

## Postnatal Exercises and Advice

**Name of Patient.....**

**Name of Physiotherapist: .....**

**Contact Number: 0300 6133396**

**Please contact your physiotherapist for advice or if any exercises you have been given make your symptoms worse.**

**Information for patients, relatives  
and carers**

## **Postnatal exercises and advice**

This leaflet gives advice and specific exercises to help your body to recover from pregnancy and the birth of your baby. This includes guidance about your posture and moving correctly to protect your back and pelvis. Start the exercises as soon as you can - gently to begin with and progress them as you are able to.

These exercises are ideal whether you have given birth vaginally or by Caesarean section.

### **Breathing exercises and supported coughing**

Pain, for example from Caesarean section, can affect your ability to breathe deeply and cough effectively.

Try to breathe in and out deeply 4-5 times every hour, especially if you are spending a lot of time in bed or sitting.

Coughing (if you have had a Caesarean section or have abdominal pain) support your lower abdomen/painful area with your hands or a folded towel or cushion.

### **Circulation exercises to reduce fluid in your feet and hands**

Briskly circle and move your feet up and down.

Make a fist with your hand and relax quickly, for 20 – 30 seconds as often as possible throughout the day

### **Getting out of and into bed**



If you are lying on your back

Bend your knees and place your feet flat on the bed

Roll onto your side.

Then lower your legs over the side of the bed as you push with your arms to bring yourself up into a sitting position.

Sit for a few moments until you are ready to stand up. Then lean forwards and push yourself up from the side of the bed using your hands.

Do the opposite to get into bed.

## **Posture**

### **Standing and Walking**

Stand up straight and tuck your bottom in.

### **Sitting**

Sit up straight with your back supported, legs uncrossed and both your legs and feet supported.

### **Nappy Changing**

Do this on a surface level with your waist.

### **Lifting**

Keep your back straight and bend your knees when lifting. Keep objects close to you. Tighten your pelvic floor and deep abdominals just before and during each lift.

If you have had a Caesarean section, avoid lifting anything heavier than the weight of your baby for the first 6-8 weeks.

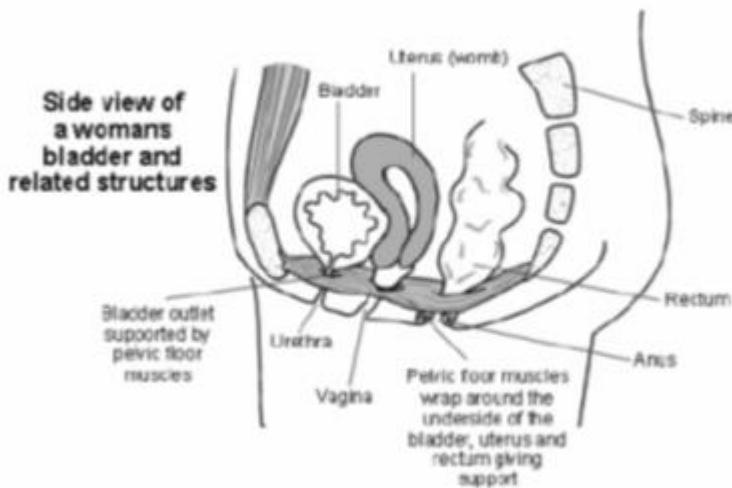
Avoid carrying your baby in their car seat - where possible take them out of the seat or put them in their pram/pushchair.

## Pelvic Floor Exercises

The pelvic floor is a sheet of muscles that extend from your tail bone (coccyx) to your pubic bone at the front of your pelvis, forming a 'platform' between your legs.

During pregnancy and childbirth the muscles are stretched and become weak. They work very closely with the deep muscles of the abdomen and are important to exercise to help the abdominals to strengthen again.

If the pelvic floor muscles are not exercised and remain weak there is an increased risk of low back pain, pelvic girdle pain, poor bladder or bowel control, descent of the vaginal walls (prolapse) and prolonged abdominal muscle separation. Having an assisted delivery (forceps/ventouse) or a baby weighing more than 4kg may increase the risk of bladder or bowel dysfunction or prolapse further.



*Side view of a woman's pelvic organs and pelvic floor muscles. Diagram copy EMIS and PiP 2006, as distributed on [www.patient.co.uk](http://www.patient.co.uk)*

Once you are passing urine normally you can begin these exercises, even if you have vaginal stitches.

### How to do a pelvic floor muscle exercise:

1. Lie on your back on your bed with your knees bent and your feet flat. Keep your knees hip distance apart from one another.  
Or  
Sit comfortably on an upright chair with your thighs, buttocks and tummy relaxed.
2. Now imagine you are trying to stop yourself from passing wind. Imagine it may pass and really embarrass you; try to draw in the anal muscles as much as possible as if preventing the wind from passing. Really try to feel this. Remember to keep your outer buttock muscles relaxed.  
Now let go.
3. Next try to imagine you are stopping yourself from passing urine mid flow. Pull the muscles inwards and upwards towards the pubic bone. Really try to feel this. Now let go.
4. Now put the 2 parts together.  
Begin by drawing in the muscles around the anal passage as much as possible, as if preventing the movement of wind. Then try to pull the muscles inwards and upwards towards the bladder, as if preventing the flow of urine.

Try to continue to breathe normally.

**You are now doing a pelvic floor muscle contraction.**

**Try to avoid:**

- Pulling in your upper tummy muscles.
- Squeezing your buttock muscles.
- Squeezing your thigh muscles.
- Holding your breath. Try to continue to breathe normally.

**You may find it helpful to:**

- Try momentarily to prevent urine from passing mid-stream, feel yourself using the muscles around the vagina / urethra to do this. You can test this every 2 weeks to see if you find it easier to do. Do not do this every day.
- Try momentarily to prevent wind from passing, feel yourself using the muscles of the anal passage to do this.
- Hold a small mirror between your legs, you should see the area between your vagina and anus lift in towards you. You can also place a finger on this area to feel the muscle lift up and in as you exercise it.

**Setting your exercise programme**

Tighten your pelvic floor muscle and hold the contraction for as many seconds as you can (up to a maximum of 10). Now relax.

**How long could you hold the contraction for  
.....seconds**

Now repeat this contraction, then relax and rest for 5 seconds, then repeat it again.

Repeat this *tighten, hold, and release* as many times as you can (up to a maximum of 10).

## **How many times could you repeat this ‘slow holding’ contraction .....repetitions**

Now try to complete the contractions more quickly. This time tighten, hold for just one second, and release again. Try to repeat this up to 10 times.

## **How many quick contractions can you do .....repetitions**

You must now aim to complete this programme 3 times each day.

As you improve you are aiming to be able to hold a contraction for 10 seconds, repeat this 10 times, followed by 10 quick contractions. This exercise is easier to do in lying or sitting. You should also aim to be able to complete these exercises in a standing position by 6 weeks.

It is good practice to tighten the pelvic floor muscle before you cough, sneeze, laugh, or lift so try to remember to do this.

Try to avoid constipation, heavy lifting, full sit ups, and double leg lift exercises as these will put too much pressure through the pelvic floor muscle and potentially weaken it further.

## **Remembering to exercise**

If you are having difficulties remembering to complete your exercises try the following:

- Complete the exercises whilst feeding your baby
- Download a pelvic floor exercise ‘app’ to your phone / tablet e.g. the NHS “Squeezy” app.
- Use ‘post it’ notes around your home to remind you
- Set an alarm or calendar alert on your phone / tablet
- Exercise after you have emptied your bladder
- Exercise after you have had a drink or meal

## Exercises for your back and abdominal muscles

### Mobilising exercises

These exercises will mobilise your lower back to increase or maintain your movement which can help to ease back pain and gently work your abdominals:

#### 1. Pelvic tilt

Lie on your back with your knees bent and your feet flat

Tilt your pelvis and flatten your lower back to the floor or bed. Slowly relax.

Repeat up to 10 times, 2-3 times a day. This exercise can also be done sitting on a chair or a gym ball.



#### 2. Knee Rolls

Lie on your back with your knees bent and your feet flat.

Roll your knees from side to side slowly.

Repeat up to 10 times, 2-3 times a day.

## Abdominal exercises

These exercises will help strengthen your core muscles to increase the support for your back and pelvis. Using these Pilates based exercises is very effective for this.

### 1. Deep abdominals (*transversus abdominis*)

Lie on your back with your knees bent and your feet flat on the bed/floor, ensure your upper body is relaxed and your lower back and pelvis are in a neutral position (This is halfway between tilted forwards and backwards).

Take a small breath in, then as you breathe out gently pull in your lower abdominals towards your back – keep your upper abdominals relaxed and be aware of your pelvic floor muscles working at the same time. (If you cannot keep your upper abdominals relaxed try working your pelvic floor muscles first and be aware of your deep abdominals working.)

As you breathe normally hold this contraction for up to 10 seconds and repeat up to 10 times.

If you have pain lying on your back, try doing this exercise in sitting on a firm chair or ball.

Aim to do this exercise 2-3 times a day

When you can do this exercise for 10 seconds, 10 times, progress onto the following exercises (in the same starting position)

Gently work your deep abdominals and pelvic floor muscles as exercise 1 and keep them working throughout exercises 2-5

## **2. Hundreds level 1**

Take a breath in to prepare.

As you breathe out lift your arms a few centimetres off the bed/floor .

As you breathe in pulse your arms up and down 5 times and then 5 times as you breathe out

Aim to repeat this 10 times.



## **3. Single leg slide**

Take a breath in to prepare.

As you breathe out, slide your left heel along the bed/floor.

As you breathe in, slide your left heel back along the bed/floor.

Repeat with the right leg and then continue by alternating legs.

Aim to repeat this 10 times on each leg.



**If you do not have an abdominal separation progress to exercise 4**

**(To find out how to assess for abdominal separation/diastasis**

**rectus abdominis - see end of this leaflet).**

#### **4. Abdominal prep**

Take a breath in to prepare.

As you breathe out reach with your hands towards your feet while slowly lifting your head and if you are able to your shoulders off the pillow. Make sure your abdominals do not bulge or dome. Then slowly lower your shoulders/head back down again.

If your neck hurts do this exercise with your hands under your head.

Gradually increase to 10 repetitions.



**From 6 weeks you can add in exercises 5 and 6**

#### **5. Shoulder bridge**

Take a breath in to prepare

As you breathe out tilt your pelvis backwards and then continue the movement slowly lifting your back off the bed/floor.

Take a breath in as you maintain this lifted position

As you breathe out unroll your back onto the bed/floor.

Aim to lift and lower each part of your back/spine segment by segment and make the movement as smooth as possible.

Gradually increase to 10 repetitions.



## 6. Exercises in kneeling on all fours

for example pelvic tilting (arching and hollowing):



Arch your back upwards and move your head down, then look up to the ceiling and let your back hollow.

Keep your elbows, knees and hips still throughout the exercise.

## Returning to general activities and sport

### Pacing your activities

Although it is good to keep active make sure you listen to your body – aim to have a balance between being active and taking rests.

### Walking

When you feel ready start going out for short walks - if you have had a vaginal delivery this may be about a week after the birth of your baby, if you have had a Caesarean section this may be 1- 2 weeks.

Gradually increase the amount/distance you are walking as you feel able.

## Sport

As a general guide you can start non - contact, low impact exercise from about 6 weeks. If you have any concerns speak to your health professional.

Swimming is very good exercise to regain fitness and tone up your muscles – to avoid risk of infection ensure your wounds have healed and your vaginal discharge has ceased. If you have had any tears/episiotomies with stitches or a Caesarean section this will take at least 6 weeks.

For contact and high impact sporting activities it is recommended to wait for at least 3 months as your ligaments will still have some laxity for that time. If you are hypermobile it would be advisable to wait 6 months.

## Driving

For vaginal deliveries - return when you feel ready

For Caesarean sections - return as advised usually about 4-6 weeks. Inform your insurance company to ensure that you are covered should anything happen. You should feel confident that you could do an emergency stop.

## Sexual intercourse

Resume sexual intercourse when you feel comfortable to do so.

**After assisted delivery (forceps/ventouse) and/or having a larger baby (>4kg)**

If you have any symptoms of urinary incontinence or prolapse (vaginal heaviness, awareness of vaginal lump, difficulty emptying your bladder) after 8 weeks please ask your GP to refer you for Physiotherapy.

### **How to assess for abdominal separation/diastasis rectus abdominis**

It is easier to detect the separation of the rectus abdominis muscles during a curl-up or crunch. Lie on your back with your knees bent. Place your hand at or just above your tummy button and press gently into the muscles. Now lift your head and shoulders up, feeling for the two edges of the muscles as they draw together. You may also notice peaking or doming of the middle of your stomach when you do activities like getting in and out of bed or sitting up from the sofa



If the space between your abdominal muscles is less than 2 fingers widths this is considered normal range. If the space is more than 2 finger widths you may still have a muscle separation.

**For most women a separation will resolve within the first 8 weeks after your baby is born.**

**If you feel you have a separation after this time please ask your GP to refer you for physiotherapy.**

## **Useful Resources:**

[https://pogp.csp.org.uk/system/files/publication\\_files/POGP-E%26A.pdf](https://pogp.csp.org.uk/system/files/publication_files/POGP-E%26A.pdf)

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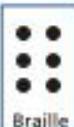
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Please contact (PALS) the Patient Advice and Liaison Service on:

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**Website:** [www.fhft.nhs.uk](http://www.fhft.nhs.uk)

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