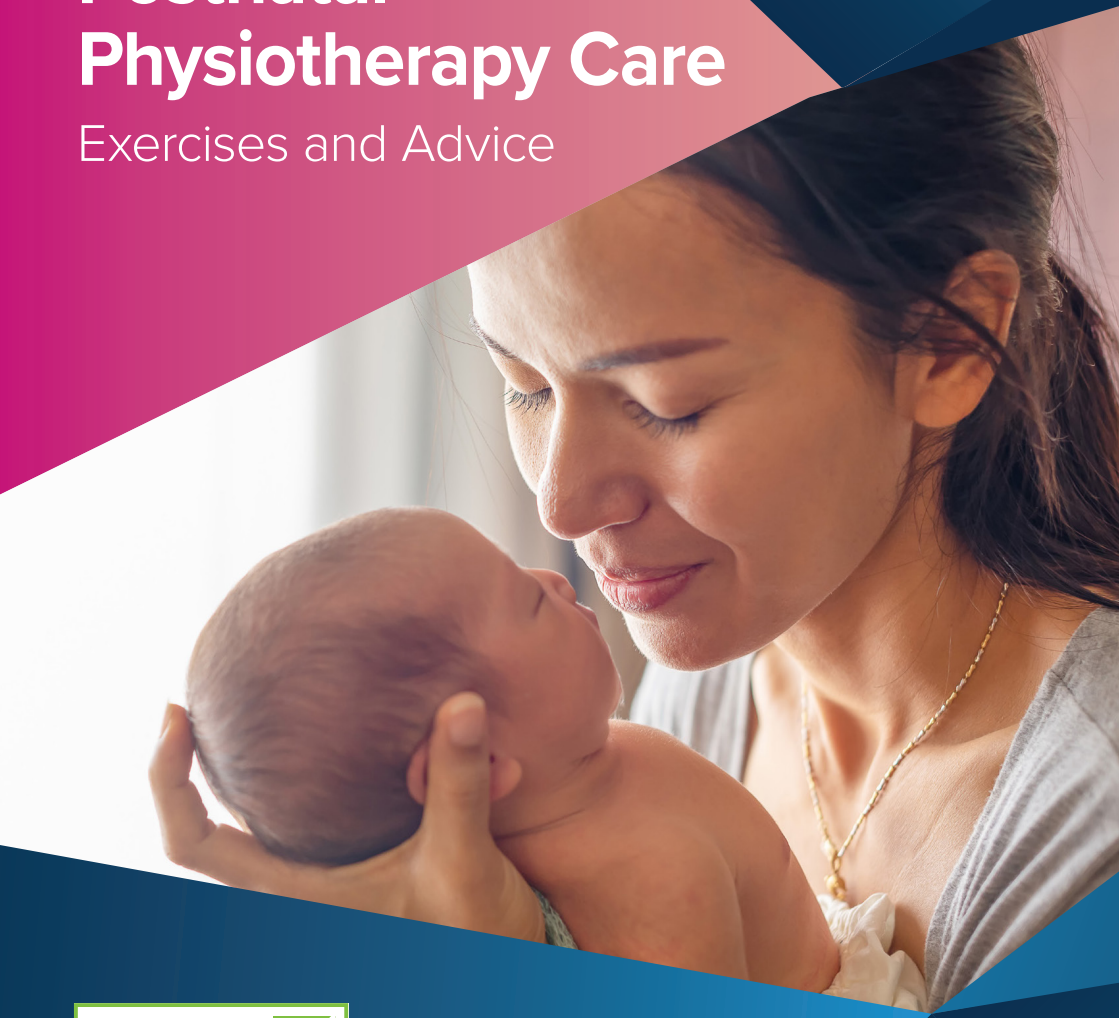
Postnatal Physiotherapy Care

Exercises and Advice



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MaternityCare

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Ramsay Health Care

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Disclaimer: The information in this booklet reflects the latest revision at the time of publication. In cases where your doctor or health care team provides instructions that differ from those in this booklet, please follow their recommendations. For any questions or concerns, consult your doctor or health care team. For urgent care needs, contact 000 or visit the nearest Emergency Department.

Introduction

Congratulations on the birth of your baby. There is a lot of focus on your baby, but you also need to allow some time to look after yourself and allow your body to recover. This booklet has been thoughtfully prepared to guide you through the essential aspects of your postnatal recovery, from wound care and exercise to bladder, bowel and back care. In addition, you will find practical advice on caring for your baby and resources to support you through this period of adjustment. Our aim is to provide you with clear, evidence-based information to support your well-being and empower you to make informed choices as you heal and grow with your child.

Hormone Changes From Pregnancy

Hormones during pregnancy help to make your joints more flexible to prepare your body for childbirth. Hormone levels return at different rates for different women following delivery. There is a lot of recovery particularly in the first 6-8 weeks.

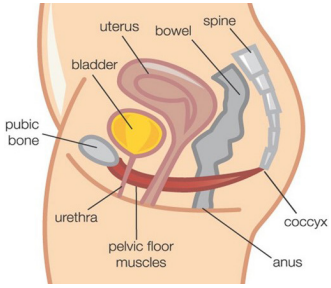
Lower Segment Caesarean Section (LSCS)

The surgical technique whereby the baby is delivered through an incision in the uterus and abdomen. This may be planned or an emergency. An incision is made above the pubic bone, horizontally through the skin, fat and muscle layers. This can change how you use your abdominal muscles.

Pelvic Floor Muscles (PFM's)

What is the Pelvic Floor?

The pelvic floor is a sling of muscles that sit at the base of the pelvis. These muscles stretch like a hammock from the pubic bone to the tailbone (coccyx) and from side to side. They are part of a group of muscles referred to as your "core".



Why is the pelvic floor important?

- They maintain continence of your bladder and bowel
- They support your abdominal organs
- They assist in better sexual function
- They have a role in supporting your back
- They prevent and reduce the risk of prolapse

Perineal care

Perineum Tear or Episiotomy

The perineal region (perineum) is the area of soft tissue between the vulva and anus. During labour and delivery, this area is stretched and can sometimes tear or be cut to allow the passage of your baby. This can result in some degree of short-term discomfort and swelling. With an episiotomy, the vaginal wall and perineum are cut. With a tear, the following can occur:

- 1st Degree Tear: A laceration extending to the perineal skin.
- 2nd Degree Tear: A laceration extending to the perineal muscles (pelvic floor).
- 3rd Degree Tear: A laceration extending through to the anal sphincters.
- 4th Degree Tear: A laceration extending through to the lining of the anal canal

Rest

Limit the amount of time spent sitting. Alternate positions from lying on your back or side, to short periods of walking around the ward. If you are required to sit for longer periods, ensure it is on a soft surface or on 2 folded towels under your thighs with a small gap in between the towels. Keep the area clean with warm water only (no soap). Change pads regularly. Speak to your doctor or midwife if you notice any offensive smelling discharge, or have increased pain or bleeding.

Ice

Apply ice (i.e. frozen maxi pads or ice fingers), wrapped in a clean and dry cloth, to perineal area for 10-15 mins every 2 hours.

Pain Relief

Please discuss with your doctor or midwife.

Pelvic Floor Activation

Please refer to page 12

Bladder and Bowel Care

Please refer to page 6

Comfort and Support

Please refer to page 8

Follow Up Care

A postnatal review with a Women's Health Physiotherapist is recommended after 6 weeks post-delivery.

Bladder and Bowel Care

It is important that after delivery you have good bladder and bowel habits. This includes:

- Drinking 1.5-2 litres of fluid daily (3 litres if breastfeeding)
- Limiting caffeine, alcohol and soft drink intake
- Following a healthy diet - Full of fibre, fresh fruit and vegetables
- Engaging in regular exercise
- Sitting on the toilet seat - Do not hover
- Emptying your bladder when it feels full – It is normal to empty your bladder 4-6 times a day and 0-1 times overnight, emptying 300-400ml each time
- If bladder sensation has not returned fully yet, aim to time your voids for every 2-4 hours until your bladder sensation returns
- Emptying your bowels when you feel the urge. Go to the toilet within 5 minutes of feeling this urge and limit straining

Use the correct position when opening your bowels:

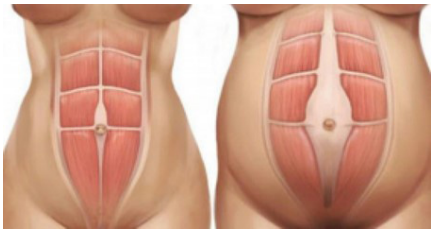
- Limit slouching
- Head up and chest out
- Lean forward and rest your elbows on your knees
- Knees and feet apart
- Footstool – knees higher than the hips
- Relax your tummy, breathe and take your time
- Limit straining



Follow Up Care

A postnatal review with a Women's Health Physiotherapist is recommended if you are experiencing any bladder or bowel dysfunction.

Rectus Diastasis



What is Rectus Diastasis?

Rectus diastasis is stretching of the connective tissue (linea alba) that widens the front abdominal (rectus) muscles.

Why does it occur?

The connective tissue located in the midline of your abdomen is designed to stretch to accommodate the growth of your baby. This widening is a normal part of pregnancy for most pregnant women; however, some women experience excessive stretch or damage to the connective tissue due to the combination of hormone changes and growth of the fetus. This impairs their ability to effectively use their abdominal muscles during and after pregnancy. In most cases the condition resolves naturally over the first 8 weeks post-delivery. It is normal for the connective tissue to heal slightly broader than the pre-pregnant state.

How is it diagnosed?

A Physiotherapist can perform a physical assessment to determine if a significant rectus diastasis is present and will advise on appropriate management.

What is the treatment and management?

- Use of abdominal support (if directed)
- Adopt movement patterns that lessen intra-abdominal pressure during a task (i.e. roll to get in/out of bed, breathe out when changing positions instead of holding your breath)
- Apply hand support to your tummy when you cough or sneeze
- A graduated exercise program that builds tension through the midline and reduces the size of the separation (as directed by your Physiotherapist). The program provided should be specific to your individual needs
- Avoid holding your breath or high arching your lower back while i.e. holding your baby, walking, lifting and getting in/out of bed

Follow Up Care

A postnatal review with a Women's Health Physiotherapist is recommended within 3-8 weeks post-delivery, to examine how well your diastasis has healed and to progress your exercise program.

Abdominal Wound Care and Support

In the first couple of weeks, supporting your perineum or abdominal wound with your hands when you cough, sneeze, or laugh will help reduce the discomfort felt. It may be beneficial to wear gentle abdominal support such as a tubi-grip, belly binder, high waisted active wear or a post-partum compression garment initially and for up to 6 weeks postpartum. You can commence wearing these garments when it is comfortable to do so.

Getting In and Out of Bed (Log Roll)

To limit straining your pelvic floor and abdominal muscles, try getting out of bed the following way:

- Bend your knees up, one at a time, keeping your feet flat on the bed
- Roll onto your side, keeping your knees together
- Push up on your lower elbow to a sitting position and breathe out whilst moving your legs over the side of the bed
- Sit on the edge of the bed with your feet flat on the floor, lean forwards and stand up
- To get back into bed, follow the same steps but in reverse.



Back Care

After giving birth, your back may be more vulnerable to injury. This is due to several factors including:

- Weak abdominal and pelvic floor muscles
- Soft tissue stretch
- Change in activities of daily living due to baby care needs

It may take up to 6 months or more for your muscles and ligaments to recover and regain strength. It is important to listen to your body and take time to think about your posture with all activities. **If you feel tired or your wound aches, your body is telling you to rest.**

Strenuous Activities

For the first 6 weeks, avoid strenuous activities and heavy housework such as vacuuming, sweeping, and mopping. Slowly increase your activity as you feel comfortable and consult your doctor or physiotherapist if you have any issues.

Posture

Following pregnancy, it is important to maintain good posture to prevent back strain or injury. This is achieved by maintaining a straight spine, shoulders rolled back, and chin tucked in when sitting and standing. You can use a lumbar roll, rolled towel or small pillow to support your lower back and/or upper back in sitting. Try to avoid staying in one position for a prolonged period. Changing your position and posture regularly is a good idea to prevent overloading tissues.



Sitting Posture

When sitting, ensure proper back and neck support by using pillows under your arms and sitting in a supportive chair. You can also use a lumbar roll, rolled up towel or pillow to support your lower and upper back. Keep your wrists straight and avoid excessive bending; instead, use your whole forearm to support your baby. If your feet do not reach the floor comfortably, consider using a footrest for added support.





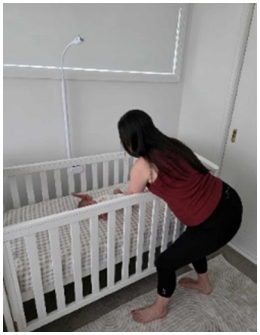
Lifting

Limit lifting anything heavier than your baby, approximately 5 kg, especially during the first 6 weeks after birth and until you feel strong enough for the task. For example, try to avoid taking baby capsules in and out of the car, and refrain from lifting heavy baby baths. There should be no sensation of pressure or excessive effort as you perform these tasks.

A correct lifting technique is vital in preventing back strain and injury. Use the following technique when putting your baby in the car, picking up objects from the floor or placing your baby in a cot:

- Position yourself close to the object
- Lunge forward by bending your hips and knees and keeping your back straight
- As you breathe out, lift and hold your pelvic floor muscles and draw in your abdominal muscles towards your spine





Exercise and Physical Activity

It is important to be up and moving as soon as possible following a Caesarean Section or vaginal birth. This is achieved with pain control and assistance from staff. Mobility and exercise help to:

- Maintain a clear chest and prevent chest infections
- Improve circulation to prevent blood clots and remove swelling
- Prevent joint stiffness
- Reduce back pain
- Support abdominal muscle recovery
- Assist with the passing of wind

Ankle Pumps and Deep Breathing Exercises

When you are resting in bed for the first day ensure that you regularly move your feet up and down and take some deep breaths, 10 times every couple of hours

Walking

- Walking is the best gentle form of exercise
- Start with frequent short walks on the ward, you may need assistance the first time
- Progress to a full lap of the ward
- Aim to walk several times per day

Pelvic Floor Activation

If you have experienced a **Grade 3 or 4 perineal tear and/or instrumental (vacuum or forceps) delivery,** you should **not** commence pelvic floor activation until you have been assessed by a Women's Health Physiotherapist..

The guidelines recommend that pelvic floor activation should commence under the supervision of an appropriately trained health professional and the exercises should be individualised. We strongly recommend that all post natal women make an appointment to see their Women's Health Physiotherapist, who can assess when it is safe and appropriate to commence pelvic floor muscle training.



- Lie on your back with your knees bent
- Relax your thighs, buttocks and tummy and keep breathing normally
- Imagine what muscles you would tighten to stop yourself from passing wind or to 'hold on' from passing urine
- Gently tighten them around your front passage, vagina and back passage and hold as per the table below. By doing this, you should feel your pelvic floor muscles 'lift up' inside you and feel a definite 'let go' as the muscles relax. If you can hold longer, then do so. Rest for a few seconds in between each squeeze.
- Gradually progress to different positions such as sitting and standing

You may start doing your pelvic floor activation 24-48 hours after birth (If a catheter is in place, wait until it has been removed).

Week Postnatal	Frequency (or until fatigue)
Weeks 0-6	10 activations x 1-3 sets
Week 6	Book in to see a Women's Health Physiotherapist to assess and progress your pelvic floor exercises
Physiotherapist comments:	

Remember to turn on your Pelvic floor muscles (known as the 'Knack') when you feel you are about to leak, including when you cough, sneeze, laugh, blow your nose, lift your baby or objects.

Pelvic Tilt Exercise

- Lying on your back with knees bent and slightly apart
- Draw in your pelvic floor and lower stomach muscles
- Tilt the pubic bone towards your ribs and gently flatten your back into the bed without tensing your chest
- Keep breathing, hold for 5 seconds, then relax back to starting position
- Repeat 5–10 times





Lumbar Rotation Exercise

Lying on your back with knees bent and together:

- Gently roll both knees to each side, allowing your pelvis to rotate with them while keeping your shoulders flat on the bed
- Be sure not to move into pain—feeling a gentle stretch is fine
- Continue breathing naturally
- Hold the stretch for 5 seconds and repeat the movement five times on each side





Bow and Arrow

Lie on your side with your head resting on a small cushion

- Bend both legs up in front of you, keeping them together, and stretch your arms out in front of your body, one arm on top of the other
- Slowly raise your top arm towards the ceiling, then move it across your body to the opposite side, focusing on rotating from your shoulder
- Allow your head and chest to turn so you are facing upwards
- If it's more comfortable, you can bend your moving arm at the elbow
- Hold this position for a slow, deep breath, then return to the starting position
- Repeat 5-10 times on each side





Chest Stretch

- To perform the chest stretch, stand in a corner or between a door frame
- Place your forearms against the wall or door frame, with your elbows slightly below your shoulders
- Lean gently into the corner or doorway, allowing your chest muscles to stretch
- Hold the position for 20-30 seconds, and repeat 2-3 times



Exercise Progression

Week Postnatal	Recommendations
0 – 2 weeks	• Ankle pumps and deep breathing • Walking (avoid hills) • Pelvic floor activation • Other exercises - pelvic tilt, lumbar rotation, bow and arrow exercise, chest stretch
3 – 6 weeks	• Progress walking distance and continue pelvic floor activation • Commence gentle body weight exercises i.e. mini squats, shallow lunges
From 6 weeks, the below exercises can be progressed in consultation with your Physiotherapist	
7 – 8 weeks	• Progress walking, pelvic floor and body weight exercises • Commence low impact cardiovascular exercises e.g. cycling or cross trainer • Commence postnatal pilates / yoga, aqua aerobics or swimming • Gradual return to more strenuous housework i.e. vacuuming, mopping
9 – 12 weeks	• Progress pelvic floor exercises - Endurance & quick strength • Progress intensity of swimming, cycling, walking, body weight exercises
13+ weeks	• Gradual return to running, competitive sports, weight training, high intensity / high impact group exercise

Follow Up Care

A postnatal review with a Women's Health Physiotherapist is recommended before returning to high impact exercise, physical activity and/or sport.

Follow Up Care

It is highly recommended to follow up with a **Women's Health Physiotherapist by 6-8 weeks post-delivery.** These checkups can assist your recovery, especially if you experience:

- Perineal tear or episiotomy
- Instrumental delivery such as forceps or vacuum
- Significant abdominal muscle widening
- Bladder dysfunction such as urine leakage, urgency, difficulty emptying, and/or lack of sensation
- Bowel dysfunction such as faecal leakage, urgency, flatal incontinence, constipation or haemorrhoids
- Pelvic organ prolapse
- Fractured tail bone
- Musculoskeletal pain such as pelvic girdle pain, back pain, and/or neck pain
- Vaginal heaviness sensation or bulged tissue
- Vaginal or rectal pain
- Pain when resuming intercourse

If you have any queries or concerns, please consult your Doctor or Physiotherapist.

Resources

- www.continence.org.au
- www.health.gov.au/topics/bladder-and-bowel
- www.pregnancybirthbaby.org.au
- www.jeanhailes.org.au
- www.pelvicfloorfirst.org.au

Caring For Your Baby

Prevention of head flattening

- Ensure your baby looks to both the left and right during sleep and awake times
- If you notice your baby has a preference for one side:
  - Position them in their bassinette/cot so that you are on their non-preferred side
  - Position their head to the non-preferred side during cuddles
  - Play and place toys on their non-preferred side
- Please refer to the section below for ways to commence tummy time
- If you are concerned that they can't look as far to one side as the other, please contact a paediatric Physiotherapist for assessment

Early Baby Play

- Take the opportunity to play as your baby's awake periods start to become longer or when they are more alert and looking around
- Try to make play with your baby a part of everyday activities such as during nappy changes, dressing and bathing
- Early play can include cuddles, talking, singing, making eye contact and smiling with your baby
- Help them to experience different positions including lying on their tummy, sidelying and carrying them in a variety of ways

Tummy Time

Introducing tummy time into your baby's daily routine is important for a number of reasons:

- Promotes strengthening of muscles in your baby's neck and shoulders to assist with head control and the development of other milestones
- Reduces the risk of developing a flat area on the back of your baby's head
- Allows your baby to see the world from different angles and positions, which promotes brain development

Tummy time should commence:

- Soon after birth and as tolerated by your baby
- Gradually increase the duration of tummy time as your baby's wake windows increase

Alert: For sleeping positions or while you are not supervising your baby, please follow the SIDS guidelines, which can be found here https://rednose.org.au/safe-sleep-and-safer-pregnancy/overview/.

Types of tummy time, in order of progression:

On your chest







Over your shoulder or cradled over your forearm







Laying across your lap, with your legs crossed or one foot on a stool/cushion



Laying on a rolled towel or cushion on the floor

Laying on a play mat



Side Lying

Lying on their side helps to bring hands and feet together and later helps with rolling. This is an option to help prevent head flattening. You can use towels or swaddles to help them stay in this position.





Ramsay Health Plus – Allied Health Outpatient Clinics

At Ramsay Health Plus, we have a comprehensive network of women's health physiotherapists ready to assist your recovery.

Please scan the QR code below to find your nearest clinic and book your appointment online.



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