

A guide to recovery and returning to exercise after pregnancy and childbirth

Physiotherapy Department, SVPHM

Your body has undergone incredible changes over the past 9 months. The information in this brochure will help to optimise your recovery.

Recovery of your Perineum and Pelvic Floor Muscles

Tips to reduce swelling around the perineum from a vaginal delivery and swelling around the urethra from a catheter insertion:

REST

Lying flat (on your back or side) will help to reduce the pressure and swelling around your perineum and your pelvic floor muscles. For the first 24-48 hours majority of your time should be spent lying flat. For the next 6 weeks aim to be horizontal for 15-20 minutes every 1-2 hours. It is also important to minimise lifting and heavy household chores and activities, as this can delay the healing process.

ICE

Ice packs can be applied externally to the perineum for 10-15 minutes every 1-2 hours. The use of ice may need to be continued after your discharge from hospital.

COMPRESS

Compression helps to maximize tissue healing and prevent further swelling of your perineum and pelvic floor. Use two maternity pads, wear a second pair of high brief, firm undies or shapewear to provide additional vulvar compression which is needed after birth.

REHABILITATE

After pregnancy and childbirth it is important to activate and rehabilitate your pelvic floor muscles. Even if you did not have a vaginal delivery it is still important to rehabilitate your pelvic floor muscles as they have been stretched and weakened during the pregnancy.

Emptying your bladder after delivery

After the birth of your baby, you may initially find it difficult to empty your bladder completely or have no sensation to urinate. If your bladder isn't emptied properly, the remaining urine builds up over time which is known as Urinary Retention. This can cause damage and overstretching of the bladder.

Urinary Retention may be caused by:

- Swelling, bruising and pain in the pelvic area, particularly surrounding the urethra
- Pressure on the bladder and pelvic floor during delivery

Symptoms of Urinary Retention include:

- Difficulty passing urine.
- No sensation to empty your bladder.
- Bladder pain or discomfort.
- A slow or intermittent stream of urine.
- A sense of not completely emptying your bladder.
- A need to strain to urinate.
- Leakage from an overfull bladder.

Please tell your Midwife, Obstetrician or Physio if you experience ANY of these symptoms.

Helpful hints to ensure full bladder emptying

- Aim to slowly sip 2L of fluid per day. Initially it is recommended to avoid caffeinated and carbonated drinks as the caffeine may irritate the bladder.
- Go to the toilet every 2.5-3 hours even if you don't feel the need to go.

It is important to **completely empty** your bladder.

- Sit on the toilet, do not hover.
- Completely relax your body, particularly your abdomen, face and jaw.
- Don't push or force your urine out.
- To help initiate the flow you can urinate in a warm shower, have water running in the background or gently press above your pubic bone over your bladder
- Make sure to tell your midwife/obstetrician or physiotherapist if you think that pain is stopping you from completely relaxing and emptying your bladder, to ensure you receive adequate pain relief.
- If you are feeling that you cannot completely empty your bladder, rock your pelvis back and forth on the toilet seat and try to urinate again. Alternatively, stand up, rock your pelvis and sit down to try again. This is known as double voiding.

To help decrease any swelling around the urethra, vagina and perineum that can impact on the ability to freely urinate, it is essential **to get as much horizontal rest, on your back or side as possible.**

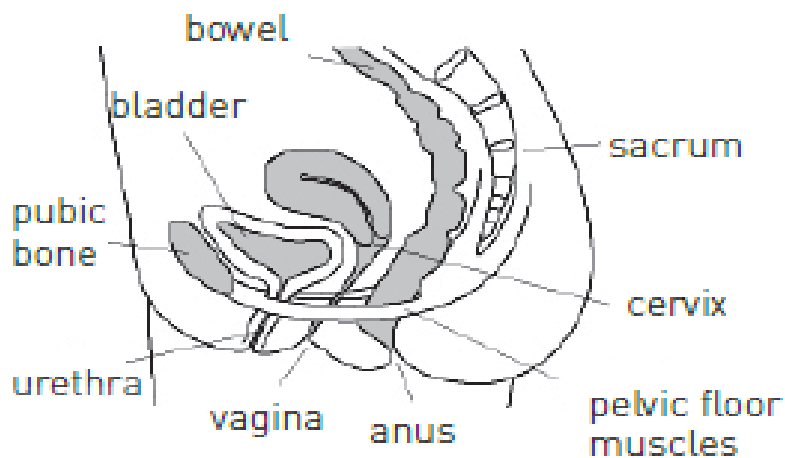
Do You Know What The Ideal Position Is To Empty Your Bowels?

- Sit down on the toilet (do not hover over the toilet seat).
- Use a foot stool under your feet (or lift your heels off the ground) so that your knees become higher than your hips.
- Lean forward with your legs wide apart and relax your elbows/forearms into your thighs.
- Completely relax your abdomen. Let your tummy bulge out and relax.
- Sigh out deeply and don't hold your breath.
- Allow yourself time, don't rush.



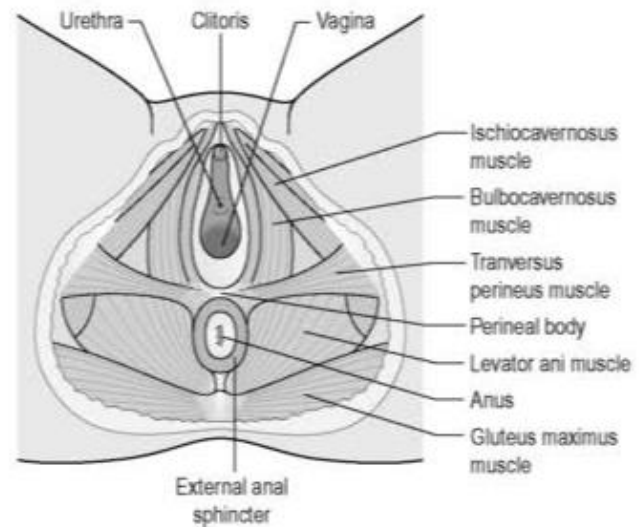
Pelvic Floor Muscles

Your pelvic floor muscles are a sling-like group of muscles located at the bottom part of your pelvis. These muscles also work together with your deep abdominal muscles to provide support to your spine and pelvis, therefore, it is important to strengthen these muscles to avoid back and pelvic girdle pain. Pregnancy, childbirth, chronic straining and heavy lifting all place extra stress on these muscles and connective tissue and can cause weakening, which can lead to pelvic organ prolapse or incontinence (bladder, bowel or wind).



How to activate your pelvic floor muscles

- Start by visualising where these muscles are located around your vagina and anus
- Imagine trying to hold in your wind and urine at the same time
- If you've had a vaginal delivery, you may only feel it around your anus initially because the sensation around your vagina can be decreased
- Just as important as it is to have a good strong pelvic floor squeeze, it is just as important to feel a full 'letting go' or relaxation of these muscles.



Pelvic floor muscle training after delivery

Immediately after delivery, it is important to start gently activating your pelvic floor muscles within your comfort levels as this helps the muscles to recover. Initially you may find it more comfortable to do these exercises lying down.

Progressing Your Muscle Training

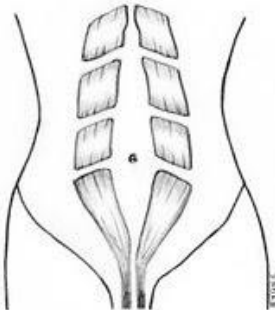
- Once you are home, try activating your PF muscles in sitting and standing
- You should complete 10 squeezes 3-4 times a day
- Once your strength improves you can gradually progress these exercises by starting to hold the contraction. Start with 2-3 seconds and gradually increase by 1-2 seconds as these become easier.
- A further progression: Complete 5-10 quick squeezes

You should expect to regain normal pelvic floor function after having a baby.

- If you are having difficulty contracting your pelvic floor muscles, experience any incontinence or you are concerned about a prolapse please contact your local Pelvic Floor Physiotherapist as you may require a more individualised exercise program

Abdominal Muscles

Your abdominal muscles are made up of many muscles, which all play a significant role in supporting your back and pelvis.



Abdominal Separation
(approximate representation)

A Diastasis of the Rectus Abdominus Muscle (DRAM) is a common occurrence in pregnancy when the connective tissue joining the long, superficial abdominal muscles widens and separates to accommodate for a growing baby.

This condition is generally not painful, but can lead to persistent lower back and pelvic pain if the dysfunction is not corrected through appropriate management and strengthening.

To allow the muscles to heal properly, it is important you avoid doing 'sit up' type exercises. This impacts how you get in and out of bed. Try rolling on your side with your knees bent and getting out feet first, and then pushing up using your arms.



A simple way to exercise these muscles is to gently draw in your belly button towards your spine. Over time gradually increase how long you hold this contraction whilst maintaining normal breathing.

Another way to appropriately exercise these muscles is to use a fitball

- Simply sit on the ball with your feet shoulder width apart.
- Rock your pelvis backwards and forwards and gently draw circles and figures of 8's with your pelvis.
- Start with small movements. As you feel more comfortable, gradually make the movements bigger to keep challenging your muscles.
- If you feel that your abdominal muscles are not healing well or you would like additional safe exercise options, contact a Women's Health Physiotherapist from 6 weeks after delivery. They can reassess your muscles and guide you further.

Tips for back care and correct lifting technique

- Bend your knees, keep your back straight and tighten your pelvic floor and abdominal muscles before lifting.
- Avoid sudden and repetitive bending and twisting movements.
- Make sure your working surfaces are at waist height, especially when changing and bathing your baby.
- Ensure you are well supported when feeding. Make sure your bottom is at the back of the chair and your feet are supported. Use cushions or towels to help lift the baby up to your breast and avoid feeding your baby sitting upright in bed.

Return to exercise

Safe exercise will help you to recover after pregnancy. Regular exercise will increase your fitness, help you to regain muscle strength and have a positive effect on how you feel.

Walking is a great form of exercise. Start gently (10-15 mins slow walking) once you leave hospital and gradually build up your distance and pace.

Low impact exercise, such as swimming, pilates, yoga, light weights and bike riding are recommended after 6 weeks.

Specific postnatal exercise classes taught by a physiotherapist is a good option, as these classes will include safe exercises and progressions, and will offer professional advice. Often you will be able to take your baby with you too, and it's a great way to meet other new mums in your area.

Strenuous exercise, including high impact sports like netball, aerobics, running and lifting heavy weights should be avoided for **at least** 3 months while your pelvic floor and abdominal muscles are recovering from the effects of pregnancy and childbirth. Wait longer if you are experiencing any bladder symptoms or pelvic floor problems. The safest way to resume high level exercise, is to **make** an appointment to see a women's health physiotherapist for additional guidance before you commence anything.

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