

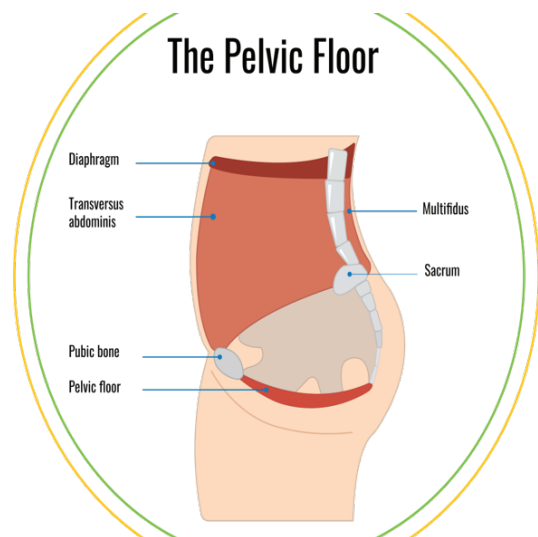
Postpartum Pelvic Health Wellness Consultation

The Acute Therapy Teams of Confluence Health Hospital - Central Campus offer pelvic health wellness consultations to any postpartum patient upon request.

If you would like a consultation, please ask your provider or nurse. They can place the request and you will be seen while in the hospital.

After delivery, before you are discharged home, we are available to consult on any of the following:

- Pressure Management
- Scar Tissue Considerations
- Pelvic Girdle Pain
- Bowel and Bladder Dysfunction
- Body Mechanics
- Movement/Activity Recommendations



We are happy to answer any further questions you have in this regard. If you choose to receive postpartum therapy after delivery and want to submit feedback to us about your experience, you can do so through this QR code.



For questions prior to admission ask your doctor and for questions while admitted ask your nursing team.

Postnatal Body Mechanics Tip Sheet

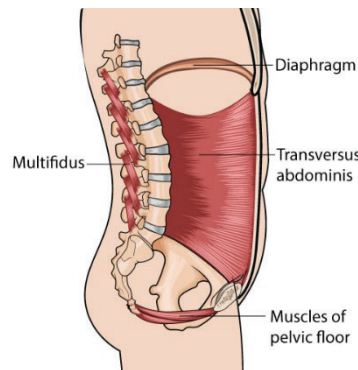
Pregnancy creates movement patterns that overstretch and increase strain on muscles. In the postnatal period, we can retrain movement patterns that are efficient and promote healing from the birth process. Movement patterns associated with tasks such as caregiving for the newborn can be difficult while managing your own recovery from the birth process. The following are tips for practicing ideal movement patterns to protect yourself while completing tasks associated with your new role as parent.

A healthy abdominal wall maintains tension in the center of the belly during tasks that challenge the back and spine like lifting a child from a crib or placing them in a car seat (Wallace 85). After birth, some people will have trouble with maintaining tension across the linea alba. It is also common to have a gap along the linea alba due to the muscles being overstretched during pregnancy, known as diastasis recti abdominis (DRA) or abdominal separation. Being able to generate tension across the linea alba is more important than closing the gap of DRA (Wallace 85).

Prolapse is the general term for a structural change in the position of the bladder, rectum, uterus, or a combination of them (Wallace 21). Prolapse can feel like lower abdomen heaviness or that something is falling out of your vagina. These sensations may be experienced with a specific movement such lifting from crib, suitcase, box or generally after long day of activity. Sometimes prolapse can be felt after a cough or lifting from crib. Other cases occur without straining or movement (Wallace 21).

Lifting

Depending on the type of birth you experienced, your doctor might limit the amount of weight you should lift for the first few weeks following your return home. This is usually called a lifting restriction. If the item you are going to lift weighs more than your lifting restriction you risk injuring yourself further and not being able to care for your newborn.



To protect your abdominal wall in the postnatal period, activate your transversus abdominis and multifidi to stabilize your pelvis prior to lifting. See the exercises attached to begin learning how to activate these muscles correctly.

Carrying

Whether you are carrying your newborn, a car seat or other items, there are movement patterns you can utilize to prevent injury and maintain your safety. If picking items up from the ground, remember to:

- Bend at your knees
- Squat with a straight back (like you are sitting into a chair)
- Hold your newborn or item close to your body
- Exhale and squeeze your glutes to return to standing

Once you are standing, specifically while holding your newborn:

- Keep your pelvis in a neutral position directly under your rib cage
- Hold the newborn in the center of your chest where they can be close to your abdomen
- Try to maintain equal weight through both feet

If you overextend your trunk by leaning backwards and/or tuck your pelvis up while standing, you will increase the pressure and strain on your low back while overstretching and weakening your abdominal muscles (Raynes, 2023).

A good way to reduce strain on one side of your body is to use a diaper bag that is a backpack style with straps that adjust so you can keep it close to your back (Raynes, 2023). This allows equal distribution across both sides of your body where your muscles don't have to work as hard, while decreasing back and neck pain, and improving posture (Raynes, 2023). Using a stroller instead of carrying a car seat is another helpful way to reduce the amount of weight you must carry over any distance.

Pressure Management

If you experienced a cesarean section, commonly known as C-section, during delivery you will find it to be more comfortable to brace your incision with a pillow when coughing for added support while this area recovers.

When finding a comfortable position to sleep after a C-section you may need extra support from additional pillows under your shoulders, neck and head if sleeping on your back. If sleeping on your side, it may be more comfortable to have additional pillows to support your abdomen and reduce strain on your incision site.

Activation

Most people in the postpartum period will need to train muscle activation to prepare the body before progressing on to exercises focused on strengthening.

As previously mentioned, diastasis rectus abdominis, a separation of abdominal muscles, can persist after pregnancies and prevent normal functioning of the core muscles (Wallace 83).

If this persists after eight weeks postpartum it will require core and trunk muscle training. Ask your provider for a referral as early as you can to a pelvic health therapist if you have concerns (Wallace 84).

Prone Multifidi Isometric Hold

REPS: 1 | SETS: 1 | HOLD: 30 SECONDS | DAILY: 3 | WEEKLY: 7



Setup

- Begin lying on your front with your forehead resting on your hands and a pillow positioned under your lower stomach and hips.

Movement

- Exhale and barely bring your tailbone towards your spine, almost like you are just about to arch your back, but don't actually arch. Hold this position.

Tip

- Make sure to keep your movements very small so that you do not activate the large muscles in your back. Do not hold your breath.

Seated Multifidi Activation

REPS: 1 | SETS: 1 | HOLD: 30 SECONDS | DAILY: 3 | WEEKLY: 7



Setup

- Begin sitting upright in front of a table with your fingertips resting on the bottom of the table.

Movement

- Gently press up against the table, engaging your core muscles, then relax and repeat.

Tip

- Make sure to keep your trunk upright and do not press too hard during the exercise.

Supine Transversus Abdominis Bracing

REPS: 1 | SETS: 1 | HOLD: 30 SECONDS | DAILY: 3 | WEEKLY: 7

**Setup**

- Begin lying on your back with your knees bent, feet resting on the floor, and your fingers resting on your stomach just above your hip bones.

Movement

- Tighten your abdominals, pulling your navel in toward your spine and up. You should feel your muscles contract under your fingers. Hold this position, then relax and repeat.

Tip

- Make sure to keep your back flat against the floor and do not hold your breath as you tighten your muscles.

Relaxation

If only focusing on activating muscles, you increase the risk of creating too much muscle tension (Wallace 43). Relaxation is equally as important as activation for strength and function. Practicing purposeful relaxation breathing patterns can help release and reduce tension (Wallace 43). The diaphragm (pictured on page one) is a dome shaped muscle located at the base on your ribs and will elevate when you inhale to allow your pelvic floor muscles to relax and lengthen towards the ground (Wallace 43). When focusing on relaxation breathing, it is common to also feel:

- Your ribs expand like an umbrella opening to the sides and back
- Your stomach expand and soften forward
- Your nostrils flare with inhalation

Practicing this breathing for 5 minutes or less each day can help maintain muscles balance and decrease tension (Wallace 44).

References:

Raynes, A. (2023, September 19). Postpartum body mechanics for the new mom — Revitalize physical therapy. Revitalize Physical Therapy. <https://www.revitalize-pt.com/blog/postpartum-body-mechanics-for-the-new-mom>

Wallace, K. W., PT, BCB-PMD. (2014). Reviving your sex life after childbirth: Your guide to pain-free and pleasurable sex after the baby (2nd ed.).

Pelvic Pain

The treatment of chronic pelvic pain most often involves the secondary responses to other medical conditions. The primary causes of pelvic pain are numerous though the most common include:

- Interstitial cystitis
- Vulvodynia/Vulvar pain
- Adhesions from abdominal surgeries
- Birth trauma/episiotomies
- Pudendal nerve damage or entrapment
- Irritable Bowel Syndrome
- Endometriosis
- Painful menstruation
- Coccyx injuries

The body has several strategies to deal with conditions that cause pain. The most common is called muscle guarding. When the body senses pain or injury, it will often recruit surrounding muscles to protect that area from further injury or excessive movement. When there is pain in the pelvis, hip, or abdomen there is often secondary muscle guarding in the pelvic floor. The opposite can be true as well. Pain in the hip or back that is ongoing can cause guarding in the pelvic floor.

You may develop trigger points or tender spots that are localized areas of muscle spasming. These areas may cause intermittent or continuous pain that can feel stabbing or burning in nature. Often, if pain has become chronic, these tender points can refer pain to neighboring areas.

Postural changes can develop with chronic pelvic pain as part of a protection strategy. These postural changes may lead to shortened, tight muscles especially in the hip. Nerves in the pelvic floor can become entrapped by scar tissue or adhesions. Nerve stress will often feel like tingling, electric or sensation changes.

Your therapist will incorporate a variety of therapeutic tools to reduce your pain that are specific and customized to your needs and presentation. Muscle guarding is often treated by retraining your muscles how to properly sequence, meaning when to contract and when to relax as well as using the "right muscle at the right time". If your pain has been ongoing for months or years, you might need to spend more time retraining your muscles than if the pain is relatively new as you have likely developed several compensation strategies that worked initially but are now decreasing healing or impacting movement. You may have manual therapy to address scar tissue and soft tissue restrictions or help you bring awareness (proprioception) to a certain area of your body. Your therapist may recommend heat or ice to help calm down your nervous system and decrease pain so that you are better able to decrease guarding and muscle tension.

While you are waiting for your initial appointment you can begin working on relaxation strategies to decrease muscle guarding. If you have begun therapy, your therapist will help you find the strategies that work best for you.

Purposeful Relaxation can decrease pelvic pain by reducing the sympathetic nervous system's activity. This in turn reduces the tension in the pelvic floor muscles and can decrease excessive bladder contractions. Try guided imagery, visualizations of your pelvic floor muscles relaxing and lengthening, meditation, deep (diaphragmatic) breathing or a combination of these strategies. There are many resources online with suggestions for pelvic floor relaxation.

Self-massage of tight muscles can also reduce muscle tension. Work with your therapist on where to focus. You may apply gentle deep, long strokes or apply direct pressure to a specific tender point in your abdomen, hips, or pelvic floor. When performing self-massage, it is important that massage is not painful. A chronically guarded muscle does not respond well to more pain.

Squatting can help relax pelvic floor muscles. If you are having difficulty with toileting, a stool for your feet that brings your knees level with or above your hips while sitting on the toilet can be helpful. Additionally, stretching your pelvic floor in a squat or modified squat can help retrain your muscles to relax. Work with your therapist to find the best approach.

Modify Daily Activities to pace yourself and avoid overdoing it. Movement and activity are important pain reducers however “pushing through” can sometimes exacerbate chronic pain. It can be a tricky line to identify and can change day to day.

- Alternate your work and rest periods
- Use good body mechanics
- Ask for help when you need it

Your sex life can be negatively impacted by chronic pelvic pain. There is no perfect position for everyone. In general, positions on the side, on top or on hands and knees may be the least likely to cause pain. Additionally, doing relaxation stretches or techniques before engaging in sex can help with decreased muscle guarding.

Clothing can be irritating and activate discomfort in the abdomen that refers pain to the pelvic floor region. Vulvodynia can cause sensitivity to chemicals in soaps. Try mild detergents or rinsing underwear with water after washing. Avoid nylon and lycra in underwear. Instead, use 100% cotton underwear, tampons, and pads. Avoid lengthy time in wet clothing such as sitting in wet bathing suits or hot tubs.

The following are some suggestions for pelvic floor relaxation stretches. With all stretches, try to avoid multi-tasking and take the time to breathe well and visualize your muscles relaxing.

Supine Pelvic Floor Stretch

REPS: 1 | SETS: 1 | HOLD: 30 SECONDS | DAILY: 3 | WEEKLY: 7

STEP 1



Setup

- Begin lying on your back with your legs bent and feet resting on the ground.

Movement

- Lift your legs off the ground with your knees bent and let them fall outward, relaxing your pelvic floor muscles.

Tip

- Make sure to continue breathing evenly. This should be a gentle stretch.

Deep Squat with Pelvic Floor Relaxation

REPS: 1 | SETS: 1 | HOLD: 30 SECONDS | DAILY: 3 | WEEKLY: 7

STEP 1



STEP 2

Setup

- Begin in a standing upright position with a stable object at your side for support.

Movement

- Lower yourself into a deep squat position, allowing your pelvic muscles to lengthen and relax. Hold this position, then stand up and repeat.

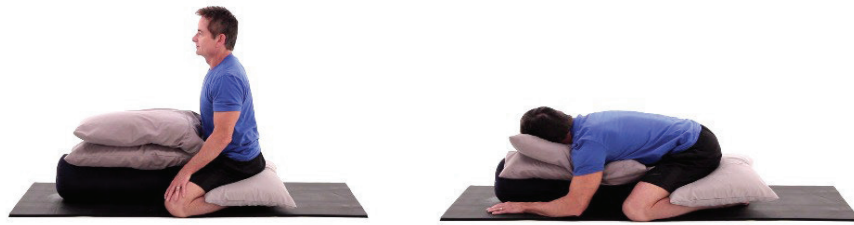
Tip

- Make sure to breathe evenly throughout the exercise to let yourself relax. Stop the exercise if it worsens your symptoms.

Diaphragmatic Breathing in Supported Child's Pose with Pelvic Floor Relaxation

REPS: 1 | SETS: 1 | HOLD: 30 SECONDS | DAILY: 3 | WEEKLY: 7

STEP 1



STEP 2

Setup

- Begin on all fours with pillows or cushions supporting you.

Movement

- Relax into the cushions, and sit back on your heels, resting your arms on the ground. Inhale, letting your belly expand, then exhale, and repeat.

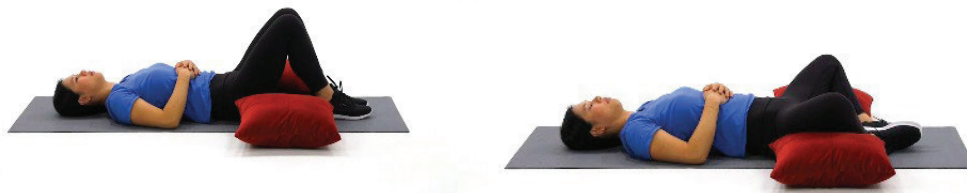
Tip

- You should feel your pelvic floor muscles relax and lengthen as you inhale.

Supported Butterfly Stretch with Pelvic Floor Relaxation

REPS: 1 | SETS: 1 | HOLD: 30 SECONDS | DAILY: 3 | WEEKLY: 7

STEP 1



STEP 2

Setup

- Begin lying on your back with your knees bent, feet resting on the floor, and your hands across your upper stomach, just below your ribs.

Movement

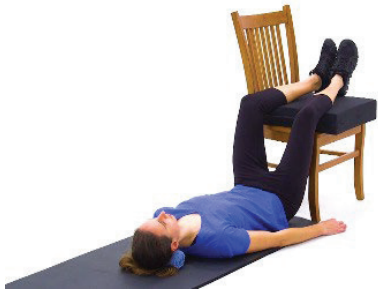
- Place pillows on each side of you to support your knees. Then, place the soles of your feet together and let your knees drop toward the floor until you feel a stretch in your inner thighs. Relax everything from your jaw, shoulders, back, all the way down to your feet. Inhale, filling your stomach with air. Relax your pelvic floor. Exhale, letting all of the air out of your stomach. Repeat.

Tip

- Make sure to relax your whole body as you breathe. If you feel a pulling along your inner thighs or in your pubic bones, place more pillows under your knees for support.

Supine Supported Pelvic Floor PNF D2 Stretch with Chair

REPS: 1 | SETS: 1 | HOLD: 30 SECONDS | DAILY: 3 | WEEKLY: 7



STEP 1



STEP 2

Setup

- Begin lying on your back with your knees bent and feet resting on the seat of a chair.

Movement

- Bring your feet together and let your knees fall out to the sides. Place your fingers on your knees and gently press your knees into your fingers. Try to push your knees up and out past your ears. Hold, then relax and repeat.

Tip

- Make sure to keep your feet together and your stomach muscles relaxed. Continue to breathe normally during the exercise.

Seated Pelvic Floor Lengthening

REPS: 1 | SETS: 1 | HOLD: 30 SECONDS | DAILY: 1 | WEEKLY: 7



STEP 1

STEP 2

Setup

- Begin sitting upright in a chair. Place your hands on your hips.

Movement

- As you inhale, gently lengthen or “bear down” through your pelvic floor muscles like you are trying to push out gas. Or, you can visualize you are widening the area between your sit bones and gently moving your tailbone away from your pubic bone.

Tip

- Make sure you are not pushing out of your vagina.

Disclaimer: This program provides exercises related to preventative maintenance OR to your condition that you can perform at home. As there is a risk of injury with any activity, use caution when performing exercises. If you experience any pain or discomfort, discontinue the exercises and contact your healthcare provider.

Postpartum Scar Tissue Management

A **scar** or scar tissue is an area of tissue, most commonly skin, which has not completely or correctly healed causing the development of fibrous connective tissue. An incision or laceration frequently crosses several layers of tissue. Each layer of tissue is designed to move independently, however with scarring these layers can adhere and restrict movement. Fortunately, scar tissue mobilization is highly effective at restoring movement around a scar. The first six months of scar tissue healing are important to maximize mobility and decrease discomfort or tissue restriction at the site of injury. Pain and restricted mobility of vaginal and vulvar tissues can occur postpartum and are experienced differently by everyone who has given birth (Wallace 2014).

If your delivery involved a cesarean section or external perineal laceration of any degree, the following considerations are important aspects of your physical recovery. It is common in this instance to experience feeling weakness and laxity from the over stretching of muscle, fascia, and ligaments (Wallace 2014).

Laxity can cause a feeling of pelvic heaviness and/or a sensation that your organs are falling out also referred to as prolapse (Wallace 2014). If these symptoms of heaviness persist, or you experience new onset of bladder leakage and bowel control problems ask your provider for a pelvic health therapy referral. Bowel and bladder symptoms are not part of the typical recovery following birth (Wallace 2014).

Clear Parameters for Pain

While these techniques can be uncomfortable, you should not be experiencing severe pain when performing them. If 10 is the worst pain imaginable and 0 is no pain, you should never feel pain greater than a 5 (Wallace 2014). After mobilizing your scar, it is important that you attempt functional movements that typically cause you discomfort (e.g., reaching to grasp a cup on a high shelf or on a table at your side).

Six Month Healing Window

While scar tissue can benefit from mobilization at any time following recovery, the tissue is more receptive to change in the first six months following incision or laceration healing. Factors to consider regarding slow skin healing include limited amount of stretching, high severity of skin laceration, type of suture, hormonal changes, and smoking habits (Wallace 2014).

Scar Desensitization & Skin Stretching

Scarring can be painful and restrict the skin mobility if not moved (Wallace 2014). Desensitization strategies are useful to decrease irritation (Wallace 2014). Scars can become hypersensitized if not touched with poor overall tolerance to touch or pressure (Wallace 2014). The following desensitization exercises and skin stretching can calm overexcited nerve endings and decrease sensitivity (Wallace 2014). These should be initiated ~6 weeks postpartum, though it is not too late to begin scar massage after 6 weeks.

Overall scar healing is faster with beginning massage when incision has healed and practicing techniques frequently (Wallace 2014). Scars should not cause excessive discomfort or restriction of activity after the first few weeks following the incision healing (Wallace 2014).

All the following techniques can be utilized for Cesarean section and/or perineum scarring. If there is internal and external pain near the perineum, see below for scar rolling and sweeping techniques.

Desensitization Directions: For 10-15 minutes with clean hands: (Wallace 2014)

- Contact the scar and surrounding skin with a wet hand towel or washcloth.
- Make motions up and down, side to side, and/or in circles for 1-3 minutes so the scar area is used to being touched.
- Complete daily until there is no sensitivity to touching with the hand towel or washcloth.
 - o If the texture of a wet hand towel or washcloth is not tolerated, try the above protocol with different materials such as a soft blanket, a rough blanket, a sponge or shower loofah, or a stuffed animal.

Skin Stretching Techniques

Keep light pressure through fingertips when applying to skin (Wallace 2014). With time and practice, apply different depths of pressure (Wallace 2014). It is normal to feel a pull or light burning when stretching around the scar (Wallace 2014). If you find an area that does not move easily and/or has increased sensitivity, add a few more stretches to this area (Wallace 2014). Do NOT apply maximum pressure around your scar (Wallace 2014).

Indirect Scar Stretching Directions: Stage One (Wallace 2014)

- Place your fingers 2-3 inches from your scar.
- Stretch the skin around the scar area by moving fingers up and down around the entire scar.
- Next, stretch the skin around the scar by moving fingers from side to side around the entire scar.
- Finally, stretch the skin by making circles above and below the scar in a clockwise and counterclockwise direction around the entire scar.
- Repeat each pattern 5-10 times.

Direct Scar Stretching Directions: Stage Two (Wallace 2014)

The following direct techniques are recommended ~12 weeks after surgery or beyond. Gradually progress the massage toward using firmer pressure when utilizing the following two techniques. To maximize mobility of scar tissue, complete the following while activating the core muscles. This should help the entire abdominal wall and its contents move better.

- These steps apply to all three movements of the scar: side to side, up and down, and diagonal.
- Hold the pads of two or three fingers together with fingers slightly arched.
- Place the pads of your fingers directly on one end of the scar.
- Stretch the scar by pushing your fingers about half an inch in one direction and hold for 5-15 seconds.
- Stretch the scar in the opposite direction for another 5-15 seconds.
- Move your fingers to the next portion of your scar repeat the previous two steps above. Continue with this progression across the scar.
- Repeat 5-10 passes across the length of the scar.

Lift and Roll Directions: (Wallace 2014)

- Pick up the scar between your index finger and thumb.
- Roll the scar between your fingers for 5-15 seconds.
- Move along the length of the scar and repeat until you have massaged the entire length of the scar.

Scar Rolling and Sweeping

These techniques are best for pain that occurs both internally and externally to the perineum. Side to side and up and down massage techniques outlined previously should be utilized prior to the following as a warm-up (Wallace 2014). It can be easier to complete rolling and sweeping exercises after a shower or while sitting on a toilet (Wallace 2014).

Scar rolling: (Wallace 2014)

- Place your thumb on the inside of your vagina with your forefinger on the outside.
- Roll the scar between your thumb and your finger in a circular motion.
- Continue the rolling, circular movements in clockwise and counterclockwise directions to maximize tissue mobility in all directions.

Scar sweeping:

- Place your thumb at the lower half of the vaginal opening.
- Use the thumb pad to sweep inside the vaginal opening from center to the left and right.
- Maintain gentle pressure throughout sweeps from side to side in the shape of a half circle.

Reference: Wallace, K. (2014). Reviving Your Sex Life After Childbirth.

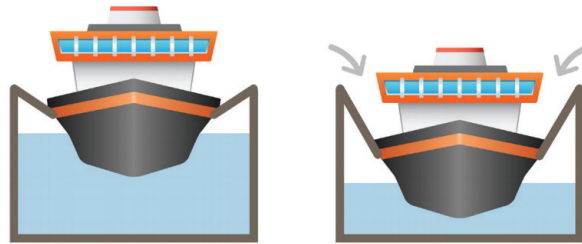
Returning to sport or exercise after the birth

Participating in sport, running or other high-impact activities early after childbirth may reduce pelvic floor muscle strength and cause long-term bladder and bowel problems or pelvic organ prolapse. You can minimize the risk of these developing with some careful precautions.

How does returning to sport or exercise too soon after the birth affect my pelvic floor muscles?

Have you heard of the boat theory? This is one way to help you think about the role that your pelvic floor muscles play in supporting your pelvic organs. Imagine that your pelvic floor is the water level, while your pelvic organs (your uterus, bladder and bowel) are the boat sitting on top of the water. The boat is attached by ropes (your supportive ligaments) to the jetty. Now, if the water level (i.e. your pelvic floor muscles) is normal, there is no tension on the ropes.

However, after pregnancy and the birth of your baby, your pelvic floor muscles can be stretched, so the water level is lower and the ropes are under tension. Imagine if the water level stayed low for years. If your pelvic floor muscles do not strengthen again, your ropes (or supportive ligaments) can overstretch and weaken, increasing the risk of you developing a prolapse. This may occur soon after the birth, or in the years to come.



© Continence Foundation of Australia 2011

If your pelvic floor muscles are strengthened after the birth, there will be less risk of ongoing tension on the ligaments supporting your pelvic organs, and therefore less risk of developing a prolapse in the future.

Imagine, however, what would happen if you added jumping, running or bouncing type activities to a pelvic floor that was still stretched. These actions could further weaken your muscles and place extra tension on the supporting ligaments, increasing the likelihood of them becoming overstretched and weakened. This can result in your pelvic organs dropping down and a prolapse occurring.

You may feel fine on the outside, but you are unable to see what is occurring on the inside. This is why some people may not notice a prolapse occurring until they return to exercise, unaware that there is the risk of a prolapse happening.

Can exercising too soon after the birth cause back pain?

After the birth of your baby, no matter how fit or toned you are, it takes a minimum of eight weeks before your abdominal muscles are toned enough to support your lower back and pelvis. This means that if you return to running, sport or high-impact exercise too soon, there is a lot more movement in your lower back than there should be. There is no way that your abdominal muscles can go from being overstretched during pregnancy to being shortened and firm enough to provide good support for your back and pelvis without time and postnatal abdominal exercises.

If you watch people walking or running, you will notice that some people's backs don't move a lot, whereas in others their back and pelvis wobbles from side to side. This can be the case in those first few months after the birth, when your spine is not as stable as it once was due to decreased activation of support muscles in your core.

If you add impact or running-based activities to this, the strain placed on your spine and pelvis may be more than

you are ready for. Combine this with the softening effects of pregnancy hormones, including relaxin (affecting the ligaments in your body for 3-4 months after the birth and potentially longer with nursing), and there is an increased risk that you could injure your back.

Steady progression of postnatal abdominal bracing and pelvic floor exercises are important to improve the strength and tone in these muscles. This will then give support to your lower back and pelvis while you exercise. Protect your pelvic floor first as you rebuild your deep and lower abdominal muscles with safe postnatal exercise choices.

When you return to sport, even after waiting for 3-4 months, if you have a backache, pain or sensation of heaviness in the pelvic area, you may need to decrease your level of intensity and focus further on your postnatal abdominal and pelvic floor muscle exercises.

Remember, when you have a new baby to look after, your back needs to be strong, particularly as you are likely to be doing more activities that can potentially place strain on your back. It is therefore important that you continue to work on your postnatal abdominal muscle exercises, even if you do not plan to go back to higher impact exercise.

When you consider that waiting a few more weeks or months could save you from having problems in the future, it is worth the wait. It is important to get the correct advice from a physical therapist or health provider that has experience in postnatal exercise.

Returning to sport – how to do it right

It is important to remember that no matter how fit you are on the outside, it is your pelvic floor, back and pelvis that you are trying to protect. Returning to sport or exercise before these areas have recovered after the birth can cause immediate or future problems, including prolapse, incontinence or back pain.

It is normal for people who really enjoy exercise to want to get back into it soon after birth. This is a good thing as exercise has many benefits and can also provide a welcome break from looking after your baby.

People also want to exercise as they may feel their body has changed. However, it is important to consider what type of exercise you do initially and how quickly you return to high impact exercise, sport, running or abdominal work. Seek professional advice from a physical therapist to help you make the right decisions about your exercise choices.

It is also worth considering alternative forms of exercise or beginning with low impact activities . As you exercise, avoid breath holding or straining to reduce pressure on your pelvic floor . Other low impact activities that are safer choices include swimming (after your bleeding stops), walking, seated cycling and low impact aerobic or postnatal exercise classes. You can return to your previous activity levels after 4 to 6 months, if your pelvic floor muscles are back to normal.

If you are experiencing any vaginal heaviness, urine loss or back pain during or after exercise, you should slow down or reduce your intensity level, continue your postnatal abdominal and pelvic floor muscle exercises and wait a bit longer. Seek further advice or treatment from a pelvic health physical therapist if problems persist.

Other factors to consider

You may feel more tired in the first few months after having a baby due to interrupted sleep, the extra demands of parent hood and feedings . Fatigue and over exertion during exercise can increase your risk of injury. It is important to listen to your body and how you are feeling. Be aware of any warning signs of pain or discomfort and slow down if necessary, to allow this to subside, rather than pushing through discomfort .

While you are learning to breastfeed (if you are breastfeeding) and looking after your baby, you may not have the desire to exercise in the first few weeks or months. During this time you can still be strengthening your abdominal and pelvic floor muscles in preparation for when you do feel ready to return to exercise. A healthy pelvic floor has optimal function by retraining your muscles how to properly sequence, meaning when to contract and when to relax as well as using the "right muscle at the right time". There should be a balance between strength of muscle contraction and muscle relaxation. You may find that walking is an exercise that will get you out of the house and one that you can do with your baby, and maybe your partner or a friend.

If you are healing from a Cesarean section or perineum tear, consider

Where to get help

For more information about pelvic floor exercises, pelvic floor safe exercise options, postnatal abdominal muscle bracing and where to get help for pelvic floor problems, go to:

- Confluence Health offers Pelvic Floor Physical Therapy at both Miller Street and Central Washington Hospital locations.
- <https://aptapelvichealth.org/patienteducation/>
- Pelvicfloorfirst.org.au

Adapted with kind permission from The Pregnancy Center of Australia 2020

Edmonds, Diane. "Pelvic Floor First." *Returning to Sport or Exercise after Birth · Pelvic Floor Friendly Exercises · Pelvic Floor First*, 2013, www.pelvicfloorfirst.org.au/pages/returning-to-sport-or-exercise-after-the-birth.html.

Postnatal Exercise Guidelines

It is important to check with your doctor, midwife or physical therapist before returning to sport or exercise after the birth. These general guidelines give you a starting point to plan your return to postnatal strength and function:

0-3 weeks postnatal

- Walking
- Postnatal abdominal muscle bracing
- Pelvic Floor Exercises with attention to engaging and relaxing muscles

3-8 weeks postnatal

- It is recommended you wait until your postnatal check before starting group exercise or going back to the gym
- Walking
- Low impact aerobics or postnatal class
- Low intensity water aerobics or postnatal class
- Low intensity water aerobics class and swimming (once bleeding has stopped)
- Gym program (maintain posture, light weights, no breath holding)
- Postnatal abdominal muscle bracing
- Pelvic floor exercises

8-12 weeks postnatal

- Follow the guidelines for 3-8 weeks, gradually increasing your intensity and weights
- Progress your postnatal abdominal muscle bracing
- **If experiencing vaginal heaviness, difficulty toileting or urine loss or uncertainty about how to perform exercises seek advice from a physical therapist. Incontinence past 12 weeks is abnormal and requires intervention.**

12-16 weeks postnatal

- Consider visiting a physical therapist for a postnatal abdominal muscle check and pelvic floor muscle testing before returning to high-impact exercise, running, sport or abdominal exercise programs.

After 16 weeks postnatal

- You can return to previous activity levels provided your pelvic floor muscles have returned to normal and you are not experiencing any back pain, vaginal heaviness, or urine loss during or after exercise.
- Seek further advice from a health professional if your symptoms persist

Please note: Sit ups, curl ups, planks, hovers and mountain climbers are not recommended for postnatal people, as they place pressure on the lower abdominal wall and recovering pelvic floor. A pelvic floor and postnatal abdominal (diastasis) check is recommended before undertaking these exercises.

Postpartum Return to Running

The key to returning to running is **listening to your body**. Increasing activity and ignoring the following symptoms leads to an increased risk of deficits and/or dysfunction. Your body is your best teacher and speaks up when you are not ready. Healing takes time. It can be frustrating to wait when running is an important part of your life or how you decrease stress – but remember you take the time now or you will have to take it later while recovering from injury. A good steady increase like a “Couch to 5K” is an excellent approach once you are ready to return to running (*Couch to 5K: Week 1 Starting Running For The First Time 2020*).

Key Symptoms of pelvic floor and/or abdominal wall dysfunction

- Urinary and/or fecal incontinence
- Urinary and/or fecal urgency that is difficult to deter
- Heaviness/pressure/bulging/dragging in pelvic area
- Pain with intercourse
- Obstructive defecation (feeling of being unable to fully empty your bowels)
- Pendular (doming) abdomen, separated abdominal muscles and/or decreased abdominal strength and function
- Back pain

Aim to return to running between **3-6 months postpartum** providing that you have passed the criteria listed below. **Be able to achieve ALL the following without pain, heaviness, dragging or, incontinence:**

- Walking 30 minutes
- Single leg balance 10 seconds
- Single leg squat 10 repetitions each side
- Jog in place for 1 minute
- Hop in place 10 repetitions each leg
- Single leg “running man” opposite arm and hip flexion/extension 10x each side

If you have trouble attaining the above, consider asking your physician for a referral to pelvic floor therapy.

Excerpt from Return to Running postnatal guidelines for medical, health, and fitness professionals. The full document can be found at www.running-physio.com (Goom, 2019).

Global Triathlon Network. (2020). *Couch to 5K: Week 1 Starting Running For The First Time*. YouTube. Retrieved October 27, 2023, from <https://youtu.be/YACmfwcBDnM?si=xGqOBKmG2qnrwgNdD>.

Goom, T. (2019, March 8). *Return to running post-pregnancy, free guide for clinicians*. RunningPhysio. <https://www.running-physio.com/postnatal-guide/>