

Exercise and advice after having a baby

Information for patients



Leeds Centre for
Women's Health

Introduction

This leaflet is designed to guide you in recovery from pregnancy and childbirth. The information will be suitable whether you have had a vaginal birth or a caesarean section for your delivery. Start the exercises and advice as soon as you feel able to do so, and gradually build up as it will help with your recovery.

Rest and pacing

Rest is really important to help your body recover from labour and the birth itself. You should try and pace yourself throughout the day. Allow a little movement with rests in between. You can gradually build up how much activity you do over time and as comfort allows. Try to find the balance of what works for you, everyone will progress at different rates so go by how you feel. Some women find sleeping when their baby sleeps helpful, but rest can just mean putting your feet up for a while.

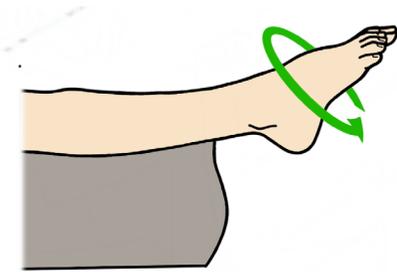
When resting, laying down on your back or your side can help to reduce swelling and pain as well as reduce the pressure on your pelvic floor and abdominal muscles. Try laying on your side with a pillow between your knees for extra support.

Deep breathing exercises and supported cough

After delivering a baby you may find you are less active than normal or you may be experiencing some pain. When this happens we don't breathe as deeply. Every half an hour, try 4-5 deep breaths. Breathe in slowly through your nose and out through your mouth. You may find it helpful to have your hands resting on your abdomen or the lower part of your rib cage.

If you find it painful to cough and sneeze or if you have had a caesarean section, you may find it helpful to support your tummy with a towel or cushion before you cough or sneeze. You can also use this technique for changing position such as getting in and out of bed, or getting on and off a chair.

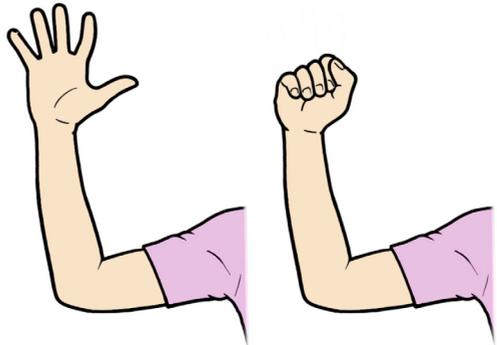
Circulation exercises



It is important to keep moving, little and often, to help improve your circulation. However, whilst you are recovering try to avoid standing and walking for prolonged periods of time. Gradually build this up as you feel able to. When you are resting, try to sit or lay with your feet up. Avoid crossing your legs to help with your circulation and any swelling you may have. Circling your ankles and bending and stretching your toes, five times every half an



hour are all good movements to help with circulation for your legs. You can also try rolling your shoulders and opening your hands wide and closing them tight into fists. Try to do these five times every half an hour if you are resting to help your upper body circulation.



Pain relief

You may be given medicine to take after your delivery. It is important to take these regularly, as advised by the midwives and doctors. They can help you to manage any pain you might be getting and help to keep you mobile. This will help your recovery overall. If you are still struggling to manage your pain it is important to speak with your GP or midwife as soon as possible.

Ice therapy can also be helpful for pain relief as well as helping to reduce swelling. This can be especially useful after a vaginal delivery. Try wetting a sanitary or maternity pad with water and freeze this in a plastic bag. Once frozen, wrap it in a damp flannel (out of the bag) and place over your genitals for no more than five minutes at a time whilst you lay down. You can do this several times a day as needed. It is important not to sit whilst doing this or go over the recommended time allowed as ice can cause skin burns.

Signs of infection

Watch out for any signs of infection that may develop, especially if you have had any stitches following a vaginal or caesarean delivery. You might start to feel unwell or develop a high temperature. You may notice an increase in pain or an unusual discharge colour or odour develop at the area. Speak to your midwife or GP as soon as possible so that you get the right care. As a general guide it will take about six weeks for stitches to heal.

Getting in and out of bed

To avoid putting too much pressure onto your abdominal or pelvic floor muscles, try to 'log-roll' in and out of bed. You may find it helpful to use a towel or cushion to support your tummy whilst doing this if you had a caesarean section.

To get into bed: sit on the edge of the bed; gently lower yourself down onto your side as you lift your legs onto the edge of the bed, gently turn or shuffle onto your back. Ask someone to help lift your legs initially if needed.

To get out of bed, use the reverse process: turn or shuffle onto your side; slide your legs over the edge of the bed; push yourself up into sitting with your arms.



Sleeping position

There is no perfect position but you may find sleeping on your side and using pillows between your legs is more comfortable. If you need to turn in bed, try using small movements as they will cause less pressure and be more comfortable.



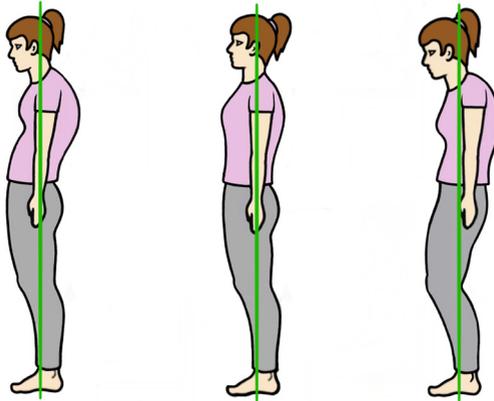
Posture

Good posture is important after having a baby to help your muscles recover and to avoid putting too much pressure onto a particular part of the body.



Standing and walking

Try to stand and walk tall. Think about using equal pressure through your feet and lengthening your spine from the base of your head, all the way down to your tailbone. You might find that this causes a gentle tightening of your abdominal muscles, this is completely normal and is good practice.



Sitting

Try to use chairs which have a supportive back and keep your feet flat on the floor. Shuffle your bottom right into the back of the chair trying to keep your weight into your 'sitting bones' which are in your bottom. You might find using a cushion or rolled up towel in the base of your back helps you to keep your back straight and make you feel more supported and relaxed.

Sometimes sitting can be an uncomfortable position after delivering your baby, especially if you had a vaginal delivery. Avoid sitting for long periods of time. If you do need to sit, try using a rolled up towel under the back of your thighs and under the back of your buttocks to help reduce the pressure on your genitals.

You could also try lying down with your legs elevated, sitting on a gym or birthing ball or getting up and walking around.



Feeding

Make sure you are in a comfortable position either in a chair or in bed. Use plenty of cushions to support you in this position and also to support your baby so that you can relax and also stay in a good posture. Try and prepare yourself before you start feeding the baby so that you don't end up in an uncomfortable position. If you are having any problems finding a comfortable position or with feeding itself, speak to your midwife or health visitor.



Nappy Changing

Try to use a changing table or surface that is at waist height for changing your baby's nappy. This will allow you to stay in a better posture and avoid putting too much strain on your back, tummy and pelvic floor. It will also mean you don't have to get in and out of awkward positions such as getting on and off the floor.



Lifting

Try to avoid too much lifting in the first few weeks after having a baby to allow your body to heal and recover. As a general rule, try not to lift anything heavier than your baby. Ask for help with lifting heavier items. If you do need to carry something, try to lift from a surface at waist height and keep your back straight. If you do need to lift from the floor, remember to bend your knees. Always try to lift your baby separately from the car seat as they can be very heavy and awkward to carry.

Whilst you should try to avoid excessive or heavy lifting initially, if you do need to lift, your baby for example, try to use your core muscles as much as you can. As you bend your knees, try to pull up with your pelvic floor muscles and pull gently in with your lower tummy muscles to help stabilise your pelvis and back. This will help to reduce the strain but will also help the muscles to become stronger over time.



Driving

Vaginal deliveries: you can usually start driving as soon as you feel comfortable to do so.

Caesarean section deliveries: follow the advice you have been given from the hospital which is usually 4-6 weeks after your delivery. You may need to contact your own insurer to ensure they are happy for you to restart. You should feel comfortable and be able to make an emergency stop before starting to drive again.

Bladder care

Labour and birth can put a strain on the bladder and it may be working differently to normal initially. To help your bladder recover try the following advice:

- Keep hydrated. Aim to drink 1.5-2 litres of fluid a day and 2.5-3 litres a day if you are breastfeeding.
- Try to avoid caffeinated and fizzy drinks, especially if you are having problems with your bladder or bowels.
- Sit properly on the toilet when you empty your bladder and try not to rush when you have finished so that you fully empty it. Avoid straining to empty your bladder, try to relax as much as you can.
- It can sometimes sting when you pass urine in the first few days, especially if you have had stitches after vaginal delivery. Rinsing the area with water during and after passing urine, and keeping well hydrated can help.
- You may find your bladder is a bit more sensitive after delivery. Try training your bladder so that you aren't rushing and you are gradually able to hold on for a little longer between going. You should go between 6-8 times a day.
- If you have any problems with your bladder immediately after delivery, such as rushing to the toilet, leaking, being unable to feel when your bladder is full or are unable to empty, please speak to the staff member in charge of your care.
- If you have any problems with your bladder once you are home, such as rushing to the toilet or leaking, speak with your midwife or GP for advice.
- If you are unable to feel when your bladder is full or are unable to empty, you need to speak to your midwife or the maternity assessment centre (MAC) as soon as possible.

Bowel care

Feeling worried about opening your bowels is quite normal after delivery, especially if you had stitches with a vaginal delivery. Try not to worry; opening your bowels will not affect your stitches. However, there are some simple things you can try to make sure it is easier to do:

- To help you feel more comfortable, try supporting your perineum by applying some pressure with your hand. You can wrap your hand in tissue paper if you prefer.
- Try and establish a regular routine with your bowels early on. Do not ignore the urge to empty your bowels.
- Avoid getting constipated by eating healthily. Aim to have 5 portions of fruit and veg a day as well as plenty of fluid. This will help to keep your stools soft so you can pass them more easily.
- Avoid straining when emptying your bowels. Try to use the position below to help you empty your bowels more easily.
- If you continue to struggle to empty your bowels, speak to your GP or midwife as they may be able to recommend some medication to help.



Sexual Intercourse (sex)

Resume intercourse only when you feel ready to do so. Usually this is advised after six weeks. If you had stitches, make sure that your tissues have fully healed before attempting intercourse. You may find different positions will make intercourse more comfortable. You may also want to use some lubrication, especially if you are breastfeeding, as your vagina can feel drier than normal due to a change in your hormones.

Remember that even if you do not feel ready to have penetrative sex there are other ways to be close to your partner. Foreplay can help you to relax and feel more confident.

Don't give up on sex if it is uncomfortable for the first time. It will get easier, be patient and ensure you are trying the above advice. Every woman should be able to return to normal sexual function after delivering a baby.

Scar massage

Once any stitches have dissolved, you can start some scar massage. This is important whether you had a vaginal birth or a caesarean section. Scar tissue can sometimes be sensitive and can sometimes be more difficult to move. Massaging can help the skin and underlying tissues to continue to recover. Use a plain moisturiser or lubricant. If doing massage around the vagina, try and use a specific vaginal moisturiser which is PH neutral. Aim to massage the scar for five minutes a day. You may find it more beneficial to try after you have had a warm bath or shower.

Pelvic floor muscle exercises

Why do you need to do them?

Your pelvic floor muscles have three main roles:

- To help support your bladder and bowels and help the entrances to them stay closed so you don't leak.
- To improve sensation during intercourse
- To help support your spine and posture along with your abdominals.

During pregnancy your pelvic floor muscles are carrying extra weight from your growing baby and from the extra fluid you are carrying. This can cause the muscles to weaken. No matter what type of delivery you have, your pelvic floor muscles may become weaker. Weak pelvic floor muscles can mean some people are more likely to have problems with leaking. Therefore it is really important to try and strengthen the muscles after you deliver your baby to prevent these problems from happening in the future.

When should you do them?

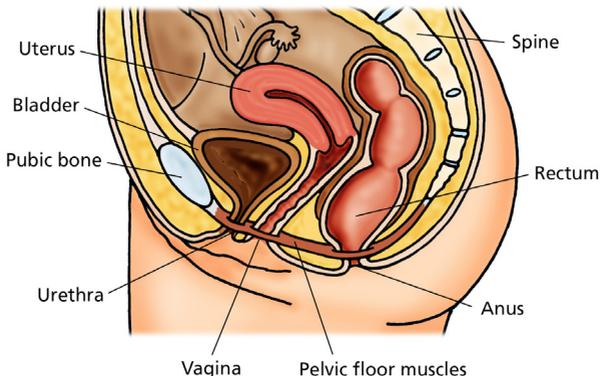
Start the exercises as soon as you are able to. You may have bruising and some discomfort after delivery, especially if you have had a vaginal delivery with stitches. However, don't let this put you off. Starting your pelvic floor muscle exercises can actually help promote healing by encouraging blood flow to the area. Start off gently and increase the number you do as you feel comfortable. If you have a catheter, start the exercises once this has been removed. You want to build up to completing the pelvic floor muscles exercises 3-4 times a day.

Although you may start off more gently, you should aim to gradually increase to:

- 10 x short holds
- 10 x longer holds of 10 seconds each.
- Once you are able to do this amount you should try different positions to challenge the muscles.
- Lying down is generally easier but you can progress to sitting, standing or even walking.

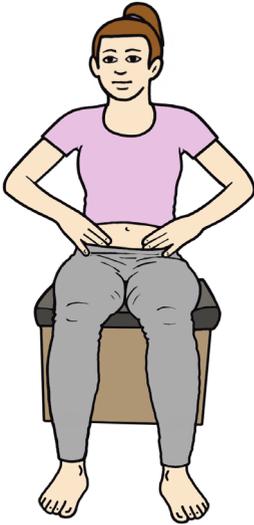
How do you do them?

You need to be able to work the right muscles in the right way. If you aren't familiar with the exercises, try lying or sitting in a comfortable position. To activate the muscles, imagine you are trying to stop yourself from having a wee and passing wind at the same time. Feel your back passage tightening, and then lift up through your vagina and towards the front of your pelvis. You should be able to breath normally throughout the exercise and should feel that your bottom, legs and tummy are relaxed. You may feel a gentle tightening in your tummy as you do the pelvic floor muscle exercise.



Abdominal exercises

These exercises are designed to help regain strength within your tummy muscles and help to start the process of improving your pregnancy posture.



Trans abs

Lie on your back with your knees bent or try in sitting. You can have your arms by your side or rest them onto your lower tummy area. Breathe normally throughout. Gently draw your tummy button towards your spine, about a $\frac{1}{4}$ effort, as if you are trying to do up the top button on a tight pair of trousers. Try and build up to holding this for up to 10 seconds and then relax. Try to build up to doing this 10 times and three times a day. You can also add this in when you are changing position or lifting your baby.

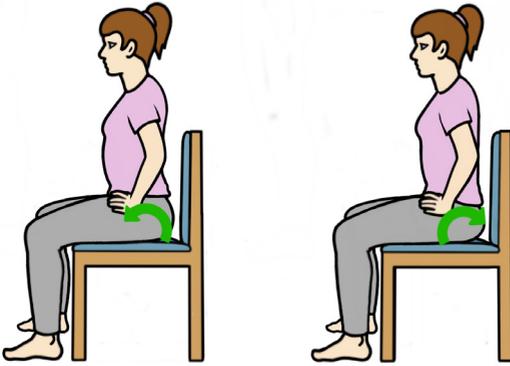
Knee rolls

Lay on your back with your knees bent and your feet together. Take your arms out to the side, away from your body. Gently roll your knees to one side as far as you feel comfortable to control and then roll them slowly to the other side. As you roll your knees try and think of them



as the tip of a corkscrew so that as they move, they are followed by, one by one, your hips, your waist, your lower ribcage, and then these areas gradually come back to the middle, one by one. Try this 10 times on each side, three times a day.

Pelvic tilts



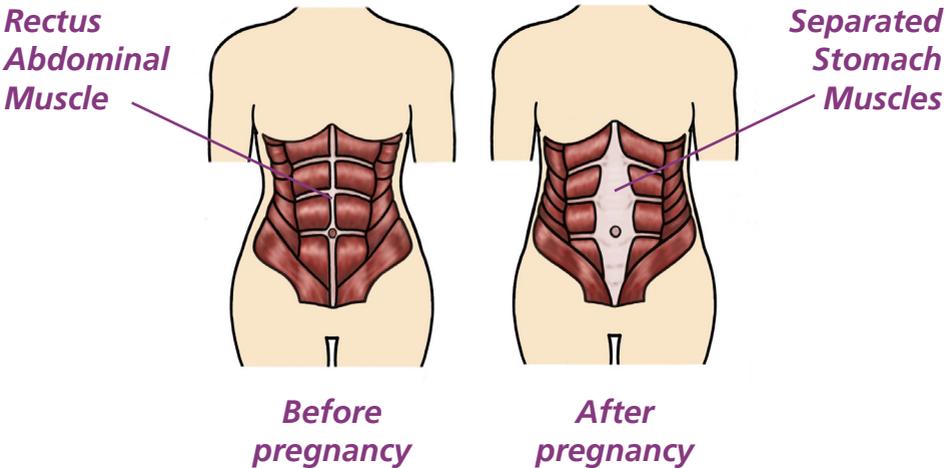
Lay on your back with your knees bent. Without holding your breath, gently push the bottom of your back into the bed or floor by tipping your pelvis backwards. You might feel your tail bone gently lift up and your tummy tighten. Try this

10 times, three times a day. You can also progress to trying this sitting or standing and it can help you to find a better posture.

Divarication of Rectus Abdominis muscles (DRAM) or tummy muscle separation

It is easier to see or feel the separation of the tummy 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 notice a gap between the two edges of the muscles. 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 the width of two fingers, this is considered normal range. If the space is more than two finger widths you may still have a muscle separation. If you feel you have a separation please ask your GP or midwife to refer you for physiotherapy.



Return to general exercise

There is no timeframe that suits everyone to return to normal exercise. You should allow longer if you feel you are not ready, but should not start things any earlier than advised. As a general guide you should be able to resume gentle walking, pelvic floor and tummy exercise straight away as comfort allows. If you get any discomfort, vaginal heaviness or bulging or notice any leaking from your bladder or bowels, stop exercising and seek advice from your GP or midwife who may refer you to a specialist Physiotherapist.

You should be able to return to low-impact, non-contact sport from six weeks onwards. Swimming is a great exercise but you need to ensure any stitches have fully healed to avoid infection.

For contact and higher impact sport it is recommended that you wait at least three months to return. Any return should be gradual and if it doesn't feel right give yourself a bit longer. It is important that you work on improving the strength of your pelvic floor and tummy muscles before resuming these activities to ensure that you recover properly from the delivery but also the changes to your body brought on during pregnancy. You may find yoga or Pilates useful to help you progress to this level via the NHS fitness studio.

Where can I get help?

If you suffer from any of the following symptoms, speak to your GP or midwife who will be able to refer you to a specialist women's health Physiotherapist.

- Bladder urgency, leakage or frequency
- Bowel urgency or leakage
- Prolapse (vaginal heaviness, awareness of vaginal lump, difficulty emptying your bladder)
- Pain with intercourse that isn't improving
- A painful scar that isn't improving
- Difficulty doing your pelvic floor muscles exercises
- Symptoms of DRAM

Useful resources

- The Squeezy App for pelvic floor exercises
<https://www.squeezyapp.com/>
- The NHS fitness studio for exercise videos
Fitness Studio exercise videos - NHS (www.nhs.uk)
- Pelvic Obstetric and Gynaecological Physiotherapy Fit for the Future - essential advice and exercises following childbirth
https://pogp.csp.org.uk/system/files/publication_files/POGP-FFFuture%20%281%29.pdf
- Advice following a c-section
https://thepogp.co.uk/patient_information/pregnancy_and_early_postnatal/recovery_from_c-section.aspx
- Advice following a vaginal tear
https://thepogp.co.uk/patient_information/pregnancy_and_early_postnatal/perineal_healing_.aspx
- Other post-natal resources
https://thepogp.co.uk/patient_information/pregnancy_and_early_postnatal.aspx
- Return to running guidelines- <https://www.absolute.physio/wp-content/uploads/2019/09/returning-to-running-postnatal-guidelines.pdf>

Glossary

- **Pelvic floor muscles** - the muscles that support your pelvic organs (your bladder, bowels and uterus). They are in your saddle or crotch area, underneath the pelvis.
- **Abdominal muscles** - the muscles in your tummy.
- **Abdomen** - your tummy area.
- **Frequency** - going to the toilet more than 6-8 times in a 24hour period.
- **Urgency** - needing to empty your bladder very suddenly.
- **Faecal urgency** - needing to empty your bowels very suddenly.
- **Anal incontinence** - leaking wind, solid or liquid from your bowels.



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