

Your recovery after childbirth

Physiotherapy, exercises and advice



1. Caesarean birth

Moving around in bed

To make moving around in bed more comfortable, here are some simple steps to follow:

- Avoid twisting movements.
- 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.

Wound support

Coughing, sneezing or laughing may pull on your tummy. To make it more comfortable try to:

- draw in your tummy muscles
- support your wound with a pillow or towel or your hands and apply gentle pressure
- take enough pain killers, if you have been given them, to help you feel comfortable enough to move around.

Everyday activities

It is important to take time to return to your normal everyday activities.

- Gradually build up your level of activity and rest between activities.
- Accept help.
- Do not lift anything heavier than your baby for 6 weeks, and avoid lifting anything very heavy for 3 months.
- Help toddlers to climb (rather than lifting them) or let other people lift them for you.
- Tighten your pelvic floor muscles before lifting your baby. (See Section 3).

Driving

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

Exercise

- Start with short sessions of gentle exercises for the first 6 weeks, such as walking.
- Gradually increase your fitness levels from 6 weeks, returning to normal exercise by about 12 weeks.
- Go back to swimming only after your 6-week check.

Specific exercises for your pelvic floor and deep abdominal muscles are safe to do in the first few days after the birth, as you feel able. Please see section 3.

Your back is particularly vulnerable in the first few weeks after birth, therefore you need to try and maintain a good posture at all times. This includes when you are sitting and standing.

2. Vaginal birth (including forceps and ventouse)

Perineal care (area of soft tissue extending from the back passage to the vulva)

- It is important to keep your perineal area clean, especially if you have stitches. Gently rinse from front to back with plain water and dry carefully, especially after going to the toilet.
- Change sanitary pads regularly.
- Try to avoid sitting still for too long.
- Try lying on your side if you are in discomfort or during the night.
- Gently exercising the pelvic floor will help the healing process (see exercises in section 3).

Bladder care

- Make sure you are passing urine regularly.
- You may find you are less aware of the need to empty your bladder. If so, it is still important to go to the toilet approximately every 2-3 hours.
- Make sure you drink at least 2 litres of water each day, especially if you are breastfeeding, to avoid becoming dehydrated.
- If you have difficulty passing urine tell your midwife or GP.

Bowel care

- Try to avoid getting constipated as it causes strain on the pelvic floor muscles and stitches.
- A healthy diet, including fruit and plenty of fluids, will help you return to a regular bowel habit.
- You may be prescribed medication for constipation such as lactulose or Fibogel.

Exercise

- Start with short sessions of gentle exercise, such as walking.
- Before returning to high impact exercise (e.g. jogging, aerobics) you should be able to hold your pelvic floor contraction for 10 seconds.
- Go back to swimming only after your 6-week check.

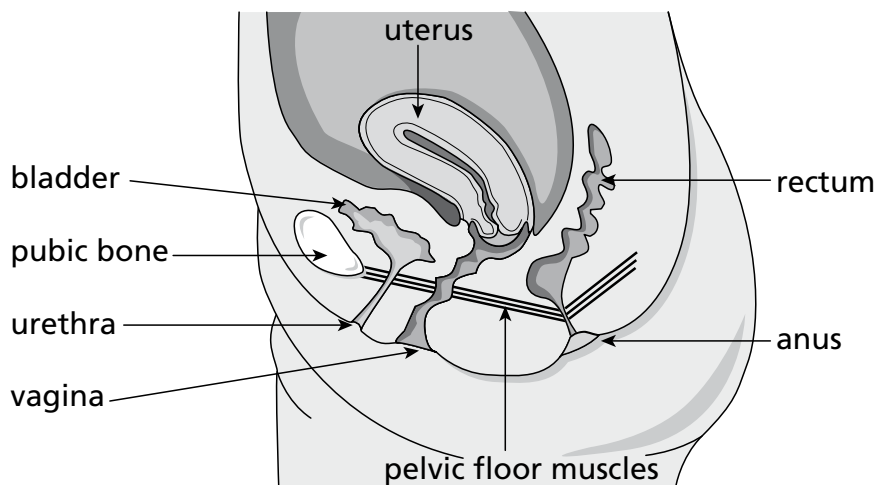
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3. Specific exercises

What is the pelvic floor?

- The pelvic floor is a “hammock” of muscle which supports the pelvic contents (bladder, womb/uterus and back passage). It relaxes in pregnancy and is very stretched during a vaginal delivery.
- It is involved in the control of passing urine and bowel motions and increases pleasure during sexual activity.
- It helps to support the womb, now and later in life.
- Pelvic floor exercises can reduce swelling, increase blood flow and improve healing following birth.



It is safe to begin pelvic floor exercises straight after delivery. Start gently, within your comfort range, and progress to stronger exercises as you feel able.

Step-by-step pelvic floor exercises

1. Find a comfortable position: lying down may be easiest at first after a vaginal delivery. Pelvic floor exercises become more difficult as you come up against gravity – i.e. when you are standing.
2. Imagine you are trying to stop yourself from passing wind and passing urine by tightening the muscles around the back passage and around the front passages.
3. Try to lift the pelvic floor muscle up into the pelvis. Keep breathing normally.

As well as doing these exercises remember to use your muscles in everyday life, e.g. pull up before coughing, sneezing and laughing to avoid leakage of urine.

Slow contractions

- Hold the contraction for up to 10 seconds and rest for the same time. Start with the number of seconds you find easy and increase it from there.
- Repeat up to 10 times.
- If you feel the contraction 'dropping off', STOP. Relax and then start your next contraction. Slowly build up to a 10 second hold with practice.

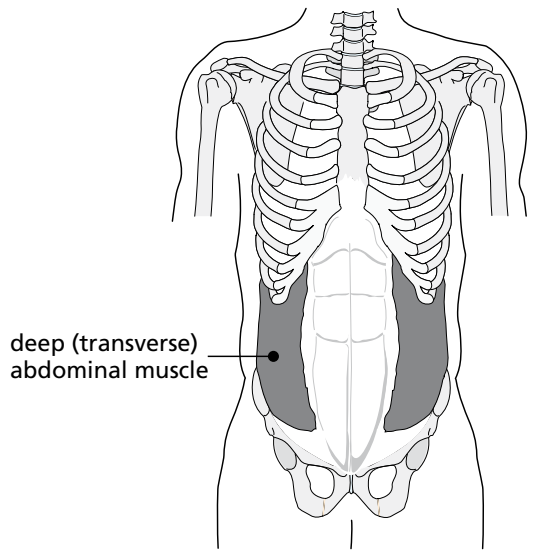
Quick contractions

- Hold the contraction for 1 second and relax completely for 1 second.
- Work up to repeating this 10-15 times; starting with 1 or 2 contractions is fine at the beginning.

Try to do both types of pelvic floor exercise 3-4 times a day. Associate doing them with a static activity (e.g. watching TV, feeding your baby) to help make it part of your daily routine.

Deep abdominal muscles

- Your deep abdominal muscles form a 'corset' that supports your back and stabilises your pelvis. This helps prevent back and pelvic pain.
- In pregnancy these and the other abdominal muscles are stretched to allow space for the baby. It is normal to develop a gap between the outermost muscles.
- **By exercising the deep muscles, it will help to close this gap more quickly. It is important not to do sit ups until this gap is closed.**



Step-by-step exercises

1. Find a comfortable position lying, sitting or standing.
2. While breathing normally, gently pull your lower abdomen in towards your spine. This is a very small movement.
3. Make sure that your rib cage and shoulders do not lift and do not 'suck in' your tummy or 'bear down' (push down) while you do this.
4. Pull in your tummy muscles every time you change position (e.g. getting out of bed; standing up from sitting). The more times you activate your muscles the quicker they will return to normal.

Once you know what it feels like to do this exercise correctly, try to do it "little and often" throughout the day in a range of positions (i.e. standing, sitting and lying) and when you lift your baby.

5. Postnatal advice and exercise group

For details of postnatal advice and exercise groups please contact the Women's Health Physiotherapy Department at the John Radcliffe (01865 235 383).

6. Further advice

If you have any of the following problems please see your GP for advice. If necessary, they can refer you for physiotherapy at the Women's Centre in Oxford or Banbury.

- Bladder or bowel problems.
- Persistent pain in your back, pelvis or coccyx (your tail bone).
- A bulging, floppy tummy after 6-8 weeks.
- Persistently painful stitches.
- Difficulty or pain during sexual intercourse.

If you are looking for postnatal classes, or if you are in pain or difficulty you can also telephone the Physiotherapy Department at the Women's Centre for advice:

**Tel: 01865 235 383 between 9am and 4pm
(answerphone at other times)**

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@ouh.nhs.uk**