



Government of Western Australia  
North Metropolitan Health Service  
Women and Newborn Health Service



# Physiotherapy after Childbirth





# Contents

<b>Postnatal Exercise Class for mother and baby</b>	<b>4</b>
<b>Introduction</b>	<b>5</b>
<b>Bladder problems after childbirth</b>	<b>6</b>
<b>Good bladder habits</b>	<b>7</b>
<b>Good bowel habits</b>	<b>8</b>
<b>After a Caesarean birth</b>	<b>9</b>
<b>Essential exercises</b>	<b>10</b>
<b>Rectus Abdominis Diastasis</b>	<b>14</b>
<b>General exercise</b>	<b>16</b>
<b>Back care</b>	<b>17</b>
<b>Breathing and relaxation</b>	<b>19</b>
<b>Handling your baby</b>	<b>20</b>
<b>Baby massage</b>	<b>21</b>
<b>Reasons to see a Women’s Health Physiotherapist</b>	<b>22</b>
<b>Useful contacts</b>	<b>23</b>



## Postnatal Exercise Class for mother and baby

Women who have had their baby at KEMH are welcome to attend a free weekly exercise class with their baby aged between six weeks and six months (corrected age for premature babies).

The class includes assessment and exercises to help your body recover after pregnancy and childbirth as well as baby massage.

**When:** Tuesdays (Essential introduction to exercise class)  
Wednesdays (Exercise class)

**Where:** KEMH Physiotherapy Department  
(B Block, Lower Ground)

**What to wear:** Comfortable exercise clothes and shoes

**What to bring:** Towel and baby massage oil

To book please email [Physiotherapyreception.kemh@health.wa.gov.au](mailto:Physiotherapyreception.kemh@health.wa.gov.au) after your six week check with your doctor. Please include your name, date of birth and baby's date of birth. Class times are given on booking.

For your safety please make sure you arrive to class on time as you may not be able to join in if you are late.

## Introduction

In the six months after childbirth your body needs extra care. Pregnancy hormones have softened your ligaments; stomach and pelvic floor muscles have stretched. It's easy to injure yourself during this time if your joints are not well supported.

This booklet shows you how to help your body recover after pregnancy and childbirth.

Sometimes new mums need specialist physiotherapy care for persistent problems following childbirth. For a list of common conditions and women's health physiotherapy contacts please see page 22 and 23 of this booklet.



### Good posture - your daily training for no extra time!

When standing and sitting try:

- ▶ standing or sitting tall
- ▶ lengthening your spine
- ▶ putting even weight through both feet

## Bladder problems after childbirth

If you notice any of the following, please tell your midwife or physiotherapist:

- ▶ Reduced sensation of bladder filling
- ▶ Difficulty starting the flow of urine
- ▶ Slow or stop/start flow
- ▶ Feeling as if not emptying properly
- ▶ Leakage of urine

## Management of bladder problems after childbirth

- ▶ If you have passed a very large volume in one void (wee) or have a large amount left in the bladder after going to the toilet, a catheter may be inserted to allow the bladder to rest.
- ▶ If you have reduced bladder sensation, you will be asked to record your fluid intake and urine output using a bladder diary. You may need to use timed voiding to protect your bladder from overstretching – this means going to the toilet every 2-3 hours to keep the volumes in the normal range of 250-500ml. If the volumes are less than 250ml you can hold a little longer. If they are more than 500ml you need to go more often. Continue timed voiding until your sensation returns and you can feel when you need to pass urine again.
- ▶ Urinary incontinence may occur for many reasons – the physiotherapist will help determine the best management for you.

## Recovery

- ▶ Most bladder problems are much improved in the first week or two and 100 per cent better by six weeks. However, speed of recovery varies.
- ▶ Please ring the physiotherapy department (see back of booklet) if your bladder problems are not improving or if you feel concerned.

## Good bladder habits

- ▶ Drink 1½ - 2 litres of fluid each day (up to 3 litres if breastfeeding). Limit caffeine, alcohol, soft drinks and artificial sweeteners.
- ▶ Go to the toilet when your bladder feels full, not 'just in case'. The average is 4-6 times per day, 0-1 times per night, 250-500mls each time.
- ▶ Sit down on the toilet seat and take your time.
- ▶ Do your pelvic floor exercises each day (see page 10).

### Useful links

Continence Foundation of Australia  
[www.continence.org.au](http://www.continence.org.au)

National Continence Helpline  
1800 33 00 66

Pelvic Floor First  
[www.pelvicfloorfirst.org.au](http://www.pelvicfloorfirst.org.au)

## Good bowel habits

- ▶ Go when you get a good urge, anywhere from three times per day to three times per week is within normal limits.
- ▶ Eat plenty of fresh fruit, vegetables and unprocessed food. Prune, pear and apple juices are natural laxatives.
- ▶ Avoid constipation and straining, this weakens your pelvic floor and may cause haemorrhoids, anal fissures and prolapse.
- ▶ If you have pain, swelling or stitches, support the area between the vagina and anus with a wad of toilet paper while you empty your bowels.
- ▶ Exercise daily for 30 minutes to keep your bowel regular. Walking is particularly good in the first six weeks.
- ▶ Sit correctly on the toilet (see diagram).

## Sitting correctly on the toilet

- ▶ Keep back straight, lean forward, rest forearms on knees.
- ▶ Use a footstool if your heels don't touch the floor.
- ▶ Have your legs apart.
- ▶ Bulge (push stomach forward) and brace (make waist wide) to empty bowel.
- ▶ Make a 'hiss' sound to activate the correct muscles and prevent breath holding and straining.
- ▶ Pull up pelvic floor muscles after you finish.





## Getting into/out of bed

Rolling on your side reduces strain on your stomach muscles after a caesarean or vaginal delivery.



## After a Caesarean birth

It may take 6 to 12 weeks for your body to heal. Avoid heavy or strenuous activity in the first six weeks then slowly build up as comfortable. If you feel tired or your body aches, you need to rest. Do the exercises in this booklet as soon as you feel comfortable, usually around day three. Stop if you feel pain.

A daily walk is a good way to loosen up and improve fitness (from week one). Start with short distances (10 minutes) on flat ground, then progress distance and difficulty as comfortable.

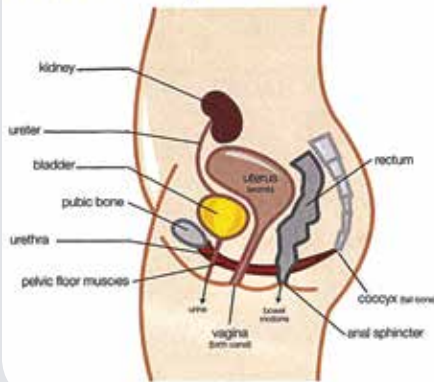
Light housework such as cooking and dusting is okay, but avoid vacuuming and lifting anything heavier than your baby in the first six weeks. As a general guide, any lifting which results in breath holding indicates the load is too heavy.

Driving may be safe when you are able to brake suddenly, move feet between pedals and look over your shoulder without pain. However, some car insurance companies do not cover you in the first six weeks after abdominal surgery, so ring and check before driving.

For further information please refer to the booklet: Your Caesarean Birth and Recovery see online.

# Essential exercises

## The female pelvic floor



## Pelvic floor exercises

### Six good reasons to do pelvic floor exercises:

- ▶ prevent leakage of urine
- ▶ maintain bowel control
- ▶ better sexual function
- ▶ prevent or reduce prolapse
- ▶ back support
- ▶ strengthen core muscles.

## Immediately after having your baby - Stage 1

- ▶ Start pelvic floor exercises (gently) within 24 hours – even if you have stitches or swelling. The gentle muscle pump action improves circulation and reduces swelling which helps healing.
- ▶ Breathe normally and keep buttocks and thighs relaxed.
- ▶ Squeeze, lift and hold the muscles around your back passage, vagina and front passage (as if trying to stop wind and urine from coming out) then fully relax the muscles and start again.
- ▶ ‘Little and often’, do four to five gentle contractions at a time throughout the day.
- ▶ Doing these exercises lying down may be easiest to start with but progress to sitting and standing as soon as you can.
- ▶ As soon as possible, progress to stage 2.

## Handy hint:

Try doing your pelvic floor exercises during the day while feeding your baby.

## Strengthen the pelvic floor - Stage 2

- ▶ Do pelvic floor exercises as described in stage 1.
- ▶ Remember to breathe normally, keep buttocks and thighs relaxed.
- ▶ When you can do 10 repetitions of holding for one second (see chart) progress to holding for two seconds, and so on.
- ▶ 10 repetitions = 1 set
- ▶ Do two or three sets of exercises each day.

Success doesn't happen overnight. Work on this program daily to ensure that your pelvic floor muscles are supporting you in everyday living.

Besides these exercises, it is important to lose excess weight, avoid constipation or straining and be physically active every day.

If you are unsure how to do pelvic floor exercises attend our postnatal exercise class, call the KEMH Physio Department, or make an appointment to see a private women's health physiotherapist (see page 23).

<input checked="" type="checkbox"/>	Hold (secs)	Rest (secs)
<input type="checkbox"/>	1	2
<input type="checkbox"/>	2	4
<input type="checkbox"/>	3	6
<input type="checkbox"/>	4	8
<input type="checkbox"/>	5	10
<input type="checkbox"/>	6	10
<input type="checkbox"/>	7	10
<input type="checkbox"/>	8	10

### Handy hint

'Squeeze and lift' your pelvic floor muscles when you:

- cough, sneeze, laugh
- lift
- carry your baby

### Handy hint

It's a good idea to lie down for an hour each day to relieve pressure on your pelvic floor muscles in the first six weeks after having your baby.

## Abdominal exercises

The following exercises are important following the birth of your baby.

### Core muscles (deep abdominals and pelvic floor)

Sit upright, relax your lower stomach into your hand. Breathing normally, draw in your pelvic floor muscles and gently pull your stomach away from your hand. Hold for five seconds then relax.

Too hard? Try lying on your side.

Too easy? Try standing up.

See how many you can do.

Increase the hold time, strength and number of contractions as you get fitter.

Aim for 10-15 repetitions, twice a day.



### Pelvic rocking/tilting

Draw in pelvic floor and lower stomach muscles. Breathe out as you tilt the hip bones backwards so your back flattens into the bed and your tailbone lifts slightly. Hold for three seconds. Relax and breathe in.

Aim for 10-15 repetitions, twice a day.

## Knee rolling

**Purpose:** To stretch back and strengthen stomach muscles.

Take notice of your breathing as you roll both knees gently to each side, keeping shoulders flat. Relax your body.

Aim for 10-15 repetitions, once or twice a day.



## Seated Twist

**Purpose:** To open chest and stretch spine.

Sit at front of chair with hands on thighs, lengthen spine, open chest.

Without causing pain, twist to place right hand on outside of left knee, left hand behind back or on the back of chair (see photo).

Align ears with shoulders.

Repeat to opposite side twice a day.

## Chest Stretch

**Purpose:** To open and stretch the chest.

Sit tall with your feet flat on the floor.

Clasp hands behind your back and draw shoulder blades together.

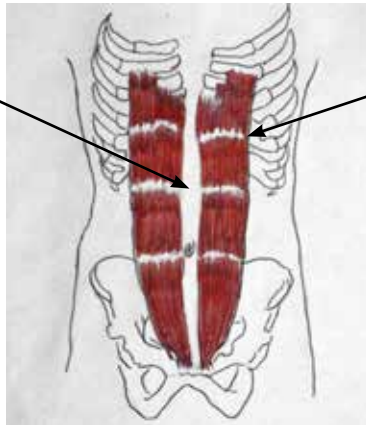
Hold for 10 seconds. Notice your breathing.



## Rectus Abdominis Diastasis

Your abdominal muscles (Rectus Abdominis) are joined down the middle of your abdomen by fascia called the Linea Alba. This normally creates a slight gap between the muscles. In pregnant women, the fascia may soften and stretch to accommodate the growing baby, causing a wider gap than usual between the abdominal muscles. This is called Rectus Abdominis Diastasis (RAD).

Linea Alba -  
Fascia  
between  
muscles



Rectus  
Abdominis  
Muscle

RAD causes widening of the waist and reduced support for the back and abdomen. It is very common and usually reduces within the first eight weeks after having your baby.

## **What can I do to reduce RAD?**

1. Keep your posture upright and relaxed
2. Do pelvic floor and gentle abdominal exercises (see page 10,11,12)
3. Use abdominal support - firm, high waisted underwear, bras that extend down to the hips or corsets provide additional support while your muscles and fascia are recovering. These can be purchased at a department store or online.

Use abdominal support daily until your muscles feel stronger and the fascia is back to normal. Take the support off if it feels uncomfortable and leave it off at night.

4. Avoid straining – try to minimise lifting and carrying heavy objects while your muscles are recovering. Sometimes it is unavoidable (such as carrying a toddler) but consider alternatives where possible. Roll onto your side to get in and out of bed.

## **How can I check my abdominal muscles?**

1. Lie flat on a bed or floor with your knees bent.
2. Place your fingers 4cm above your belly button width-wise (left to right).
3. Lift your head slightly off the floor whilst feeling for a gap between the abdominal muscles. If you can fit more than three fingers between the gap, your abdominal muscles are wider apart than normal, at rest.
4. Now check the gap 4cm below the belly button in the same way.

Check the muscles at two weeks, four weeks and six weeks after having your baby.

If the gap is still wider than three fingers widths by 6 weeks, please come to the KEMH postnatal exercise class. See page 4 for booking information.

# General exercise

## Exercise is important as it:

- ▶ helps with physical recovery of muscles affected by pregnancy and childbirth
- ▶ assists with weight control
- ▶ improves health and fitness
- ▶ facilitates mental wellbeing
- ▶ sets a good example for your children.

It takes up to six months for the ligaments in your body to return to normal. Return to exercise should be gradual.



## Exercise guidelines

- ▶ In the first six weeks, strengthen the pelvic floor, back and stomach muscles with the exercises in this pamphlet. Walk for general exercise - start with 10-15 minutes on level ground and gradually increase.
- ▶ By six weeks, aim for at least 30 minutes walking, swimming or low impact exercise per day. Continue pelvic floor and abdominal exercises.
- ▶ Avoid jumping and jarring activities (e.g. jogging, high impact aerobics) for the first three to six months (you may check with a Women's Health Physiotherapist to see when it is suitable for you to resume high impact activity).
- ▶ Involve your baby in your exercise program.



## Back care

Your ligaments and muscles may be weak in the six months after the birth of your baby and because you will be lifting, bending and sitting more than usual, you are at greater risk of back injury.

### Help protect your back:

- ▶ make sure work surfaces are at waist height (e.g. baby change table)
- ▶ kneel or squat for low level jobs such as gardening, making a bed or if changing a baby's nappy on bed.
- ▶ tighten your core muscles (pelvic floor and abdominals) as you lift
- ▶ breathe normally as you lift

### Handy hint

Never carry a full baby bath. Use a jug or container to fill and empty.



Kneel on the seat or put your foot on the ledge when putting baby in the car.



Try a sling see [www.productsafety.gov.au](http://www.productsafety.gov.au) for information on baby slings.



Lying down when feeding gives your body a rest.



When bathing or changing baby a waist height surface reduces back strain.

## Handy hint

Use a laundry trolley when possible, or carry washing in smaller loads



The correct height for a change table is at waist height.



Pick up baby or toddler using good lifting technique.

## Breathing and relaxation

Motherhood can at times be stressful. Breathing and relaxation can help manage this.

### Benefits:

- ▶ helps calm you and your baby
- ▶ assists with milk release
- ▶ improves energy levels
- ▶ reduces stress for yourself and others around you
- ▶ helps you cope with everyday demands.



### When stressed you may notice:

- ▶ muscle tension (jaws and shoulders)
- ▶ anxiety or irritability
- ▶ headache
- ▶ upper chest breathing
- ▶ difficulty coping.

### How to reduce stress:

- ▶ release muscle tension - relax jaw so teeth are apart, drop shoulders down and back
- ▶ breathe in slowly and sigh out
- ▶ focus on one activity at a time.

If you feel unable to cope, ask for help from family and friends or speak to your doctor or child health nurse.

## Handling your baby

Lie your baby on its back (face up) to sleep. When your baby is awake, you may also lie your baby on its side and tummy. Regular tummy time is important from day one. Try a little bit often as part of your baby's daily routine. There are many ways to build tummy time into the day.

- ▶ Carrying your baby face down over your forearm
- ▶ Lying with baby propped up on its forearms on your chest
- ▶ Sitting with baby face down over your lap

For more ideas see the 'Baby Moves' leaflet in the back of your purple 'All about me' book.



Newborn babies can be placed on their tummy when awake but they must be supervised at all times.



This position can calm your baby and is good for tummy time.

### Handy hint

Allow your baby to explore and learn through movement.  
Avoid baby walkers and 'Jolly Jumpers' for safety and developmental reasons.



## Baby massage

Time used for massage can be relaxing and enjoyable for both you and your baby e.g. after a bath or when baby is lying on your lap.

- ▶ Use massage at a quiet, settled time.
- ▶ Undress baby as much as possible.
- ▶ Use pure edible oil (e.g. apricot, light olive).
- ▶ Put oil onto your hands – not directly onto baby.
- ▶ Use firm, smooth continuous strokes with as much hand contact as possible e.g. using palm of hand or flats of fingers.
- ▶ If stroking on chest, use diagonals (e.g. shoulder to opposite hip).
- ▶ If stroking on the back, use long strokes down the back.
- ▶ Stroking can also be used on the face, head and limbs.

## Reasons to see a Women's Health Physiotherapist

If you experience any of the below issues within the first six months after the birth of your baby, please contact the KEMH Physiotherapy Department on (08) 6458 2790 - you do not require a doctor's referral if you had your baby at KEMH.

- ▶ back, neck, tailbone or wrist pain
- ▶ painful scar tissue (caesarean, episiotomy, tear)
- ▶ pain during sexual intercourse
- ▶ weak or separated stomach muscles
- ▶ bladder or bowel problems:
  - leakage of urine, wind, stool
  - urgency to pass urine or to use bowels
  - passing urine frequently
  - pain
- ▶ pelvic floor weakness or vaginal 'heaviness'
- ▶ blocked milk ducts or cracked nipples (only after initially contacting the breastfeeding Centre on 6458 1844).

If it has been more than six months since your baby's birth or you would prefer to attend a physiotherapy clinic closer to home please see the list of women's health physiotherapy services on page 23. You may need a GP referral.

## Useful contacts

### Public Women's Health Physiotherapy

#### **Armadale Kelmscott Health Service**

(08) 9391 2281  
(referral required)

#### **Bentley Health Service**

(08) 9334 3791  
(referral required)

#### **Fiona Stanley Hospital**

(08) 6152 2222  
(referral required)

#### **Fremantle Hospital**

(08) 9431 2533  
(referral required)

#### **Joondalup Health Campus**

(08) 9400 9430  
(general physiotherapy -  
referral required)

#### **King Edward Memorial Hospital**

(08) 6458 2790  
(no referral required if you  
delivered at KEMH less than  
six months ago)

#### **Mandurah Community Health Centre**

(08) 9586 4400  
(referral required)

#### **Midland Hospital**

(08) 9462 4030  
(referral required)

#### **Osborne Park Hospital**

(08) 9346 8439  
(referral required)

#### **Rockingham Kwinana District Hospital**

(08) 9592 0600  
(referral required)

#### **Royal Perth Hospital**

(08) 9224 2076  
(referral required)

### Private Women's Health Physiotherapy

Ring the Australian Physiotherapy Association on (08) 9389 9211 or check online at [www.continencephysiowa.com.au](http://www.continencephysiowa.com.au) for a continence and women's health physiotherapist in your area.

**Women and Newborn Health Service**  
King Edward Memorial Hospital  
373 Bagot Road, Subiaco, WA 6008  
**Telephone: (08) 6458 2222**



This document can be made available in alternative formats on request for a person with a disability.

Compiled by: Physiotherapy Department

Produced by: Women and Newborn Health Service

© North Metropolitan Health Service 2019

Website: [www.wnhs.health.wa.gov.au](http://www.wnhs.health.wa.gov.au)

Revised January 2019

**Disclaimer:** The advice and information contained herein is provided in good faith as a public service. However the accuracy of any statements made is not guaranteed and it is the responsibility of readers to make their own enquiries as to the accuracy, currency and appropriateness of any information or advice provided. Liability for any act or omission occurring in reliance on this document or for any loss, damage or injury occurring as a consequence of such act or omission is expressly disclaimed.

Copyright information [www.health.wa.gov.au/home/disclaimer.cfm](http://www.health.wa.gov.au/home/disclaimer.cfm)

Photos for illustration purposes only.

Large portions of this booklet have been reproduced with permission from 'Before and After' a Queensland Health Publication.