muscle imbalances, and stress. Overzealous Kegel exercises without guidance can lead to an overly tight pelvic floor, causing discomfort and dysfunction.

MYTH #4
PREGNANT WOMEN SHOULDN'T TRAIN THEIR CORE

The idea behind this myth stems from the fact that the connective tissue known as the linea alba, which sits between the rectus abdominis muscles (commonly referred to as the "six-pack"), stretches to make way for a growing baby. It's true that this stretching places stress on the connective tissue. However, it's crucial to note that while this connective tissue undergoes changes during pregnancy, it does not make sense (nor is it evidence-based) to tell women not to train their core entirely.

In fact, discouraging core training during pregnancy can lead to deconditioning and weaken a woman's core muscles [3]. This can make it harder for her to recover after giving birth and regain her pre-pregnancy strength and stability.

It's true that certain core exercises, especially those involving intense abdominal contractions like traditional sit-ups, may not be suitable during pregnancy. But this depends on the client and this should not be a blanket statement given to pregnant women (we dive deep into this in our pre and postnatal course). It's essential to understand that the core is more than just the rectus abdominis (the "six-pack" muscles).

In fact, the core consists of several muscle groups, including the transverse abdominis, obliques, pelvic floor muscles, and deep stabilising muscles . These muscles play a vital role in supporting the spine, stabilising the pelvis, and maintaining good posture – all of which are crucial for the physical demands of pregnancy.

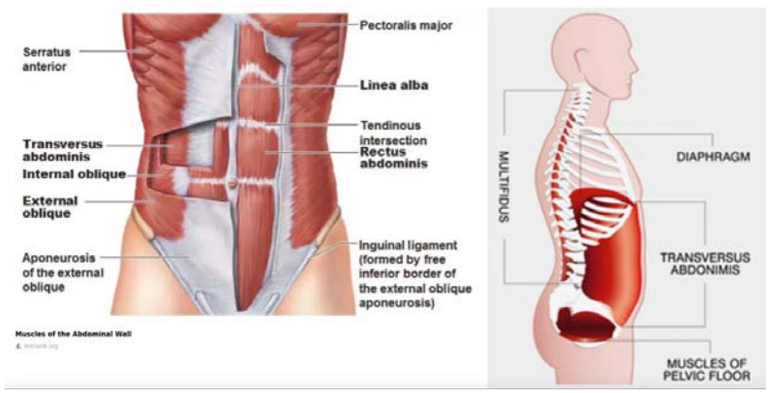


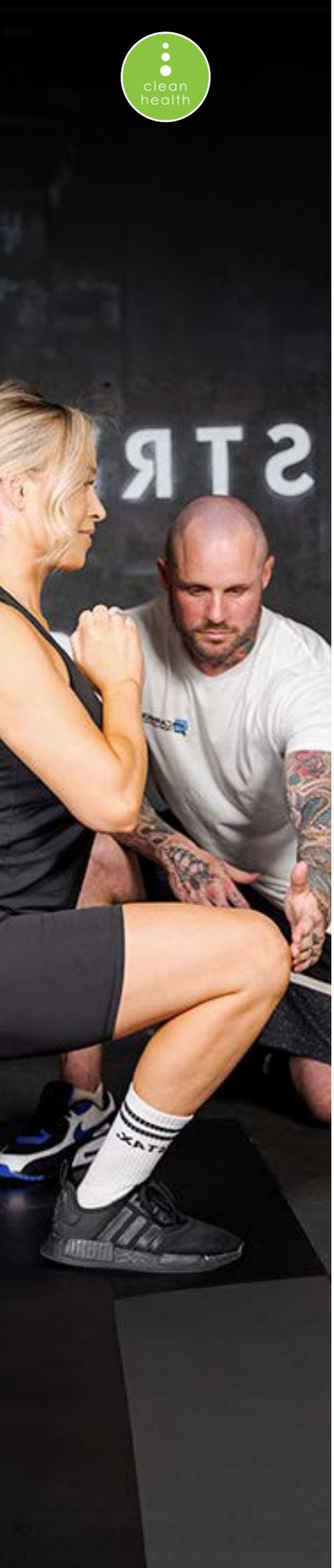
Figure 1 ***Left:*** *Abdominal muscle group: https://antranik.org/muscles-of-the-abdominal-wall,* ***Right:*** *core muscle group: https://cathywatsonphysio.ca/the-core/*

Properly adapted core exercises during pregnancy can help women manage back pain and maintain stability. Rather than avoiding core exercises altogether, it's about choosing the right exercises and modifying them as needed to ensure safety and effectiveness.

MYTH #5
WOMEN SHOULDN'T LIFT MORE THAN 11KG'S IN THEIR PREGNANCY

Exercising during an uncomplicated pregnancy has not been linked to negative outcomes, based on available evidence [4-9]. In fact, a variety of systematic reviews, randomised controlled trials (RCTs), and cohort studies consistently demonstrate that participating in physical activity before, during, and after pregnancy can offer significant health benefits for both women and their babies.

Resistance training in pregnancy can help maintain your clients muscle mass and protect their bone mass. Resistance training may also assist in reducing the severity of musculoskeletal discomfort, like lower back and pelvic girdle pain, as their pregnancy advances.



MYTH #6

PREGNANT WOMEN NEED TO KEEP THEIR HEART RATE UNDER 140BPM DURING EXERCISE

IN 1985, THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG) ESTABLISHED GUIDELINES FOR EXERCISE AND PHYSICAL ACTIVITY DURING PREGNANCY.

INITIALLY, THESE GUIDELINES RECOMMENDED THAT PREGNANT WOMEN SHOULD KEEP THEIR HEART RATE BELOW 140 BEATS PER MINUTE WHEN ENGAGING IN PHYSICAL ACTIVITIES [10].

However, recent research and a better understanding of the body's adaptations during pregnancy have led to a shift in these recommendations.

Today, many healthcare professionals no longer emphasise strict heart rate monitoring during exercise for pregnant women. Pregnancy leads to significant hormonal changes that can affect heart rate and blood pressure. Relying solely on heart rate to determine exercise intensity can be misleading during this time.

Pregnant women are now advised to pay attention to their perceived exertion or how hard they feel they are working during exercise. This approach allows them to listen to their bodies, making it easier to recognise signs of fatigue, breathlessness, or discomfort.

MYTH #7
OILS AND CREAMS PREVENT STRETCH MARKS

Stretch marks are a common issue for many pregnant women, affecting between 50% to 90% of them during the last months of pregnancy [11]. These marks usually show up on the belly, breasts, and thighs. Although we often think that stretch marks happen when the skin stretches too much, scientists are still figuring out exactly why they occur.

Researchers have been studying stretch marks closely, and while skin stretching is part of the story, there might be more to it. Some experts believe that changes in hormones during pregnancy could also play a role in causing stretch marks.

There are steps women can take to reduce the chances of getting stretch marks, like keeping a healthy weight and eating a balanced diet before and during pregnancy. However, there are some factors that are beyond anyone's control, like family history, race, baby size, and skin type. Genetics seem to be a significant factor in whether or not someone gets stretch marks.

Even if you do everything right, you might still get stretch marks. Some companies sell products claiming to prevent or reduce stretch marks, but it's not clear how well they actually work. Research suggests that genetics may have a bigger influence on whether or not you get stretch marks than these products do.

MYTH #8
YOUR CLIENTS ARE 'EATING FOR TWO' WHEN PREGNANT

In the 1930s, all pregnant women were advised to gain about 6.8 kilograms (approximately 15 pounds), regardless of their weight before pregnancy [12]. If you've been pregnant before, you can probably understand how small this recommendation seemed. It took many decades before these recommendations changed. The change came about because studies showed that women had better outcomes when they gained more weight than what was recommended at that time.

Nowadays, the recommendations look much different and we cover weight management during pregnancy extensively in our course.

A recent review found that women who gained more weight than recommended tended to have larger babies and held onto more weight after giving birth [13]. On the other hand, women who stayed within recommended limits tended to have babies of normal size and lost more weight after childbirth, regardless of their pre-pregnancy BMI.

MYTH #9

MODERATE ALCOHOL CONSUMPTION IS SAFE DURING PREGNANCY

Drinking alcohol while pregnant can present significant risks to both the developing baby and your client [14]. When a pregnant woman has even a little bit of alcohol, it can create a host of serious problems for the baby.One major concern is known as Foetal Alcohol Spectrum Disorders (FASDs).

FASDs can lead to health problems, cause learning difficulties, and delay social interactions for life . That's why it's mega important for prenatal client's to stay away from alcohol while they're pregnant. As a coach, you should aim to have this conversation with each of your clients, approaching the topic with respect and empathy.

Telling pregnant clients to skip alcohol during pregnancy is really about making sure the baby has the best start in life.

MYTH #10

YOU CAN AVOID ABDOMINAL SEPARATION WITH THE RIGHT PROGRAMMING

Diastasis recti, or the separation of the abdominal muscles during pregnancy, is a common and normal occurrence [15]. In fact, research suggests that virtually all women experience some degree of abdominal separation during pregnancy. It's not something that can be entirely avoided, as it's a natural response to the growing uterus and the body's adaptations to accommodate the baby. However, it's essential for coaches and fitness professionals to recognise this physiological change and find ways to keep their clients' core muscles strong amidst these shifting demands. Incorporating exercises that target anti-flexion, anti-extension, anti-lateral flexion, and anti-rotation can be particularly beneficial. These movements not only strengthen the core but also transfer over to many daily activities before and after birth.

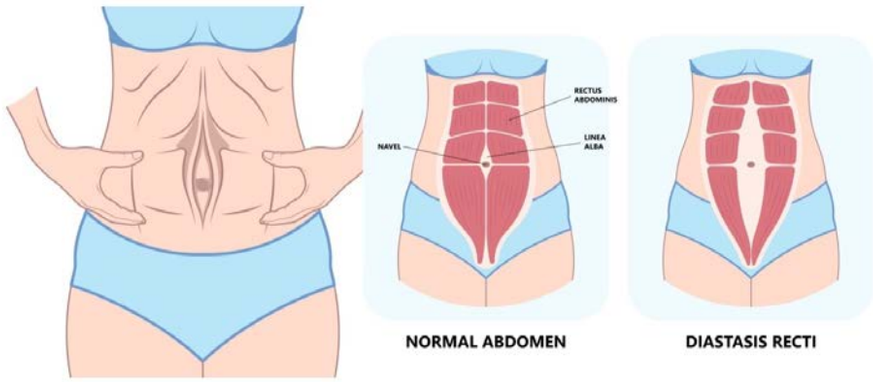


Figure 2 Diastasis Recti

By tailoring workouts to include these elements, coaches can empower women to maintain a strong and functional core throughout their pregnancy journey, enhancing their overall well-being and quality of life.

MY TOP FOUR PRENATAL CORE EXERCISES

1. Squat
2. Pallof Press
3. Dead Bug
4. Kneeling One Arm Overhead Press

MYTH #11

BREASTFEEDING WILL AUTOMATICALLY HELP YOU LOSE WEIGHT AFTER PREGNANCY

When it comes to shedding post-baby fat while breastfeeding, there are often two schools of thought: some believe that breastfeeding itself acts as a magic weight-loss solution, while others worry that the body clings to fat during this time.

Neither viewpoint paints the whole picture. It's true that breastfeeding does require extra calories, especially during those early months when babies rely solely on your milk [16].

However, simply nursing won't necessarily guarantee weight loss. To lose fat, you need to strike a balance where your client is consuming fewer calories than their burning.

Sounds simple, right?

But the reality is a bit trickier. Between the demands of caring for a newborn, the sleepless nights, and the lack of time for preparing nutritious meals or exercising, achieving weight loss goals can feel like an uphill battle for postpartum mums.

Adding to the complexity, some mums may find themselves unintentionally overeating despite needing more calories, while others may struggle to eat consistently due to stress or time constraints. Achieving weight loss postpartum requires a thoughtful approach that includes healthy eating habits, regular physical activity, and realistic lifestyle adjustments.

MYTH #12
DIETING DURING BREASTFEEDING PLUMMETS MILK SUPPLY

Apart from severe malnutrition, a mother's milk production tends to stay pretty steady no matter how much food she eats [17]. Breastfeeding works on a demand and supply loop, when the baby needs more milk, the body makes more.

Basically, when milk is taken out of the breasts, whether by the baby nursing or by pumping, it signals the body to produce more milk. So, the best way to boost milk supply is by nursing more often and pumping milk out.

Research shows that losing about 0.5kg (or 1 pound) per week does not have a significant impact on breast milk supply. As long as your client is feeding their baby frequently and their baby is latching on well, a moderate decrease in calorie intake shouldn't have a significant impact on their milk production.

MYTH #13

THE QUALITY OF A WOMAN'S DIET DOESN'T MATTER FOR HER BABY AFTER BIRTH

During breastfeeding, a mum's diet plays a crucial role in providing essential nutrients for both herself and her baby [18]. While the quantity of milk produced isn't directly linked to maternal energy intake, the quality of a woman's diet significantly influences the composition of nutrients in breast milk [19]. This is particularly important for micronutrients, such as vitamins and minerals, which are vital for the baby's growth and development.

Micronutrients like vitamin A, vitamin D, vitamin B12, choline, iron, zinc, and calcium are especially important during breastfeeding. Vitamin A supports the baby's vision and immune system, while vitamin D helps with bone development. Vitamin B12 is essential for neurological development, iron is crucial for preventing anaemia, zinc supports immune function, and calcium helps with bone health.

Table 1. Requirements of key nutrients for women[49]

NUTRIENT	REQUIREMENT IF BREASTFEEDING (PER DAY)	REQUIREMENT IF NOT BREASTFEEDING (PER DAY)
Protein	Age 14–18 years (RDI): 63 g (1.11 g/kg) Age 19–50 years (RDI): 67 g (1.10 g/kg)	Age 14–18 years (RDI): 45 g (0.77 g/kg) Age 19–50 years (RDI): 46 g (0.75 g/kg)
Calcium	Age 14–18 years (RDI): 1,300 mg Age 19–50 years (RDI): 1,000 mg	Age 14–18 years (RDI): 1,300 mg Age 19–50 years (RDI): 1,000 mg
Iodine	All ages (RDI): 270 µg/day	All ages (RDI): 150 µg
Vitamin B12	All ages (RDI): 2.8 µg/day	All ages (RDI): 2.4 µg/day
Vitamin D	All ages (RDI): 5.0 µg/day	All ages (RDI): 5.0 µg/day
Water (from fluid)	Age 14–18 years (AI): 2.3 L fluids Age 19–50 years (AI): 2.6 L fluids	All ages (AI): 2.1 L fluids

AI, adequate intake; RDI, recommended dietary intake

Table 1 Australian Journal of General Practice. "Postpartum nutrition guidance for GPs." Available at: [https://www1.racgp.org.au]. Table: "Recommended daily intake of key nutrients for breastfeeding mothers". Accessed on March 7, 2024.

MYTH #13

THE QUALITY OF A WOMAN'S DIET DOESN'T MATTER FOR HER BABY AFTER BIRTH

To ensure an adequate intake of these micronutrients, you should focus on having your client consume a varied and balanced diet.

Good sources of **vitamin A** include sweet potatoes, carrots, spinach, and apricots.

Vitamin D can be obtained from fortified foods like milk, salmon, and egg yolks.

Vitamin B12 is found in animal products like meat, fish, eggs, and dairy. Iron-rich foods include lean meats, poultry, fish, beans, lentils, and fortified cereals.

Zinc can be found in meats, dairy products, nuts, seeds, and whole grains. Lastly, calcium sources include dairy products like milk, cheese, and yoghurt, as well as leafy greens like kale and broccoli.

MYTH #14
EXERCISE REDUCES MILK SUPPLY

You may encounter questions from clients wondering about the impact of physical activity on their milk volume or breastfeeding experience as a whole.

Drawing upon the latest scientific studies, it's important to convey that engaging in moderate exercise does not negatively influence the supply of breast milk nor does it alter the composition of critical components within breast milk, such as immune-boosting factors, vital nutrients, or its caloric value [20].

Additionally, physical activity does not interfere with the levels of essential minerals, including calcium, phosphorus, magnesium, potassium, and sodium, which are integral to the nutritional quality of breast milk.

MYTH #15

EXERCISE INCREASES LACTIC ACID LEVELS IN BREASTMILK

Your client might also express concern as to whether exercise can lead to a buildup of lactic acid in her breast milk. Again, engaging in mild or moderate exercise doesn't cause lactic acid levels in breast milk to rise [21]. Plus, it doesn't have any negative impact on the baby [22].

Now, for mums who go for intense or maximal exercise, yes, it can result in higher lactic acid levels and it's important to communicate that to her. However, there's no evidence suggesting that breast milk with these elevated lactic acid levels harms the baby in any way.

MYTH #16
TARGETED CORE EXERCISES WILL FIX "MUMMY TUMMY"

Targeted core exercises alone may not be the ultimate solution for shedding postpartum fat and restoring diastasis recti. While it's tempting to focus solely on crunches and other abdominal exercises to flatten the belly and close the gap between the abdominal muscles, research and experts suggest that a more holistic approach is needed. It's important to understand that spot reduction, the idea that exercising a specific body part will lead to fat loss in that area, is a myth. Postpartum weight loss and diastasis recti recovery require a combination of factors, including overall fitness, nutrition, and lifestyle habits.

Core exercises are undoubtedly beneficial, but they should be part of a comprehensive workout regimen that includes cardiovascular exercise, strength training, and flexibility exercises to promote overall fat loss and muscle tone. Addressing diastasis recti involves not just strengthening the abdominal muscles but also addressing posture, alignment, and breathing patterns to ensure proper activation of the core muscles.

MYTH #17
CERTAIN FOODS BOOST MILK PRODUCTION

Foods like fenugreek, oats, and brewers yeast are often marketed as lactation boosters, but there's limited scientific evidence to support their effectiveness. Fenugreek is most commonly studied but the research on its effectiveness is mixed.

Some studies suggest that fenugreek can enhance milk production, attributing this effect to its phytoestrogen content, which may help stimulate milk-producing glands.

However, other research has found little to no impact on lactation. It's important to note that while fenugreek is generally considered safe for most people, it can cause side effects such as gastrointestinal upset in both the mother and her baby.

Figure 3 Fenugreek

MYTH #18
MUM'S CANNOT DRINK COFFEE WHILE BREASTFEEDING

Research suggests that moderate caffeine consumption is generally safe during breastfeeding [23]. The American Academy of Paediatrics considers caffeine intake of up to 300 mg per day (about 2-3 cups of coffee) to be safe for breastfeeding mothers.

Most of the caffeine ingested will not be passed to the baby through breast milk, and only a small amount makes it through, which is usually not enough to affect the baby adversely.

It's important to note, however, that newborns metabolise caffeine much more slowly than older infants and adults, so if a baby seems irritable or has trouble sleeping, it might be worth considering whether caffeine intake could be a contributing factor.

Observing the baby's behaviour and adjusting caffeine consumption accordingly can be a practical approach. It's also beneficial to spread caffeine intake throughout the day rather than consuming it all at once to minimise potential impacts on the baby.

Additionally, caffeine is not just found in coffee but also in tea, chocolate, some soft drinks, and certain medications.

It helps to make your clients aware of common products that contain caffeine outside of the classic long black or latte.

MYTH #19

YOU CAN'T DO ANYTHING TO FIX THE APPEARANCE OF A C-SECTION 'SHELF'

When you're working with mums who've had a C-section, there's something you might come across called the "C-section shelf." It's that area right above their scar where things might stick out a bit, thanks to the formation of scar tissue. Once your client is healed and have the green light from their doc, you can take them through the massage technique we cover in our program to reduce the appearance of their C-section shelf.

Figure 4 C-section shelf

Massage gets the blood flowing better around the scar. This not only speeds up healing but can also help reduce any swelling. Plus, massaging that area can soften up the scar tissue, making that shelf less noticeable. It also helps keep the skin from sticking too much to the tissues underneath, which means a smoother look overall and reduces pain.

MYTH #20

MUM'S CAN'T REGAIN THEIR STRENGTH OR GET STRONGER AFTER HAVING A BABY

The belief that mothers can't regain or exceed their previous fitness levels is not just outdated; it's flat-out wrong. It is so important that coaches encourage their postpartum clients to improve buy-in from them.

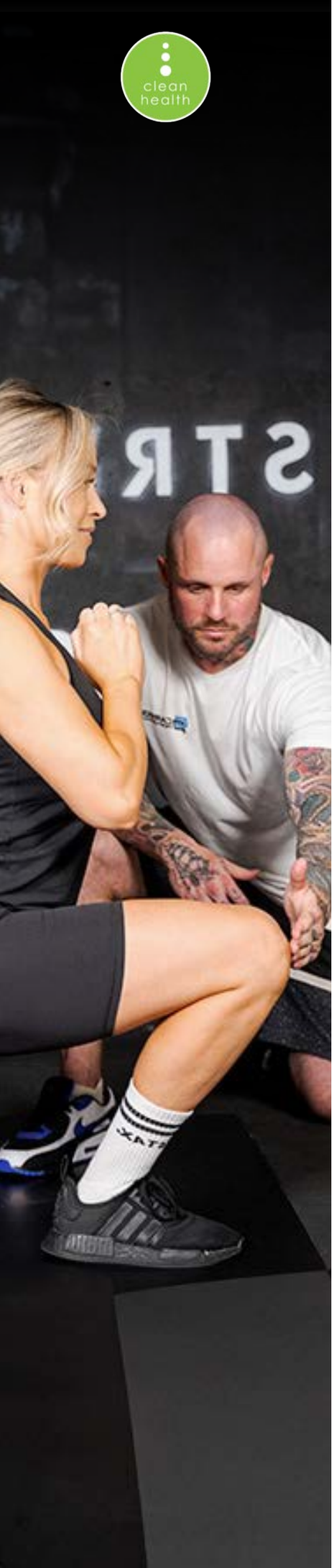
Yes, the body changes, but with the right guidance, support, and a gradual training program, mums can achieve remarkable strength gains. Many of my own clients are stronger postpartum than they were before their pregnancy.

Strength isn't just about lifting weights; it's about rebuilding from the inside out. That includes working on core stability, pelvic floor strength, and overall endurance.

We've seen incredible stories of mums who've not only returned to their pre-pregnancy fitness levels but have also smashed personal records, taken on new athletic challenges, and felt stronger than ever.

So, when you're working with postpartum mums, remember to challenge this myth. Encourage them, support them, and help them see the potential for growth and strength beyond what they might believe is possible. It's about more than just getting back to where they were; it's about moving forward to where they've never been.

**IF YOU FOUND THIS MINI-GUIDE USEFUL,
STAY TUNED FOR AN EXCITING ANNOUNCEMENT
ABOUT OUR UPCOMING PRE AND POSTNATAL COURSE!**



CONCLUSION & NEXT STEPS

Are you ready to revolutionise the way you support your pre and postnatal clients? Our Pre and Postnatal Certification is launching soon, and we're inviting you to be at the forefront of this change!

This certification isn't just another course. It's your opportunity to dive deep into evidence-based strategies that will empower you to guide women through their pregnancy and postpartum journey with confidence and expertise.

Whether you're looking to expand your knowledge, bust those outdated myths, or simply provide the best support possible, this certification has got you covered.

WHY JOIN US?

Because you believe, just as we do, that women don't have to put their fitness goals on hold during pregnancy. You understand the importance of safe, effective resistance training and the incredible benefits it brings to both mum and baby.

So, if you're passionate about making a real difference and ready to step up as a coach who can truly support women in thriving through this transformative phase of life, this certification is for you.

Stay tuned and get ready to empower, educate, and inspire. Join our community of forward-thinking coaches, and let's change the narrative together!

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