

Mayo University Hospital

Rehabilitation after pregnancy.



Foreword

Congratulations on the birth of your child.

We have created this booklet to give you information on some of the most common issues moms experience in the first days, weeks and months of motherhood and some of the physiotherapy approaches to initiating recovery. Our hope is that this booklet not only empowers you to start your recovery journey, but that it also gives you information on what to do next if these issues don't get better in the next few weeks.

Whether this is your first baby or your tenth; each birth is different and each baby is unique. Please acknowledge all of the changes your body has gone through. Recognize that it has taken your body several months to adjust to these changes and will likely need several months to adjust after delivery. Remember to give yourself the time and the grace to recover. Strength is built on a foundation of good nutrition, rest and recovery, as well as consistent work.

First: Rest.

Your body has just gone through a lot in the last several months: carrying and birthing a child is not an easy task. Sufficient rest at this stage is vital to promote recovery and ensure adequate healing. Rest also allows your brain to adjust to all of the new information it has just encountered and the significant change in hormones. Finding the time to rest may be difficult, especially with other children to care for or if you are an exclusively breastfeeding parent. Try some of the following to increase the amount of rest you are getting:

- Aim for at least 4 hours of uninterrupted sleep per 24 hours.
- Do your best to rest when you can. This might look like sitting down instead of standing or lying down instead of sitting.
- Listen to your body; if you feel tired, rest. If you are hungry, eat. It sounds simple but in these early days we can neglect our needs
- Accept offers of help from family and friends.
- Consider creating a “help mom and baby” list for the fridge. This may be a list of household chores that friends and family members can do so you don’t have to. Things like emptying the dishwasher or folding/ironing laundry can be really easy for visitors to do so you can get a bit more time to rest.



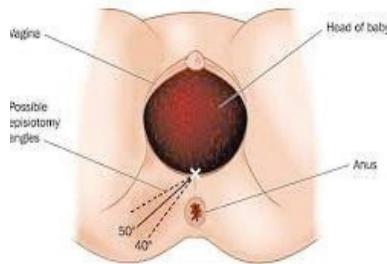
Help mom and baby	
Fold laundry	Cook a dinner
Hoover the sitting room	Prepare easy snacks
Take toddler to playground	Put on a wash
Empty the dishwasher	Walk the dog
Make mom lunch	Mow the lawn

Vaginal birth and your pelvic floor.

During a vaginal birth, the muscles and nerves of your pelvic floor stretch to accommodate the birth of your baby.

Depending on your unique circumstance, there may be some degree of bruising, tearing or the delivery team may have deemed it necessary to perform an episiotomy (a cut between the vagina and anus) to allow the safe delivery of your baby.

You may have some stitches and they may cause some discomfort, especially if sitting directly on them.



If your perineum (the area between your anus and vagina) is painful, you might get some relief from rolling up a towel and placing it in a 'U' position or use two smaller towels side by side. This supports your body weight off the painful area and helps make sitting more comfortable. Alternatively, you could invest in a ring cushion for the same purpose.

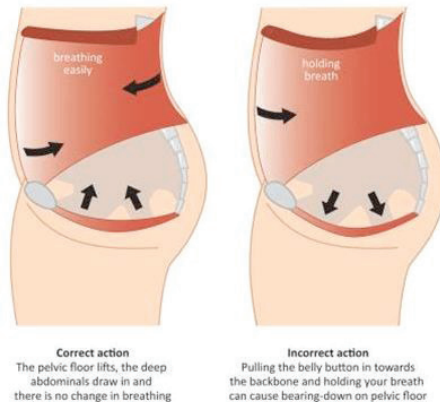


Pelvic floor exercises.

Your pelvic floor muscles are a group of muscles that run from your pubic bone to your tail bone. They help to support your bladder, uterus and bowel and help prevent unintentional leaking of pee. Exercising your pelvic floor muscles will help you to regain strength and function after pregnancy. You can start to exercise the muscles of your pelvic floor within hours of a vaginal delivery.

To exercise these muscles, try to imagine stopping yourself from passing gas, followed by a full relaxation of the pelvic floor. Another visual cue could be to imagine picking up a blueberry with your vagina, then fully letting it go again. This action of “grasping and lifting the blueberry” will encourage you to exercise these muscles correctly, remembering to “let go of the blueberry” will encourage full relaxation of the pelvic floor. All muscles need to contract and relax in order to work properly.

You might not feel a strong contraction at first but with regular practice, this will help the strength and coordination of your pelvic floor. Start with 3 or 4 squeezes, gradually increasing the amount of squeezes to 10. Once you can do 10, add a second set of 10, then a third set of 10 with a goal of 3 sets of 10 squeezes per day. You can vary between fast squeezes and squeezes with a longer hold.



Caesarean birth and your pelvic floor.

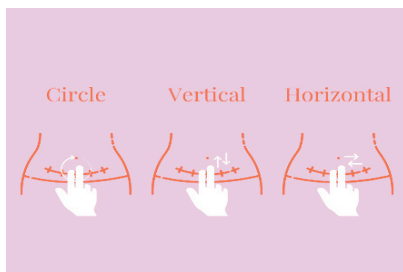
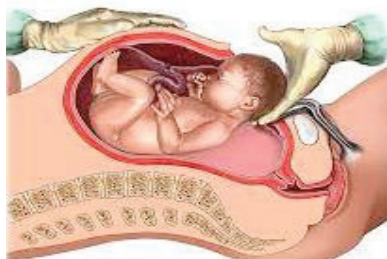
Pregnancy can be demanding on your pelvic floor. Regardless of how your baby entered the world; your pelvic floor will likely still benefit from some targeted exercises. The cues and instructions under “vaginal birth and your pelvic floor” would still apply to caesarean deliveries.

Caesarean birth and your incision site

Your incision site may cause some discomfort in the first few days after delivery. You might notice some bruising and one side may be more tender than the other side. Follow your midwives’ guidance on appropriate care and cleansing of the site.

You may notice that coughing/sneezing cause an increase in pain at your site. Holding a pillow across your surgical site and applying gentle support to your site may help with the discomfort.

Once the scar is well healed (after 6 weeks), scar massage can begin. This can be very helpful to improve the sensation and appearance of your scar. Start off with gentle strokes across the scar as below. It might feel tender or numb at first but regular gentle touch can help improve the sensation. If you have bothersome or lumpy scars, please ask your GP for a referral to pelvic health physiotherapy so we can commence scar massage.



Feeding posture to prevent back ache.

You will likely be spending a lot of time feeding your baby over the next several months. Whether you choose to breastfeed, bottle feed or combine feed, many parents report back ache from long hours holding and feeding baby. Try some of the tips below to reduce back ache:

1. Head, back, hip and foot support. Ensuring you are sitting comfortably with your head, back and hips supported on a comfortable chair and your feet fully supported is the first step to successful feeding time. Try to keep your shoulders back and avoid crouching around your baby when feeding. Use of pillows and a foot support can make a huge difference. If breastfeeding, consider reviewing “laid back feeding” or “side lying” feeding with your lactation consultant/midwife as these positions tend to be more comfortable, especially when tired.



2. Stretches: Stretches for your shoulders, chest and back can really help reduce back pain

3. Strengthen your back: Banded pull-aparts and seated rows can help with increasing strength in your upper back.



First bowel movement after delivery.

The thoughts of having a bowel movement after childbirth can be a little daunting. Here are a few tips on how to make that first trip to the bathroom less worrying:

1. **Hydration.** Drinking plenty of water will help keep the stool soft and make it easier to pass.
2. **Fibre.** Try to eat a variety of fruits, veggies and whole grains to improve the texture of the stool.
3. Avoid “pushing to poop”. Try to get into a comfortable position on the toilet, place your feet up on a small step or small bin so that your knees are higher than your hips and relax your pelvic floor, just like the picture below.
4. You might find it helpful to wrap your hand in some toilet tissue and support the painful area of the perineum so that you can fully relax it to have a bowel movement. Alternatively, hold a period pad against your perineum for support and take some deep breaths to relax your pelvic floor.
5. Consider asking your midwife or doctor for a stool softener if your perineum is particularly painful and you are concerned about having to push to pass a bowel movement.
6. Movement creates movement. Try to go for a small walk to encourage the bowels to get moving. Once you get the urge to have a bowel movement, try not to put it off and make a plan to empty your bowels within the next 15 mins. It's perfectly fine to bring your baby into the bathroom with you.



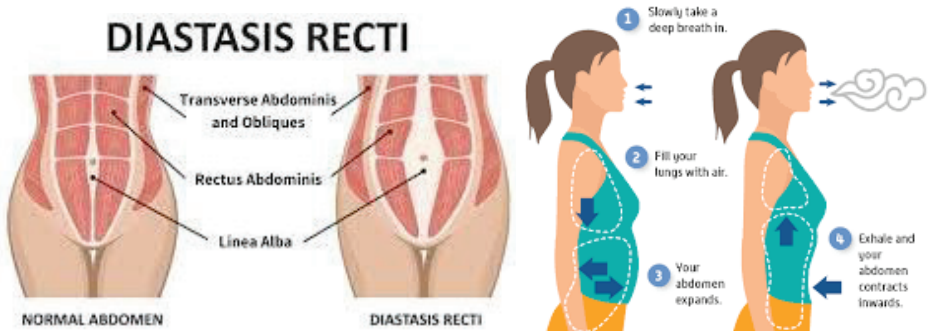
Diastasis Rectus Abdominis.

Diastasis recti, or DRA is very common during pregnancy, impacting most pregnant women. You may have heard it called “abdominal separation”, however, it’s more similar to “abdominal softening”. DRA is a very helpful and necessary adaptation to pregnancy, allowing room for your baby to grow.

DRA often self resolves, however, there are some exercises you can commence to encourage recovery:

1. Diaphragmatic breathing
2. Pelvic floor exercises
3. Posture awareness

If you are still worried about DRA, ask your doctor for a referral to physiotherapy



Return to activity.

1) **When can I go for a walk?**

Unless your doctor/midwife has told you to remain in bed, you can, and should be up and walking around your room/bed. After returning home, start with short 5-10 min walks. If you feel well after your walk, consider adding a few mins to the length of your walks.

2) **Can I carry my baby?**

Unless advised by your doctor/midwife, you can carry and cuddle your baby as much as you like. There is no such thing as “spoiling” a baby and they need to be close to you. If you want to use a carrier, follow the manufacture instructions and look for baby-wearing groups that can help with fitting a carrier.

3) **When will I get my body “back”?**

Your body has changed a lot over the last 9 months so it can take at least that length of time to feel more like yourself again. Speed of recovery will vary depending on sleep, nutrition, exercise and genetics. Daily gentle exercise and good nutrition as well as optimizing your sleep when you can will all help.

4) **How will I know if I've done too much?**

If you experience any of the following, consider taking a break for a day or two and doing less exercise the next time

- Increase in post-partum bleeding
- Feelings of extra fatigue/ increased emotions
- Feelings of heaviness/pain around your pelvis or C-section scar or leaking of urine

Return to running/high impact sport.

EXAMPLES OF EXERCISE PROGRESSION IN THE POSTNATAL RUNNER



Source - Goom T, Donnelly G & Brockwell E. Returning to running postnatal - Guidelines for medical, health and fitness professionals managing this population. March 2019



Return to intercourse.

1) **When can I return to sexual intercourse?**

Try to wait at least 6-8 weeks after having your baby before returning to intercourse with your partner. If you want to maintain the intimacy between you and your partner; try non-sexual intimacy eg cuddling.

2) **I'm worried sex might hurt. What should I do?**

Once you feel mentally, emotionally and physically ready for intercourse, make sure you communicate with your partner regarding your expectations, concerns and fears. Consider making a plan to initiate penetrative intercourse for a minute or two and then stop or take a break after that so that you can have some time to reflect on how your body is responding. If after 24 hours you don't have any bleeding, discomfort or pain and you want to try intercourse again, you could try to engage in intimacy for slightly longer this time.

3) **I've noticed my vagina feels tender/dry. What should I do?**

Consider using lubricant, especially if you are breastfeeding as the vagina can produce less of its own lubricant post-partum and during breastfeeding. This is just as relevant for same-sex partners as it is for heterosexual couples. If you use sex devices or toys, ensure you are cleaning them as recommended between uses and storing them appropriately so as to reduce risk of infection.

If after trying the above and you are having persistent pain with intercourse, please ask your doctor for a referral to a pelvic health physiotherapist. There are a lot of reasons that intercourse can be uncomfortable and pelvic health physiotherapy can help.

Mommy thumb.

“Mommy thumb” or DeQuervain’s Tenosynovitis, usually presents as pain at the thumb-side of the wrist. Often made worse either opening or closing the hand, or using the affected thumb to use a phone. It usually develops due to repetitive grasping/lifting/carrying of an infant. Breastfeeding mothers may have increased pain from awkwardly cupping the breast when feeding. Hours of scrolling on a phone will often cause an increase in pain.

Treatment usually includes stretching, strengthening, immobilization and avoiding certain movements.

Pelvic Girdle Pain after delivery

Pelvic girdle pain is typically described as pain around the sacrum and pelvis during pregnancy. It is very common during pregnancy and typically resolves after delivery. If you notice that your pelvic girdle pain is persisting, ask your GP for a referral to physiotherapy.

What to do if there’s a problem

If you notice any of the following, ask your doctor for a referral to pelvic health physiotherapy.

- leaking of urine, stool or gas
- vaginal heaviness, fullness, dragging or bulging
- an increased frequency of urinating
- persistent pain with intercourse
- Tenderness/numbness around your c-section scar
- Any other issue with your pelvic floor

Exercises: stretches.

Try some of these to relieve an achy back or to start strengthening your body after having a baby. Start off with 5-6 reps of each and build up to 10-12 reps of each 3 times.



Cow Pose.



Cat Pose.



Thread the needle.
Perform this on each side.



Chest Stretch.

Exercises: strengthening.



Bird Dog.



Glute Bridge.



Helpful contacts:

Pelvic Health Physiotherapist: Siobhan Gallagher: 087 4518109

Lactation Consultant: Mary Sammon: 087 1814874

Peri-natal Mental Health Midwife: Aine McGrillen: 087 0611855

Post-natal care (up to 6 weeks):

MUH 094 9042359 / 094 9042360

Post-Natal care (after 6 weeks):

Contact your GP

Emergency care for your or your baby: Please call 999 or 112 and ask for an ambulance or come to the Emergency Department at MUH