

Physiotherapy Care Following a Vaginal Delivery

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.

Getting out of bed

- Make sure you avoid any sit-up type movements
- 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

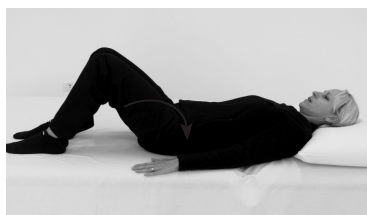
These gentle exercises should be commenced as soon as you are able, to assist with:

- 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:

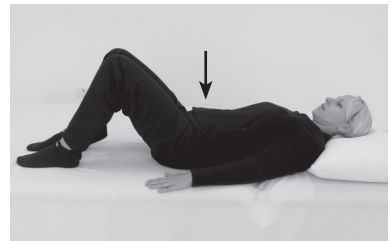
- Roll both knees gently to each side, allowing your pelvis to rotate with them.
- Keep your shoulders flat on the bed
- Do not move into pain. A gentle stretch sensation is fine
- Keep breathing, hold for 5 seconds
- Repeat 5 times each side.



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 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

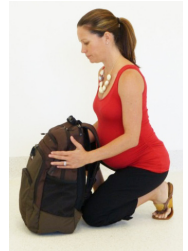
Following your pregnancy, it is important to maintain good posture to prevent back strain or injury. This is achieved by maintaining a straight spine, shoulders rolled back and chin tucked in when sitting and standing. Try to avoid staying in one position for prolonged period. Changing your position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

- 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.

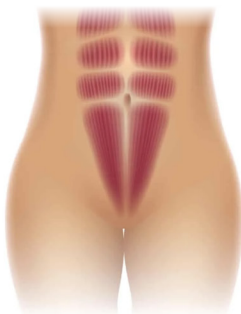


Gradual return to physical activity:

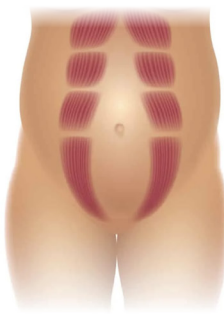
- 0 – 2 weeks
 - Walking, avoid hills
 - Pelvic Floor exercises
 - Gentle movements - pelvic rocking, knee roll
 - Gentle stretches - telescope arms, shoulder rolls
- 2 – 6 weeks
 - Progress walking distance
 - Progress pelvic floor exercises
 - Gentle body weight exercises eg. minisquats, shallow lunges
- 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.



NORMAL ABDOMEN



DIASTASIS RECTI
DURING PREGNANCY



POST PREGNANCY

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.

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 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

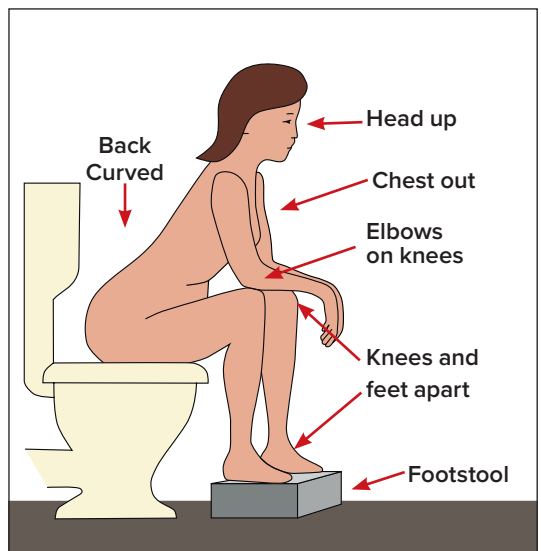
- Follow a healthy diet full of fresh fruit and vegetables, water and fibre
- Empty your bowels **ONLY** when you feel an urge
- Go to toilet within 5 minutes of the urge felt and do not postpone
- Do **NOT** strain. Relax and take your time
- Use a good sitting posture on the toilet
- Engage in regular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

It is normal to open your bowels from 3 times daily up to 3 times weekly.

Posture for bowel emptying

- Keep your back straight, lean forwards and rest your forearm 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

You can support your perineum by applying gentle pressure with a clean pad or toilet paper.



How to manage perineal discomfort

The perineal region (perineum) is the area of soft tissue between the vulva and anus. During labour and delivery, this area is stretched and can sometimes tear or be cut (episiotomy) to allow the passage of your baby. This can result in some degree of short-term discomfort and swelling.

If you have had a tear, you may have been told it was one of the following:

- 1st Degree Tear: a laceration extending to the perineal skin.
- 2nd Degree Tear: a laceration extending to the perineal muscles (pelvic floor).
- 3rd Degree Tear: a laceration extending through to the anal sphincter.
- 4th Degree Tear: a laceration extending through to the lining of the anal canal.

If you have had an episiotomy, this will be through the vaginal wall and perineum.

Early Management involves Rest

Limit the amount of time spent sitting. Alternate positions from lying on your back or side, to short periods of walking around the ward. If you are required to sit for longer periods, ensure it is on a soft surface. Keep the area clean with warm water only (no soaps). Change pads regularly. Speak to your doctor/midwife if you notice any offensive smelling discharge, or have increased pain or bleeding.

Ice

Apply ice (e.g. frozen maxi pads or ice fingers) to area for 10-15 mins 2 hourly.

Activate your Pelvic Floor muscles

5-10 gentle contract/relax exercises as tolerated can help reduce the swelling and encourage healing. Discuss with your physiotherapist if you have difficulties.

Use Pain relief

As discussed with your doctor or midwife if required.

Avoid Straining

Avoid strain when moving in/out of bed & whilst doing daily activities. Follow a healthy diet and maintain regular bowel motions. Drink plenty of water, aim for 1.5-2L/day. Speak to your doctor/midwife if suffering from constipation or haemorrhoids.

Comfort and Support

In the first couple of weeks supporting your perineum with your hands when you cough sneeze or do a big laugh. This can 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 a tubi-grip, belly binder or high waisted yoga pants are recommended initially.

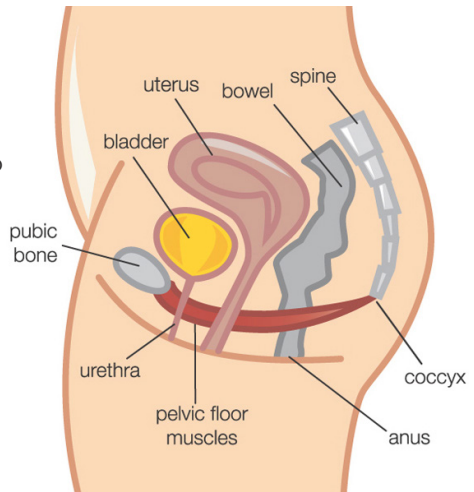
Pelvic Floor Muscles (PFM's)

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

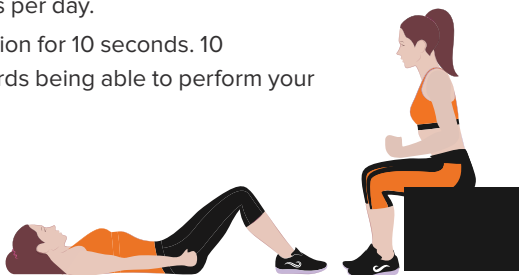
You may start doing your pelvic floor exercises 24 hours after birth (If a catheter is in place, wait until it has been removed). These exercises will help your perineum and vagina heal quickly by promoting circulation, which will assist in the removal of swelling and bruising.

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 in your lap.
2. Relax your thigh, 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 lift in the muscles at the vagina and anus. You might also feel a gentle tightening of the muscles low in your abdomen.
5. Breathe normally while you sustain the contraction.
6. Be aware of the muscles you are tensing and now focus on relaxing them.
7. Hold each contraction for ____ seconds, relax **completely** for ____ seconds. Perform ____ contractions, ____ sets per day.
8. Aim to progress holding each contraction for 10 seconds. 10 repetitions, 2-3 times daily. Work towards being able to perform your contractions in standing



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 Health Physiotherapist 6-8 weeks post vaginal delivery. This is especially important if you had a significant tear or episiotomy for long-term management or 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

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

