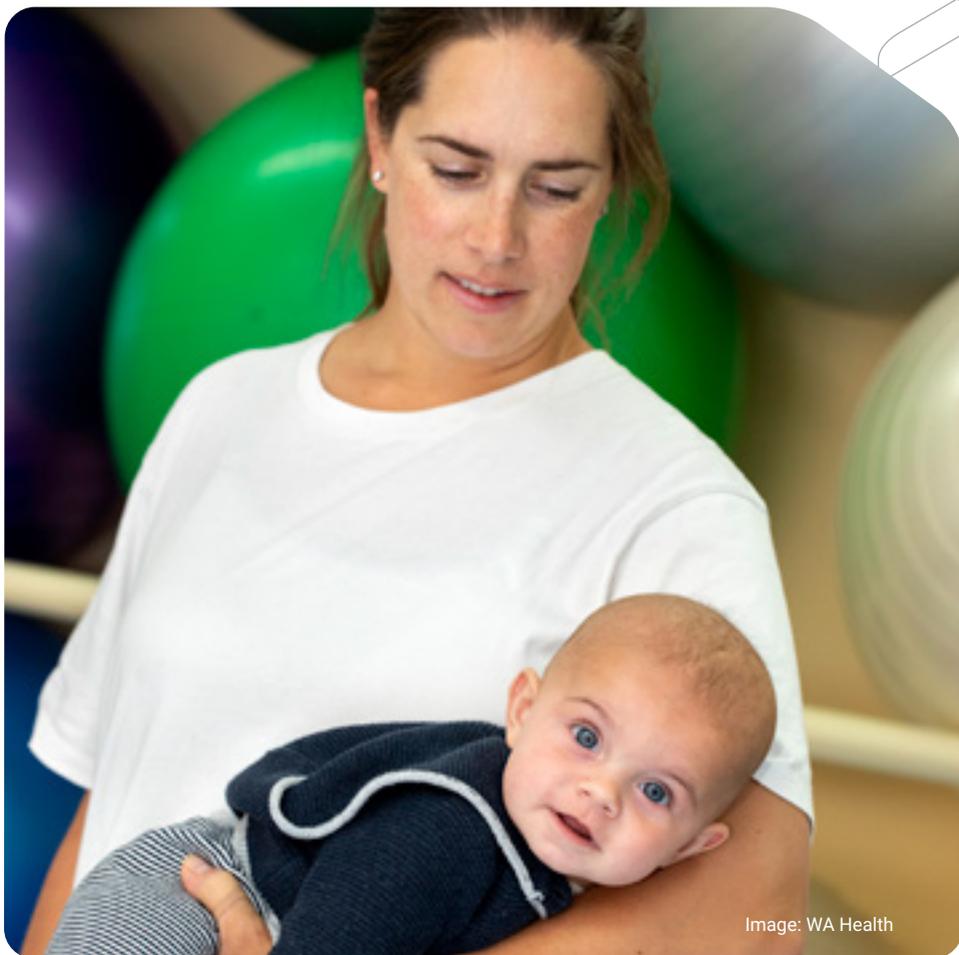




Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service

Physiotherapy after childbirth





Contents

Introduction	4
Reasons to see a women's health physiotherapist	4
Good bowel habits	6
Helpful toilet position	7
Good bladder habits.....	7
Bladder problems after childbirth	8
Vaginal symptoms	9
Essential exercises	10
After a vaginal birth.....	12
After a caesarean birth	13
General exercise.....	16
Posture, back care and managing fatigue.....	17
Sexuality after childbirth.....	18
Breathing and relaxation.....	19
Handling your baby	20
Baby massage.....	21
Notes	22
Useful resources	22
Useful contacts	23

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Introduction

In the first six months after childbirth, your ligaments, pelvic floor and stomach muscles are recovering from changes in pregnancy and childbirth.

It is a great time to start regaining your fitness and strength and also to seek help from someone skilled in women's health issues if you are having problems.



This booklet will guide you with self-help ideas, as well as when and where to seek extra assistance if required.

Reasons to see a women's health physiotherapist

If you experience any of the issues listed below within the first six months after the birth of your baby, please contact:

King Edward Memorial Hospital Physiotherapy Department (08) 6458 2790

Osborne Park Hospital Physiotherapy Department (08) 6457 8059

- Pelvic floor weakness, or vaginal lump or bulge
- Bladder or bowel problems
 - Leakage of urine, wind, stool
 - Urgency to pass urine or to use bowels
 - Passing urine frequently
 - Pain with emptying bladder or bowels
- Separated stomach muscles
- Painful scar tissue (caesarean, episiotomy, tear)
- Pain during sexual intercourse
- Back, neck, tailbone or wrist pain
- Blocked milk ducts or cracked nipples
 - Please contact the Breastfeeding Centre first on (08) 6458 1844.

You do not require a doctor's referral if you had your baby at King Edward Memorial Hospital (KEMH) or Osborne Park Hospital (OPH). If it has been more than six months since the birth of your baby, or you would prefer to attend a physiotherapy clinic closer to home, please see the list of services on the final page of this booklet. You may need a GP referral.

Postnatal Education class - from one week postnatal

Please join us online to discuss your return to exercise and common postnatal issues.

This class is open to women who have had a baby at King Edward Memorial Hospital (KEMH) or Osborne Park Hospital (OPH) within the past six months and who have a Medicare card.

We recommend attending as soon as you feel ready for more information about your physical recovery. Please scan the relevant QR code to go to our Eventbrite booking page.



Postnatal Exercise class - from six weeks postnatal

Join us in person for stretches, strength and cardio exercises. Baby is welcome, too.

To find out more about when our classes are running and what to bring, scan the relevant QR code to go to our Eventbrite booking page



(KEMH)



(OPH)

Please scan the relevant QR code for further links, videos and resources

- Postnatal exercise
- Abdominal muscle diastasis
- Pelvic floor muscles
- Good bladder and bowel habits
- Sexuality after childbirth
- Prolapse
- Caring for your stitches and perineum.



(KEMH)



(OPH)

Good bowel habits

- Go to the toilet when you get a good urge; between three times per day to three times per week is within normal limits.
- Eat plenty of fresh fruit, vegetables and unprocessed food.
- Prune, pear and apple juices are natural laxatives.
- Avoid constipation and straining; this may weaken your pelvic floor and cause haemorrhoids, anal fissures and/or prolapse.
- Exercise daily for 30 minutes to keep your bowel regular.
- Sit correctly on the toilet (see diagram on next page).

Formed stools (type 3 or 4) are the easiest to pass. If your stool is too hard (type 1 or 2), or too soft (types 5 to 7), it may cause problems.

Normal: Between three times per day to three times per week

Aim for: Type 3 to type 4 stool

Bristol Stool Chart

Type 1		Separate hard lumps like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Water, no solid pieces, entirely liquid

Helpful toilet position

(to empty your bladder and bowel)

- Lean forward with forearms on knees
- Try a footstool to bring knees higher than hips
- Relax stomach muscles so they bulge out
- Relax pelvic floor muscles
- Use a 'hiss' sound, which helps activate the correct muscles and prevent straining
- Squeeze and lift your pelvic floor muscles after you finish



If you have pain, swelling or stitches, support the area between the vagina and anus with a wad of toilet paper while you empty your bowels.

Good bladder habits

- Drink 1½ – 2L of fluid each day (up to 3L if breastfeeding). Limit caffeine, alcohol, soft drinks and artificial sweeteners.
- Go to the toilet when there is 300–500ml in your bladder. Often the urge is different after pregnancy (see following page).
- The average number of times to go to the toilet is four to six per day and zero to one per night.
- Avoid going “just in case” with small volumes, or delaying for too long so the bladder is overfull.
- Sit down on the toilet seat and take your time.

Bladder problems after childbirth

Please tell your midwife or physiotherapist if:

- The urge to go to the toilet does not feel normal
- It takes a long time to start the flow of urine
- The urine flow is very slow or it stops and starts
- It feels as if your bladder is not emptying properly
- You notice leakage of urine

Management of bladder problems after childbirth

- If you have passed a very large volume in one void (wee) or have a large amount left in the bladder after going to the toilet, a catheter may be inserted to allow the bladder to rest.
- If you have reduced bladder sensation, you will be asked to record your fluid intake and urine output using a bladder diary. You may need to use timed voiding to protect your bladder from overstretching – this means going to the toilet every two to three hours to keep the volumes in the normal range of 300–500ml.
- If the volumes are less than 300ml, you can hold a little longer.
- If they are more than 500ml, you need to go more often. Continue timed voiding until your sensation returns and you can feel when you need to pass urine again.
- Urinary incontinence may occur for many reasons and the physiotherapist will help determine the best management for you.

Recovery

- Most bladder problems are much improved in the first week or two and 100 percent better by six weeks. However, speed of recovery varies.
- Please ring the physiotherapy department (see page 4) if your bladder problems are not improving or if you feel concerned.

Vaginal symptoms

Some women notice a sense of heaviness, dragging or a lump or bulge in the vagina after the birth of their baby.

Why does this happen?

The vaginal walls and pelvic floor muscles stretch during a vaginal birth and take some time to recover. This means they are softer and more affected by gravity and straining.

Prevention and treatment in the first six weeks:

- Lie down for an hour each day in the first six weeks, more often in the first two to three weeks.
- You can put a pillow under your buttocks to elevate the pelvis.
- You could feed baby lying down if comfortable.
- Avoid straining with your bowels (see good bowel habits, page 6).
- Avoid straining/heavy lifting with everyday living.
- Change your position regularly – sit, stand, lie down.
- See our website video Have I got a prolapse? (scan code, page 5).
- Attend the Postnatal Education class.
- Ring Women's Health physio if still concerned (see front of booklet).

Handy hint

It's a good idea to lie down for an hour each day to relieve pressure on your pelvic floor muscles in the first six weeks after having your baby.

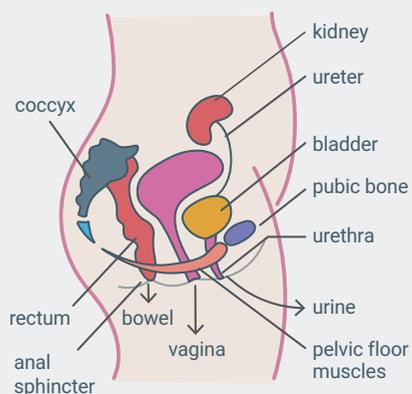
Essential exercises

Pelvic floor exercises

Reasons to do pelvic floor exercises:

- Improve bladder control
- Maintain bowel control
- Improve circulation and support to the vaginal area

The female pelvic floor



Stage 1: Immediately after having your baby

- Start pelvic floor exercises when you feel ready. The muscle pump action improves circulation and may reduce swelling and pain.
- Breathe normally and keep buttocks and thighs relaxed.
- Gently squeeze and lift the muscles around your back passage, vagina and front passage (as if trying to stop wind and urine from coming out), then fully relax the muscles and start again.
- Try four to five gentle contractions two or three times a day.
- Doing these exercises lying down may be easiest to start with but progress to sitting and standing as soon as comfortable.

Handy hint

Lying down for regular rests gives your pelvic floor a rest too.

Stage 2: Strengthen the pelvic floor

- Do pelvic floor exercises as described in stage 1.
- Remember to breathe normally, keep buttocks and thighs relaxed.
- When you can do 10 repetitions of holding for one second, progress to holding for two seconds, and so on (see chart).
- 10 repetitions = one set.
- Do two or three sets of exercises each day.

Besides these exercises, it is important to lose excess weight, avoid constipation or straining, and be physically active every day.

If you are unsure how to do pelvic floor exercises, attend our postnatal education class, call the KEMH or OPH Physiotherapy Department, or make an appointment to see a private women's health physiotherapist (see page 23).

<input checked="" type="checkbox"/>	Hold (secs)	Rest (secs)
<input type="checkbox"/>	1	2
<input type="checkbox"/>	2	4
<input type="checkbox"/>	3	6
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<input type="checkbox"/>	5	10
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<input type="checkbox"/>	7	10
<input type="checkbox"/>	8	10

Handy hint

Squeeze and lift your pelvic floor muscles when you:
Cough, sneeze | Lift | Carry your baby

After a vaginal birth

Swelling and pain management

- **Rest:** lying down flat, so that your hips and heart are the same level.
- **Ice:** Apply ice for 10 minutes every two hours, then throw away.
- **Compression:** Stack two maternity pads on top of one another with firm underwear.
- **Elevation:** Place pillow under hips.
- **Movement:** Gentle walking and exercise improve circulation and may decrease swelling and pain.

Perineal hygiene

- Keep perineum clean and dry
- Pat dry after using the toilet
- Wipe front to back after opening your bowels
- Use water (not soap) to clean your perineum area.

R

Rest

I

Ice

C

Compression

E

Elevation

M

Movement

After a caesarean birth

It may take six to 12 weeks for your body to heal. Avoid heavy or strenuous activity in the first six weeks, then slowly build up as comfortable. If you feel tired or your body aches, you need to rest.

Do the exercises in this booklet as soon as you feel comfortable, usually around day three. Stop if you feel pain.

A daily walk is a good way to loosen up and improve fitness (from week one). Start with short distances (10 minutes) on flat ground, then progress distance and difficulty as comfortable.

Light housework such as cooking and dusting is okay, but avoid vacuuming and lifting anything heavier than your baby in the first six weeks. As a general guide, any lifting that results in breath-holding indicates the load is too heavy.

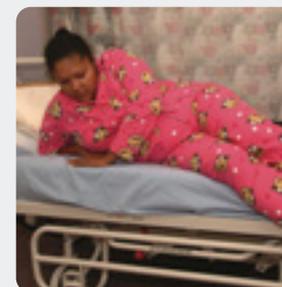
Driving may be safe when you are able to brake suddenly, move feet between pedals and look over your shoulder without pain.

However, some car insurance companies do not cover you in the first six weeks after abdominal surgery, so ring and check before driving.

For further information please refer to the online booklet *Your Caesarean Birth and Recovery*.

Getting in and out of bed

Rolling on your side reduces strain on your stomach muscles after a caesarean or vaginal delivery.



Abdominal exercises

These gentle exercises help reduce pain and improve mobility. They are suitable from day two post caesarean and vaginal births. Start softly and slowly with four or five repetitions. Increase amount as comfort allows.



Pelvic rocking/tilting

Draw in pelvic floor and lower stomach muscles. Breathe out as you tilt the hip bones backwards, so your back flattens into the bed and your tailbone lifts slightly.



Knee rolling

Take notice of your breathing as you roll both knees gently to each side, keeping shoulders flat. Relax your body.

Handy hint

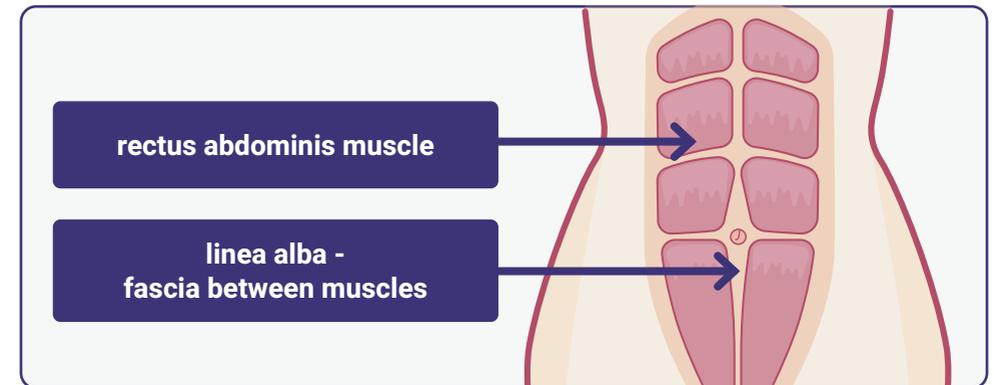
Do these exercises before you get up in the morning or when you have been lying down to rest.

Abdominal muscle diastasis

Your abdominal muscles (rectus abdominis) are joined down the middle of your abdomen by fascia called the linea alba.

This normally creates a slight gap between the muscles. In pregnant women, the fascia may soften and stretch to accommodate the growing baby, causing a wider gap than usual between the abdominal muscles. A gap that is wider than 2.5cm is called a rectus abdominis diastasis (RAD).

RAD is very common and usually reduces within the first eight weeks after having your baby.



What can I do to reduce RAD?

In the first six weeks:

- Keep your posture upright and relaxed.
- Do gentle abdominal exercises.
- Use abdominal support - firm, high-waisted underwear or leggings/bike shorts.
 - Use daily if you feel the gap is wider than normal
 - Take the support off if it feels uncomfortable and leave it off at night.
- Avoid straining, such as lifting and carrying heavy objects while your muscles are recovering.

After six weeks:

Returning to exercise helps regain abdominal muscle strength and reduce RAD from six weeks postnatal.

Please scan QR codes on pages 4 and 5 for more information.



Scan the QR code to find our video on abdominal muscle diastasis

General exercise

Exercise is important as it:

- Helps with physical recovery of muscles affected by pregnancy and childbirth
- Assists with weight control
- Improves health and fitness



- Facilitates mental wellbeing
- Sets a good example for your children

It takes up to six months for the ligaments in your body to return to normal. Return to exercise should be gradual.

Exercise guidelines

- In the first six weeks, strengthen the pelvic floor, back and stomach muscles with the exercises in this pamphlet. Walk for general exercise – start with 10-15 minutes on level ground and gradually increase.
- By six weeks, aim for at least 30 minutes walking, swimming or low impact exercise per day. Continue pelvic floor and abdominal exercises.
- Avoid jumping and jarring activities (eg: jogging, high impact aerobics) for the first three months.
- If you have pelvic floor symptoms, consider seeing a women's health physiotherapist before returning to high impact exercise.
- Involve your baby in your exercise program.

Posture, back care and managing fatigue

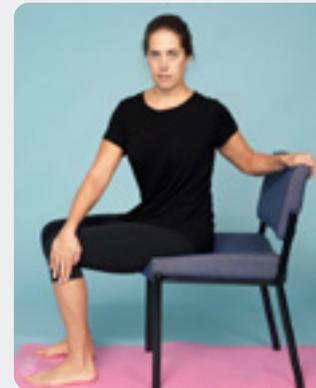
It is common to experience postural fatigue, back, neck and shoulder pain in the first few months of caring for your baby.

Here are some hints to help manage during this time:

- Lie down for 15 minutes every few hours
- Use a well-supported, relaxed posture when feeding and holding baby
- Keep change table and baby bath at waist height
- Avoid awkward or strenuous lifting



Lying down when feeding gives your body a rest.



Seated twist

Purpose: To open chest and stretch spine.

Sit at front of chair with hands on thighs, lengthen spine, open chest.

Without causing pain, twist to place right hand on outside of left knee, left hand behind back or on the back of chair (see photo).

Align ears with shoulders.

Repeat to opposite side twice a day.

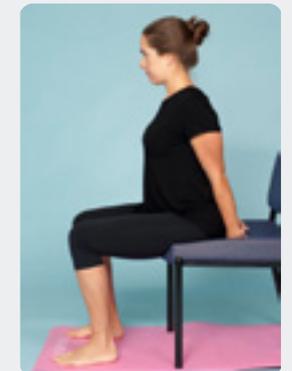
Chest stretch

Purpose: To open and stretch the chest.

Sit tall with your feet flat on the floor.

Clasp hands behind your back and draw shoulder blades together.

Hold for 10 seconds. Notice your breathing.



Sexuality after childbirth

Just as everyone has their own unique experience of pregnancy, childbirth and parenting, so will sexuality be different.

It is very common to have reduced sexual activity after having a baby, for many reasons. These include physical, emotional, relationship and other changes that come with having a new baby.

Sex is meant to be enjoyable - it is never normal for it to be painful.

Pain may be due to vaginal dryness, perineal scar tissue, caesarean wound pain or even feeling stressed or anxious, which can reduce lubrication and prevent pelvic floor muscles relaxing.

Talking to your partner, trying alternative forms of intimacy that are respectful and enjoyable for you both, using a water-based lubricant, gentle massage of scar tissue (after six weeks) and baby-free time with the help of a friend or babysitter may all be helpful.

For more information, please see our website (scan QR code on page 5).

Please see your GP or call the physio (see page 22) if you are not improving with the above strategies.

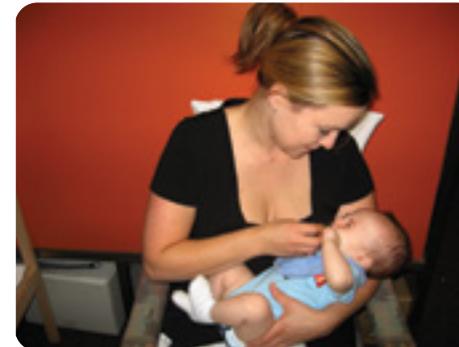


Breathing and relaxation

Motherhood can at times be stressful. Breathing and relaxation can help manage this.

Benefits:

- Helps calm you and your baby
- Assists with milk release
- Improves energy levels
- Reduces stress for yourself and others around you
- Helps you cope with everyday demands.



When stressed you may notice:

- Muscle tension (jaws and shoulders)
- Anxiety or irritability
- Headache
- Upper chest breathing
- Difficulty coping.

How to reduce stress

- Release muscle tension - relax jaw so teeth are apart, drop shoulders down and back
- Breathe in slowly and sigh out
- Focus on one activity at a time.

If you feel unable to cope, ask for help from family and friends or speak to your doctor or child health nurse.

Resources

Beyond Blue www.beyondblue.org.au

COPE www.cope.org.au

Lifeline www.lifelinewa.org.au | 13 11 14

Handling your baby

Lie your baby on their back (face up) to sleep. When your baby is awake, you may also lie your baby on their side and tummy. Regular tummy time is important from day one. Try a little bit often as part of your baby's daily routine. There are many ways to build tummy time into the day.

- Carry your baby face down over your forearm
- Lie with baby propped up on their forearms on your chest
- Sit with baby face down over your lap.

For more ideas, see the *Baby Moves* leaflet in the back of your purple *All about me* book.



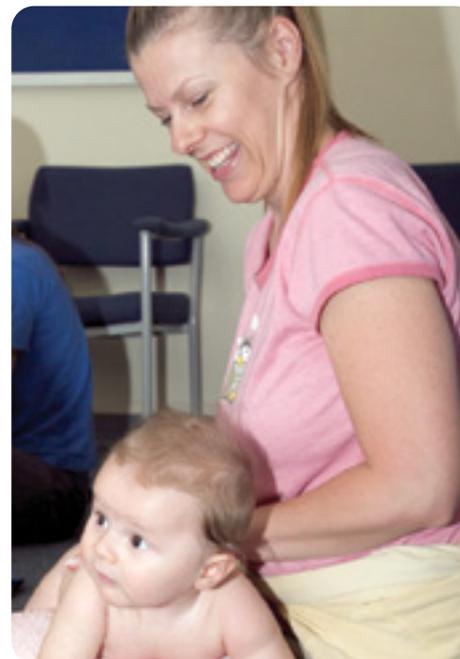
Newborn babies can be placed on their tummy when awake but they must be supervised at all times.



This position can calm your baby and is good for tummy time.

Handy hint

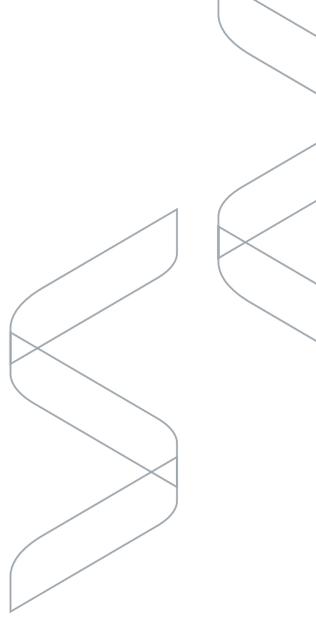
Allow your baby to explore and learn through movement. Avoid baby walkers and 'jolly jumpers' for safety and developmental reasons.



Baby massage

Time used for massage can be relaxing and enjoyable for both you and your baby, eg: after a bath or when baby is lying on your lap.

- Use massage at a quiet, settled time
- Undress baby as much as possible
- Use pure edible oil (eg: apricot, light olive)
- Put oil onto your hands – not directly onto baby
- Use firm, smooth continuous strokes with as much hand contact as possible eg: using palm of hand or flats of fingers
- If stroking on chest, use diagonals (eg: shoulder to opposite hip)
- If stroking on the back, use long strokes down the back
- Stroking can also be used on the face, head and limbs.



Women and Newborn Health Service

Osborne Park Hospital
Osborne Place, Stirling WA 6021
☎ (08) 6457 8000
🌐 oph.health.wa.gov.au

King Edward Memorial Hospital
374 Bagot Road, Subiaco WA 6008
☎ (08) 6458 2222
🌐 kemh.health.wa.gov.au

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Produced by: Women and Newborn Health Service



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