

Postnatal Physiotherapy Information Booklet



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Physiotherapy
Video



Northern Sydney
Local Health District



**CONSUMERS
AND CARERS
APPROVED**

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Recovering after the Birth of your Baby

The first 8 weeks after childbirth is an important 'recovery' period. Being kind to your body and avoiding unnecessary strain will optimise your recovery.

Perineal care after vaginal birth

- Change your pads regularly
- Wipe front to back after bowel motions, then shower and pat dry gently with a soft towel
- If you have swelling, apply ice packs wrapped in a damp cloth to your perineum for 20minutes, every 2-4 hours
- Wear double sanitary pads and firm fitting underwear when walking to increase support
- Sit on folded towels lengthways with a small gap between to relieve pressure on your stitches
- Have a daily rest period with your hips elevated on a pillow










Bladder and bowel care

- The normal volume to hold in your bladder is 300-500mls. In the early postnatal period, your bladder sensation may be reduced. If this is the case empty your bladder every 2-3 hours to stay within these volumes and prevent overstretching
- Don't rush when passing urine. Sit on the toilet, focus on relaxing your pelvic floor and tummy muscles and stay there until you feel completely empty. If necessary stand up, rock the pelvis forward and back a few times and sit back down to fully empty

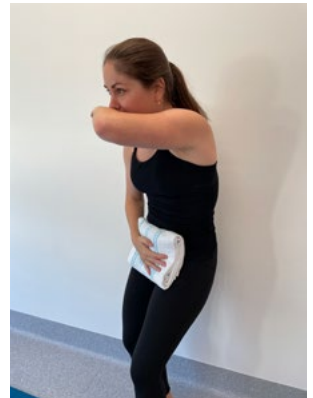


- To prevent constipation, ensure a high fibre diet (fruits, vegetables, whole grain breads and cereals) and drink about 2 litres (6-8 glasses) of fluid per day. Gradually increase fluid intake to 3 litres as your breast milk supply fully establishes. Aim for Stool Type 4 on the Bristol Stool Chart. Limit caffeinated drinks such as tea, coffee or coca cola as these can irritate the bladder and cause dehydration
- Empty your bowels promptly when you feel the urge. Sit on the toilet, leaning forward with your legs apart and back in a comfortable position. Raise your heels or use a foot stool so that your knees are higher than your hips. Don't strain - instead allow your belly to relax forwards as this allows your pelvic floor to release. Support your stitches with your hand and a pad of toilet paper

BRISTOL STOOL FORM SCALE		
Type	Description	Image
TYPE 1	Separate hard lumps, like nuts	
TYPE 2	Lumpy and sausage-like	
TYPE 3	Sausage shape with cracks	
TYPE 4	Like a smooth soft sausage or snake	
TYPE 5	Soft blobs with clear-cut edges	
TYPE 6	Mushy consistency with ragged edges	
TYPE 7	Liquid consistency with no solid pieces	

Caesarean wound care in the first 6-8 weeks

- Use wound support before a cough, sneeze or laugh to reduce pain
- Minimise lifting anything heavier than your baby for the first 6 weeks where possible
- Log roll in and out of bed (illustrated below)



- After 6 weeks gentle scar massage may be performed if the wound is fully healed

Rest and Relaxation

It is very important to balance activity with regular rest periods during the early postnatal period

- Aim for 1-2 x 30 minute rest periods each day
- Good positions for rest periods include lying on your back with your legs elevated or side lying with a pillow between your knees
- An alternative rest position is lying face down with a pillow under your tummy. This is especially helpful for your back and pelvic floor. If you have had a caesarean birth, wait until the wound is more comfortable (approx. 2 weeks) before trying this position

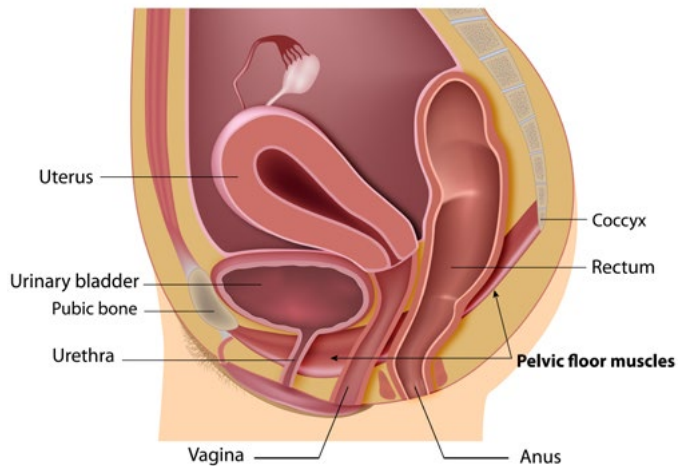


Resuming Sexual Intercourse

There is currently no official guideline however you may prefer to wait until after your 6 week GP check to ensure everything has healed well and reduce risk of infection. Postnatal hormonal changes, including lower oestrogen levels, especially if you are exclusively breastfeeding may make vaginal tissue drier and more fragile. It is recommended to use a water based lubricant initially. If pain is an ongoing issue check with your GP to see whether vaginal oestrogen cream or a review with a Women's Health Physiotherapist may be of benefit.

Pelvic Floor Muscle Care

Regardless of whether you gave birth to your baby vaginally or via caesarean, it is important to protect and in time strengthen your pelvic floor muscles after the birth of your baby. The pelvic floor muscles surround your urethra (front passage), vagina and anus (back passage), and help to support your pelvic organs. They form a sling running from the pubic bone at the front to the tailbone at the back. If these muscles are not working normally, you may experience reduced control of your bladder or bowel, feel the sensation of 'something coming down' into the vagina (prolapse), or experience pain or changed sensation during sexual intercourse.



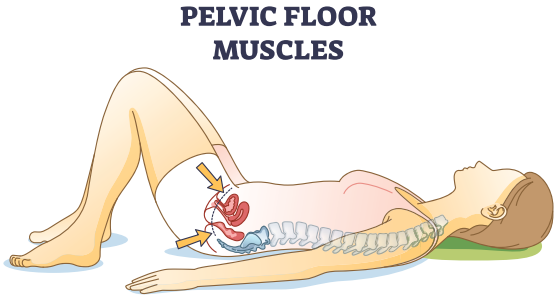
During pregnancy some changes will have occurred with stretching of the muscles and connective tissue (fascia) that make up the pelvic floor and pressure on the nerves that supply it. Further stretching and in some cases tearing of the muscles and fascia can occur during the birthing process. In the first 8 weeks after birth there will be natural recovery and healing and therefore **strenuous** pelvic floor exercises are **not required** during this time. **Protective bracing** of these muscles **prior to coughing, sneezing or lifting** and some **gentle movements to reconnect with these muscles** are however of benefit and recommended.

Pelvic Floor Muscle Exercise Program

Emphasis is on protection and support: brace (squeeze and lift) your pelvic floor muscles before activities such as coughing, sneezing or lifting.

Gentle Program – Days 2 to 5

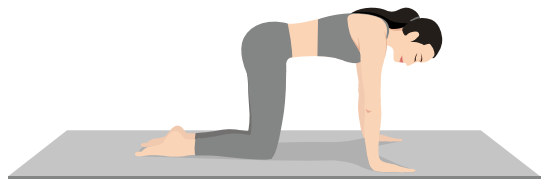
1. Lie down on your back with your knees bent up and supported or lie on your side
2. Gently squeeze and lift up the muscles around your vagina and back passage
3. Hold the squeeze for only 1 second and then fully release
4. Emphasis in on feeling some gentle movement of the muscle-a squeeze and lift and then full relaxation
5. Rest for 3 seconds and then repeat
6. Try to do 6 repetitions, less if you feel muscle fatigue
7. Repeat this set of 6 repetitions on one other occasion per day
8. Also tighten your pelvic floor muscles before coughing, sneezing or lifting



Build repetitions and try different positions - Days 5 to 14

As well as lying in the positions above you can also exercise while sitting or on your hands and knees.

1. Continue the gentle squeeze and lifts as above
2. Hold for only 1 second then fully release
3. You should feel a definite release; rest for 2 seconds, do 6-8 reps
4. Do a total of 2 sets per day
5. Remember to tighten your pelvic floor before coughing, sneezing or lifting



Recovery Program – Weeks 3 to 8

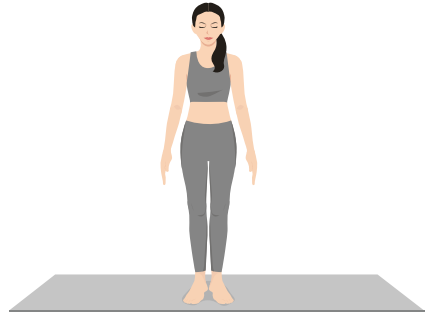
Progress your exercise program by increasing hold time to 2 seconds. Continue to ensure you are lifting as well as squeezing and fully relaxing the muscles after each repetition. Rest 2 seconds between reps. Increase the reps to 8-10. Do 2 sets per day in different positions, such as sitting and standing. Add a 3rd set per day after 6 weeks. Remember to tighten your pelvic floor before coughing, sneezing or lifting.

Strengthening Program – After 8 weeks

Squeeze and lift the muscles more firmly. Add an additional second of hold time per week, gradually building to 10 second holds and 10 seconds rest. Ensure you are not holding your breath. Complete 3 sets of 10 reps per day.

A Pelvic Floor Muscle Phone App such as the National Health Service's **'Squeezy App'** may help to remind you to perform these exercises regularly.

Three sets per day is however all that is required. It is important not to 'over do' these exercises as this can lead to a pelvic floor that is 'too tight' which may cause pain with sexual intercourse and impact on bladder and bowel emptying.



Maintenance Program – After 16 weeks

An individualised assessment and exercise prescription is ideal, however at minimum a maintenance program of 3 sets of 10 reps with 10 second holds, 2-3 days each week is recommended.

If you are experiencing any incontinence (leaking from bladder or bowel) or prolapse symptoms after your 6 week check, notify your GP and ask for a referral to a Women's Health Physiotherapist for individualised assessment and advice.

General Exercise after Birth

Early postnatal exercise (0-6 weeks)

- A gradual return to exercise after the birth of your baby will optimise your recovery
- Resume exercise slowly and progress gradually at your own pace within limits of comfort and fatigue
- If you have never been a regular exerciser previously now is a great time to consider working towards it There are many health benefits and the opportunity to be a good role model for your children
- Walking is an ideal aerobic exercise in the first 6 weeks after the birth of your baby
- Static cycling or low impact 'cross trainer' can be added after 4 weeks
- Build your low impact exercise up to 30-60 minutes of moderate intensity exercise 5-7 days per week
- If you wish to swim or exercise in water, wait until your perineal or abdominal stitches have healed and vaginal discharge has ceased (usually 4-6 weeks). Ideally defer until after your 6 week GP review
- Upper body exercises with light hand weights may be added after 2 weeks
- Body weight lunges/narrow squats may be added after 4 weeks-gently tighten your pelvic floor muscles while performing and start with a small range of movement



Intermediate postnatal exercise (6-8 weeks)

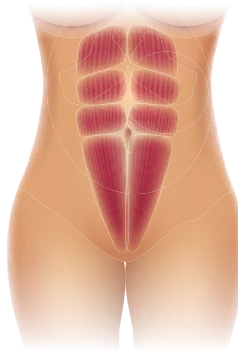
- You can usually commence low impact exercise classes after about 6-8 weeks. Specific postnatal classes such as the Royal North Shore Hospital Postnatal exercise (Pilates based) class is recommended initially (see page 24 for details)

Late postnatal exercise (8+ weeks)

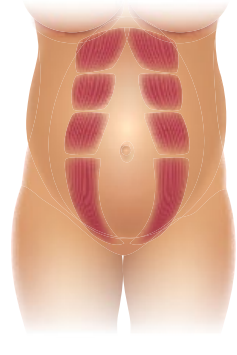
- Caution is required with exercise that may cause pain or strain on your muscles and joints. High impact exercise such as jogging and netball should only be resumed when your core muscles (pelvic floor, abdominals, gluteal and back) and the ligaments supporting your pelvic/knee/ankle joints are sufficiently recovered. This may take several months. If you are experiencing bladder/bowel incontinence (leakage), pelvic organ prolapse symptoms (vaginal pressure or heaviness) or joint pain, high impact exercise is not recommended. If you are experiencing any of these symptoms, ask your GP for a referral to a Women's Health Physiotherapist for assessment and individualised advice. If required, we can provide you with a list of private Women's Health Physiotherapists
- Even if you have had a straight forward recovery and are not experiencing any of the above symptoms a pelvic floor assessment by a Women's Health Physiotherapist is recommended before you return to high impact exercise or sport to assess for any risk of pelvic organ prolapse, incontinence or other dysfunction and to ensure key muscle groups are adequately strengthened prior
- If you are still breastfeeding, it is essential to wear a well-fitting, supportive bra during high impact exercise. A maternity bra, reinforced by a sports crop top is recommended

Abdominal (Tummy) Muscle Care

Your abdominal muscles are made up of four layers, with the outer layer consisting of two bands of muscle that run from your breastbone and upper ribs to your pelvis. These two bands of muscle are joined together by connective tissue known as fascia. During pregnancy this band of fascia stretches due to hormonal changes and the growth of your baby, so the abdominal muscles separate leading to a 'gap'. If the fascia is very soft and stretchy you may also notice some 'doming' or 'bulging' of your abdomen with certain movements.



NORMAL ABDOMEN



DIASTASIS RECTI DURING PREGNANCY



These changes are normal and there will be natural recovery over the first 8 weeks after birth. The following have been shown to be helpful to optimise recovery and improve comfort:

- If your abdomen feels heavy and uncomfortable you have the option to wear an abdominal support garment. You may do so for as many hours per day/night and as soon after birth as you wish. It should feel comfortable and supportive however not tight. If you have had a caesarean birth, ensure the garment does not cause pressure or friction on your wound.
- If you have had a vaginal birth and feel comfortable to do so commence gentle ‘mini’ abdominal ‘crunches’ (wait at least 2 weeks if you have had a caesarean birth). Lie on your back with knees bent and gently raise your head and upper shoulder blades and lower. Initially placing your fingers on your abdomen can help you feel the muscles closing together as you raise your head. You may feel more comfortable however to support your head and neck with your hands.



- Start with 2 sets of 6 reps daily and gradually build to 3 sets of 10
- After 8 weeks: following clearance from your GP or other health provider commence other abdominal strengthening exercises in a variety of positions. Consider enrolling in a specific postnatal exercise class. The RNSH postnatal ‘Pilates informed’ exercise class is a good option (see page 24 for details).

If you have any concerns about ongoing abdominal muscle separation (a gap wider than 4cm just above the belly button) 8 weeks after birth, seek an appointment with a Women’s Health Physiotherapist for further assessment and advice

Posture and Back Care

During pregnancy, your back and pelvis may be more sensitive than usual due to hormonal and other changes that allow your baby to grow and prepare your body for birth. The effects of these changes may continue for several months after birth. Back pain is common during this time, however, is less likely if you have good postural awareness and take some care with your daily activities. It is ok to flex and extend your back during daily activities and having a good range of movement is healthy, however some care is required with repetitive or prolonged activities such feeding your baby, bathing your baby and changing nappies.

Standing posture

- When standing for long periods stand tall with your chin and lower tummy slightly tucked in
- Soften your knees
- Gently pull your shoulders down and back
- Aim to have your ear, shoulder and hip in alignment



Sitting posture

- When sitting for an extended period choose a chair that provides comfortable support for your back. Sit with your bottom all the way to the back of the chair and use a rolled up towel in the arch of your back to support the natural curves
- When breastfeeding, use a small foot stool and support your arm on an arm rest or pillow to take some of baby's weight. Don't forget, **bring baby to breast rather than breast to baby**. Once feeding is established, varying feeding positions can be helpful to give your muscles a rest from repetitive, prolonged postures and help to prevent neck, back & wrist aches and pains. Ask your midwives about alternative positions such as the football hold and feeding in side-lying.
- The exercises at the end of the handout (exercises for neck, upper back and back mobility exercises) are very helpful to keep movement through your back to prevent it getting stiff and sore.



Care with Daily Activities

- Be mindful of your back during housework and when caring for your baby
- For example, place your washing basket on a waist level surface when hanging out the washing, aim to have your baby's change table at waist height, and use a lunging technique when lifting from the floor and vacuuming
- It is recommended you transport baby in a pram rather than a capsule



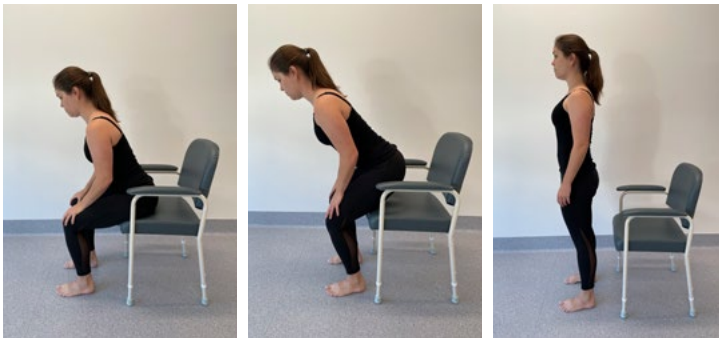
Minimise heavy lifting

- Avoid awkward or heavy lifting during the early postnatal period
- Try and keep any lifting fairly light for the first 6 weeks. If you need to lift your toddler, have them climb up on to a bed or chair first so you are not lifting from the floor as this causes more strain
- Prior to lifting, gently tighten your pelvic floor and lower tummy muscles ('brace') then lunge down. Hold the object close, and push through your legs to stand up. Remember to keep breathing



Sit to stand

- 'Brace' (gently tighten your pelvic floor and lower tummy muscles)
- Lean forward at the hips, keeping your back straight
- Push up through your thighs
- Remember to keep breathing



Leg Exercises

For strong thigh and buttock muscles to assist with bending and lifting

Squats

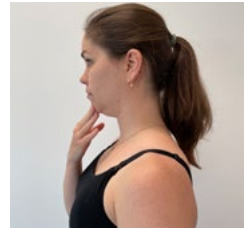
- Stand with your feet shoulders width apart
- Tighten your pelvic floor muscles and lower abdominal muscles
- Bend your hips and knees as if sitting on a chair, and then straighten to stand back up
- Aim for 3 sets of 10 reps per day, 2-3 times per week



Exercises to Prevent or Ease Neck Pain

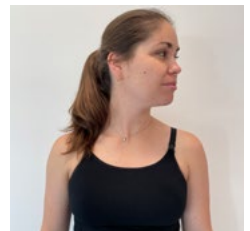
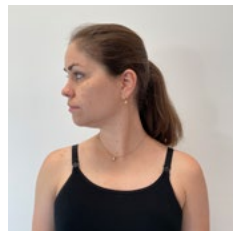
Chin tuck

- Keeping your head level, tuck your chin in as if making a double chin
- Hold for 5-10 seconds, then gently release
- Repeat 10 times



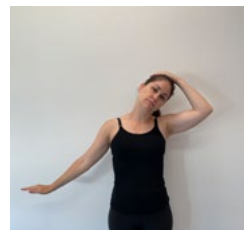
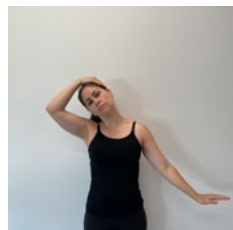
Rotation stretch

- Turn your head to look over one shoulder, until you feel a gentle stretch in your neck
- Hold for 30 seconds
- Repeat on the other side



Side stretch

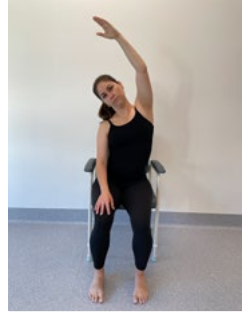
- Tilt one ear towards your shoulder, until you feel a gentle neck stretch
- Hold for 30 seconds
- Repeat on the other side



Upper Back Exercises

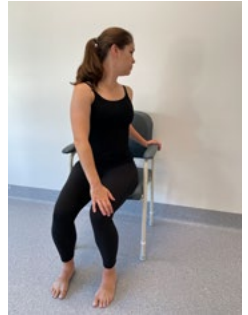
Trunk side stretch

- Stretch one arm up towards the ceiling and at the same time stretch your other arm down towards the floor
- Gently bend sideways from your waist taking your upper arm over your head
- Hold for 30 seconds
- Repeat on the other side



Trunk rotation stretch

- Turn your upper body towards one side, grasping the back of the chair with the opposite hand to stretch your middle and upper back
- Hold for 30 seconds
- Repeat on the other side



Upper back stretch 1

- Clasp your hands together and reach your arms out in front rounding through your back.
- Hold for 30 seconds.

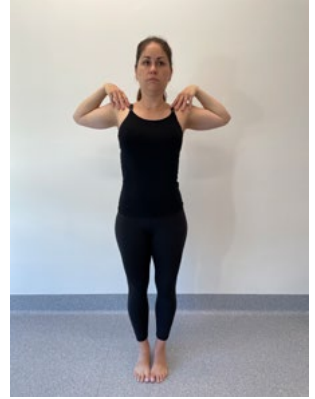


Upper back stretch 2

- Clasp your hands together behind your back.
- Stretch your shoulders down and back so that your shoulder blades squeeze together.
- Hold for 30 seconds.

Shoulder rolls

- Rest your finger tips on your shoulders and circle your shoulders backwards, drawing your shoulder blades down and together
- Perform for 30 seconds



Seated row

- Perform in seated position
- Start with no resistance, TheraBand or light hand weights can be added in as you progress
- Pull both arms back and squeeze your shoulder blades together
- Relax and let both arms come forward, so your elbows are straight
- Aim for 3 sets of 10-15 reps per day, 2-3 times per week

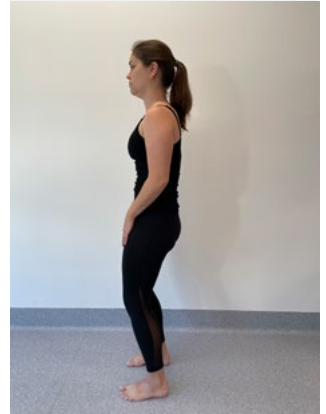
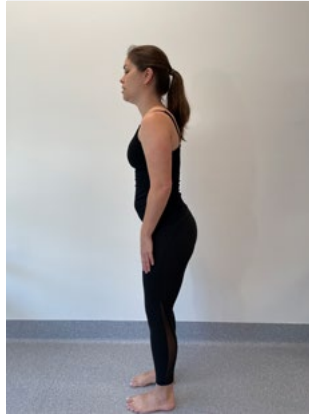


Back Mobility Exercises

Perform with caution and only within a comfortable range of movement after a caesarean birth

Pelvic tilts

- Stand with your feet comfortably apart and knees slightly bent
- Place one hand on your lower tummy and the other in the arch of your back
- Tuck your tummy in as you tilt your pelvis backwards and flatten the arch of your back
- Hold for 5-10 seconds. Gently release and return to starting position
- This can also be done in lying, sitting or on hands and knees
- Repeat 10 times once daily or more often to relieve any back ache



Cat stretch

- Tighten your tummy as you gently round your back and bring your head towards the ground
- Then, arch your back and bring your head up towards the ceiling
- Repeat 5 times in each direction



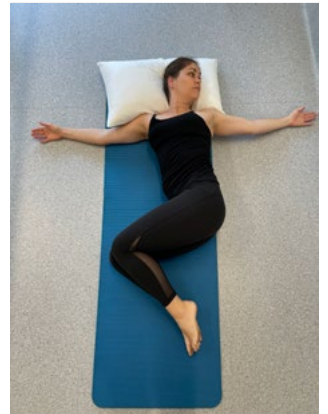
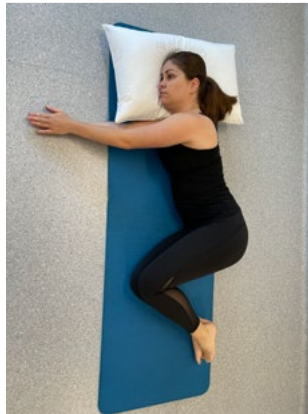
Mid back rotation

- Tighten your tummy, stretch one arm up to the ceiling, and then sweep your arm down and under your body
- Turn your head to follow your hand
- Repeat 5 times
- Repeat on the other side



Mid back book opener

- Lay on your side with your knees bent up and arms straight out in front of you as shown in the picture
- Breathe in and open your top arm to lay towards the floor, following your hand with your eyes as shown in the picture on the right
- Breathe out as you bring your arm back
- Repeat 10 times
- Repeat on the other side



Tips to Prevent or Ease Wrist Pain

It can be common to experience hand or wrist pain during pregnancy or after birth as your body undergoes changes with extra fluid and getting familiar with looking after a newborn.

Carpal tunnel and De Quervain's tenosynovitis are two common conditions that can occur during and after pregnancy. Ask to speak to the physiotherapist on the ward if you are experiencing any symptoms, such as pain or pins and needles in your hand or wrist. Whilst these symptoms can be difficult to manage with a newborn, try the following tips below:

Carpal Tunnel Syndrome

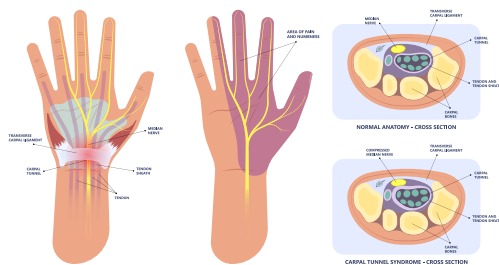
Symptoms

Pain, pins and needles or numbness in the hand, often as a result of increased pressure on the median nerve as it passes through your wrist.

Tips to help

- Keep your hands in line with your forearm e.g. when you are sleeping and when you are holding your baby
- Avoid gripping activities e.g. gripping tightly to the pram
- Avoid any activity which makes it worse where possible
- A wrist splint which holds your wrist in a neutral position can reduce symptoms

This generally resolves 4 weeks after birth, if you have persistent symptoms then see your GP for a referral to a hand specialist such as RNSH Hand Clinic



De Quervain's Tenosynovitis

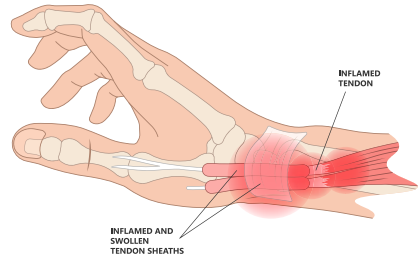
Symptoms

Pain, swelling and decreased movement around the base of the thumb, often due to inflammation of the tendons in that area

Tips to help

- Avoid aggravating activities, especially those that bend your wrist side to side e.g. lifting a saucepan or opening jars
- Use two hands where possible
- A splint for your wrist and thumb may help with symptom management

If you have symptoms then see your GP for a referral to a hand specialist such as the RNSH Hand Clinic.



General tips when looking after your baby

- Try to keep your wrist in mid position when holding your baby
- Avoid picking up your baby with thumb extended. Try scooping your baby up with your forearm.
- Take care with positioning during feeding times, let your baby's weight be supported by a pillow. Speak to your Early Childhood Centre or a Lactation Consultant to assist with positioning ideas
- If you are expressing breast milk regularly, consider using an electric pump

When Should I Seek Physiotherapy Help?

If you experience any of the following please seek a physiotherapy referral from your GP:

- Urinary leakage (incontinence) with activity or on the way to the toilet beyond 6 weeks
- Loss of bowel control (including wind) beyond 6 weeks
- Symptoms of pelvic organ prolapse-vaginal pressure/heaviness/feeling 'something coming down' beyond 6 weeks
- Painful intercourse that doesn't improve within a few weeks of first trying
- Back, pelvic, neck or wrist pain that is not gradually improving or lasts beyond 6 weeks

Royal North Shore Hospital

Phone: 9463 2148

Email: NSLHD-RNS-Physiotherapywomenshealth@health.nsw.gov.au

Hornsby Ku-ring-gai Hospital

Email: NSLHD-HKH-alliedhealth@health.nsw.gov.au

Ryde Hospital

Phone: 9858 7558

Fax: 9858 7585

Physiotherapy outpatient treatment within the NSLHD is covered by Medicare. If you have private health cover, we encourage you to see a private Women's Health Physiotherapist due to the large demand on our services. Likewise, if you are not having any symptoms but wish to have a pelvic floor assessment prior to returning to high impact exercise or sport, we recommend you do so with a private practitioner. We can provide you with a list of Private Women's Health Physiotherapists on request.

RNSH Exercise Classes: Suitable from 6 weeks after birth

The Royal North Shore Hospital Parenting Education Department offers a postnatal exercise class which can be attended following medical clearance via a signed medical form by your GP at your 6 week check. For more information including current days/ times please phone Parenting Education on **9462 9588** or visit their website:

https://cascbepenrol.nslhd.health.nsw.gov.au/index.php?show_section_id=3&action=courses

*NSLHD Women's Health Physiotherapy. Postnatal Booklet.
Updated February 2023*



