

Postnatal Physiotherapy Advice

This leaflet offers information about recovering immediately after childbirth. If you have any further questions or concerns, please speak to the staff member in charge of your care or your GP.

Advice following vaginal birth

Perineal care

- Your perineum is the area between your back passage and vagina.
- If you have had a vaginal tear or episiotomy, keep the area clean and dry by washing daily with plain water, patting dry and changing sanitary pads regularly.
- Your stitches can take up to two weeks to dissolve.
- You can bath or shower but do not soak for long periods or use any soaps or perfumed products. Do not apply any creams, lotions or oils to stitches unless advised by your doctor or midwife.
- Speak to your GP or midwife if you notice any of the following: any offensive vaginal discharge, breakdown in your stitches or if your perineum is red in appearance or feels hard. Also, if you are feeling generally unwell or have a burning feeling when passing urine,

Managing swelling and pain

- It is important to have short and frequent rest periods lying on your side or back to help with your recovery. This takes the weight off your perineum, helping to reduce swelling and discomfort.
- Using ice packs can help reduce pain and swelling. You can use ice wrapped in a clean damp towel or a sanitary pad that has been sprinkled with water and placed in the freezer. These can be placed on the tender area for up to 10 minutes. Make sure you **do not** apply ice directly to the skin (e.g. use knickers or a thin sanitary towel as a barrier). This can be repeated three to four times daily for the first few days.
- To make sitting more comfortable, sit on a pillow or place a small, rolled towel under each thigh so that your perineum is not in contact with the chair. Ring cushions are not recommended as they can cause swelling around the perineum.
- Exercising the pelvic floor muscles will promote circulation and healing and reduce swelling
- Use pain relief medication as recommended by your doctor or midwife.

Bladder Care

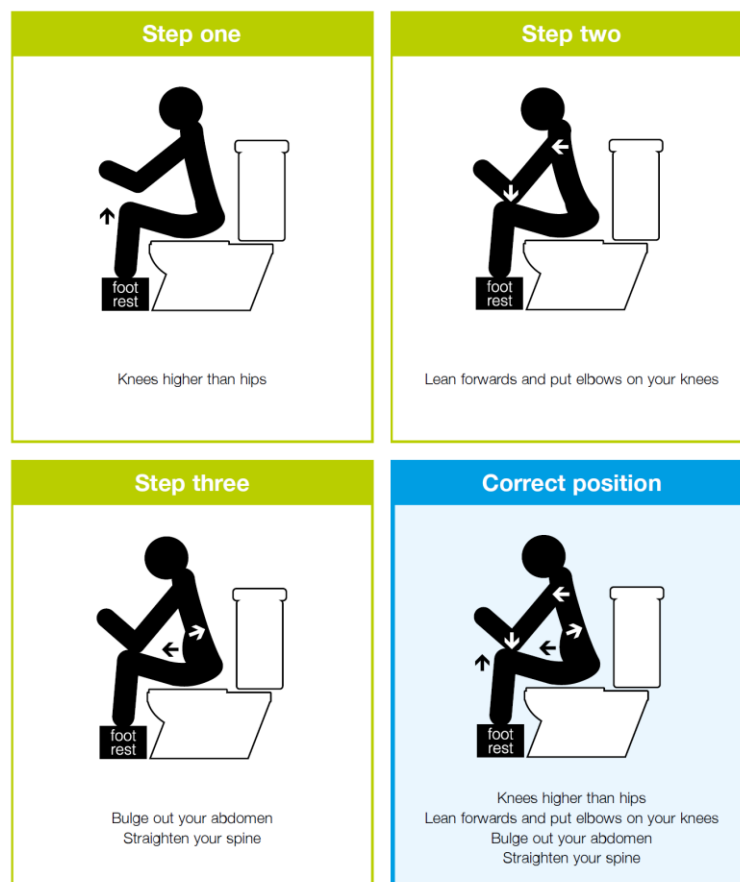
- You should pass urine within four to six hours of delivery. If you are having difficulty passing urine or not having any urge to go, please speak to the staff member in charge of your care.

- If you are having any leakage of urine or not getting to the toilet in time, please speak to the staff member in charge of your care.
- Aim to drink 1.5 to 2 litres of water daily, particularly if you are breastfeeding.
- It can sometimes sting when passing urine in the first few days especially if you have had stitches. To help alleviate this, rinse with water during or after urination and ensure you are well hydrated.

Bowel Care

- It is common to feel apprehensive about opening your bowels after a vaginal delivery. Your stitches will not be affected. To make you feel more confident wrap your hand in some tissue paper and apply gentle pressure over the perineum.
- Do not ignore urges to empty your bowels.
- Try to avoid constipation by eating a healthy diet with high fibre foods and maintaining adequate fluid intake. This will help you avoid straining which puts more pressure on your perineum.
- Avoid straining by adopting the position below and taking your time to fully empty.

Correct position for opening your bowels



Circulation Exercises

- It is important to get out of bed and start moving around as soon as possible unless your midwife or GP has advised otherwise.
- You may find that your ankles and feet are swollen. Move your feet briskly upwards and downwards and around in circles 20 times every hour while resting in bed or sitting.

Back Care / Posture

- It is important to maintain a good posture when sitting, standing and feeding. Make sure your baby's changing and bathing surfaces are at waist height or kneel on a pillow if using bed or sofa.
- When sitting to feed, make sure your back and feet are supported. You may find it helpful to place a pillow at your lower back and use pillows to bring baby closer to you rather than leaning forwards. Avoid feeding in the same position.
- Delegate carrying of portable car seats where possible or transfer baby to buggy when able.

Returning to Exercise

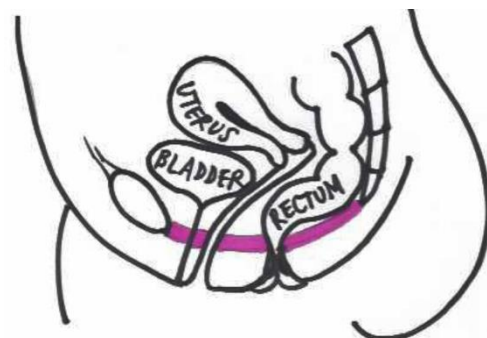
- You can do the exercises in this information booklet when you are in hospital and when you get home as long as they are comfortable. See the table below for when you can return to other types of exercise depending on your delivery.
- Always listen to your body. Many women feel extremely tired after childbirth. Try not to overdo it, pace yourself, limit visitors, accept help, and rest. Everyone recovers at different rates and return to exercise varies for each person.
- If you have any pain, difficulty controlling your bladder or bowels, feeling of heaviness, pressure or dragging in pelvic area, bulging or doming of tummy muscles stop or modify the activity and seek advice from a pelvic health physiotherapist.

Type of Exercise	Vaginal Delivery	Caesarean Delivery
Pelvic Floor Exercises	From day 1 postnatal	From day 1 postnatal
Gentle walking as pain allows	From day 1 postnatal (gradually increase speed and distance)	Day 1 (gradually increase speed and distance)
Low Impact Exercise e.g. postnatal exercise class, yoga, Pilates	From 6 weeks postnatal	From 8 weeks postnatal
Swimming	From 6 weeks postnatal if lochia (vaginal bleeding) has stopped for more than 7 days in a row and stitches healed.	From 8 weeks postnatal if lochia (vaginal bleeding) has stopped for more than 7 days in a row and stitches healed.
High Impact Exercise e.g. jogging, jumping, aerobics, heavy weights	From at least 12 weeks postnatal	From at least 14 weeks postnatal

Pelvic Floor Exercises

What is the pelvic floor?

The pelvic floor is a large group of muscles which pass from your pubic bone at the front to your coccyx (tail bone) behind, forming a bowl shape. They support your bladder, uterus and bowel.



Why do I need to strengthen my pelvic floor muscles?

Being pregnant and giving birth puts a lot of pressure on your pelvic floor muscles. It is extremely important to strengthen your pelvic floor muscles after you have given birth to prevent problems with incontinence (leaking of urine, faeces or wind), prolapse (bulging of one or more of the pelvic organs into the vagina), lower back / pelvic pain and to increase sensation during intercourse. It is important for all women whether they have had a vaginal or caesarean delivery to strengthen their pelvic floor muscles. These exercises should be started as soon as the catheter has been removed (if you had one) and you have passed urine normally.

How do I strengthen my pelvic floor muscles?

In sitting or lying, slowly tighten the muscles around your back passage and vagina, lifting up and in, as if trying to stop yourself from passing wind and urine. If you do not feel a lift initially this is normal and should improve with time and practise as healing progresses. Try to only squeeze these muscles. Do not tighten your buttocks, squeeze your legs or hold your breath.

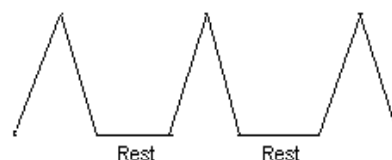
- **Exercise 1:** To build up the endurance of these muscles, hold this squeeze for as long as you can (up to 10 seconds) and then fully relax. Relax for as long as you have squeezed.



Repeat 10 times.

Try to build up to 10 seconds x 10.

- **Exercise 2:** The muscles need to be able to work quickly so that they can react to stresses such as coughing, sneezing or running. Draw up and tighten your pelvic floor muscles as quickly as you can and then relax fully for at least 5 seconds between each squeeze.



Repeat up to 20 times

Both these exercises should be completed 3 to 4 times daily. You can download an app called 'Squeezy App for Women' to help remind you to do these exercises.

Abdominal Muscle Exercises

Your abdominal muscles are stretched during pregnancy as your baby grows.

Your abdominal muscles are important for back support and posture.

- **Exercise 1:** Basic abdominal contraction
Lie on your back, knees bent and feet flat on floor, hip distance apart. Breathe in and allow your tummy to rise. As you breathe out, gently draw in your lower tummy towards your spine. This is a very small movement. Keep your upper abdominal muscles, rib cage and shoulders relaxed and breathe normally. Hold the position for 2 or 3 breaths. Relax. Repeat 5 times, 3 times daily or every other day.

When you know what it feels like to do this exercise, you can do it in sitting, standing or kneeling on all fours and when you are lifting.

- **Exercise 2:** Pelvic Tilts
Do the basic abdominal contraction as above. Draw up your pelvic floor muscles at the same time. Flatten your lower back onto the floor or bed.
Hold the position for 2 or 3 breaths then relax back to starting position.
Repeat 10 times, 3 times daily or every other day.
- **Exercise 3:** Knee Rolls
Lying on your back, knees bent and feet flat. Keep both knees together and slowly lower both knees side to side to mobilise your low back. Repeat 5 to 10 times, twice daily.

Returning to Sex

- You can return to sex when you feel comfortable and ready. Healing of any perineal tears can take six weeks.
- The vaginal tissues can be dry postnatally and you may find using lubrication more comfortable. If you are using condoms ensure you use water based lubrication.
- Discuss contraception with your GP or sexual health nurse at your six week check.
- Speak with your GP and seek a referral to pelvic health physiotherapy if you have persistent pain with intercourse.

Additional advice following caesarean birth

Moving around in Bed

- Getting out of bed: bend your knees, keeping feet on bed, then roll onto your side and drop legs over edge of bed. Push up into sitting position using your arms.
- Getting into bed: sit as far up the bed as you can. Lower yourself onto your side using your arms, lifting legs at same time.
- You may find it helpful to support the wound with your hand as you move in / out of bed.

Wound Support

- Coughing, sneezing, laughing, bowel movements and getting in / out of bed may pull on your abdomen. It can help to support your wound with your hands, a pillow or rolled towel.
- Speak to your GP or midwife if you notice any of the following: any offensive discharge, breakdown in your stitches or your wound is red in appearance or feels hard.

Daily Activities

- Do not lift anything heavier than your baby for six weeks and try to avoid lifting anything very heavy for three months.
- Encourage older children to climb up to you when sitting rather than lift them.
- Rest is important to help with your recovery. Gradually build up your level of activity and rest between activities when possible.
- You can bathe or shower but do not soak for long periods in the bath or use any soaps or perfumed products. Pat dry carefully. Do not apply any creams, lotions or oils to stitches unless advised by your doctor or midwife.
- It is recommended not to drive for six weeks and until you are able to do an unhindered emergency stop. It is advisable to check with your insurer.

Useful Sources of Information

- NHS London Pelvic Health Videos
<https://www.youtube.com/playlist?list=PLq2gGqcnXKzpP33hOAiL-CmF5MtERkHZ8>
- Pelvic Obstetric and Gynaecological Physiotherapy Fit for the Future – essential advice and exercises following childbirth [Fit for the Future | POGP](#)
- St. George's Hospital Pelvic Health Physiotherapy pelvic floor educational video
<https://youtu.be/Mu9WVtURYRQ>
- St. George's Hospital Pelvic Health Physiotherapy healthy bladder and bowel habits video https://youtu.be/eqquWN0Em_Q
- The Squeezy App for pelvic floor exercises <https://www.squeezyapp.com/>
- The Royal College of Obstetricians
<https://www.rcog.org.uk/>
- The NHS website
<https://www.nhs.uk/>
- Please also speak to your midwife or GP, about the **Get U Better** App for pelvic health help and support during pregnancy and up to a year following birth.

Contact us

If you have any questions or concerns please contact your GP, Community midwife or Maternity Helpline on 020 8725 2777.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit <https://www.stgeorges.nhs.uk/patients-and-visitors/patient-information-public/>

Was this information helpful? Yes / No

Please let us know, contact patient.information@stgeorges.nhs.uk and include the leaflet title.

Thank you.

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

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