



**University Hospitals
Bristol and Weston**
NHS Foundation Trust

Patient information service
Maternity services

Early postnatal physiotherapy advice



This leaflet aims to give early physiotherapy advice on how to look after your body in the early days and weeks following the birth of your baby.

This leaflet is suitable for all new mothers whether you have had a vaginal or caesarean section.

Take things slowly as you recover and listen to your body, if you feel tired rest.

For women who have experienced a 3rd or 4th degree tear, you will be seen by a physiotherapist on the ward if possible and assessed by a women's health physiotherapist at 6 weeks postnatally.

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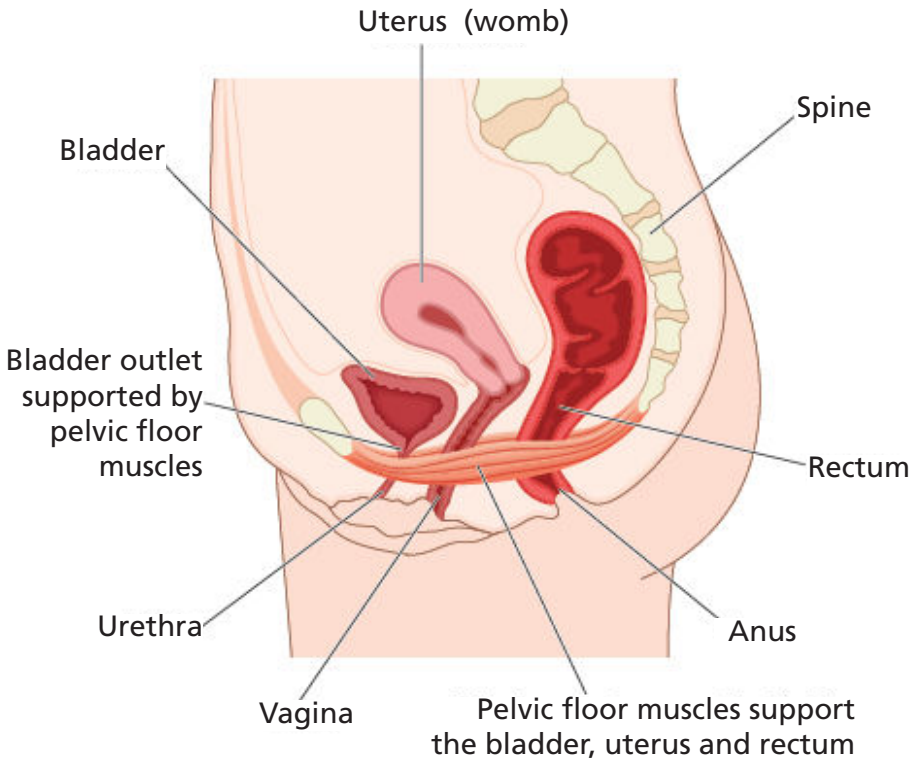
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1) Pelvic floor exercises (Kegels)

The pelvic floor muscles are a group of muscles which form a sling at the bottom of your pelvis. These muscles are stretched and weakened during pregnancy and vaginal deliveries; which when weak, can lead to problems.

Strengthening the pelvic floor muscles with specific exercises will

1. maintain and improve your bladder and bowels function
2. help prevent pelvic organ prolapse
3. help stabilise the pelvic joints and lower back
4. increase sexual enjoyment



When should I start to do pelvic floor exercises?

Start to do the pelvic floor exercises as soon as comfortable after the birth of your baby unless you have

- a urinary catheter then wait until that has been removed and you are urinating normally again
- you have a 3rd/4th degree tear then start doing your exercises as soon as you feel comfortable, which should be within two weeks of delivery

Gentle pelvic floor exercises may also help ease discomfort, swelling and can aid healing if you have had a tear or stitches.

Using an ice pack or cold gel pack can help reduce swelling and discomfort. Wrap the ice pack in a damp towel and apply for 5 minutes only at a time.

Start by doing the exercises in lying or side lying, progressing to sitting and standing as your pelvic floor gets stronger.

How to do a pelvic floor exercises

You may notice that your lower abdominal muscles tighten when you complete the pelvic floor contraction, this is normal because these muscles usually work together.

Slow pelvic floor contractions

- Tighten your pelvic floor muscles around your anus, as if you are trying to hold in wind (trying not to fart).
- Feel this tightening continue forwards and upwards as if you are trying to stop the flow of urine (pee).

- Hold the contraction if you are able to for 2 to 3 seconds then relax your pelvic floor and rest it for 2 to 3 breaths.
- Complete this exercise as many times as you feel you are able to, up to 10 times.
- As you get stronger hold the contraction for longer until you can hold it for 10 seconds, 10 times.

Fast pelvic floor contractions

- Tighten your pelvic floor muscles as before but quickly.
- Squeeze and lift your pelvic floor muscles all the way to the top and then release them so that they relax fully.
- Complete this exercise as many times as you can up to 10 times in a row.

Pelvic floor exercises should include long holds and quick squeezes. You should aim to work the muscles until they tire and do between 2 to 3 sessions a day for the first 3 months after delivery. You are aiming to be able to do x10 quick and 10 second hold x10 in standing.

Over the next 3 to 5 months you should start to feel your pelvic floor become stronger and notice an improvement.

Once you get to 3 months and you have no pelvic floor dysfunction such as leaking, heaviness or pain then your pelvic floor exercises can be done x1 a day for the rest of your life.

Whilst doing these exercises

- try not to hold your breath

- do not clench your bottom muscles (buttocks), squeeze your thighs together or pull in your tummy as this means you are using the wrong muscles

The knack

Whenever you sneeze, cough, lift, push, pull, carry, shout, or blow your nose, quickly pull up your pelvic floor beforehand to avoid straining the pelvic floor and possible leaking.

Consider down loading the 'NHS Squeezy' app to help you remember to do the exercises or tag it onto when you feed the baby, boil the kettle or after you have been to the toilet.

Going to the toilet

If you have an episiotomy or tear try to gently clean this area with fresh water, no perfumed products and remember to change your sanitary pad regularly.

If you have on-going pain or an increase in pain, foul smell or discharge let your midwife or GP know.

If you are having difficulty passing urine (going for a pee) or altered sensation of the need to go to the loo, it is important to let your doctor know.

You should pass urine every 2 to 4 hours throughout the day; avoid going 'just in case'.

2) Tips for having a poo after birth

- It is important to avoid getting constipated, as this puts extra strain on your pelvic floor muscles and stitches (after an episiotomy, perineal tear or c-section).
- Make sure you are drinking enough water, at least 2L a day and eating fresh fruit, vegetables and fibre will help.
- Do not strain, take your time.
- Sit properly on the toilet seat, don't hover.
- Have your feet apart and up on a footstool, with your forearms resting on your knees.
- Use a fresh sanitary pad or wad of toilet paper to support the area between your vagina and anus as you poo.
- Keep your tummy relaxed.
- Avoid holding your breath.
- A slight initial bearing down will help the poo open the anus but do not strain.
- By using a "mooo" or a "ssshhh" noise, this can help your pelvic floor to relax.



Image provided by the Multiple Sclerosis Trust. Used with permission.

If you feel constipated, or need to strain when going for a poo, talk to your doctor or pharmacist about medication which may help you with this.

Some patients have found the YouTube video 'How to open your bowels without straining' by Michelle Kenway useful.

3) Home life

Rest

After having your baby it is important to rest so that you can recover from the birth and sleep, if you can, when the baby sleeps.

Comfortable resting positions

Lying on your side with a pillow between your knees might be quite comfortable and allows you to take the pressure off your bottom especially if you have had stitches or piles.

Turning in bed

With your knees bent roll fully onto your side moving your shoulders and knees at the same time. Support your tummy if you have had a c-section.

Getting out of bed

From lying on your side, with your legs over the edge of the bed, push yourself up into the sitting position. Reverse this for getting back into bed. Support your tummy if needed.

Feeding your baby

Always sit well back in the chair or bed. Place a pillow behind your back if needed and, if sitting, make sure your feet are flat on the floor. Bring your baby to your breast, if breast feeding, rather than your body to the baby. Pillows or a feeding pillow may help to support the baby. If you are struggling, get help from your midwife, health visitor or breastfeeding support worker.

Nappy changing

Try to have the changing surface at waist height so that you don't have to lean forwards, which will strain your back.

Bathing your baby

If you are using a normal bath, kneel down. If you are using a baby bath put it on a table to avoid leaning over.

Lifting and carrying

Be mindful of activities such as lifting older children, car seats or buggies. If at all possible we recommend that you do not lift anything heavier than the baby for the first 2 to 6 weeks as this will allow your pelvic floor time to heal and recover.

Car seats

Car seats are heavy and awkward to carry which can put extra strain on your back and pelvic floor. Get into the habit of taking the baby out of the car seat and leaving the car seat in the car.

Baby slings

If carrying a baby in a sling causes back pain or heaviness/ discomfort in the vagina/perineum then it should be avoided or minimised. Start by carrying the baby in the sling for short periods of time and then building up as your pelvic floor gets stronger.

4) Gentle abdominal exercises

You can start to do these exercises as soon as you feel ready. They are gentle exercises and should not be painful. If they do cause pain or significant discomfort, discuss this with your midwife or GP.

Try to practice these exercises as often as you feel able to. This could be once a week, four times a week or once a day. Remember to listen to your body and rest when you need to.

The deepest abdominal muscles are called the transverse abdominus (TA) and they work together with other abdominal muscles to provide support for your back and help with posture.

It is important to do these exercises correctly, so if you are struggling always seek help. If it is uncomfortable to do these exercises on your back then they can be done lying on your side.

- Lie on your back with your knees bent.
- Find a neutral spine – neither too arched or too flat.
- Breathe in gently allowing your tummy to rise.
- As you breathe out gently lift your pelvic floor and draw in your lower abdominal muscles.
- Hold for a couple of breaths in and out and then fully relax the muscles.
- Repeat this exercise as many times as you are able to, up to 10 times.



Try to use this exercise whenever you are lifting the baby, turning over in bed, getting out of bed or when you are getting up from sitting. This will help reduce the strain on your back and pelvic floor.

Important

If you notice your stomach is bulging or doming whilst doing this exercise or when you get in or out of bed or the bath please consider that this is not beneficial for your abdominal muscles and their healing process.

It could indicate that you have a divarication. Please let your midwife or GP know who will be able to assess and refer you to a women's health physiotherapist if required.

Please refer to our leaflet called '**Physiotherapy for divarication of the abdominal muscles**' by scanning the QR code or visiting: <http://foi.avon.nhs.uk/download.aspx?did=933>.



5) Return to exercise

Being able to return to your normal exercise routine is a goal for many women after having their baby. As with any aspects of pregnancy and birth, all women have different experiences and will progress at different rates. Most women will wait until their postnatal check with the GP.

Remember your ligaments and connective tissues are more vulnerable to injury whilst you are breastfeeding due to hormonal changes. One thing to consider is that your ligaments take time to tighten after delivery and this can take over five to six months.

Some types of exercises stress your joints more than others so it is worth being mindful of what exercise you try depending on how your body is feeling.

When returning to any type of activity, the best advice is to do a graded return. This means to start with a shorter and easier exercise session and build up the duration and intensity.

Your body is likely to have deconditioned during pregnancy and you may be surprised with how difficult your first session can be. Don't be disheartened, your strength and fitness will improve.

Brisk walking with your baby is an excellent way to exercise. Make sure the pram handles are at the correct height for you so that your elbows are at 90 degrees and your shoulders are relaxed. Start on the flat for short walks and gradually increase the time and difficulty of the walk.

Swimming can be started once you have been clear from vaginal bleeding or discharge for 7 days. If you had a c-section you may need to wait until your 6 weeks check with the GP.

Postnatal classes are great for returning to some exercise whilst under supervision. Make sure your instructor has specialist training in postnatal recovery.

Running or other sports where both feet leave the ground at the same time are not advisable for the first 3 months after delivery. If you have any symptoms of pelvic floor dysfunction either before or after you start running you should consider seeking professional help.

The best way to either start or to return to running would be to use the 'Couch to 5k' training plan. This offers a slow and effective way to increase running without overtraining and sustaining injury.

Download the app by scanning the QR code or visit:
<https://www.nhs.uk/live-well/exercise/couch-to-5k-week-by-week/>



Remember, listen to your body and adapt your training to meet how you feel.

6) When and how to seek further advice

Bladder or bowel control problems

Tell your GP if you have any problems with loss of bladder or bowel control such as wetting, soiling or having to rush to the toilet.

Let them know if you have problems resuming sexual intercourse.

Further symptoms of pelvic floor dysfunction include:

- sensation of heaviness in your vagina or perineum
- pain
- discomfort
- fatigue

If you find you are suffering with any of these problems please arrange to see your GP and discuss a physiotherapy referral.

Self-help options

Alternatively you can complete the 'problems with your pelvic floor' self-referral form and then post it to the St Michael's or Weston physiotherapy address, which can be found on the 'My Pregnancy @St Michael's' app or on the St Michael's hospital website under 'what we do' then 'physiotherapy' and then click on a 'find out more' button then 'how to refer'.

This can be print off and filled in and posted back to the either the St Michael's or Weston address, whichever is your nearest hospital.

My pregnancy app

My pregnancy app has been put together by our midwives and holds lots of useful information about all stages of pregnancy, labour, birth and beyond.

Download from the app store or visit/scan QR code:

Apple users

<https://apps.apple.com/gb/app/mupregnancy/id1038475990>



Android users

https://play.google.com/store/apps/details?id=uk.co.horizonsp.bristol&hl=en_GB



Early postnatal back pain

You will need to see your GP or midwife who can then refer you to our women's health team at the BRI.

Divarication

Read our leaflet called 'Physiotherapy for divarication of the abdominal muscles'.

If you think you may have this, you will need to see your GP or midwife who can then refer you to our women's health team at the BRI.

7) Other useful resources

Pelvic, Obstetric and Gynaecological Physiotherapy society

POGP has a lots of useful information about women's physiotherapy. You can visit the website or scan the QR codes for individual leaflets.

<https://thepogp.co.uk/>

Pregnancy-related pelvic girdle pain for mothers-to-be and new mothers leaflet

https://pogp.csp.org.uk/system/files/publication_files/POGP-PGP%28Pat%29%28UL%29.pdf



The Mitchell method of physiological relaxation leaflet

https://pogp.csp.org.uk/system/files/publication_files/POGP-Mitchell%28UL%29.pdf



The Royal College of Obstetricians and Gynaecologists

Search the RGOGs list of patient information leaflets on their website below

<https://www.rcog.org.uk/en/patients/patient-leaflets/>



NHS Choices

Patient information pages <http://www.nhs.uk>



Leaflets in other languages

<https://www.continence.org.au/other-languages.php>



Notes

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While under our care, you may be invited to take part in research. To find out more please visit: www.uhbw.nhs.uk

Help us prevent the spread of infection in hospital. Please make sure your hands are clean. Wash and dry them thoroughly/use the gel provided. If you have been unwell in the last 48 hours please consider whether your visit is essential.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **NHS Smokefree on 0300 123 1044.**

Drinkline is the national alcohol helpline. If you're worried about your own or someone else's drinking, you can call this free helpline in complete confidence. **Drinkline on 0300 123 1110.**

For access all patient leaflets and information please go to the following address:
<http://foi.avon.nhs.uk/>

Bristol switchboard: 0117 923 0000

Weston switchboard: 01934 636 363

www.uhbw.nhs.uk

AA

For an interpreter or signer please contact the telephone number on your appointment letter.



For this leaflet in large print or PDF format, please email patientleaflets@uhbw.nhs.uk.

