

Recovering after childbirth

Congratulations on the birth of your baby! This handout provides you with some tips to support your recovery during the postnatal period.

Immediately after the birth – caesarean section

It is important to take note of the following exercises and advice after your caesarean section to improve your comfort and prevent any post-operative complications.

- While you are resting in bed, move your feet up and down 10 - 20 times each hour that you are awake to help your circulation.
- Sit out of bed and begin regular short walks as soon as you are able to, regular pain relief will assist you to do this more comfortably. This will assist with your circulation and also helps you to take deeper breaths so that your chest remains clear.
- Take 5 deep breaths every hour that you are awake; fill up the lungs, hold for a few seconds and slowly exhale.
- If you need to cough, sneeze or laugh you should support your abdominal wound for comfort - use a towel, pillow or your hand over this area to do so.

Once you are up and moving around more easily, the breathing and circulatory exercises will no longer be necessary.

Immediately after the birth – vaginal birth

Swelling and bruising around the vaginal area, with or without stitches in the perineum (the area between the vagina and the anus) can cause discomfort following a vaginal birth or attempted vaginal birth. It is important to look after your body during this time and apply some basic first aid principles to help you recover.

Immediately after your baby's birth, follow the **PRICE** regime:

P – it is important to **PROTECT** your perineum when opening your bowel. Use a clean maternity pad or wrap some toilet paper around your hand and provide a firm upward pressure. This supports

your stitches and/or the healing tissues, helping you to better relax the back passage – it is particularly important to avoid straining. Getting in and out of bed by rolling on to your side first also helps to reduce strain on the perineum throughout the day.

R – horizontal **REST** (lying on your back or side) regularly throughout the day reduces the effect of gravity on your pelvic floor and perineum, helping to minimise swelling and discomfort while taking the extra weight off the healing muscles. We recommend aiming for at least two horizontal rests of 30 minutes each. Take opportunities wherever possible, watch TV lying down and play with older children by lying beside them on the floor.

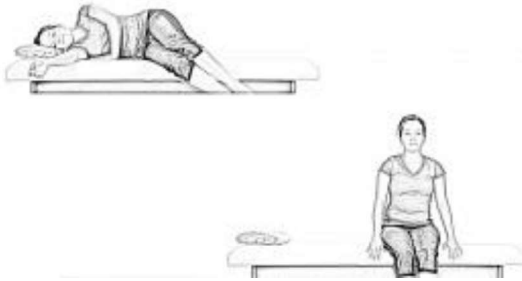
I – apply **ICE** to the perineum (or wherever you are sore). Ice is an excellent option for pain relief any time during your recovery, but is particularly useful for reducing swelling in the first 24 – 48 hours following delivery. Apply a wrapped icepack to the perineal area for 10 to 15 minutes every 1 to 2 hours. Remember, you can use ice in the days and weeks to come as a natural pain relief option.

C – apply **COMPRESSION** by using 2 pads in firm supportive underwear, this supports the perineum, reducing discomfort and swelling. When sitting in an upright position, try placing a rolled towel between the legs for extra support.

E – **ELEVATE** the perineum by lying on your tummy during the day for at least 15 - 20 minutes. A pillow or two underneath your hips can elevate this area higher. Add a pillow under your chest if your breasts are tender. **EXERCISE** is also important; starting gentle pelvic floor 'flickers' soon after birth can help improve circulation to the area and engaging these muscles prior to moving can help protect the perineum as it heals.

Getting in and out of bed

The safest and most comfortable way to get out of bed after the birth is using a logroll technique. Bend your knees and roll on to your side. Avoid twisting – keep your shoulders, hips and knees in line as you roll. Slowly lower your legs off the bed while you use your arms to push up so that you are sitting on the edge of the bed. Do this in reverse to get back in to bed.



Bladder and bowel care

Maintaining healthy bladder and bowel habits is a key part of your postnatal recovery, it is particularly important to avoid constipation and straining.

Tips to take care of your bladder include:

- Drink 1.5 – 2.5 litres of fluid per day, water is best but all fluid counts towards this.
- Sit on the toilet seat (do not hover), relax (do not strain) and give yourself enough time to empty your bladder fully (do not rush!).
- If you experience any burning or stinging when urinating, you may benefit from a urinary alkaliser (such as ural® or citravescent®).
- Some women have difficulty emptying their bladder after birth, if you have the urge but can not empty your bladder or experience a slow or stop/start flow and a sense of incomplete emptying, speak to your midwife.
- If 4 hours has passed since the birth of your baby or the removal of your catheter and you have not yet felt the urge to urinate, your sensation may be reduced and it is best to attempt to empty the bladder by relaxing on the toilet at this time. Speak to your midwife if you have any further concerns.

Tips to take care of your bowel include:

- Avoid straining on the toilet; drink enough fluids and eat plenty of high fibre foods (fruits, vegetables and wholegrains).

- Consider having a fibre supplement and/or stool softener on stand by or take this pre-emptively if you have had a history of constipation.
- Do not ignore the urge to empty your bowel.

Tips for good positioning:

In a normal upright sitting position the rectum is naturally 'kinked' which helps to maintain bowel control. In a squatting position the angle is opened to allow easier passage of stool. Improve your posture with these tips:

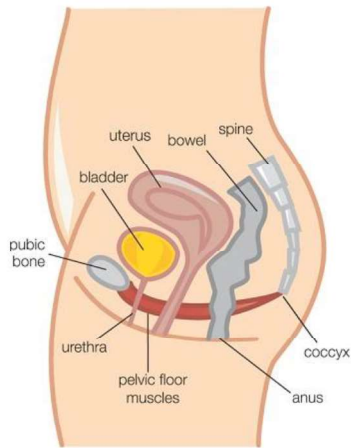
- Lean forward at the hips with your elbows resting on your thighs.
- Keep the spine in a neutral position.
- Ensure knees are higher than the hips - use a foot stool to assist.
- Relax your breathing, do not strain or hold your breath.
- Soften your pelvic floor and tummy muscles, let your abdomen bulge out.
- Support your wound(s) and/or perineum (using toilet paper) for comfort.



Pelvic Floor Exercises

Your pelvic floor muscles sit between your pubic bone, coccyx (tailbone) and sitting bones, stretching like a trampoline across the base of the pelvis. These muscles support your pelvic organs and the urethra (front passage, from the bladder), vagina (birth canal, from the uterus) and rectum (back passage, from the bowel) all pass through this muscular sling.

Pelvic floor muscles play an important role in sexual function, bladder and bowel control, and pelvic organ support in women.



(Continence Foundation of Australia, 2013)

How to do a pelvic floor contraction correctly?

- Tighten your pelvic floor muscles by squeezing around the urethra, vagina and anus, and lifting upwards towards your belly button - *'squeeze and lift'*.
- Hold each contraction for as long as you comfortably can (this may be just a flicker of a contraction in the early days or you may **begin with 2 to 3 second holds**) then relax and release these muscles - *'let go'*.
- Repeat this *'squeeze and lift'* followed by full relaxation as many times as you can, **up to a maximum of eight to 10 times**.
- Quality is more important than quantity; we would prefer you do fewer exercises comfortably and with good technique, and build up from there only once your muscles are feeling stronger.
- You can use your babies age as a rough guide for progressing your exercises, for each week of age see if you can hold for as many seconds. By the time your baby is six weeks old, you may be able to hold for six seconds.
- You should do these exercises **three times per day** to help build the muscle strength and support for your pelvic organs. The exercises can be done lying down, sitting and standing and your physiotherapist can guide you towards a program that best suits you.
- It is important to isolate the pelvic floor muscle during your training program, do not tighten your thighs or buttocks, and no movement should occur at your pelvis or back.
- ***It is just as important to relax these muscles fully in between each contraction. Pelvic floor muscles can become 'overactive' - if you have a history of vulval, vaginal or pelvic pain,***

including painful sex, we recommend individual assessment and guidance with a women's health physiotherapist before commencing the exercises outlined in this handout.

- You may feel your lower abdominal muscles gently tighten and draw in towards your spine as you contract your pelvic floor muscles. When the pelvic floor is working correctly, these muscles work well together.
- It is important not to bear down or strain while contracting your pelvic floor muscles. You should breathe normally and comfortably during your pelvic floor exercise program, taking care not to hold your breath.
- Remember to 'brace' (tighten) your pelvic floor muscles every time you lift, push, pull, cough, sneeze, laugh or do any activity that increases your intra-abdominal pressure in order to protect your pelvic floor from strain.

Abdominal exercises

Abdominal bracing

Gentle lower abdominal bracing is an exercise that uses your deep tummy muscles, these are important for stabilising your spine and pelvis and protecting these areas from injury. Supporting your back and pelvis is particularly important with all of the tasks that come with having a newborn!

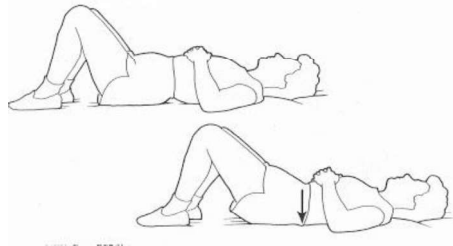
- Start the exercise in a comfortable position; this may be lying, sitting or standing.
- Relax and soften your tummy muscles before gently drawing your lower abdomen in towards your spine – it can be helpful to rest your hands on your lower tummy and feel the sensation of the abdomen gently moving away from them while you perform the exercise.
- Gently engage your deep tummy muscles for **3 to 5 seconds** (remember to keep breathing normally).
- Rest and then **repeat 5 to 10 times**.
- Eventually aim to hold each contraction for up to 10 seconds, repeating 10 times, and **practice regularly throughout the day (around 3 times)**.
- Each time you lift, push, pull or change your position (moving from a seated position to standing, or rolling over in bed) you should first tighten (*'squeeze and lift'*) your pelvic floor muscles and then engage your low abdominal muscles.

- This is an important habit to practice in the early postnatal period in order to protect your back and pelvic floor from strain.

Pelvic Tilts

Pelvic tilts are another exercise used to gently strengthen your abdominal muscles without straining the pelvic floor during its early recovery.

- Start by lying on your back with your knees bent and feet supported.
- Gently tighten your lower abdominal muscles as described above.
- As you do this, gently flatten your lower back against the bed or floor by slowly tucking the tail bone under and drawing the pubic bone towards your rib cage, **hold for 3-5 seconds** while breathing normally.
- **Repeat this 5 to 10 times** as comfortable, and **practice 2-3 times throughout the day.**



Oblique crunches

Oblique abdominal exercise can be suitable for some women to start in the first six weeks postpartum.

- Position yourself with knees bent and rotated to one side, inhale to prepare
- As you exhale, move your lower right rib cage towards the left hip until your back starts to peel from the mat.
- Inhale and gently lower your upper back towards the mat.
- Repeat 5 times and then repeat on other side.



Continuing your recovery at home

It is important to take care of your back, particularly in the first 6 – 12 weeks after birth when it is vulnerable following the stretching of the abdominal wall and pelvic floor combined with the many tasks required of new mums including lifting baby, getting prams in and out of cars and holding prolonged postures during breastfeeding to name a few.

Tips for taking care of your back:

- As a guide, it is recommended not to lift anything heavier than your baby for the first six weeks.
- Avoid repetitive bending, twisting and squatting.
- Ensure your change table and other working surfaces are waist height – It can also be helpful to store heavier items that are used regularly at waist height and where they can be easily reached.
- Ensure you are positioned in a well supported posture during feeding; place your bottom right back in the chair, use a folded towel or pillow behind your lower back if this is comfortable and ensure feet are well supported which may require a foot stool.

Returning to exercise:

The first 6 weeks:

- Commence walking as soon as you feel comfortable to do so; short walks (even for just a few minutes) in the first couple of days after the birth can be a good way to reduce the aches and pains you may experience from resting in bed.

6 – 12 weeks:

- Slowly build your walking over the first six to 12 weeks, guided by your comfort levels and avoiding the sensation of pelvic heaviness or any aches and pains.
- After six weeks start some other low impact exercise options such as swimming, a postnatal exercise class, or stationary cycling, all depending on your abdominal and/or perineal healing and comfort.

12 weeks and beyond:

- Postnatal women are encouraged to avoid high impact or strenuous exercise until at least 3 – 4 months following the birth.
- Many women do require a longer period before they are able to comfortably return to activities such as running, lifting heavy weights and high intensity interval training. Your physiotherapist will be able to assess your pelvic floor and abdominal recovery to help guide you towards a safe return to your chosen exercise regime.

Tips for safely returning to exercise:

- Always listen to your body and rest when you need.
- Stop the exercise, return to a more gentle option and seek advice from your physiotherapist if you experience any of the following:
 - o Vaginal or pelvic heaviness
 - o Bladder or bowel leakage
 - o Pain or discomfort

Other reasons to see a physiotherapist during your postnatal recovery:

- Thumb/wrist pain, tingling, weakness
- Back, neck, pelvic and/or coccyx pain
- Abdominal muscle separation or weakness
- Breastfeeding problems including breast engorgement, mastitis, blocked ducts, postural discomfort
- Pain after a perineal tear, episiotomy, vaginal delivery
- Any pelvic floor concerns
- Pain after a caesarean section

An appointment is recommended with your Physiotherapist 6 to 8 weeks following the birth of your baby to assess your pelvic floor muscles, abdominal strength and recovery, monitor your bladder and bowel function and provide you with individual advice on commencing or resuming exercise to reach your previous fitness levels.