

Please contact Women's & Men's Health Physiotherapy if you have any concerns about your physical recovery from childbirth or if you experience any of the following symptoms:

Pelvic floor dysfunction

- Leaking of urine when coughing, sneezing, exercising or rushing to the toilet.
- Urinary urgency, frequency, going more than once during the night.
- Bowel urgency, soiling of faeces, poor wind control, constipation.
- Prolapse of pelvic organs (internal dragging or heaviness).
- 3rd or 4th degree tear.
- Perineal pain or discomfort.
- Painful intercourse.
- No sensation of a pelvic floor contraction.

Musculo-skeletal symptoms

- Pelvic joint pain (buttock, leg or groin pain).
- Low back or coccyx pain.
- Neck or upper back pain.
- Pain/numbness in wrist or hand.
- Abdominal muscle separation (DRAM).
- Breast conditions: blocked ducts or mastitis.

General advice & exercise program design for:

- Weak pelvic floor muscles.
- Weak abdominal muscles.
- Return to general exercise.

Women's & Men's  Health Physiotherapy
Specialising in Continence & Pelvic Floor Rehabilitation

Women's & Men's Health Physiotherapy was established in 1992.

Our team of qualified and experienced physiotherapists specialise exclusively in continence and pelvic floor rehabilitation and conditions of the child bearing years. We design management and education programs tailored to suit individual needs of women and men throughout all life stages.

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This practice is accredited as a Quality Endorsed Service.

Also consulting in Hampton. Inpatient services at Cabrini Hospital, Malvern.

ABN 31 108 318 396



It's time to look after you!

A guide to postnatal exercise



Women's & Men's  Health Physiotherapy
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You've done all the hard work, now it's time to look after yourself.

You've done the hard work - carried a baby for many months then brought a special little person into the world. Now it is time to look after not only the baby, but also YOU! While you are in the midst of feeding, nappy changing and sleeplessness, it is easy to forget about looking after yourself. This booklet aims to inform you about the importance of your recovery and how to manage any physical issues.

Pelvic Floor Muscles

The recovery of pelvic floor muscles to normal function following birth is vital. During pregnancy, hormones and the weight of the growing baby can cause considerable weakening of the pelvic floor, so even after a Caesarean birth, the pelvic floor needs to be strengthened.

These exercises are a life skill and should be performed twice a day for life even if you don't have children!

The pelvic floor is made up of muscles and fibrous tissue, called ligaments. Pelvic floor muscles support and control the bladder, uterus and bowel. Incomplete recovery of the pelvic floor muscles after birth is the most common reason for problems such as:

Loss of bladder and bowel control (incontinence).

Prolapse - reduced support of the pelvic organs
Poor sexual function and/or sensation.

At the time of birth, the pelvic floor may have

Sustained damage to muscles, ligaments and nerves.
Been stretched and therefore weakened
Been stitched, bruised and/or swollen.

Immediately after vaginal birth - RICE - Rest, Ice, Compression & Elevation.

REST

Lie in a horizontal position as much as possible, especially whilst in hospital. This

relieves any pressure on the pelvic floor and perineum allowing it to recover more quickly. Aim for 2 hours a day for the first 2 weeks then 1 hour per day for the next 6 weeks (in addition to sleeping). Rest in any position you find comfortable - back, side or tummy. Try feeding your baby in a side lying position.

ICE

Is effective for reducing perineal pain and swelling. The most effective method of application is a femme pad externally on the perineum. Apply for 15-20 minutes every 2-3 hours in the first 72 hours or longer if still swollen or painful.

COMPRESSION

Wear firm control briefs, bikeshorts or leggings to support the perineum when in an upright position.

ELEVATION

To keep weight off the pelvic floor and perineum, lie on your tummy with one pillow above your breasts and one under your tummy.

Bowel care

Do not strain when having a bowel motion. Straining will stretch and weaken your pelvic floor and can cause or worsen haemorrhoids. Support the perineum with toilet paper or a pad when opening your bowels. When on the toilet, lean forward and rest your forearms on your knees. Keep your back straight and have your knees slightly higher than your hips (see diagram).

Postnatal exercise is one of the most important things you can do for yourself after giving birth.



Adequate fluid, fibre and exercise are vital for regular soft bowel motions. If breastfeeding, drink an extra litre of water each day.

For good pelvic floor health it is recommended you avoid:

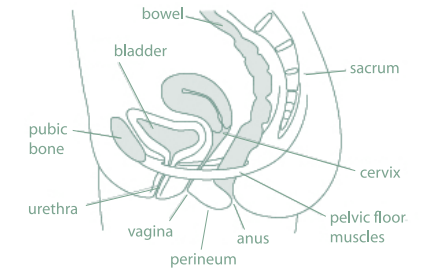
- Remaining in a vertical position for more than 1-2 hours at a time.
- Lifting anything heavier than your baby for the first 6 weeks after the birth.
- Straining with a bowel motion.
- Any high impact exercise such as jogging or jumping (until at least 12 weeks).

Pelvic Floor Muscle Exercises

Commence these 24 hours following a vaginal or caesarean birth.

How to contract your Pelvic Floor Muscles: Squeeze and lift your pelvic floor muscles (PFM) up-wards and forwards, towards your belly button. You should feel a squeezing sensation around your anus, vagina and urethra. Make sure your buttock, thigh and upper tummy muscles are relaxed. **Try to keep breathing normally.**

When you let go, you should feel the pelvic floor muscles release and relax.



Your home program:

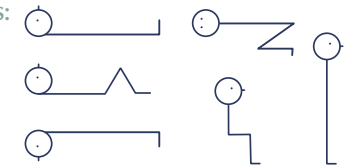
Hold the upwards and forwards movement strongly: _____ seconds.

Rest: _____ seconds.

Repeat: _____ times in a row.

This is a SET of exercises.

Do this **4 times per day**, in the following positions:



Pelvic Floor Exercise Progression

Every woman will progress differently depending on your pre-existing pelvic floor muscle function and your birth experience. When able, aim for a strong five second hold, reduce rest time and increase the number of repetitions up to 12 in one set. Continue to do 4 sets per day in different positions for 3 months and beyond. Try lying and moving your arms, sitting and talking to someone, standing and stepping whilst holding your PFM contraction. Contract or engage the pelvic floor muscles when coughing, sneezing, laughing or lifting.

A good way of remembering to do your PFM exercises is to link them with other daily activities.

Around 3 months, test your pelvic floor muscle control by doing a **stress test** - with a reasonably full bladder, jump up and down 10 times and cough at the same time! If you don't lose urine or feel vaginal heaviness/dragging whilst performing this test, you can reduce your pelvic floor exercise program to 2 sets per day for life.

If you experience any symptoms, you should consult a Women's Health Physiotherapist.

General pelvic floor advice for weeks 1-12

Arrange a postnatal visit to the Physiotherapist if you are experiencing any bladder or bowel symptoms such as incontinence or feel unsure of the correct or effective technique of the pelvic floor muscle exercise.

Ensure you don't empty your bladder more than 4-6 times per day and avoid going to the toilet "just in case".

Drink 2-3 litres of water per day especially if you are breastfeeding and minimise caffeinated drinks (tea, coffee, coke etc.).

Aim to return gradually to your pre-pregnancy weight, as being overweight is a significant factor contributing to poor bladder control.

Abdominal Muscles

The abdominal muscles act as a natural corset to support your back, pelvis and abdominal organs. Activating these muscles increases this support and helps you get back into shape. Pregnancy stretches and weakens your abdominal muscles, pre-disposing you to backache and injury.

The most important muscles to exercise in the tummy region after having a baby are the

deep abdominal muscles. As you learn to control these muscles you will be preventing or reducing any back or pelvic pain. It is not advisable to do sit-ups for the first 6-8 weeks.

Deep abdominal muscle exercises (tummy tightening)

Place your hands on your lower abdomen, just inside the hip bones. Engage your deep abdominal muscles by **drawing your belly button towards your lower spine.** You should feel your tummy tense under your fingers.

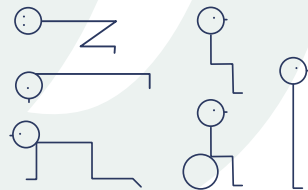
Do not pull in your upper abdominal muscles or hold your breath.

Hold _____ seconds.

Rest _____ seconds.

Repeat _____ times in a row.

Do this _____ times per day in the following positions:



Pelvic tilting

This exercise can be done in the three positions shown on the following page. Engage your pelvic floor and deep abdominal muscles, and tilt your pelvis backwards to feel your lower back flatten.

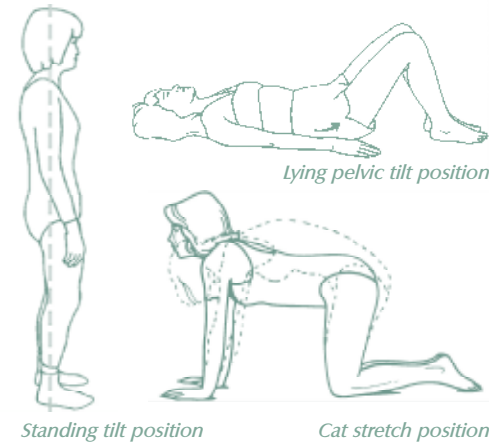
Maintain this position and breathe normally.

Hold _____ seconds.

Repeat _____ times.

Do this _____ times per day.

Repeating these exercises every day will assist in improving your overall wellbeing.



Other Abdominal Muscle recommendations:

Remember to engage your pelvic floor and deep abdominal muscles before any lifting and during baby related activities when your spine is at risk such as transferring in and out of the car.

If you have been diagnosed with an abdominal muscle separation (DRAM) **do not forget to make a follow up Physiotherapy appointment at 6 weeks** so your abdominal exercises can be progressed safely and effectively.

Posture & Back Care

Back pain is very common, especially during the post natal period. As a new mother you are at increased risk of pain and injury due to weakened abdominal muscles, heavy lifting, prolonged postures and repetitive activities. Poor posture can contribute to back and neck pain, particularly whilst feeding, nappy changing and bathing.

Standing posture

Stand tall, shoulders relaxed and deep abdominal muscles gently engaged. Take your weight evenly through both legs and avoid

slouching. Maintain a gentle curve in your lower back.

Take care in the nursery by always lowering the cot sides and position yourself close to the cot. Ensure the change table is at waist height. If you need to change your baby on a bed, kneel on the floor instead of bending over.



Correct standing and sitting positions

Take the strain out of bath-time by sitting the bath on something at waist height and avoid carrying the bath when it is full of water. Kneel on the floor when using an ordinary bath.

Baby slings

Using a baby sling will help you take care of your back. They relieve tension in your arm muscles and allow you to take the load of your baby's weight centrally.

When using a baby sling ensure shoulder straps are crossed between your shoulder blades. Your baby should be held close to your body and you should be able to feel your belly button underneath your baby's bottom. To protect your back whilst wearing a sling, engage your abdominal muscles, keep your shoulders low and level and walk and stand with "soft" knees.

Sitting posture

Get comfortable for feeding:

Always ensure your lower back is well

Correct posture while caring for your baby is important in preventing back and neck pain

supported with a lumbar or towel roll. When feeding, you may need an extra pillow under your elbow and forearm to support the weight of your baby's head. Ensure your hips and knees are at 90 degrees, a low stool or telephone books may help you achieve this position. Relax your shoulders down and try not to look down at your baby for the entire feed. Avoid sitting in bed to feed your baby, as this can lead to back strain.

Lifting

Lift as little as possible! Limit carrying the baby capsule – leave it in the car and use a baby sling or pram instead. Use smaller nappy buckets. Place fewer items in each shopping bag and make more trips. Use a trolley to take the washing basket to the line.

Lift correctly by bending your knees and not your back. Get as close to the object as possible. Engage your pelvic floor and deep abdominal muscles before you lift. Avoid twisting, and turn by moving your feet, not your back.

Spinal/postural exercises

These exercises will help to maintain spinal joint movement and muscle length. They are a **lifeskill** and will help prevent back pain.

If any of these exercises cause pain - STOP IMMEDIATELY! Let your Physiotherapist know.



Neck Exercise

This exercise can be done during a feed.

Upper back

These exercises can be done in a sitting or standing position. Do them after each feed or following any forward arm activity ie. computer work, food preparation.



Mid Back Extension:

Squeeze your shoulder blades back together, pulling your shoulders down and back. Keep your chin tucked in.

Mid Back Rotation:

Turn shoulders and twist upper body to look over your shoulder.



Lower back

Low Back Extension:

This exercise should be done if you have been bending forward for any length of time, eg. after changing a nappy.



Knee Rolls:

At the same time, turn your head to look to the opposite side. Repeat on opposite side.

Remember to give yourself time to recover and get plenty of rest.

Return to exercise & sport

Appropriate exercise will help you recover from pregnancy and childbirth, and cope with the physical demands of motherhood as well as get back into shape.

Return to exercise should be gradual.

Start with gentle walking and gradually increase your distance and pace. Ensure you work at a moderate intensity. You can swim once cleared by your Obstetrician, usually at 6 weeks.

When returning to more specific sports, increase your activity gradually.

A Physiotherapist lead postnatal exercise class, starting about 6 weeks after the birth of your baby is recommended. These classes prepare you for more strenuous activities and provide professional advice for any physical problems.

Many women are keen to return to their pre-pregnancy sport or exercise. Here are a few guidelines that may help you decide the right time for more vigorous activities.

Strenuous activities which involve running, jumping and fast movements should not be undertaken during the first three months after birth. These activities place too much stress on the pelvic floor and abdominal muscles that have been stretched and weakened by pregnancy and birth. Ensure that you are wearing a well-fitted sports bra during exercise, especially if you are breastfeeding.

If returning to a gym program at six weeks, commence with treadmill walking, static bike and light weights on the fitball. Gradually build up over the next six weeks.

AVOID high impact activities (eg. running, high impact aerobics, and netball) or heavily

resisted exercise for at least 3 months. Wait longer if you notice any problems with the pelvic floor region such as difficulty with bladder control.

BEFORE you commence any high impact activity, you need to pass the **stress test** (described previously), to check your pelvic floor muscles are strong enough to resume this activity. Listen to your body and seek professional advice for more specific guidance.

Sex

It is common to feel a lack of interest during the early post natal period. The resumption of sex varies between individuals. The general recommendation is to wait 4-6 weeks before intercourse. Intercourse should not be painful. It is normal for vaginal lubrication to be reduced especially if you are breastfeeding. Try lubricating gel (KY Jelly or "Sylk") to overcome this discomfort.

Remember to use a contraceptive to protect yourself from another pregnancy. Your Obstetrician will usually discuss this with you at your 6 week check up.

Women who have had a birth assisted by a vacuum extraction or forceps, or who suffered from extensive perineal trauma (tear or large episiotomy) may experience increased discomfort. Wait until 8-12 weeks postpartum for complete healing and resumption of sexual activity.

It is important to take your time and resume only when you feel you are ready. Speak with your Doctor or Physiotherapist if you experience any pain or have concerns.