Post Natal Advice And Exercises
For All New Mothers

Physiotherapy – Woman’s Health

Patient Information Sheet
Physiotherapy Post Natal Advice:

Post natal problems such as:

- Urinary incontinence
- Back or pelvic pain
- Severe or prolonged vaginal discomfort
- Separation of the stomach muscles

are more easily resolved with early assessment and treatment.

We would encourage you to request a short visit from the ward physiotherapist especially if you have concerns regarding these issues or if you would simply like advice on recovery after delivery.

If you would like to be seen by the ward physiotherapist during your stay, please ask the midwife looking after you to put your name in the Physiotherapy Referral Book.

General Advice For All New Mothers.

Section One: General Advice

Keep your chest clear

If you need to cough to clear your chest and

a) have had a caesarean section
   
   try taking a few deep breaths (in through your nose and out through your mouth).
Then bend your knees, support your wound with your hands (or a pillow) and try a firm cough. You may also try “huffing”. This is a breath in, followed by a short, sharp breath out (as if steaming up a mirror).

b) if you have vaginal stitches you may wish to hold the sanitary pad firmly as you cough.

**Circulation**

These exercises can help to prevent deep vein thrombosis and swelling of the ankles. They should be done regularly throughout the day.

a) Pedal your feet x 10
b) Circle your feet x 10

When resting, put your feet up on a stool if you can. Try not to sit with your legs crossed.

**Caring for your back**

It is vital that you take care of your back after you have had your baby. Your lower and upper back will be at risk of injury for up to six months following the delivery because:
a) your abdominal muscles, which normally help to support the spine, are weak and stretched.

b) Your joints are more flexible and at risk from damage, due to the increased hormones in your body.

c) Caring for your baby will involve lifting, carrying, feeding and changing – all activities that will put extra strain on your back.

**Feeding**

You can feed your baby in a variety of different positions. Try to find those which are most comfortable for you.

**Lying on your side**

Use a pillow behind your back and one between your knees. Place a pillow over your stomach to protect it from the baby’s feet.  

*Figure 3: Side Lying*

**Sitting in a chair**

Sit upright in the chair with a pillow at your back for support. Raise your feet on a footstool/step.

Place a pillow over your lap to raise your baby up to the breast/bottle. Try not to slouch. Avoid feeding your baby perched on the side of the bed or on the edge of a chair, you will get very tired and put your back at risk of injury.

*Figure 4: Sitting*
Changing your baby

Try changing your baby on a surface that is waist height. This should help you to avoid stooping but remember one day your baby will try to roll, so never leave baby unattended even for a second. You could try sitting with baby on your lap or kneeling at the side of your bed at home and having baby on top of the bed.

Lifting

Bend your knees and get close to whatever you are picking up. Remember to draw up your pelvic floor and draw in your stomach muscles as you lift as this will protect your spine and prevent urinary leakage.

Section Two: Pelvic Floor Muscle Exercises

Regardless of the type of delivery that you have had, it is important to carry out pelvic floor muscle exercises.

Between our legs are a group of muscles which form the bottom (floor) of your pelvis (see picture below). These pelvic floor muscles are designed to:

a) Support the abdominal contents in the pelvis (including the pregnant uterus).

b) Control the outlets from the bladder and bowel.

c) Improve sexual satisfaction
1. Spine
2. Womb (uterus)
3. Rectum (bowel)
4. Bladder
5. Pelvic Floor (muscle)

Figure 5: Pelvic Floor Muscles

The stresses and hormones of pregnancy and delivery can cause considerable 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. Only with strong pelvic floor muscles can you:

a) Prevent wetting yourself when you cough, sneeze, laugh, run, jump or even when you are on your way to the toilet.

b) Make it easier to hold a tampon in place

c) Improve control over wind from the bowel

d) Improve awareness and satisfaction during sexual intercourse.
To Do a Pelvic Floor Contraction

Tighten and lift the muscles around your anus (back passage) as if stopping wind escaping. Try to simultaneously tighten and lift the front passage as if stopping the flow of urine. Hold these muscles tight and keep breathing normally. Count in seconds until you can’t hold any longer. As you feel the contraction fade let go (your holding time is up!)

We recommend you do gentle pelvic floor exercises early after your delivery (the following day). They can be done in any position e.g. lying, sitting or standing and can help to reduce swelling and/or bruising after a vaginal, forceps or ventouse delivery.

To Strengthen Your Pelvic Floor

- Tighten your pelvic floor muscles as previously described, and hold for as many seconds as you can. (A maximum of 10 seconds). Release the contraction, and rest for 4 seconds. Repeat the tightening and release movement as many times as you can. (Up to a maximum of 10).

- When you feel happy with this, lift and squeeze more firmly and quickly let go. This is called a “quick contraction”, and will help your muscles react quickly when you laugh, sneeze or cough. Aim to do 10 quick contractions.

- Repeat the above sequence 4 to 6 times daily, gradually increasing your hold time and the number of squeezes you do. This is a part of your daily routine - NOT an exercise to be fitted in if you have time. It is part of looking after YOU.
Don’t hold your breath OR tighten your upper stomach muscles, thighs or buttocks. There is advice later in the leaflet regarding the use of your lower abdominals in combination with your pelvic floor muscles.

Try To pull up your pelvic floor muscles whenever you laugh, sneeze, cough, lift, pull or push, blow your nose or exercise.

Doing pelvic floor exercises can prevent incontinence and the development of prolapse (organ descent) in later life.

Remember You should not be doing a “midstream stop” when passing urine. This is thought to increase the risk of bladder infections and cause problems emptying your bladder.

Section 3: Abdominal Exercises

These abdominal exercises are safe to do from the day following your delivery, whatever the type of delivery. The exercises in this leaflet are very gentle but very effective. NEVER do an exercise if it hurts. If so, stop the exercise and get advice from the midwife or physiotherapist. For each exercise, start with a hold of 5 seconds and repeat 5 times Try to do these exercises 3 times daily. They should only take a few minutes of your time.

Abdominal Muscles

The abdominal muscles are similar to an internal corset. The lower abdominal muscles (below the belly button) wrap around the pelvis and into the lower back. These muscles are extremely useful at supporting the lower back, flattening the stomach and improving posture. The following exercises will teach you to tighten these muscles.
**Pelvic Tilt**

- Lie on the bed with your knees bent
- as you breathe out, gently draw your abdominal muscles in then flatten your back onto the bed, by tilting your pelvis backwards.
- breathe normally while holding this position for 5 seconds
- gently let go

**Lower Abdominals**

- Lie on your side with a pillow between your knees.
- On your out breath, draw in your lower abdominal muscles (below the belly button) and gently tighten your pelvic floor.
- Hold the muscles in and breathe normally as you count to 5. Then let go.
- This exercise can also be done lying on your back with your knees bent or in standing.

Now you can tighten the pelvic floor and the lower abdominals together you should try to use them functionally i.e. when lifting your baby or toddler, hanging out the washing etc.
Bent Knee Fall out

- Lie on your back with one knee bent.
- Tighten your lower abdominal muscles and your pelvic floor as you breath out.
- SLOWLY drop the bent knee out to the side as far as is comfortable. Your pelvis should remain steady on the bed.
- Breath normally throughout but remember to keep the abdominals and the pelvic floor muscles gently tightened at all times.

Return the knee to the starting position, and then relax the stomach muscles. Repeat with the other leg.
- You may also try slowly straightening the bent knee then returning it to the bent position. Keep breathing normally and gently tightening the abdominals and the pelvic floor. Your lower back should remain flat against the bed/ floor. Do not allow the back to arch.

NB. Before starting the next page of exercises please note:

If your abdomen seems to “dome” i.e. goes into a marked peak when you cough or raise your head off the pillow you may wish to wait four more weeks before going on to the next set of exercises.
If you lift your head and feel down the centre of your abdomen you may feel a gap. If you can fit 3 fingers into the gap then wait 4 weeks.

If in doubt, please ask the ward physiotherapist for advice.

*If you have had a caesarean section wait 6 weeks before progressing onto the following exercises.*

**Knee Bends**

- Lie on your back with both knees bent.
- Tighten the abdominal and pelvic floor muscles as before.
- Slowly bring one knee in towards your chest until your hip reaches 90 degrees.
- Return the leg to the starting position and relax the abdominal muscles. Remember to breathe normally throughout the entire movement.
- Repeat on the other side.

![Figure 9: Knee Bends](image)

**Head Raises**

- Start with both knees bent.
- Tighten the abdominal and pelvic floor muscles gently as you breathe out Head raises and raise your head 5cm off the pillow. Hold for 3 seconds then relax.
- Repeat 5 times.

![Figure 10: Head raises](image)
All of these exercises should be done slowly with the emphasis on control, good breathing and with the lower back flat against the bed/floor.

Section 4: Specific Advice Following Caesarean Section

You may have some post-operative discomfort but you are encouraged to get up and about as soon as you feel able. The information in this section is provided to help you recover from your caesarean section swiftly and safely.

Your Wound

You are free to move around as normally as possible. You will not do any damage to your wound. Even coughing or sneezing will NOT burst your wound! Your wound should be healing well after about 10 days.

Getting In and Out of Bed

Bend your knees and roll on to your side. Prop yourself onto your elbow and swing your legs over the edge of the bed, keeping your knees together if you can. Sit up over the edge of the bed until any light-headedness passes. Once you feel ready, stand yourself up. Remember to think about standing tall and maintaining good posture by gently tightening your abdominal and pelvic floor muscles and tucking your tailbone under.

To get back into bed, simply reverse the above procedure. Some ladies find it easier to crawl forwards onto the bed then turn over once on top of the bed.
Wind Pain

Try bending up your knees whilst lying on the bed and gently roll them from side to side only as far as is comfortable or try pelvic tilting (fig 6 on page 9).

Housework

This should be limited to light duties eg. dusting, watering plants etc. Heavy work such as vacuuming and carrying shopping should be avoided for about 6 weeks and lifting heavy objects eg toddlers should not be attempted for about 10-12 weeks.

Figure 11: Getting out of bed

Driving

You can generally return to driving around 6 weeks post natally. 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.

Exercise

To begin with, short walks are sufficient. Gradually build up the distance 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 post natally. Any high impact exercise such as aerobics, step classes, tennis or running should be avoided for 10-12 weeks.
All New Mum’s - Remember....

It is NOT normal to have a leaky bladder no matter how old you are.

a) It is never too late to seek help for your pelvic floor muscles (See "further advice" below).

b) Watch your weight

c) Keep up your fluid intake especially if breast feeding

d) Avoid taking excessive amounts of caffeine eg tea, coffee, coke etc and alcohol - it irritates the bladder

e) Rest is important - take the phone off the hook.

f) Keep meals simple and easy to prepare, and accept all offers of help with the housework

g) You can resume sexual intercourse when YOU are ready.

Remember contraception! Loss of sexual desire, vaginal discomfort and dryness are common, try using a lubricant jelly (available in chemist shops)

h) Many women choose to return to sport/exercise two to three months after delivery, but everyone is different.

i) Exercise should always be undertaken gradually, particularly if you aren't used to it. Progress slowly.

j) Avoid bouncing exercises e.g. jogging. Wear a supportive bra. If breast feeding always try to feed first before exercising.
If you have any questions regarding returning to exercise, ask to speak to the physiotherapist on the post natal ward. Or phone the Womens Health Physiotherapists

Nobles Hospital
Womans Health Office
650304