

Physiotherapy Care Following a Caesarean Section

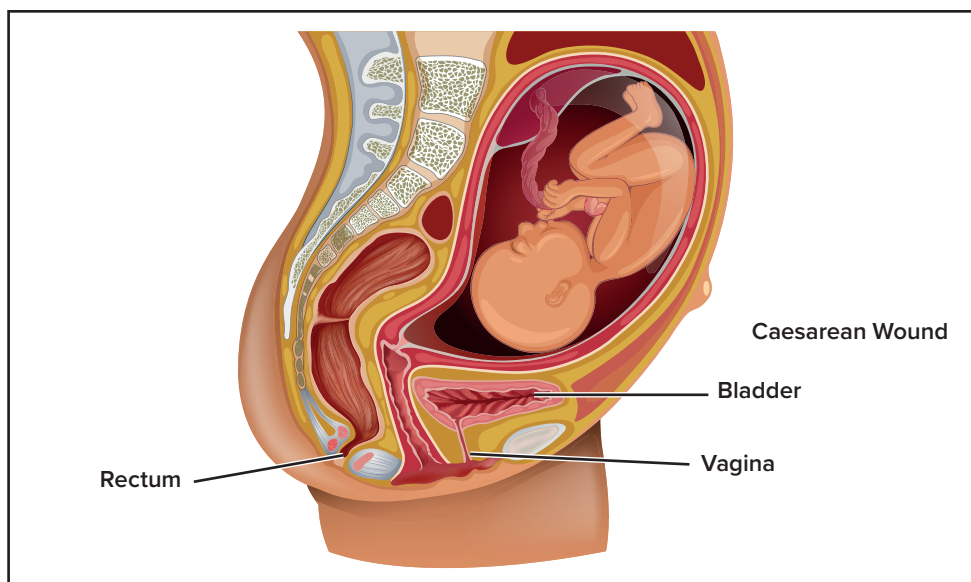
Exercises and Advice



Congratulations on the birth of your baby! There is a lot of focus on your baby, but you also need to allow some time to look after yourself and allow your body to recover. Remember that pregnancy causes stretching and weakening of your abdominal and pelvic floor muscles, so you may be at increased risk of hurting your lower back and pelvis. The following advice and exercises are aimed at helping you recover, regain your muscle strength and avoid any injuries.

Lower Uterine Caesarean section

The surgical technique whereby the baby is delivered through an incision in the uterus and abdomen. This may be planned or an emergency. An incision is made above the pubic bone, horizontally through the skin, fat and muscle layers. This weakens the abdominal muscles.



Wound care

In the first couple of weeks supporting your perineum with your hands when you cough sneeze or a big laugh will help reduce the discomfort felt.

Do not wear a postpartum compression garment until after two weeks or once the wound has healed. A gentler abdominal support such as tubi-grip, a belly binder or high waisted yoga pants are recommended initially.

Physiotherapy and your recovery

It is important to be up and moving as soon as possible following a Caesarean section. This is achieved with pain control and assistance from staff.

Mobility and exercise assist to:

- Maintain a clear chest and prevent chest infections
- Improve circulation to prevent blood clots and remove swelling
- Prevent joint stiffness
- Reduce back pain

Exercises:

- When you are resting in bed for the first day ensure that you regularly move your ankles up and down and take some deep breaths, 10 times every couple of hours.

Walking

- Walking is the best gentle form of exercise
- Start with frequent short walks on the ward, you may need assistance the first time
- Progress to a full lap of the ward
- Aim to walk several times per day

Getting out of bed

- Make sure you avoid any sit-up type movements for the first 6 weeks
- Bend your knees up, one at a time, keeping your feet flat on the bed
- Roll onto your side, keeping your knees together
- Push up on your lower elbow to a sitting position and breathe out whilst moving your legs over the side of the bed
- Sit on the edge of the bed with your feet flat on the floor, lean forwards and stand up.



Abdominal and back exercises

These gentle exercises should be commenced as soon as you are able, to assist with:

- Toning the abdominal muscles
- Relieving backache
- Assist with passing of wind

Pelvic Tilt Exercise

Lying on your back with knees bent and slightly apart:

- Draw in your pelvic floor and lower stomach muscles
- Tilt the Pubic bone towards your ribs and gently flatten your back into the bed without tensing your chest
- Keep breathing, hold for 5 seconds , then relax back to starting position
- Repeat 5–10 times.



Pelvic Rocking Exercise

Lying on your back with knees bent and together:

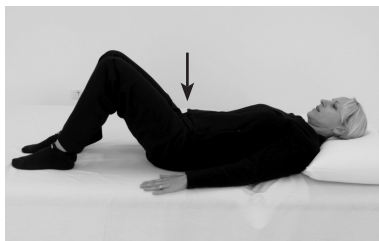
- Roll both knees gently to each side, allowing your pelvic to rotate with them
- Keep your shoulders flat on the bed
- Do not move into pain. A gentle stretch sensation is fine.
- Keep breathing, hold for 5 seconds
- Repeat 5 times each side



Core Abdominal Exercise

Begin lying on your back, progress to sitting and then standing:

- Draw your belly button in towards your spine whilst breathing out (your lower back shouldn't move)
- Hold your belly button in this position whilst breathing to the count of 10
- Relax for the same length of time you held
- Repeat 10 times
- Once you have achieved this, try to contract your Pelvic Floor muscles when drawing your belly button in.



Bow and Arrow

Lying on your side with your head resting on a small cushion.

- Bend both legs up in front of you, keeping them together and straighten your arms out in front of your body with one arm on top of the other.
- Raise your top arm towards the ceiling, then towards the other side,
- Focus on rotating from your shoulder
- Let your head and chest move to face up.
- It might be more comfortable to have your moving arm bent at the elbow.
- Hold for a slow, deep breath, then return to the start position
- Repeat 5-10 times each side



Back Care

After giving birth, your back may be more vulnerable to injury. This is due to a number of factors including:

- Weak abdominal and pelvic floor muscles
- Soft tissue stretch
- Change in activities of daily living due to baby care needs

Posture

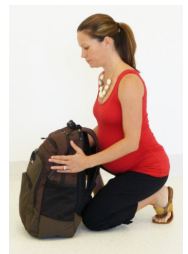
Following your pregnancy, it is important to maintain good posture to prevent back strain or injury. This is achieved by maintaining a straight spine, shoulders rolled back and chin tucked in when sitting and standing. Try to avoid staying in one position for prolonged period. Changing your position and posture regularly is a good idea to prevent overloading tissues.



Lifting

Whilst pregnant and up to 6 months following the birth, a correct lifting technique is vital in preventing back strain and injury.

- Bend your knees
- Brace your abdominals and pelvic floor
- Position yourself close to the object
- Breathe out as you lift
- Avoid Twisting as you straighten.



Back care at home

It may take up to 6 months or more for your muscles and ligaments to recover and regain strength. It is important to listen to your body and take time to think about your posture with all activities. **If you feel tired or your wound aches, your body is telling you to rest.**

Some guidelines are listed below;

- Avoid strenuous activities and limit heavy housework such as vacuuming, sweeping, and mopping as able for the first 6 weeks specially.
- Avoid heavy lifting (more than baby weight ~5 kg) particularly in the first 6 weeks post birth and until you feel strong enough for the task e.g. try to avoid taking baby capsules in and out of the car, and try not to lift heavy baby baths. There should be no feeling of pressure or excessive effort.
- Ensure a correct lifting technique is used
- When feeding your baby ensure a good back and neck support (Use pillows under arms and a supportive chair). Keep your wrist straight and avoid bending excessively to protect baby, use your whole forearm instead. You can use a footrest to ensure your feet are comfortably supported if not reaching the floor.
- Gradually increase your activity levels as comfort allows and discuss with your doctor or physiotherapist in case of any difficulty.



Gradual return to physical activity

- 0 – 2 weeks
 - Walking, avoid hills
 - Pelvic Floor exercises
 - Gentle movements - pelvic rocking, knee roll
 - Gentle stretches - telescope arms, shoulder rolls
- 2 – 6 weeks
 - Progress walking distance
 - Progress pelvic floor exercises
 - Gentle body weight exercises eg. minisquats, shallow lunges
- 6 – 8 weeks
 - Progress walking & pelvic floor exercises
 - low impact cardiovascular exercises eg cycling, cross trainer
 - Commence postnatal pilates, postnatal yoga, aqua aerobics, swimming
 - Progress body weight exercises
 - Gradual return to more strenuous housework eg. vacuuming, mopping

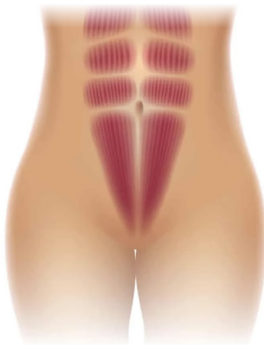
- 8 – 12 weeks – Progress pelvic floor exercises - endurance & quick strength
– Progress intensity of swimming, cycling, walking, body weight exercises
- 12+ weeks – Graduated return to running
– Graduated return to competitive sports, weight training
– High intensity / high impact group exercise

What is Rectus Diastasis?

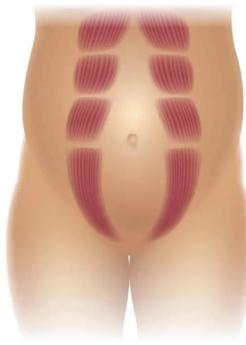
Rectus diastasis is an excessive stretching of the connective tissue (linea alba) that separates the front abdominal (rectus) muscles.

Why does it occur?

The connective tissue located in the midline of your abdomen is designed to stretch to accommodate the growth of your baby. This widening is a normal part of pregnancy for most pregnant women, however some women experience excessive stretch or damage to the connective tissue due to the combination of hormone changes and growth of the foetus. This impairs their ability to effectively use their abdominal muscles during and after pregnancy. In the majority of cases the condition resolves naturally over the first 8 weeks. It is normal for the connective tissue to heal slightly broader than the pre-pregnant state.



NORMAL ABDOMEN



DIASTASIS RECTI
DURING PREGNANCY



POST PREGNANCY

How is it diagnosed?

A Physiotherapist will assess your abdominal wall by observing the conditioning of your skin in the area. They will then look at the difference to the abdominal wall appearance between a resting state and when the abdominals are contracted (by raising your head and shoulders from the bed). The Physiotherapist places fingers at several points along the middle of your abdomen during this task to determine both the size of the separation of your outer abdominal muscles and to gauge how much the linea alba has been stretched. Often women who have sustained a large separation of their abdominals may describe the feeling of a pendulous, heavy abdomen. They may be inclined to support their lower tummy with their hands. An unresolved rectus diastasis may present as a pregnant looking abdomen. Women may experience difficulty rebuilding their abdominal strength.

What is the treatment and management?

- Use of abdominal support (as prescribed by your Physiotherapist)
- Adopt movement patterns that lessen intra-abdominal pressure during a task (e.g. roll to get in/out of bed, Breathe out when changing positions instead of holding breath)
- Use hand support to tummy when you cough or sneeze
- Avoid exercises that cause your abdominal wall to bulge or create a concave appearance in the midline
- A graduated exercise program that builds tension through the midline and reduces the size of the separation (as instructed by your Physiotherapist). The program provided should be specific to your individual needs (there is no recipe treatment).
- Avoid holding your breath or high arching your lower back while (holding baby, walking, lifting and getting in/out of bed).

Follow Up:

A postnatal review with a Physiotherapist is recommended at 6 -8 weeks to examine how well your diastasis has healed and to progress your exercise program.

Good Bladder and Bowel Habits

Good Bladder habits

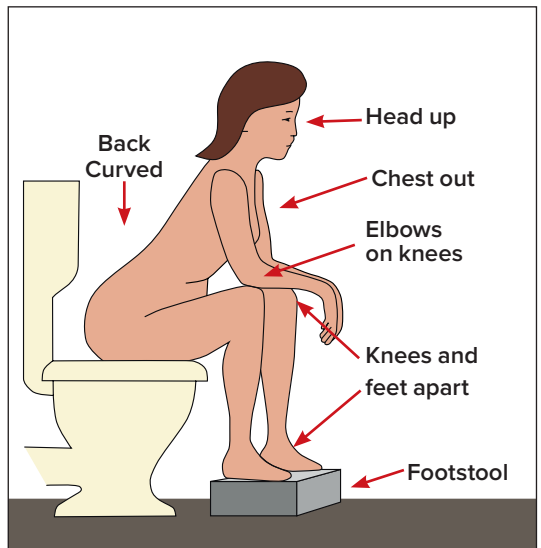
- Drink 1.5 – 2 litres of fluid daily (Increase to 3L if breastfeeding)
- **Limit** caffeine, alcohol and soft drink intake
- Empty bladder **ONLY** when it feels full, not just in case or too often
- If bladder sensation has not returned fully yet, aim to time your voids 3-4 hourly until it recovers
- Sit on the toilet seat. **DO NOT HOVER.**
- In a normal day with at least 2 litres of fluid intake, you void 4-6 times daily and 0-1 times overnight, aiming to empty 300-400 ml each time.

Good bowel habits

- Follow a healthy diet full of fresh fruit and vegetables, water and fibre
- Empty your bowels **ONLY** when you feel an urge
- Go to toilet within 5 minutes of the urge felt and do not postpone
- Do **NOT** strain. Relax and take your time
- Use a good sitting posture on the toilet

Posture for bowel emptying

- Keep your back straight. You may like to support your wound with one hand. Rest the other hand or both hands on your knees. Alternatively rest your forearms on your knees
- Place a small stool underneath your feet to have your knees higher than your hip level
- Take a deep breath in and on breath out bulge your tummy out like blowing a candle
- Just relax and let go
- You can support the incision site by placing your hand on it



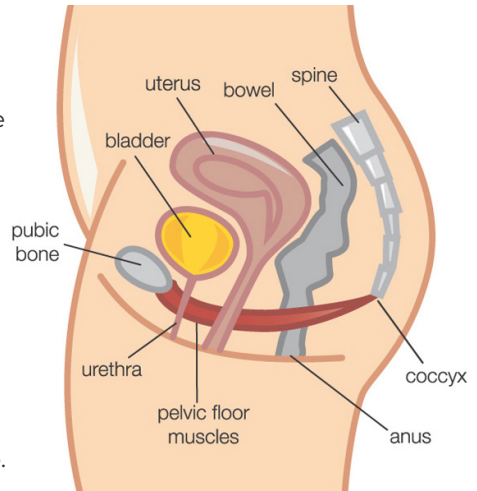
Pelvic Floor Muscles (PFM's)

What is the Pelvic Floor?

The pelvic floor are a sling of muscles that sit at the base of the pelvis. These muscles stretch like a hammock from the pubic bone to the tailbone (coccyx) and from side to side. They are part of a group of muscles referred to as your “core”.

Why is the pelvic floor important?

- They maintain continence of your bladder and bowel
- They support your abdominal organs
- They assist in better sexual function
- They have a role in supporting your back
- They prevent and reduce the risk of prolapse.



When to exercise

You may start doing your pelvic floor exercises 24-48 hours after birth (If a catheter is in place, wait until it has been removed).

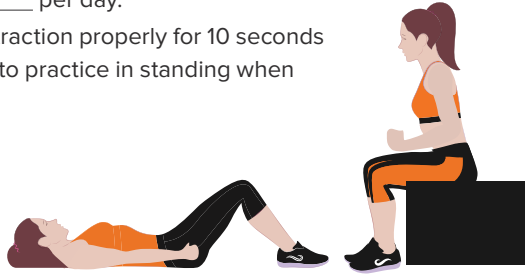
How to do your pelvic floor exercises properly

You can do your pelvic floor exercises in any position however starting in a lying down position may be easiest – start with gentle, Pain free contractions and completely relaxed relax completely between each contractions. It is important to progress your exercises into sitting and standing as soon as possible.

Seated Technique

1. Sit up straight in a chair with your weight through your seat bones, your shoulders relaxed back and down, and your hands resting gently on your lap.
2. Relax your thighs, bottom and tummy muscles. Focus only on your pelvic floor muscles and steady breathing throughout this sequence of exercises.
3. To activate your pelvic floor, breathe out and gently tighten around your front and back passage. Imaging you are trying to stop yourself from passing wind, or passing urine.
4. You should feel a gentle lift in the muscles at the front and back passage. You might feel a gentle tightening of the muscles low down in your abdomen.
5. Breathing normally, be aware of those muscles that may be tensing and focus on relaxing them.
6. Take the time to relax fully in between the contractions.

7. Hold the contraction for ____ seconds, relax **completely** for ____ seconds.
Repeat above set for ____ times, ____ per day.
8. We aim to progress holding each contraction properly for 10 seconds in a row, 2-3 times daily and progress to practice in standing when able.



Remember to turn on your Pelvic floor muscles (PFM's) (known as the 'Knack') when you feel you are about to leak including when you:

- Cough, sneeze, laugh or blow your nose
- Lifting baby or objects

Please note that you do NOT need to keep your pelvic floor contracted while walking, as the pelvic floor muscles need to be in normal and relaxed length to be able to support while needed under loads.

Success does not happen overnight. PFM's can take 6-12 weeks after birth to regain strength. Work on this program daily to ensure that your pelvic floor muscles are supporting you in everyday living.

Follow up:

It is highly recommended to follow up with a Pelvic Floor Physiotherapist 6-8 weeks post-delivery. These checkups can assist your recovery, especially if you experience;

- Any kind of bladder leak or difficulty emptying bladder
- Bladder or bowel urgency and/or frequency
- Vaginal heaviness sensation or bulged tissue
- Vaginal or rectal pain
- Pain when resuming intercourse
- Ongoing abdominal muscle separation
- Ongoing pelvic girdle pain

If you have any queries or concerns, please consult your Doctor or Physiotherapist.

Disclaimer

All information contained in this handout is current at the time of revision. If you have concerns about your health, you should seek advice from your general practitioner or health care provider. If you require urgent care you should go to the nearest Emergency Dept.

We recommend an outpatient women's health physiotherapy check-up within 6-8 weeks post baby birth date.

Or by the following period: _____

The appointment is for:

☐ Pelvic floor review with: _____

☐ Abdominal review with: _____

☐ Other: _____

For appointments call: 07 3353 7867

Or Email: rhpnorthwest@ramsayhealth.com.au

Women's Health Outpatient services can be found in the rehabilitation department (Level 1) at North West Private Hospital, 137 Flockton Street, Everton Park

