

Post natal advice and exercises following childbirth

Physiotherapy Department



Patient information leaflet

The gentle exercises in this leaflet are designed to help you recover gradually from the after effects of pregnancy and childbirth.

It would be beneficial to start these exercises as soon as it is comfortable within the first 24-48 hours in order to:

- Improve your leg circulation
- Increase your mobility and improve the tone in your abdominal muscles and the pelvic floor
- To protect you from aches and pains and give you more energy if you are feeling tired
- To help you start regaining your pre pregnancy figure

Which exercises can I start immediately?

For all types of Deliveries – Normal, Forceps, Ventouse or Caesarean you can start with the following:

Circulatory exercises

Move ankles up and down briskly taking care not to point the toes downwards as it may bring on a cramp. Rest the legs on a chair opposite you or keeping them straight on the bed while doing this exercise.

Improving circulation in your feet and legs will help to absorb extra fluid, reduce swelling and tiredness in your legs and help with any varicose veins.

It is important to continue wearing your support stockings and avoid crossing your legs to prevent blood clots in early weeks.

Knee and hip exercises

Sitting or lying in bed push the back of you knees down on the bed tightening the thigh muscles. Use your hips and knees by moving them up and down the bed.

Breathing exercises (important if you have had a Caesarean Section or general anaesthetic or immobile)

- It will help to send oxygenated blood to the body and will help to loosen any phlegm that may collect due to the effects of anaesthesia and immobility.
- Take a slow relaxed breath in through your nose, hold for a few seconds and breathe the air out slowly. Repeat this 3-4 times every hour and continue regularly through the day until you are up and about.

If you have phlegm at the back of your throat or on your chest, it is important to clear it by coughing or 'huffing' (a short forced breath out through your mouth like steaming up a mirror).

- To do this comfortably while you are lying down, bend your knees; support your wound with both hands or with a rolled up towel and then cough or huff.



- When in a sitting or standing position, use the same technique but lean forwards slightly while you cough, sneeze or laugh.
- Post natal women should avoid smoking, as it is harmful to your health and your baby can inhale both second- and third-hand smoke from the air and clothing.

You cannot do your stitches any harm by coughing using the above technique.

Which comfortable positions can I use to avoid strain on my back and abdominal muscles?

- Whilst sitting up in the bed or chair, use pillows in the small of your back to avoid backache.
- While feeding the baby in the bed or a chair, use the same position but also have a pillow or two on your lap and under the arm to

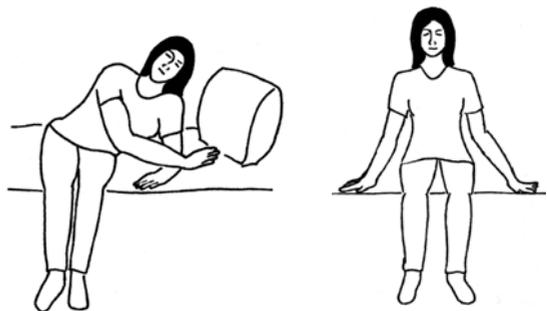
support the baby. It will prevent you hunching forward and over stretching the neck and shoulder muscles.

- If you are lying on your back, a pillow under your knees may be more comfortable. When lying on your side, use pillows for support as you may have done whilst pregnant, usually between the knees. This is also a good relaxing position for feeding the baby.
- Whilst standing, try to stand tall rather than stooping forwards. Gently draw in your lower tummy to maintain this posture. This will not harm any stitches, but will start toning your abdomen and may help to prevent backache.



What is a comfortable way for me to turn and get out of bed?

- Bend your knees, keeping them together. Gently draw in and support your lower abdominal muscles, then roll over on your side. Push up on your elbow and hand and sit up, letting your legs go over the edge of the bed to act as counterbalance to help you sit up. (See diagram)



- Gentle knee rolling from side to side will ease hip movements, help you to turn from side to side and may relieve any wind that may have settled. (See Diagram)
- Doing this correctly will protect your back and all your pelvic joints. If you have had a caesarean section this will also minimise any discomfort from abdominal stitches.

Which other exercises can I commence from day one?

The following exercises should commence gently on day 1 to improve backache and help mobility.

Pelvic Tilts

Lie on your back with both knees bent, feet supported on the bed. Flatten the hollow of your back, tilting the pelvis as shown in the diagram.

You may draw your lower tummy in gently at the same time as comfortable. If you have abdominal stitches it will not harm them.



Knee Rolling

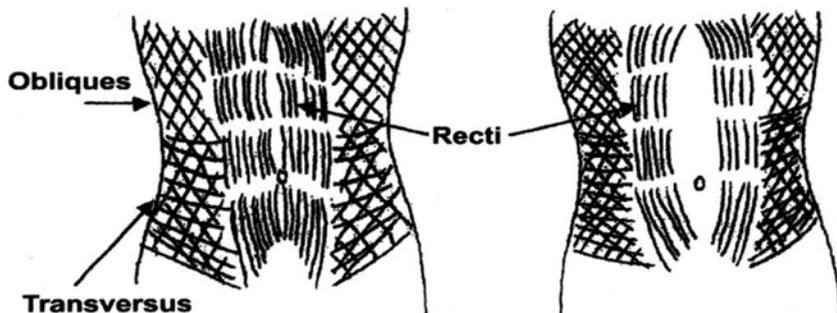
This exercise can also help to relieve any trapped wind.



Omit Knee Rolling exercise if you have been told that you have:

Divarication (separation) of Recti (abdominal) muscles – DVR

In some women, the long supportive abdominal muscles may separate while pregnant (see diagram). This is not unusual and can be resolved with the correct management.



If your abdominals bulge/dome in certain activities e.g. getting in and out of bed or bath, please contact your midwife or GP for assessment and a referral if needed to the physiotherapy department.

The midwife often checks this on your postnatal check on the ward or at home by the 10th day.

Management of DVR

Which other activities/exercises should I avoid if I have DVR?

It may be best to avoid the following exercises until you have been seen by a Physiotherapist

- Twisting exercises i.e. knee rolling
- Head lifts and sit up type exercises/movements
- Unnecessary heavy lifting i.e. avoiding carrying car seats constantly-use a sling or buggies or prams if possible.

Which exercises can I perform safely for DVR in the early days before I see a Physiotherapist?

It is safe to start all the exercises in this leaflet apart from the **Knee Rolling exercise**, in order to regain pelvic stability and abdominal tone

early. Knee rolling as an exercise may over stretch the muscles in the early postnatal period.

- Draw your lower abdominals gently in and lift up your pelvic floor while performing strenuous activities like lifting the baby, or the car seat and while coughing or sneezing.
- It might be helpful to wear support briefs, cycling shorts, leggings or a maternity support belt. The latter may have been supplied by your Obstetric Physiotherapist.

Gentle abdominal exercise – All deliveries

1. Transversus Abdominis (lower abdominal muscle) exercise

Lying on your back or on your side –

Exercising these muscles will help the stability of the lumbar spine and improve the tone of the lower abdominal muscles.



- Place one hand on your lower abdominal muscles (just above your pubic bone or above your Caesarean section scar), take a relaxed breath in and as you breathe out, gently draw your muscles in, away from your hand.
- If comfortable, gently draw up the pelvic floor at the same time.
- Hold for 5 seconds or as long as is comfortable at first and gradually progress to 8-10 seconds. Repeat 4-6 times and gradually increase up to maximum of 10 times if possible.
- Breathe normally while doing this exercise.

These exercises can be incorporated in your daily activities while feeding, changing or carrying the baby. They can also be done in sitting, standing and whilst doing activities which require effort e.g. lifting, coughing, sneezing.

2. Pelvic Floor Exercises (see note below)

Pelvic Floor Exercises are important for all as the muscles are stretched and weakened during pregnancy and labour.

They are also very important if you have had any vaginal suturing, (episiotomy), or instrumental deliveries such as ventouse or forceps delivery or third/fourth degree tear repair.

NOTE

However, these exercises should not be carried out if you have a catheter in place. They can be started once the catheter is removed and you have fully emptied your bladder at least twice.

Please inform your midwife if you are unable to empty your bladder or have reduced or no sensation to empty after 4 hours of catheter removal.

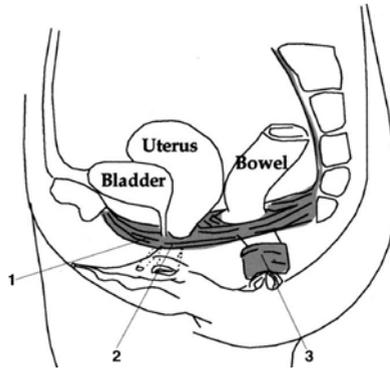
Can I start pelvic floor exercises if I have had a Third or Fourth degree Tear?

Yes, Women with Third or Fourth Degree tear should follow the advice from the Third Degree Tear Repair leaflet which should be given to you on the ward prior to discharge.

- You can gently start all the postnatal exercises in this leaflet, including the pelvic floor exercises following the removal of catheter and normal emptying of bladder.
- You should be referred by your midwife/GP for Physiotherapy input.
- You may be seen on the ward by the staff from Physiotherapy department and given advice on your follow up prior to discharge.
- However, if you have been discharged before being seen, continue with all the above exercises. Pelvic floor exercises should commence gently and comfortably and as per third degree leaflet provided.
- You will be sent a follow up review appointment in the next 3-4 weeks from the Physiotherapy department.
- It is important to keep this appointment as you may need long term follow up to strengthen the pelvic floor and ensure optimum function.

What is the Pelvic Floor?

The floor of the pelvis is formed by the layers of muscles, which stretch like a hammock from the pubic bone in front to the tailbone at the back. These firm and supportive muscles are called the Pelvic Floor (see the diagram).



1 bladder – closing part of the muscle

2 vaginal – closing part of the muscle

3 bowel – closing part of the muscle

They help to hold the bladder, uterus (womb) and bowel in place and also help to close the outlet of the bladder and the back passage. In addition, these muscles help to enhance sexual appreciation.

Why do pelvic floor exercises?

Pelvic floor muscles can sag and become weak because of childbirth, obesity, chronic cough, constipation, during menstruation due to hormonal changes, lack of regular pelvic floor exercises, and approaching menopause.

What happens if I do not exercise my pelvic floor?

Weak muscles give less control and you may leak urine or wind, especially with heavy lifting or when you cough, sneeze, laugh or doing heavy impact exercise. This can lead to stress incontinence or a prolapsed bladder or bowel.

How can pelvic floor exercises help?

Pelvic floor exercises can strengthen your muscles so that they once again give support. This will improve bladder and bowel control and will improve or stop leakage of urine. Like any other muscles in the body, the more you use and exercise them, the stronger the pelvic floor will become. You will need to exercise regularly for several months before the muscles regain their full strength.

Basic exercise

These can be done in sitting, standing, lying down or leaning forward positions. Imagine that you are trying to stop yourself from passing wind and at the same time picture yourself trying to slow down the flow of urine.

NB: Never stop mid stream while actually passing urine.

The feeling is one of “squeeze and lift”, closing and drawing up the front and back passages. This should be done without pulling in your upper abdominal muscles (tummy) but you may feel a tightening sensation in your lower abdominal muscles, which can be worked along with the pelvic floor.

Avoid squeezing your legs together, tightening your buttocks or holding your breath!

Pelvic floor exercises

1. Short quick contractions (for speed)

Pull up your pelvic floor muscles by doing quick single contractions (1 per second), and then relax. Repeat as often as is comfortable and progress to a minimum of 10-15 contractions.

2. Slow controlled contractions (for endurance)

Slowly tighten and pull up the pelvic floor muscles as hard as you can. Hold the tightened muscles for at least 5 seconds and then relax. Rest for 5 seconds and then repeat the exercise 4-6 times. You may hold for shorter or longer time, try up to 8-10 seconds.

Begin your exercise at a comfortable level and progress from there.

3. “KNACK” exercise

To protect the pelvic floor from weakening further, contract the pelvic floor before doing activities that require effort e.g. coughing, sneezing, exercising and lifting.

How long does it take to strengthen the pelvic floor?

- It takes time for exercises to make muscles stronger. You are unlikely to notice improvements for several weeks – so persevere with it!
- You will need to exercise regularly, ideally 3-4 times a day for several months before your muscles gain their full strength and will then need to continue a maintenance programme for life.

How can I remember to do them regularly?

- If you find it difficult to remember them, give yourself triggers to remind you e.g. while feeding the baby, washing hands or after you have passed urine.
- Putting up small coloured stickers in appropriate places i.e. near a kettle, fridge, mirror, and workstation may help.
- You can even do them while feeding and changing the baby. Remember to use other triggers later on when not performing these activities.

Do these exercises 3-4 times daily – FOR LIFE – to maintain the tone of the pelvic floor and help to prevent problems in the future.

Pelvic Girdle Pain (PGP)

(Includes Persistent Pain in the Lower Back, or in Symphysis Pubis (SPD) joint).

What should I do if I was diagnosed with PGP?

- If you have had PGP antenatally and been seen by a physiotherapist, please follow all the management, advice and exercises given to you previously for at least 4-6 weeks after your baby is born.
- Do start the postnatal exercises in this leaflet as comfortable, they will help improve mobility and increase pelvic stability.
- If you were given crutches and/or a support belt, use it as needed in the early weeks.

- You may be given painkillers or non-steroidal anti-inflammatory tablets by your midwife/GP. Use these to manage your pain and help you rest, but don't mask the pain and do too much, as it will catch up with you later.
- Do ask your midwife or your GP to refer you back to the physiotherapy department if your symptoms persist beyond 4-6 weeks into the postnatal period.
- Avoid one leg standing i.e. while dressing or putting shoes and tights on especially if you have had any pelvic joint pain or discomfort.

When can I start driving after Caesarean section?

- Driving is not recommended for 4-6 weeks, as the seatbelt will sit very close to your scar and you may be hesitant to brake hard.
- Do try all the driving manoeuvres on a quiet road to check if you are comfortable.
- Please check with your GP/Consultant and your insurance policy if you wish to drive earlier.

How can I progress with my exercises after 6 weeks?

- You can commence postnatal or aqua natal classes after 6 weeks.
- Gentle swimming can be beneficial once your vaginal discharge has stopped completely for a week and any stitches are completely healed.
- Avoid breaststroke if you have low back pain or any Pelvic Girdle Pain (PGP includes Symphysis Pubis and Sacroiliac joint Dysfunction).

When can I start heavy impact exercises or sports?

- Heavy sport such as tennis, jogging, horse riding, step or high impact aerobics in the gym is not advisable until 10-12 weeks post-natally especially if you continue to have signs of pelvic floor weakness such as leaks on coughing, sneezing or walking.

- It is advisable to wait until all PGP symptoms have resolved before starting sport again.

Please see your GP for a referral if pelvic floor or PGP symptoms persist after this point.

When can I resume sexual intercourse?

It is advisable to avoid full penetration for about 6 weeks. Making love should be gentle and comfortable. You may need to alter your position as suitable to your comfort or discomfort.

Please discuss any persistent problems with your GP, Midwife, Physiotherapist, Health Visitor or at your Consultant review if you have had a Third Degree Tear repair.

- It is inadvisable to do any sit ups (including head lifts) or to progress from the exercises outlined in this leaflet without supervision from a qualified professional.
- Never do double leg lifting as part of an exercise as it can put a great strain on your abdominal muscles and back, and weaken your pelvic floor.
- Do continue with your pelvic floor exercises regularly.

We hope this booklet has been of help to you.

Key reference sources and further information

- **Association of Chartered Physiotherapists in Women's Health**
www.acpwh.co.uk
- **Pelvic Partnership**
www.pelvicpartnership.org.uk
Telephone: 01235 820921
- **Chartered Society of Physiotherapy (CSP)**
www.csp.org.uk
Telephone: 020 7366 6666

Contact details

For more information please contact us.

Physiotherapy Department

Telephone: 01483 464153

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Author: Ruth Smith

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