

Physiotherapy 6 Week Post-partum Information Booklet



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Recovery after having a baby

Your body needs adequate time to heal and regain strength after pregnancy and delivery, in particular your abdominal and pelvic floor muscles. Every woman will be different and your recovery after each pregnancy and delivery can be different. In most cases, it will take your body approximately 6 months to recover, but sometimes up to 12 months. You need to allow time for recovery of the pelvic floor muscles and structures around the vaginal opening, recovery of the rectus abdominal muscle separation (DRAM), and if you had a caesarean section delivery you need to consider the healing and re-modelling of the uterine scar and abdominal wall.

Pelvic floor muscles

The pelvic floor can become stretched and weakened during pregnancy, and if you laboured and gave birth vaginally, there is likely to be additional stretch or trauma. The amount of time it takes for your pelvic floor to recover will depend on many factors, including the type of delivery you had. It is very important to continue your pelvic floor exercises to strengthen the muscles to:

- Maintain continence of your bladder and bowel
- Support your pelvic organs, especially during physical activity
- Reduce the risk of pelvic organ prolapse
- Assist in sexual function

By 6 weeks post-partum you should have minimal pain or swelling in the perineal region and have normal sensation with a pelvic floor contraction. You should be able to feel the squeeze and lift during activation and then the release when you let go. As your pelvic floor muscles get stronger, they will help you to control your bladder and bowel movements and control passing wind, and enable you to easily pass a bowel movement without physical help or changing position.

If you have any of the following symptoms please speak with your Physiotherapist:

- leaking urine with sneezing, coughing, laughing, exercise or heavy lifting
- an increased urge to urinate and/or going to the toilet frequently to pass urine (more than 6 times during the day or more than 1 time at night)
- inability to control bowel movements or passing wind
- a feeling of vaginal heaviness or dragging, or a lump in or protruding from your vagina

Pelvic floor exercises

Find a comfortable position, lying or sitting – try to vary the position you do the exercises in. Breathe in and on the breath out, squeeze and lift the muscles around your vagina and anus. By 6 weeks post-partum you should ideally be able to hold the squeeze for 5-6 seconds. If you can't hold for this long just hold as long as you can, ensuring you can feel and control the release and let down of the pelvic floor at the end of the squeeze. Repeat 8 to 10 times, resting for about 5 seconds between each squeeze. Aim to repeat this 3 times a day. Continue to gradually build up the time you can hold each squeeze and the number of repetitions in a row until you can manage 10 repetitions of 8-10 second squeezes. Remember to tighten your pelvic floor muscles before you cough, sneeze, laugh lift anything or do a strenuous movement.

Returning to exercise at 6 weeks post-partum

Once you are 6 weeks post-partum, you may like to gradually introduce low impact cardiovascular exercise, strengthening and stretching. It is important that any exercise you do is safe for the pelvic floor and abdominal muscles. Your abdominal muscles may still be recovering and have some degree of separation - your physiotherapist will be able to advise you on this. In order to avoid putting excessive strain on your pelvic floor and abdominal wall it is important to avoid exercise that causes straining and bearing down through your abdomen and onto your pelvic floor.

These are some general principles of safe exercise for new mothers:

- Choose low impact exercise that doesn't involve quick direction changes or heavy weights
- For minimal pressure on the pelvic floor, perform exercises in a lying position
- If standing creates too much pressure on your pelvic floor, try performing the exercise in sitting
- Increase repetitions and weight gradually
- Avoid breath holding during the exercise

If you experience any of the following symptoms during or shortly after exercise you should cease your exercise and consult your Physiotherapist:

- Back or pelvic pain or caesarean scar pain
- Vaginal heaviness or dragging
- Leaking urine during or after exercise
- Inability to control bowel movements
- Floppy abdomen or bulging abdominal wall with exercises (this may indicate ongoing DRAM)
- Ongoing or increased blood loss beyond 8 weeks postnatal that is not linked to your monthly cycle

After 6 weeks post-partum and in consultation with your Physiotherapist, you can progress your deep abdominal bracing and pelvic floor exercises, as outlined in the attached exercise booklet. You can gently increase your exercise levels by increasing the duration and intensity of your low impact exercise, increase the time and speed of your walking, or try seated static cycling. Swimming can be resumed once your bleeding has stopped.

Remember that you will be more tired in the first few months after having a baby due to interrupted sleep, the extra demands of motherhood and breastfeeding. Fatigue and over exertion during exercise can increase the risk of injury. It is important to listen to your body and how you are feeling, be aware of any warning signs of pain or discomfort and slow down or stop, rather than pushing through the pain. Please consult your Physiotherapist if you have any concerns.



Returning to exercise at 12 weeks post-partum and beyond

When considering returning to more strenuous and vigorous exercise you also need to consider your pre-pregnancy level of strength and fitness. This is why it is recommended to have another assessment by a Physiotherapist to check your pelvic floor and abdominal muscle strength and function to help guide your safe return to more strenuous exercise.

We recommend that a low impact exercise program is followed within the first 3 months of the post-partum period, followed by a gradual and controlled progression to more strenuous and high impact exercise. Steady progression of post-partum abdominal bracing and pelvic floor exercises are important to improve the strength and tone in these muscles, which will then give support to your lower back and pelvis while you exercise. Once you have good pelvic floor and abdominal strength and control and minimal abdominal muscle separation, you can consider return to previous activity levels or more intense exercise.

It is recommended to build training volume first (increasing length of exercise duration) prior to increasing training intensity. When you increase the intensity of exercise, increase the amount of resistance, weight and repetitions gradually. It is important to monitor your body's response as you increase your exercise duration and intensity. Returning to running is not advisable prior to 3 months post-partum or beyond this if your physiotherapist has identified any symptoms of pelvic floor dysfunction.

Returning to sex after having a baby



The time taken to resume sexual intercourse after you have had a baby is very individual and there is no normal or recommended time to start again. Remember that your body needs time to heal after having a baby, and resuming sexual intercourse too early (less than 4 weeks after birth) can increase your risk of a postpartum haemorrhage or infection. It is very much a personal choice, depending on how you feel physically, if you have any soreness in or around the vagina and whether you have had perineal stitches or a caesarean. If you had stitches or a caesarean section, you will need to wait until your stitches are healed and the suture line is no longer tender – generally at least 6 weeks. Also be aware that hormonal changes after having a baby and while breastfeeding can inhibit the production of natural vaginal lubrication and result in vaginal dryness, so you may need to use some lubricant gel.

If you have had perineal stitches, remember everyone heals and scars differently. Having a scar at your vaginal opening means it is in quite a sensitive area. Normally your vaginal opening is quite supple and stretches easily. Sometimes a scar can mean that it doesn't stretch so easily, so when you try and have sexual intercourse again, it can be sensitive and sometimes uncomfortable. A few exploratory sessions are recommended before intercourse, so that your partner is aware of any areas that may be tender. It is not uncommon to feel an ache or tender feeling over the suture line after intercourse, but this should fade with repeated intercourse and should not continue long term. You may also want to experiment with different positions, as some positions may be more comfortable than others, for example consider positions that put less pressure on the suture line or scar.

Some things to try if you are experiencing discomfort during sex:

- **Pelvic floor exercises.** Doing your pelvic floor exercises is really important - they will help to improve the circulation in the perineal area, will help to keep strengthen your internal vaginal muscles and aid in improved sexual function and enjoyment.
- **Perineal massage.** You can try massaging over the scar, starting gently and increasing the pressure as you can tolerate, using a lubricant gel or natural oil to massage with.
- **Seek pain relief.** Take pain-relieving steps before sex, such as emptying your bladder, taking a warm bath or taking an over-the-counter pain reliever. If you experience burning afterward, apply ice wrapped in a small towel to the area.
- **Use lubricant.** This can be helpful if you experience vaginal dryness.
- **Experiment.** Discuss different positions or alternatives to vaginal intercourse. Tell your partner what feels good — and what doesn't.
- **Make time.** Set aside time for sex when you're not too tired or anxious.

Sometimes there is initial discomfort with sexual intercourse, but this should decrease each time you try. If the pain continues or intercourse is avoided because of the pain, you should seek further advice and treatment from your Physiotherapist.



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