

Postnatal Physiotherapy Advice and Rehabilitation



The postnatal advice video can be accessed through this link:

<https://vimeo.com/428522599>



If any of the exercises in the video or this leaflet make your symptoms worse or cause any new pain or symptoms, you should stop and speak with your GP, midwife or pelvic health physiotherapist.

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General advice – from day 1

Keep your chest clear

Breathing exercises can help prevent chest infections, stop you feeling sick and relieve trapped wind. You can practise them lying down or sitting up in bed.

- Firstly take a deep breath in through your nose, relax your abdomen (stomach) and feel your waist expand
- Hold for 2 seconds and then slowly sigh out through your mouth. Do this 4 times
- After the 4 breaths, breathe out quickly and forcefully through your mouth as though you are steaming up a mirror (a huff)
- Do this several times a day when you are awake, in the first few days after the birth.

Circulation

These exercises help to prevent blood clots and swelling in your legs and feet. They should be done regularly throughout the day.

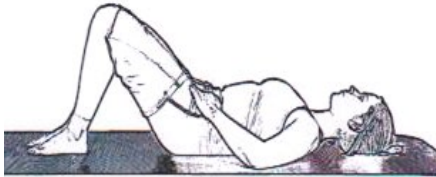


- Briskly “pedal” your feet: pull toes towards you, then point away from you. Do this 10 times
- Move your feet round in a circle from the ankles. Do this 10 times.

When resting, put your feet up on a foot stool or the sofa when you can, and try not to sit with your legs crossed.

Relieving wind pain

This pain is normally felt in your stomach but can also be a sharp pain in front of either shoulder. These exercises can help:



- **Pelvic tilting:** Rock your pelvis towards and away from you – see exercise 2 in the “postnatal abdominal exercises” section (page 15)
- **Knee rolls:** Rock your knees gently from side to side while lying on your back, allowing your pelvis to rock with your legs.

You can also try peppermint tea or hot water and gently massaging your stomach (avoiding your scar if applicable).

Preventing constipation

Bowel movements are often slow after having a baby. This can be caused by changing hormone levels, painkillers, reduced liquid or fibre in your diet and a lack of movement. If you get constipated it can increase your discomfort particularly if you have a caesarean section scar.

- Make sure you drink plenty of fluid (ideally water), about 1.5-2 litres per day. It is recommended to add approximately 500ml more when breastfeeding
- Eat plenty of fruit, vegetables, whole grains and other foods which are high in fibre
- Speak to your midwife or healthcare professional if you have issues with constipation and they can give you something to help
- When on the toilet to move your bowels, sit with your feet up on a low stool, leaning forward with your elbows on your knees. Knees should be higher than hips.

Promoting healing

- To help with your healing, try to eat a healthy, varied diet with protein, fruit and vegetables
- Avoid excessive caffeine and alcohol as they irritate your bladder
- Losing weight from pregnancy should be gradual
- Your rest is important. Put your phone on silent and ask other members of your household not to disturb you
- Keep meals simple and easy to prepare, and accept all offers of help with the housework.

Moving well – from day 1

Remember that after having a baby your body needs time to recover. Changes will take place in your abdominal and pelvic floor muscles for up to 2 years after the birth- especially in the first 6 months.

- Your stomach muscles, which normally help to support your spine, are weak and stretched (see “Postnatal abdominal exercises” section on page 11)
- Your joints are more flexible and are at risk of being irritated, due to the changes your body is going through
- Caring for your baby and other young children will involve lifting, carrying, feeding and changing. All of these activities will put extra strain on your back muscles
- Think about good positioning while feeding your baby, changing nappies, bathing baby and pushing your pram.



Feeding

You can feed your baby in a variety of positions. Try to find the ones which are most comfortable for you; alternate between different positions for feeds.

Lying on your side (breastfeeding):

- Use lots of pillows to support your back and between your knees
- Place a pillow over your stomach to protect it from baby's feet.

Sitting in a chair:

- Sit upright with your bottom as far back in the chair as it will go
- Place a pillow at your lower back for support
- Have your feet flat on the floor or use a footstool if required
- Try not to slouch
- Place a pillow over your stomach to raise your baby up to your breast or the bottle
- If you are bottle feeding, alternate the arm that baby lies on. Ask others to help with feeds when available
- Do not feed your baby while perched on the side of the bed or on the edge of a chair as your muscles will get very tired.

Changing your baby

Ideally use a changing table at waist height but if you kneel remember not to stoop. Try to have one foot a bit in front of the other and soft knees if standing. If kneeling have one knee to your chest and one on the ground as shown.



Lifting

Have one foot a bit in front of the other, bend your knees and get close to whatever you are picking up. Remember to engage your pelvic floor, bottom muscles and deep stomach muscles and exhale as you lift.

Walking and using a baby carrier/sling

Your early recovery takes place when you are doing your regular day to day activities and walking. Think about slightly tucking your tailbone under and drawing in your ribs to engage the abdominal muscles when you stand and walk. This should feel comfortable. If you use a baby carrier/sling, build up its use gradually. Don't use it excessively for walking exercise. There are several different types of baby slings and carriers available. It can be useful to visit a sling library to try before you buy and to get specialist advice.

When using a carrier, follow the TICKS advice for safe baby wearing:

- T – Tight – most comfortable for you and baby
- I – In view at all times
- C – Close enough to kiss
- K – Keep baby's chin off their chest
- S – Support baby's back.

Specific advice following caesarean section – from day 1

Following your surgery, you may have some discomfort or pain but you are encouraged to get up and about as soon as possible. The information in this section is provided to help you recover from your caesarean section swiftly and safely.

Mobility

You will be encouraged to get moving normally within 8 hours of your caesarean section. The midwives will help and advise you with this. This will help:

- To prevent a chest infection
- To prevent a blood clot or deep vein thrombosis (DVT)
- To encourage bowel movements.

Gradually, as the feeling comes back into your legs following your caesarean section, practise bending your feet and ankles up and down briskly for about 30 seconds, every hour or so.

Ensure you take enough pain relief to help you get moving, as moving about is very important for healing and your recovery.

Getting out of bed for the first time

Take your time when you first get out of bed in case you are light-headed. Take advantage of your electronic bed to help you sit up.

- Gradually move your legs over the edge of the bed
- Sit for a minute before you try to stand. When you are ready, push up with your hands and legs
- Stand tall and try to avoid slouching, supporting your wound if you feel it helps.
- When you stand up, try standing as tall as possible with your bottom tucked under. Initially this may give a pulling sensation

over the wound- this is normal. You may hurt your back if you don't straighten up tall

- Use your breathing to help when changing positions. Breathe in before you start moving, then sigh out slowly whilst you change position (e.g. when turning in bed, standing up, rolling in and out of bed)
- When getting back into bed, stand with the back of your knees against the bed, support your abdomen with one hand and put your other hand on the bed behind you. Bend forward to sit down. When you are ready, lower your head and shoulders sideways on to the pillow while lifting your legs onto the bed. Finally, roll onto your back whilst keeping your knees bent
- Once you are feeling more comfortable you can practice getting up from lying flat as you will need to do this when you are at home. To get up: bend your knees, roll onto your side, lower your legs over the side and push up with your arms.

Your wound

This is usually held together with a prolene bead or staples. These are normally removed around 5-6 days after the birth. You are free to move around as normally as possible, even with your sutures or staples in, and you will not do any damage to your wound. Even coughing or sneezing will **not** affect your wound. You may find it more comfortable to press a pillow or towel into your wound when coughing, sneezing or moving. Your wound should be healing well after about 10 days. If you have any concerns, please speak to your community midwife.

Clothing

After a caesarean section you will find cotton underwear and loose-fitting clothing more comfortable to wear. Use underwear where the elastic doesn't rest on top of your wound (high-waisted underwear tends to be most comfortable).

Housework

This should be limited to light duties (e.g. dusting, watering plants, etc.) Heavy work such as vacuuming, carrying shopping or lifting heavy objects should not be attempted for about 10-12 weeks.

Driving

You can generally return to driving around 6 weeks after a caesarean section. You should make sure the seatbelt is comfortable across your lap and that you are able to safely carry out an emergency stop. Check with your insurance company before returning to driving to ensure that you are covered.

General exercise

To begin with, short walks are sufficient. Begin gently and gradually build up the distance walked and the speed of walking, eventually taking in some slopes. Swimming is fine once your bleeding has stopped and your wound has healed; this is usually about 4-6 weeks postnatal. Any high impact exercise such as aerobics, step classes, tennis or running should be avoided for at least 12 weeks.

Pelvic floor exercises

Regardless of the type of delivery that you have had, it is extremely important to carry out regular pelvic floor exercises. You can start these as soon as you have urinated after giving birth. If, however, you have a catheter in place, wait until it is removed and you have urinated before starting the exercises.

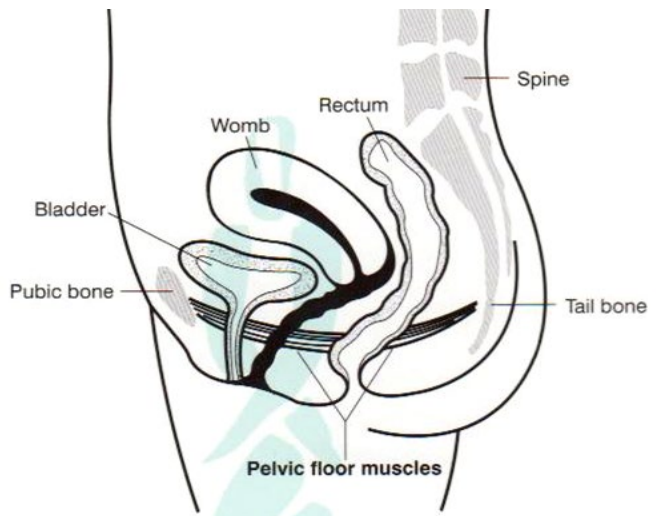
The pelvic floor muscles go from your coccyx (tailbone) at the back, to your pubic bone at the front, and attach to the sitting bones on either side.

The effect of pregnancy and the impact of the hormones of pregnancy and childbirth itself can cause weakening of the pelvic floor muscles so they will need to be strengthened. Even if you have had a caesarean section you will need to do these exercises. Strong pelvic floor muscles can:

- Support the abdominal contents in your pelvis, including your uterus
- Prevent leakage of urine when you cough, sneeze, laugh, run, jump or even when you are on your way to the toilet
- Make it easier to hold a tampon in place
- Improve control over wind from the bowel
- Improve awareness and stimulation during sexual intercourse
- Help prevent prolapse (descent) of pelvic organs.

How to do pelvic floor exercises (contractions)

To do your exercises, imagine that you are trying to stop passing wind (draw in the back passage). At the same time imagine you are trying to stop yourself from passing urine. You should feel a 'squeeze and lift', zip up or scoop from back to front. Try to hold this contraction for a few seconds, then relax completely. You should not feel your buttocks or legs tightening or hold your breath. Ensure you continue to take slow, deep breaths while



completing pelvic floor exercises. Ensure that you completely relax the pelvic floor between repetitions.

Doing gentle pelvic floor exercises **early** after your delivery (e.g. the following day) can help to reduce any swelling and/or bruising you may have, particularly after having a forceps or ventouse delivery.

To strengthen your pelvic floor

- Try to do 5 slow contractions at a time initially, holding for a few seconds as able, followed by 5 quick contractions with no hold
- Make sure you fully relax in between repetitions
- Progress over the next few weeks by increasing your holding time (up to 10 seconds) and repeat several times (aim for 10). Increase the number of quick contractions up to 10 per session
- Make this part of your daily routine and **not** an exercise to be fitted in if you have time. It is part of looking after **you**. Try to do 6 sessions daily for the first 2 months (you can tie this in with feeding times), then 2-3 times daily ongoing. It only takes a few minutes to do your pelvic floor exercises.

Using your pelvic floor with everyday activities

Engage your pelvic floor muscles whenever you laugh, sneeze, cough, lift, pull or push, blow your nose or exercise. As you tighten your pelvic floor, exhale with the effort of the lift or push: “blow as you go”.

Don't

- Hold your breath or tighten your **upper** stomach muscles, thighs or buttocks. There is advice in the next section regarding tightening your **lower** stomach muscles in combination with your pelvic floor muscles

- Stop yourself midstream when passing urine to test pelvic floor strength. This is thought to increase the risk of bladder infections and cause problems emptying your bladder.

Making pelvic floor exercises a lifetime habit can prevent incontinence and the development of prolapse (organ descent) in later life. Below is a short video link on how to perform your pelvic floor muscle exercises:

<https://vimeo.com/593193863/674bdd1458>



You may find the 'NHS Squeezy' app helpful to remind you to do your exercises and to strengthen your pelvic floor. More information is available at:

www.squeezyapp.com

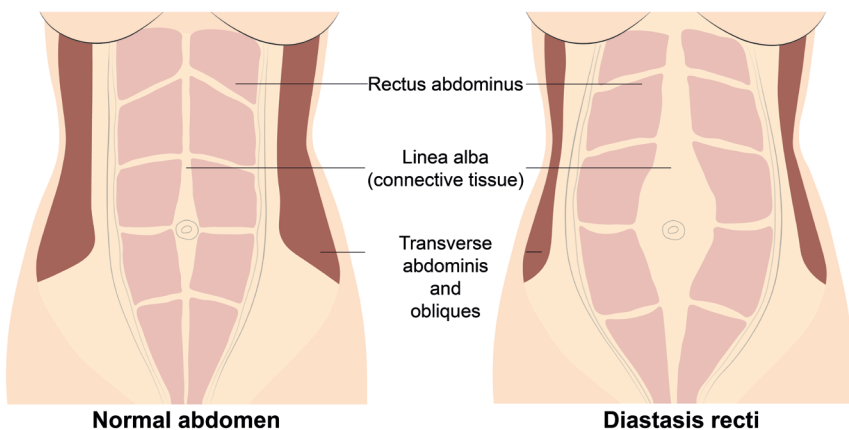


Postnatal abdominal exercise

Abdominal muscles:

The stomach muscles are like an internal corset. Your lower abdominal muscles (below the belly button) wrap around your pelvis and into your lower back. These muscles contribute to supporting your spine, flattening your stomach and improving posture. During pregnancy, your abdominal muscles stretch and weaken, therefore strengthening these muscles after delivery is important to prevent back pain and poor posture.

Diastasis Rectus



A tough strip of connective tissue goes down your middle (the linea alba), joining the two sides of your abdominal muscles together. During pregnancy, this strip softens and stretches resulting in the two sides of muscle becoming wider apart as the abdomen grows. This stretching is common, usually painless and is known as diastasis rectus. Your midwife will usually check your stomach muscles.

If the stretch between the two sides of the muscles is less than 3 finger-breadths this is considered normal in the early stage following pregnancy.

If it is 3 finger-breadths or more, you can refer yourself for postnatal physiotherapy, after 6 weeks and further information

can be found on the NHS Lothian website. Your midwife or health visitor can also help you to access physiotherapy. This may be a class depending on your local area.

In the first 6 weeks:

- Avoid sit-up movements: always turn onto your side, and push up with your arms especially when getting in/out of bed or a bath
- Avoid lifting heavy weights
- Avoid carrying babies/children off to one side, hold them close in front of you
- Make time for the abdominal exercises shown in this leaflet.

Early exercises – from day 2

The first 3 exercises are safe to do from the day following **any type of delivery**. For all exercises, start with 5 repetitions and progress towards 10 over a few weeks, repeating 1-2 times daily. Keep exercises slow and controlled, making sure your back does not arch too much. Your stomach should not dome while doing these exercises and if the exercise is persistently painful, you should stop and get advice from a physiotherapist.

Exercise 1: Lower abdominals

- Initially do this exercise lying on your back with your knees bent and feet on the floor as shown
- Tighten your pelvic floor muscles (see “pelvic floor exercises” on page 9) as you breathe out, and feel the engagement of the muscles **below** your belly button
- Try to hold this contraction for 5 seconds then gently let go



- You should **not** hold your breath while tightening these muscles: try to breathe normally.

Progress to doing this exercise in any position. Tightening your pelvic floor while sitting upright on a chair or a gym ball as shown, is particularly good as it automatically leads to tightening of the lower abdominal muscles.

Now you know how to tighten your pelvic floor and lower abdominals, try to use them functionally: engage them with an exhale when lifting everyday objects or if coughing, sneezing or laughing.

Exercise 2: Pelvic tilts

- Lie on your back with your knees bent and feet on the floor as shown
- As you breathe out, tighten your pelvic floor muscles as in exercise 1 and flatten your lower back onto the bed or floor by tilting your pelvis as shown
- Breathe normally while holding this position for 5 seconds
- Gently let go.

This exercise can also be done sitting on a gym ball or chair or in standing by pressing your lower back against a wall.



Exercise 3: Bent knee fall out/hip twists

- Lie on your back with your knees bent up as shown
- Breathe in to prepare
- As you breathe out, tighten your muscles as in exercise 1, then **slowly** drop one knee out to the side as far as it is comfortable – abdominal contraction should be maintained throughout
- Keep your pelvis as still as possible and try not to let your ribs flare up towards the ceiling
- Breathe in, then as you breathe out return your knee to the start position



Repeat with your other leg and continue to alternate sides. You may find it harder on one side than the other so adjust the size of the movement if needed to control movement around the pelvis.

More advanced exercises

Before commencing the next exercises please note:

If you have had a caesarean section or the stretch between your abdominal muscles is still 3 fingers breadths more, you should wait **at least 6 weeks** before progressing onto the following exercises.

Exercise 4: Leg slides/heel slides

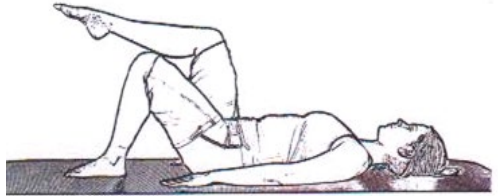
- Begin as in exercise 3
- Slide one leg straight out in front of you
- Make sure your heel stays in contact with the ground (this is easier with socks on), keep your muscles engaged and keep your pelvis as level as possible. You do not have to extend your leg all the way initially, just slide it out as far as you can control
- Breathe in, then breathe out as you bring the leg back to the starting position and relax
- Repeat with your other leg.



Progress on to combining leg slide with an opposite arm lift as shown. Keep your ribs tucked in as you lift your arms overhead.

Exercise 5: Scissors/knee folds

- Begin as in exercise 3, but this time as you breathe out, lift your leg until your hip and knee are at 90° as shown
- Breathe in, then lower your leg slowly as you breathe out
- Repeat with your other leg.



More exercises are available at

<https://vimeo.com/428522599>



Exercising for life

- Even if you have never been active, try to find something you enjoy, to meet the recommended 150 minutes of exercise per week
- Walking, swimming, cycling, yoga and Pilates can be a great place to start
- With all exercises, you do not want to push yourself beyond your current abilities. Signs that you are overdoing it are: holding your breath, excessive doming of your abdominal muscles, back pain or other pain, feeling pressure on your pelvic floor, dragging/heaviness in your pelvis or incontinence of urine or faeces.

Physical activity for women after childbirth (birth to 12 months)



Time for yourself -
reduces worries and
depression



Helps to control weight
and return to pre-
pregnancy weight



Improves tummy
muscle tone and
strength



Improves fitness



Improves mood



Improves sleep

Not active?

Start gradually

Active before?

Restart gradually



Start
pelvic floor
exercises as
soon as you can
and continue daily

Build
back up
to **muscle**
strengthening
activities twice
a week

It's safe to be active.
No evidence of harm
for post partum
women

Depending on your
delivery listen to
your body and
start gently



You can be active
while
breastfeeding

UK Chief Medical Officers' Physical Activity Guidelines, 2019

Rehabilitation timescales

Expect your muscles to take two years of good rehabilitation to return to pre-pregnancy strength

- After one year you should not be restricted in any activity and seek help from a Physiotherapist if you are not managing to rehabilitate as you would like.

Returning to sport – from 12 weeks

- Many women choose to return to sport/exercise from 12 weeks after delivery, but everyone is different and waiting longer is fine too
- Exercise should always be built up gradually, particularly if you aren't used to it. You will not be able to pick up where you were pre-pregnancy
- High impact (bouncing), high intensity and weight lifting exercises (such as running) should be avoided for the first 12 weeks. This is to allow sufficient healing to take place to allow your body to be supported in building up to exercise
- If you wish to run or undertake other high impact/intensity exercises, you should be doing conditioning exercises specific to your activity before starting. For running, this programme would include squats, lunges, single leg heel raising (going up onto your toes). It is recommended that you start with non-impact aerobic exercises first, such as cycling, power walking and swimming
- A couch to 5k programme is about the right pace to build yourself back up to running, but always listen to your body for what is right for you at this stage
- Wear a supportive bra
- Make sure you stay hydrated

- Progress at a pace that suits you, being aware of the signs that you are pushing beyond your abilities (see 'exercising for life' section on page 18).

Scar desensitising and massage – from 4-6 weeks

You will have been given further information leaflets to help with early management if this applies to you.

After a caesarean section, episiotomy or perineal tear the scar area can feel strange, numb or oversensitive. In order to try to help improve sensation and flexibility it is important to touch the area. Only begin scar massage after your scar is healed and there is no open wound.

Scar tissue is not as flexible as natural tissue due to the healing process, and can feel tight. Scar massage helps stretch this tightness and assists with proper tissue healing.

Scar massage (perineal or abdominal)

- Ensure you are well supported with pillows so you can reach your scar. Position your fingers above your scar
- Start by just applying gentle pressure along any area of tightness or tenderness. Stop at the edge of discomfort, not pushing into pain. Hold for 30 seconds, building up to 1 minute
- Then make small circles moving the skin on or beside the scar. Start to gently and gradually increase the depth and range of the movement, stop at the edge of discomfort
- Move the scar up and down, side to side and round in circles. Small movements are better
- If the scar is painful stop or ease off for a while
- Once you feel comfortable you can perform this massage daily (or at least 3 times a week) for about 4 weeks.

Remember your scar will change over time. Come back to the massage any time you feel increased sensitivity or tightening.

To make the massage easier you can use a little oil such as almond or olive oil, but nothing that contains perfume or anything you are allergic to.

What to expect and things to watch for...

- It is **not** normal to have a leaky bladder no matter how old you are
- It is never too late to seek help for your pelvic floor muscles (see “further advice” below)
- You can resume sexual intercourse when **you** are ready. Remember to use contraception. Loss of sexual desire, vaginal discomfort and dryness are common postnatally. Try using a lubricant and see your GP if you have ongoing problems after 6 months.

Further advice:

Physiotherapy can help if you have any of the problems below:

- Persistent pain in your back, pubic bone, pelvis, groin or abdominal muscles
- Any problems with loss of bladder or bowel control – such as wetting, soiling or having to rush to the toilet
- Difficulties with sexual intercourse
- Painful episiotomy scar/tear from delivery
- Changes to your stomach muscles for example diastasis rectus.

These are more easily resolved with early assessment and treatment, so please seek a referral.

You can access physiotherapy via your GP or midwife. You can also complete an antenatal and postnatal self referral form. This can be accessed via NHS Lothian internet site.

For West Lothian patients:

For further information call 0131 536 1060 (option 3) Monday – Friday 08:30- 13:30 and request to speak to one of the obstetric physiotherapists.

For Royal Infirmary Edinburgh patients:

For further information call 0131 242 1945 and leave a message.

This leaflet was compiled by St John's Hospital Physiotherapy Department.

The leaflet can be made available in Braille and other languages. Please contact the physiotherapy department on **01506 522 063** for further information.