

Your recovery after pregnancy



Postnatal booklet

Developed by the Physiotherapy Department

Pelvic Floor

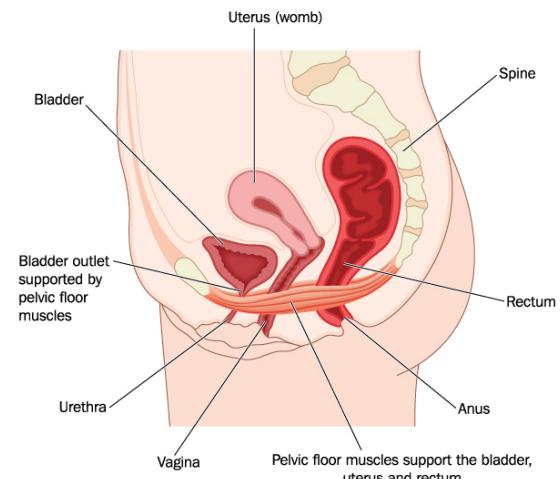
What is the pelvic floor?

The pelvic floor is a group of muscles that create a supportive sling that sits at the bottom of the pelvis. Their role is to:

- Squeeze and relax to control urine, stool and wind
- Provide support to the pelvic organs (bladder, uterus (womb) and bowel)
- Help with sexual function and achieve orgasm
- Contribute to breathing by moving with your diaphragm to avoid increased abdominal pressure
- Support the baby during pregnancy and assist with childbirth
- Help close off the bladder, vagina and rectum
- Help to hold the bladder, uterus and bowel in place

What can weaken the pelvic floor?

- Childbirth
- Constipation and straining
- Excessive body weight
- Excessive coughing
- Menopause
- Heavy lifting with incorrect abdominal pressures



Symptoms of weak pelvic floor muscles:

- Leaking urine with coughing, sneezing, laughing, exercising etc
- Difficulty controlling the passing of wind (flatus)
- Increased urgency to go to the toilet (bladder and/or bowels)
- Pelvic organs prolapse – the downward movement of one/multiple of the pelvic organs

Impact of pregnancy on the pelvic floor muscles:

The pelvic floor muscles must work harder than normal during pregnancy to support the weight of the growing baby. The changes in hormones during pregnancy soften the pelvic floor in preparation for birth.

It is important to remember that your pelvic floor muscles will be impacted whether you give birth vaginally or by caesarean.

Symptoms post birth:

It is common to have the above symptoms of a weak pelvic floor following the birth of a child. It is estimated that more than half of women experience one or more of the above symptoms following childbirth.

What to do for a weak pelvic floor?

All the above symptoms can be improved with the appropriate pelvic floor muscle strengthening. A Pelvic Health Physiotherapist can guide you through these exercises.

Pelvic floor muscle training

You can start completing pelvic floor muscle training 24-48 hours post-delivery. It is normal to find it difficult to feel your pelvic floor in the early days.

Start in a comfortable position, aim to squeeze and lift the muscles around your front and back passages. There are different cues that can be used, including:

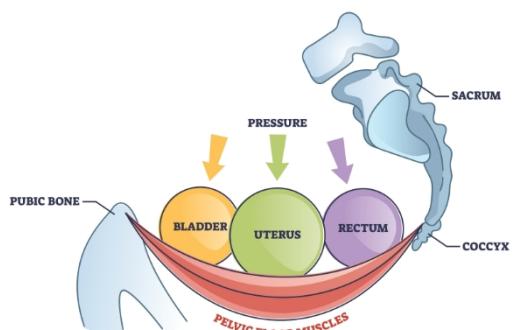
- Stop your stream of urine mid flow
- Hold in a fart
- Pretending to squeeze and lift a tampon up inside you
- Imagine sucking a thick shake up through your vagina

Try to avoid contracting other muscle groups like your glutes or abdominals, these muscles should stay relaxed when doing a pelvic floor exercise. You should also be able to breath throughout the contraction. Relax completely at the end of the hold.

Try to do 10 pelvic floor squeezes 3 times per day.

Gradually increase how long you hold the squeeze for, you can follow the table below:

PELVIC FLOOR MUSCLES

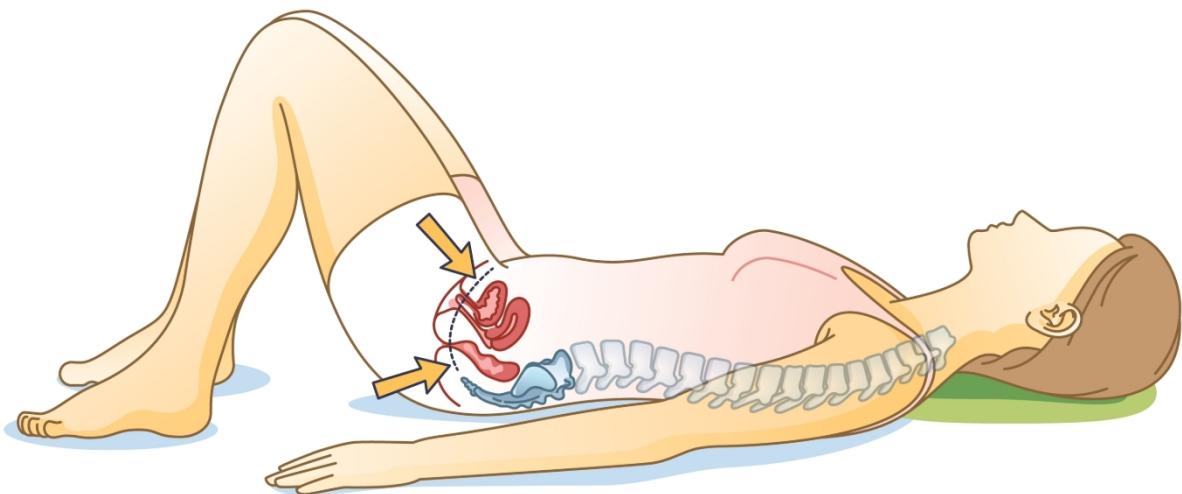


Age of baby	Hold time	How many
0 weeks	0 sec/ quick flick	10 reps, 3x daily
1 week	1 sec	10 reps, 3x daily
6 weeks	6 secs	10 reps, 3x daily
10 weeks	10 secs	10 reps, 3x daily

Tips to look after the pelvic floor muscles:

- Start pelvic floor muscle exercises
- Avoid straining when opening your bowels
- Squeeze and lift your pelvic floor before coughing, sneezing, laughing or lifting heavy objects
- Use correct lifting technique when lifting heavy loads e.g. use your legs, contract your deep abdominal and pelvic floor whilst breathing out
- Avoid bouncing activities (jumping, running) for 3 months
- Maintain a healthy weight
- Return to general exercise gradually
- Allow yourself time to rest and recover
- Follow the physiotherapy advice from antenatal classes, this handout and further postnatal education

PELVIC FLOOR MUSCLES



If you experience any symptoms of incontinence or pelvic floor weakness, please contact the physiotherapy department at your closest campus via the contact numbers on the front page to organise an appointment.

Perineum Tears or Episiotomies

Perineal Tears



1st Degree Tear
Affects the perineal skin



2nd Degree Tear
Affects the perineal skin and perineal muscles



3rd Degree Tear
Affects the perineal skin, perineal muscles, and external anal sphincter



4th Degree Tear
Affects the perineal skin, perineal muscles, external and internal anal

Management of your perineum tear or episiotomy

During a vaginal birth women can receive an episiotomy (a small cut to the side of the vaginal opening) or sustain a perineum tear.

If you have any questions or concerns regarding your tear, please ask your physiotherapist or midwife.

It is important to care for your skin and stitches following a tear or cut to avoid future bowel or bladder problems.

Urine is acidic so can be painful on the wound. Handy Hints to reduce pain:

- Pass urine in the shower.
- Lean forward on the toilet to direct urine away from the stitches.
- Have a 'squeezy' bottle or jug of cool water to pour at the same time as urinating to dilute the urine.
- Stay hydrated to help dilute urine

How to protect a perineum tear, episiotomy and your pelvic floor?

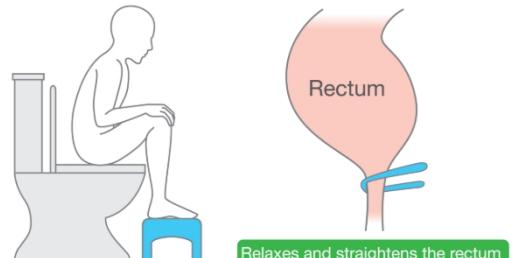
Avoid constipation by: Drinking lots of water. It is recommended breast-feeding women have 2-2.5L per day (or 1.5-2L of water if not breast feeding).

Eat high fibre foods e.g. fruit and vegetables or consider high fibre supplements such as Metamucil and Benefiber to soften stools.

Positioning on the toilet:

Place your feet wide and lean forward with your back straight.

✓ Put your foot on toilet stool.

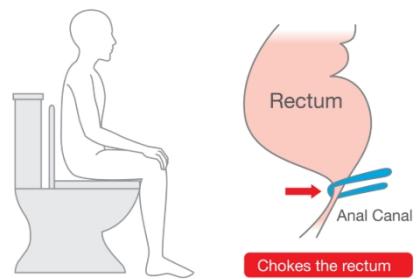


Use a foot stool to get your knees higher than your hips this will help to relax your pelvic floor muscles.

Wrap your hand in toilet paper and apply a gentle pressure upwards to protect the stitches when opening your bowels.

Go to the toilet when you feel the urge, as this triggers the muscles to relax and requires less force to open your bowels.

✗ Common sitting posture on toilet seat



Can I have a bath?

There are no issues with taking a bath, remember to pat your graze/tear/episiotomy dry after. If you had a caesarean, you may need assistance getting in and out of the bath.

Recovery

Recovery in the first 48 hours

Protection: Avoid activities/movements that increase pain during the first few days post birth.

Elevation: Elevation can help reduce swelling. To elevate your pelvis lie down on your stomach with 2 pillows under your hips.

Avoid anti-inflammatories: Anti-inflammatory medication can reduce healing and should be avoided in the recovery period.

Compression: Compression can help to reduce swelling. Firm fitting underwear with or without a pad (or 2) can provide compression.

Education: Listen to your body, avoid unnecessary treatments and let nature play its role.

Recovery after the first 48 hours

Load, Optimism, Vascularisation and exercise:

Let pain guide your return to normal activities, including gentle exercise and cardio, increase the load when you feel like your body is ready. Stay Positive!

Remember that every woman's postpartum journey is different and do not compare one

journey to another.

Recovery in the first 3 months

0-6 weeks:

Walking – start slowly and gradually increase as comfortable
Pelvic floor muscle training as encouraged previously

6-12 weeks:

Start and gradually increase low impact exercise e.g. body weight strengthening, Pilates based exercises with pelvic floor involvement

>12 weeks:

If you have no bladder/bowel/pelvic floor concerns and have completed a gradual strengthening program, you can return gradually to pre-pregnancy high impact exercise e.g. running/sport

Swimming: To reduce the risk of infection, avoid swimming until 7 days after you stop bleeding, and you've had your 6–8-week postnatal check with the doctor/obstetrician.

Sexual Intercourse: Maintain open discussions with your partner. It is recommended to wait 7 days after you stop bleeding, and any wounds are well healed to reduce the risk of re-trauma or infection. Consider different positions and lubricant for comfort.



Abdominal Muscle Separation

During pregnancy the hormonal changes, weight gain, enlarging uterus and weakening of the abdominal muscles as the baby grows can lead to the separation of the '6-pack' muscles.

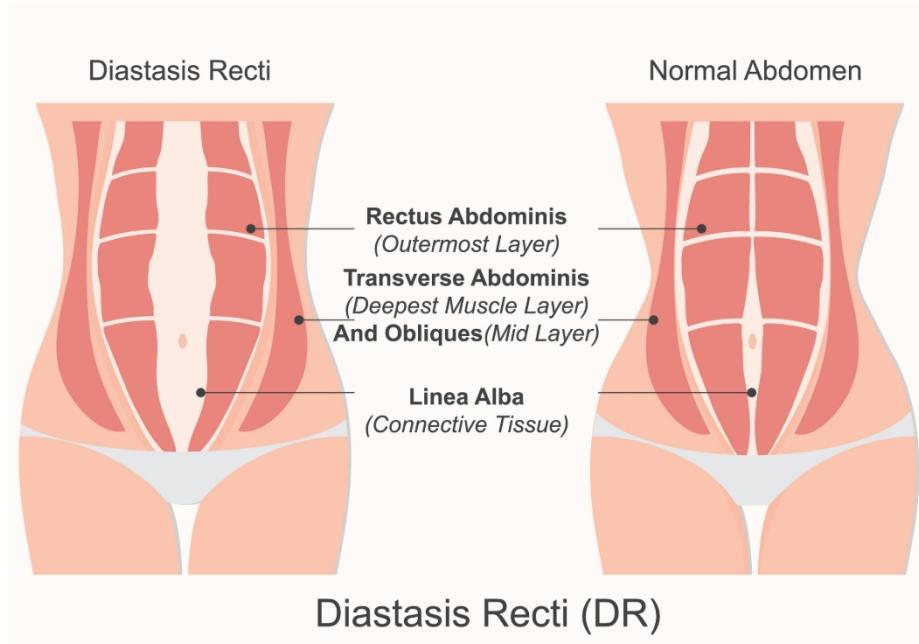
This is a normal mechanism to avoid muscle tearing as the baby grows. The abdominal muscles will usually come back together. The biggest reduction occurs in the first 6-8 weeks, but ongoing reduction can take years.

The separation does not put you at more risk of back pain or injury. There are many treatments that can help support the reduction of the separation, including:

- Wearing abdominal support e.g. tubigrip (may be provided by your physio), shapewear, form

compressive underwear, pregnancy recovery shorts

- Minimising heavy lifting and using correct lifting technique e.g. using legs, brace core/pelvic floor muscles and breathing out when lifting a heavy object
- Deep abdominal exercises

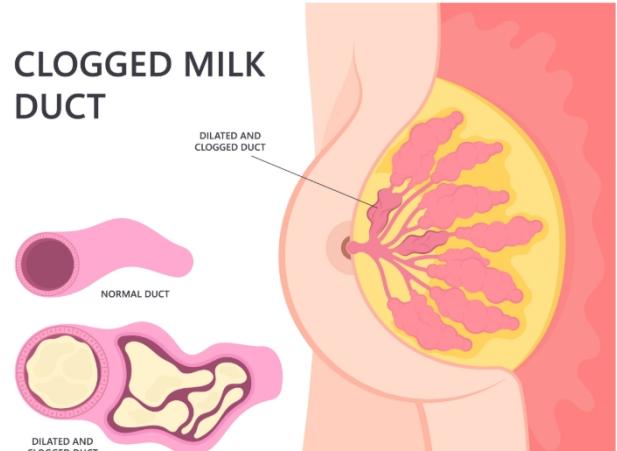


Mastitis

Mastitis is the inflammation of the breast that can lead to infection. Signs include red, painful, swollen, warm area over the breast, a lump or thickening of breast tissue, burning sensation while feeding and flu-like symptoms. Mastitis can be caused by a blocked milk duct or bacteria entering the breast.

How to reduce mastitis symptoms:

- Continue to breast feed to remove the milk
- Use warm packs before and after feeding
- See a physiotherapist to complete therapeutic ultrasound, massage, taping
- See a lactation consultant if there are latching technique concerns or a doctor for antibiotics if required



If you have any concerns regarding your abdominal muscle separation, pain or mastitis please contact the physiotherapy department at your closest campus via the contact numbers on the front page to organise an appointment.

Caesarean Section

A caesarean section is major abdominal surgery, and it is important to allow your body time to fully recover. It may take 6-12 weeks for your body to heal. There are a few things that differ between a vaginal birth and a caesarean birth:

Abdominal muscle use: The abdominal muscles have been cut across during the surgery therefore it is recommended to reduce the demand on the abdominal muscles. You may find it easiest to roll to get in and out of bed by bending your knees up and rolling onto your side, then push up with your arms whilst dropping your legs over the side of the bed.

Driving: It is recommended not to drive for the first 6 weeks or as instructed by your doctor. It is worth checking and confirming this with your insurance company.

Lifting: Where possible is it recommended lifting nothing heavier than your baby for the first 6 weeks. This includes loads of wet washing, toddlers, shopping bags, full baby baths, capsules and vacuums.

Scar care

Your caesarean scar will appear purple/red for 6-12 months before turning silvery white.



You may notice a firm 'lump' at one end of the scar, under the skin. This is your suture knots and can take up to 12 weeks to dissolve.

Once the scar has healed it is recommended to start gentle massage to keep the scar mobile. Numbness around the scar can be common.

Caring for yourself

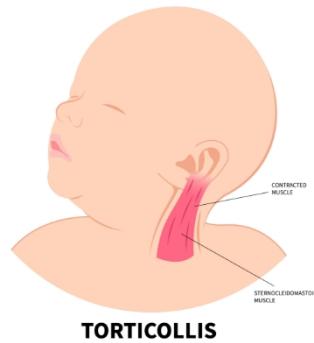
After pregnancy whilst your body is returning to its normal and is completing new tasks involved with caring for a baby, you may be at a slightly higher risk of developing small pains or injuries. Here are some tips to try to take care of yourself:

- When feeding your baby support yourself by sitting in a supportive high back chair and placing pillows around to relax into.
- When lifting or changing your baby stand close to the highchair or pram or table, bend your knees and keep your baby close to your chest

Common Newborn Conditions

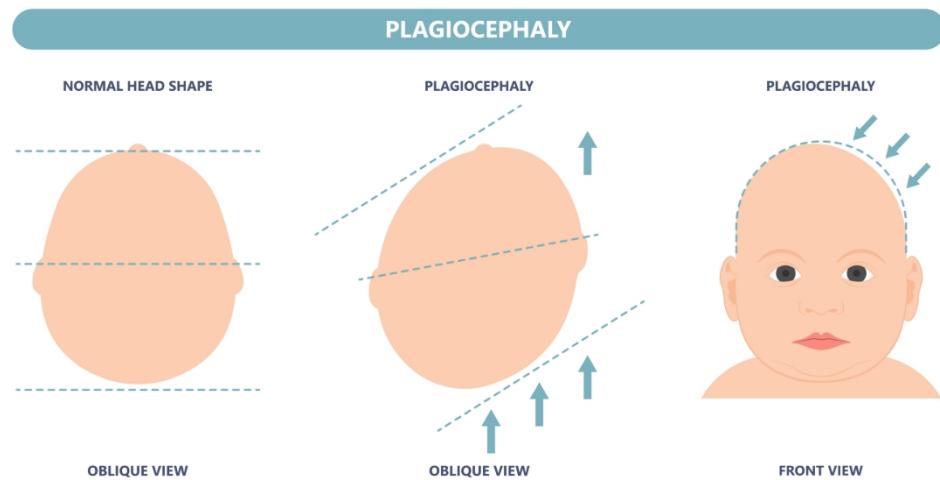
Torticollis

This is the tightening of the neck muscles, causing the head to tilt to one side and rotate to the opposite side. It can be due to positioning in utero, during delivery or during the first few months of life.



Plagiocephaly

This is the uneven head shape, usually flattening of the back or side of a baby's head. Due to a baby's bones still being flexible and mouldable, flattening can occur with a prolonged time in one position.



These 2 conditions can occur together usually when a baby rests in the same preferred position often.

Ways to prevent these conditions:

- Due to the risk of SIDS always place your baby on its back to sleep although you can regularly change the side of the head that the baby is lying on.
- Change the position of toys and swap the end of the cot/bassinet that the head is at, to encourage the baby to actively look left and right.
- Include regular position changes during waking hours that include time off their head including tummy time and side lying
- Discuss any concerns with a maternal child health nurse
- See a paediatric physiotherapist who can provide education on muscle stretching, positioning, encouraging a baby to look to the opposite side and tummy time.

Tummy Time

Tummy time is an important activity that helps to develop head control, provide visual stimulation, help to develop the skills required to learn to roll and crawl and learn about movement of their bodies.

Tummy time should be a part of daily routine for your baby. You can start tummy time with chest-to-chest time and as your baby's head control improves progress to floor based time.

Helpful tips:

- Place a rolled-up towel under the baby's chest to help lift their head.
- When you are sitting, lie the baby across your legs.
- When you are lying, lie the baby on your chest.

Precautions:

- Always supervise tummy time
- Always put your baby to sleep on their back

Do you have a baby walker or jolly jumper?

The Australian Physiotherapy Association does not recommend the use of baby walkers and jolly jumpers due to the risks listed below:

- Falling or moving into dangerous places with the walker
- Accessing dangerous objects
- Increase pressure through hips, groin and arms that may affect development of these joints
- Delay development as they may not safely experience and learn different movements
- Restrict the practice of normal movements babies learn before walking
- Encourage the use of inappropriate movement and balance strategies which are counterproductive when learning to walk
- Reduce time in a crawling position which allows them to strengthen the muscles in their pelvis, hips and shoulders
- Prevent a child from learning from their mistakes
- Affect the length of specific muscles e.g. calf's, leading to delays and issues with walking



Wrapping/Swaddling a newborn and hip dysplasia

Wrapping or swaddling can help them feel more secure and comfortable, which may assist babies to settle and establish regular sleep patterns.

However, wrapping a newborn tightly with their legs held straight can lead to a condition called hip dysplasia, or hip dislocation. This occurs when ligaments surrounding the ball and socket joint of the hip loosen. Therefore, the hip is not held in the 'socket' securely, and in some cases comes out of the socket, or dislocates.

It is important to always leave enough room for the baby's legs to move freely when wrapping a baby. The legs should be able to bend at the hips with the knees apart.

Conditions that may occur in post-natal women

The conditions below can be common among post-natal women however, they are not normal.

- Musculoskeletal pain e.g. back, neck, tailbone, or wrist pain
- Painful scar tissue
- Pain during sexual intercourse
- Leaking of urine, wind or stool
- Blocked milk ducts or mastitis
- Bladder and bowel problems
- Weak or stretched stomach muscles
- Urgency to pass urine or bowels
- Passing urine frequently
- Pain
- Pelvic floor weakness
- Vaginal heaviness

If you have any concerns, please contact the physiotherapy department of your closest campus.

Congratulations and all the best with your precious bub.



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