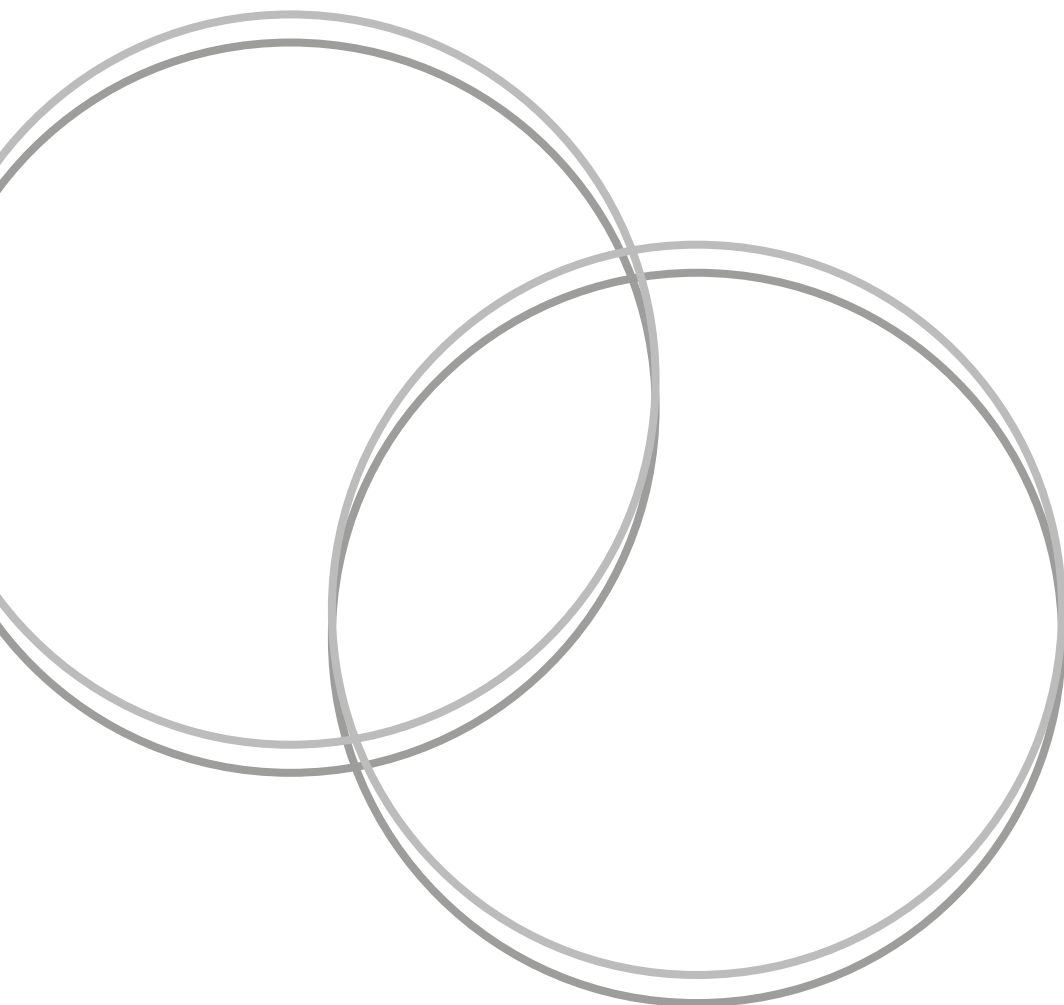




Oxford University Hospitals  
NHS Foundation Trust

# Your Recovery After Childbirth

Information for patients



## Gender inclusive language in OUH Maternity and Perinatal Services:

- This patient Information Leaflet uses the terms woman and birthing person, women and birthing people and mother throughout. These terms should be taken to include all pregnant or postpartum people. Similarly, where the term parent(s) is used, this should be taken to include anyone who has main responsibility for caring for a baby.

## Caesarean birth

Approximately 30 in 100 women and birthing people in the UK have their baby by caesarean. Below is some specific advice to help you with your recovery following a caesarean section.

In the first few weeks after your caesarean, it is common to experience pain or discomfort around the wound in your tummy. Having an anaesthetic and pain medication can also make you feel more tired.

Usually, your scar will heal well within 3 to 4 weeks. If you notice that your pain is not settling, or there is a redness or oozing around the wound, it is important that you inform your GP or midwife straight away so that they can check for infection.

We are now using a form of medical glue (called Dermabond) over your wound. You can have a bath or shower as soon as you feel able after birth. Wash over your wound with warm water. It is important to keep your wound clean and dry.

### Moving around in bed

To make moving around in bed more comfortable in the early stages of your recovery, here are some simple steps to follow:

- To get out of bed, roll over onto your side and let your legs drop over the edge of the bed. Push yourself up into a sitting position using your arms.
- To get into bed, sit as far up the bed as you can and lower yourself onto your side using your arms, gently lifting your legs as you go.
- If possible, try to avoid large twisting movements when moving around in bed to avoid discomfort over your wound.



## Wound support

Activities such as coughing, sneezing, laughing and changing positions may pull on your tummy. To make it more comfortable, try to:

- Gently engage your tummy muscles. See page 12 (abdominal muscle strengthening) for further information on how to do this.
- Support your wound with a pillow, towel or your hands and apply gentle pressure.
- Take regular pain relief as advised to improve your comfort when moving around. Speak to your GP, midwife or health visitor if you have ongoing pain which is limiting your mobility.



## Everyday activities

It is important to take your time when returning to your normal everyday activities.

- Gradually build up your level of activity, taking regular rest between activities.
- Accept help or ask for help when needed.
- It is best to avoid lifting anything heavier than your baby for the first 6 weeks, and avoid lifting anything very heavy (for example, heavy boxes or large children) for 3 months.
- Help toddlers to climb (rather than lifting them) or let other people lift them for you.
- Breathe out and tighten your pelvic floor muscles before lifting your baby.

## **Driving**

- Before returning to driving you must be able to confidently complete an emergency stop. It normally takes 4 to 6 weeks before you can do this comfortably and safely.
- Check with your insurance company that you are covered to drive.

## **Vaginal birth**

A vaginal delivery describes labour and birth through the vaginal canal. This can occur naturally or with help from forceps or a ventouse (suction cup). You may have sustained a graze, tear or a medical episiotomy (a cut between the vagina and back passage) during a vaginal birth.

Usually, any wounds will heal well within 3 to 4 weeks. If you notice that your pain is not settling, or there is a redness or oozing around the wound, it is important that you inform your GP or midwife straight away so that they can check for infection.

## **Care of the perineum**

The perineum is the area of soft tissue extending from the back passage to the vagina.

- Following a graze, tear or episiotomy, it is important to keep your perineal area clean to help reduce the risk of infection. Gently rinse from front to back with warm water and dry carefully, especially after going to the toilet.
- Pat dry with toilet paper or a towel.
- Change sanitary pads regularly, washing your hands before and after to reduce the risk of infection. It is normal to experience vaginal bleeding for somewhere between 2 and 4 weeks after birth.
- Try to wear loose-fitting, breathable materials such as cotton or disposable underwear with loose trousers or a skirt.

- Sitting:
  - Try to change your position every hour to avoid prolonged pressure on your perineum. Using a cushion or rolled towels will help to make the surface a little softer and more comfortable. We would not advise the use of ring cushions, as they can often put more pressure on the perineum.
  - If you find sitting uncomfortable, try lying on your side when resting or feeding.
- Gentle pelvic floor exercises can help the healing process and reduce swelling by improving the circulation in the perineal area. Providing you are doing your exercises correctly they should not place any strain on any stitches or tears you may have. See page 10 (pelvic floor exercises) for instructions on how to perform these exercises correctly.
- Using ice pads or cold gel packs can help reduce swelling and can make you feel more comfortable in the first 72 hours (3 days) after birth. These are available while you are in hospital. At home, they can be easily made by simply dampening a sanitary pad with a little bit of water and placing it in the freezer until you need it. These can only be used once for hygiene reasons. Alternatively, a bag of frozen peas can be a suitable substitute. Avoid placing ice packs directly onto the skin - always wrap in a clean disposable dish cloth or something similar. You should experience a pleasant cold sensation but no burning or numbness. Apply for no more than 15 minutes at a time.

# Bladder and bowel care

## Bladder Care

- You may have a catheter in your bladder after your delivery. Your midwife will monitor how much urine you are passing when this is first removed. **It is important that you tell your midwife immediately if you are having problems passing urine after your catheter has been removed.**
- Make sure you are passing urine regularly. After childbirth, you may find that you are less aware of when you need to empty your bladder, especially if you had a catheter. It is therefore important to go to the toilet approximately every 3 to 4 hours to ensure you empty your bladder regularly.
- Make sure you stay well hydrated. You should aim to drink around 1.5 to 2 litres of fluid each day, however you may need to drink more (around 2.5 to 3 litres) if you are breastfeeding. The goal is to drink enough to ensure that your pee is a clear pale-yellow colour.
- If you have any difficulty passing urine or fully emptying your bladder, you should urgently contact your GP or midwife.

## Bowel care

- Although you may feel nervous, it is safe to open your bowels within the first 24 hours of having your baby.
- Try to avoid constipation as this can cause strain on the pelvic floor muscles and stitches, which may be uncomfortable.
- A healthy diet, including fruit, vegetables, wholegrains and plenty of fluids will help you return to a regular bowel emptying pattern.
- You may also be prescribed medication for constipation such as Lactulose or Fybogel. Continue taking this medication until your regular bowel emptying pattern has resumed and a formed but soft stool consistency is achieved. Then gradually reduce its use over time.

- Moving around regularly will also help improve digestion and bowel function. In the first few weeks postnatal, this might just be going for a short walk, or doing some gentle stretches.
- You should try to avoid straining when emptying your bowels. Breathing into your tummy and out with a gentle hiss may help to avoid this.
- How you sit on the toilet can help to reduce straining. Avoid hovering over the toilet seat. Instead, sit comfortably so that you are fully supported. Sit with your feet wide, with your knees higher than hips. Rest your elbows on your knees and lean slightly forwards. Let your lower belly bulge. It may help to have a small footrest under your feet. It may also feel more comfortable to support the perineum with your hand.



## Returning to sexual intercourse

Some women and birthing people prefer to wait until they have their 6 to 8 week GP check to return to sexual activity, but you can return to sex sooner if you feel ready for it. You may wish to use a lubricant to aid your comfort at first. If you sustained a perineal tear during childbirth, this should have fully healed prior to having sex.

You may experience some discomfort initially upon returning to sex. If you have had a perineal tear, scar tissue massage (see page 14) may help to reduce any discomfort. This should only be performed once the wound has healed. If this discomfort does not get better, you should seek a referral to see a Women's Health Physiotherapist via your GP.

If you chose to use contraception, remember to arrange this prior to returning to sex.



# Exercise

## General activity and exercise advice

Being active is good for you. Try to get out of bed as soon as possible after delivery unless you have been advised not to by a midwife or doctor.

When resting in bed or in a chair, try to move your ankles up and down for 30 seconds every hour to encourage blood circulation and help to avoid blood clots. When able, try some gentle walking.

Returning to activity can seem daunting after delivery. Below is a guide of the activities that are considered safe to perform postnatally, however it is important to mention that this can vary for each woman, so please only use this as a rough guide and listen to your body.

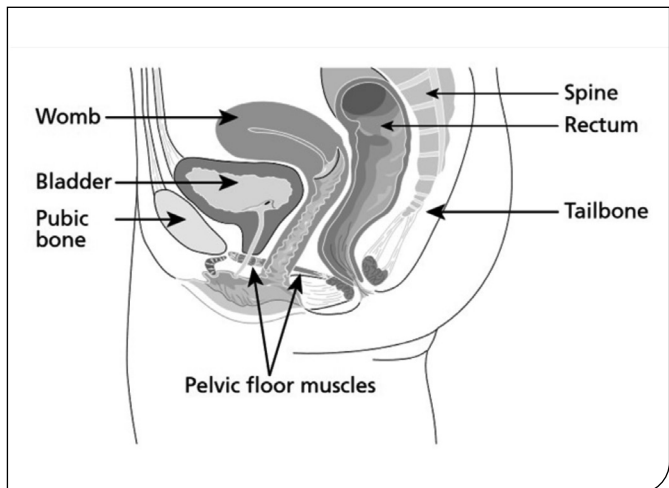
- **0 to 2 weeks postnatal:** you can begin walking as soon as this is comfortable for you. You can also begin pelvic floor exercises and gentle activation of the core muscles. See page 10 (pelvic floor exercises which demonstrates how to perform these).
- **2 to 4 weeks postnatal:** you can begin to introduce gentle Pilates-style core exercises, stretching and gentle body weight exercises, if this is comfortable for you.
- **4 to 6 weeks postnatal:** you can continue to gradually progress your core and body weight exercises, and you can start to introduce low-impact exercise, such as a static bike, if this is comfortable for you.
- **6 to 8 weeks postnatal:** you can start to introduce some scar tissue massage if your scar has fully healed. See page 14 (scar tissue massage). You can increase the duration/intensity of your low-impact exercise and add resistance to your body-weight exercises, if this is comfortable for you.

- **8 to 12 weeks postnatal:** you can introduce swimming if your scars are fully healed and increase the intensity of your low-impact exercise to introduce activities such as spinning, if this is comfortable for you.
- **12 weeks+ postnatal:** you can begin to introduce higher impact exercise, such as running if you feel ready. A graded return to running is recommended, such as the NHS approved Couch to 5km program (see final page for details).
- We encourage you to **stop and seek support** from a Pelvic Health Physiotherapist if you experience the following symptoms during your return to exercise:
  - Loss of control of your bladder or bowels.
  - Increased urgency to go to the toilet.
  - A heaviness or dragging sensation in the vaginal area.
  - A pendular shape or doming of the abdomen.
  - Persistent pain anywhere in your body.

## Pelvic Floor Exercises

The pelvic floor muscles are a supportive sling of muscles, stretching from the tailbone at the back of the pelvis to the pubic bone at the front. Strengthening the pelvic floor may help with the following:

1. Maintaining continence of both bladder and bowels.
2. Support of the pelvic organs.
3. Improving sexual response.



## **How to Train Pelvic Floor Muscles**

Find a comfortable position. Lying down is easiest at first, but sitting or standing is fine.

- 1.** Imagine trying to stop yourself from passing wind – gently tighten and pull in around the back passage. At the same time imagine you are trying to stop yourself passing urine, so also gently squeeze and lift the muscles up towards the pubic bone at the front. It might help to imagine you are gently “zipping up” the muscles – starting from around the back passage and moving towards the pubic bone. Some women and birthing people describe imagining they are holding onto something inside their vagina and stopping it from falling out. Now, relax and fully let go, and rest for 4 seconds.
- 2.** A feeling of gentle tightening in your lower abdomen is normal, however try to avoid pulling, or “sucking in” your stomach muscles. Also, try not to clench your buttock muscles, or squeeze your legs together.
- 3.** Try not to hold your breath – it is important to be able to keep breathing throughout the exercise.
- 4.** Hold each squeeze for as long as is comfortable – it is quite common that this may only be a few seconds in the early post-natal period. Aim to gradually build the contraction up to a 10-second hold. Repeat up to 10 times, 3 times per day. If you feel the contraction dropping off, stop, rest and start again later.
- 5.** Next, repeat the contraction quickly but firmly. Hold for one second then relax completely and rest for 1 to 2 seconds. Repeat this, aiming for up to 10 repetitions.
- 6.** Once you can do this lying down, try sitting and then standing.

It is safe to start pelvic floor exercises as soon as you are comfortable after having your baby. Wait until your catheter has been removed if you have one.

Doing your pelvic floor exercises as recommended should not cause pain or worsening of your symptoms. Stop doing your exercises if this occurs and contact the Women's Health Physiotherapy team for further advice.

## **Abdominal muscle strengthening**

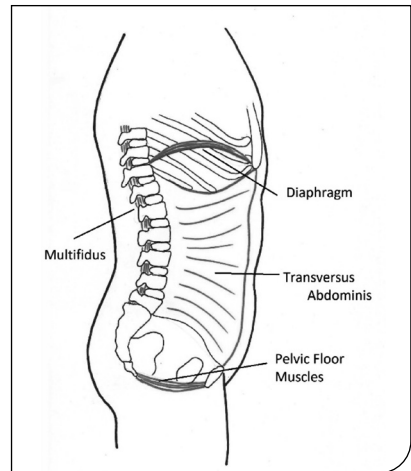
An element of abdominal weakness is normal postnatally given the stretching of these muscles throughout pregnancy. Often these muscles get stronger naturally and with some gentle strengthening exercises.

Sometimes pregnancy can result in Recti Diastasis which occurs when the two sides of your recti (or rectus abdominus) muscle separate in pregnancy. This separation is a normal occurrence of pregnancy and often resolves naturally. You may notice a bulging or doming of your tummy with activities such as sitting up in bed or coughing and sneezing.

Often, abdominal weakness and small diastases resolve within 6 to 8 weeks of delivery. Should it not resolve within this time scale, you may need to seek referral to a Women's Health Physiotherapist.

There are several things that you can do in the first 6 weeks to aid in your recovery.

It is important to strengthen the muscular corset around your trunk. Beginning to perform gentle abdominal activation is a good place to start.



The deepest abdominal muscles are known as transverse abdominis. They work together with the other abdominal muscles and pelvic floor to support your back and maintain a good posture. It is important to learn how to perform a basic abdominal contraction before progressing onto harder abdominal exercises.

Start by taking a gentle breath in allowing your tummy to rise. As you breathe out, draw in your lower tummy at the belly button towards your spine. Keep your ribs and back relaxed while you do this.

Try to hold this activation for 5 to 10 seconds and then relax.

You can do these exercises in a variety of positions. Start lying on your back, with your knees bent and feet resting on the floor. When you feel able, you can progress to performing these in a sitting or standing position, or even try to do them when going about your normal daily activities.

### **When doing these exercises, you should:**

- Avoid holding your breath. Stop if you hold your breath – this means you are pulling in too hard and need to refocus and practice more gently.
- Stop if you feel a downward pressure on your pelvic floor as this means your technique may be incorrect.
- If you find it hard to feel your pelvic floor and lower abdominal muscles working together, do them as separate exercises.
- You should feel no pain or discomfort.
- If you are unsure, have your technique checked by a Women's Health Physiotherapist.

Should you wish for more information on Recti Diastasis, please read our leaflet which can be found on the Oxford University Hospitals website.

## Scar tissue massage

Normally, your wound will heal well and scar tissue will form within 3 to 4 weeks. It can take longer for your scar to fully heal. It may feel tender, itchy and/or numb initially and can heal to be pink or red in colour and may be slightly raised.

As your scar heals, the scar tissue can attach to the skin and muscles around it which can make the scar sensitive, painful or raised. This is referred to as an adhesion. Scar tissue massage can help to reduce these adhesions. Wait until the scar is fully healed before starting scar tissue massage – there must be no open areas or scabs. Check with your midwife or GP before you begin if you have any concerns.

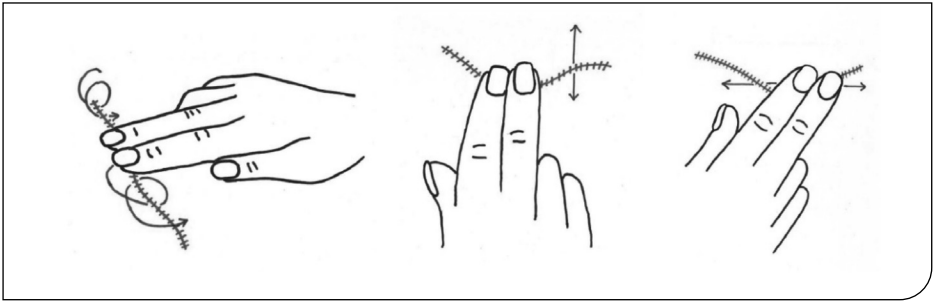
### **Preparation:**

1. It helps to have a warm bath or use a warm compress before starting. This helps to relax the muscles and increase blood flow to the area.
2. Make yourself comfortable; lying or semi-sitting and using pillows to support yourself.
3. Use a moisturiser, a vitamin E cream or an oil such as almond or coconut (check ingredients for allergens).
4. Aim to do this for 5 to 10 minutes per day.

## Caesarean Scar Massage

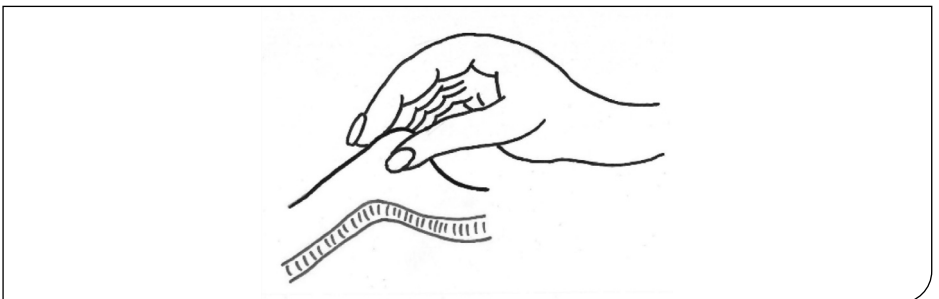
### Technique:

**Stage 1:** Gently massage around the scar, focusing on the tissues immediately above and below it. As it becomes less sensitive (this may take a few days), place the pads of your fingers just above the scar line. Move the skin gently up and down, side to side and in circles along the length of the scar (see picture below). Work more into the areas of resistance where the skin feels tighter. You should feel stretching in the tissues, but it should not be painful.



**Stage 2:** As this becomes easier, push your fingers firmly down into the tummy muscles and repeat the up and down, side to side and circular movements. You can massage the entire tummy area. You must be firm, but not aggressive as you massage. Let discomfort be your guide. A slight tingling sensation as your tissues stretch is normal. Keep massaging into deeper areas as comfort allows.

**Stage 3:** When you are comfortable with the first two stages, roll the scar between your thumb and finger. It may take some days or weeks before you can do this.



## **Perineal Scar Massage**

Everyone heals and scars differently. Normally your vaginal opening is quite supple and stretches easily. Sometimes a scar can mean that it doesn't stretch so easily, so it can become sensitive and uncomfortable. Perineal scar massage may be of benefit in these situations.

### **Comfortable positions for massage include:**

- Sitting propped up with pillows on a bed or sofa with your knees bent out and supported.
- Resting back in the bath with one leg up on the side of the bath.
- Standing under a warm shower with one leg up on a stool.
- Sitting on the toilet.

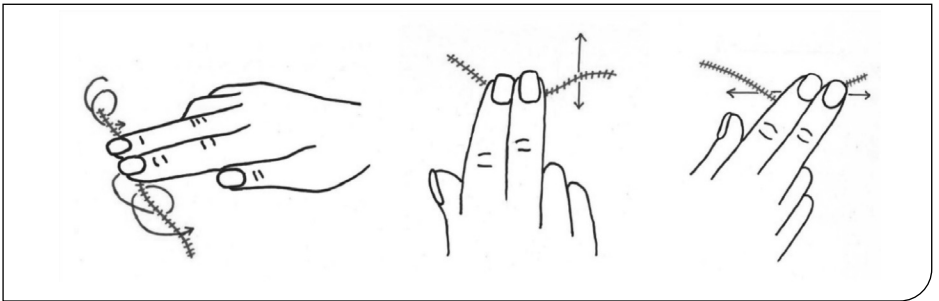
### **Technique:**

**Stage 1:** Gently massage around the scar, focussing on the tissues immediately around it. As it becomes less sensitive (this may take a few days), place the pads of your fingers just above the scar line. Move the skin gently up and down, side to side and in circles along the length of the scar (see picture below). Work more into the areas of resistance where the skin feels tighter. Adjust the pressure as you feel is comfortable. You should feel stretching in the tissue, but it should not be painful.



**Stage 2:** As this becomes easier, push your fingers more firmly down and repeat these up and down, side to side and circular movements. You can massage the entire area. You must be firm, but not aggressive as you massage. Adjust the pressure as you feel is comfortable. You should feel stretching in the tissue, but it should not be painful.

If you cannot tolerate the massage or it does not get better after a few weeks, you should seek advice from your doctor, midwife or women's health physiotherapist.



## After you leave hospital

If, after leaving hospital, you experience any problems you should discuss these with your midwife, health visitor or GP. You can contact the Maternity Assessment Unit (MAU) with any concerns within the first 6 weeks after birth.

You can also contact the Women's and Men's Health Physiotherapy Department. An appointment can be made for you to be seen in Oxford or Banbury.

**Telephone: 01865 235 383 (8:00am to 4:00pm)**

## Other sources of information

### **POGP recovery after birth leaflet:**

[www.thepogp.co.uk/userfiles/pages/files/resources/pogp\\_ea\\_after\\_pregnancy.pdf](http://www.thepogp.co.uk/userfiles/pages/files/resources/pogp_ea_after_pregnancy.pdf)

### **Women's and Men's Health Physiotherapy Website:**

[www.ouh.nhs.uk/services/departments/therapies/therapy-rehabilitation/women-and-men.aspx](http://www.ouh.nhs.uk/services/departments/therapies/therapy-rehabilitation/women-and-men.aspx)

### **Couch to 5km:**

[www.nhs.uk/live-well/exercise/running-and-aerobic-exercises/get-running-with-couch-to-5k/](http://www.nhs.uk/live-well/exercise/running-and-aerobic-exercises/get-running-with-couch-to-5k/)

## **Birth afterthoughts**

This is a listening and information service offering women and birthing people the opportunity to discuss and reflect on their birth experience. It is available to women and birthing people who have delivered in the Trust within the last 12 months, or who are currently pregnant.

**For more information call 01865 220 605**

We would like to thank the OUH Women's Health Physiotherapy department and Oxfordshire Maternity and Neonatal Voices Partnership for the contribution in the development of this leaflet.

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Women's and Men's Health Physiotherapy Team  
January 2024  
Review: January 2027  
Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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