

# EXERCISE and ADVICE after pregnancy



EXCELLENCE  
MATTERS

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## Introduction

This booklet is for women after their pregnancy - adoption, fostering or surrogacy.

**At this time, your own physical recovery may be the last thing on your mind. We hope the information in this booklet will be helpful, either now or later, when the time is right for you. Women often report they found it helpful to start doing some exercises - a little at first, then building up slowly - from early on. The exercises can be done in your own home, or even while you are in hospital.**

The following includes a safe and effective set of exercises, and some practical advice to aid your physical recovery including:

- being comfortable after delivery
- moving easily (both on the ward and at home)
- exercising the abdominal and **pelvic floor muscles**
- starting to regain your physical activity

Your physical recovery will take time, but there is a lot you can do to help get yourself back into shape. Regaining your fitness may help you have more energy - and possibly avoid physical problems later.

The muscles of the abdomen and pelvic floor can become weak during pregnancy, it is therefore important to strengthen them again to avoid problems such as leakage from the bladder or bowels, vaginal heaviness, low back or pelvic girdle pain.

If you need more advice after reading this booklet, please contact your local specialist physiotherapist (details on inside back cover).

# Glossary

**caesarean section** - delivery of the baby through an abdominal incision

**pelvic floor muscles** - the group of muscles which attach from the pubic bone to the tail bone and are also held in place by the ligaments which support the pelvic organs

**perineum** - the area between the back passage and the vagina

**haemorrhoids (piles)** - when the blood vessels in or around the anus and rectum swell up. They can feel like small lumps around the anus, and can be painful and uncomfortable with bowel movements

**episiotomy** - cut made to the skin and pelvic floor muscles of the perineum to help make space for delivery of the baby's head

**vagina** - a muscular tube from the external genitalia (labia and vulva) to the end of the uterus (**cervix**)

**urinary catheter** - a tube put into your bladder to drain the urine (wee)

**intra-abdominal pressure** - an increase in the pressure in the tummy which causes strain downwards

**uterus** - the hollow organ in which a foetus / baby develops in pregnancy (sometimes called the womb)

**transverse abdominals (transversus abdominis) (TA)** - the deepest abdominal muscle running across the front of the lower tummy working with the lower back muscles to support the spine

**neutral spine** - when the lower back is midway between a tucked and arched position

**rectum/back passage** - where stool / faeces / poo is stored just before a bowel movement

**anus** - the opening at the end of the rectum where the stool comes out

**bladder** - where urine is stored until you go to the toilet to pass water/ have a pee

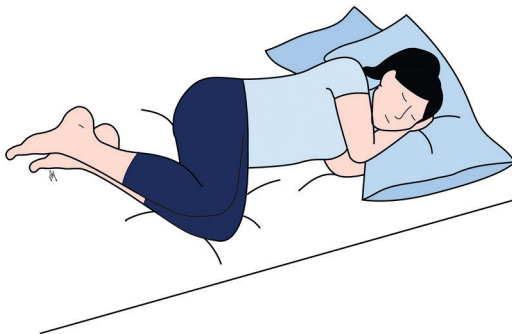
# Comfort

(If you have had a Caesarean section operation, please also see pages 3-4).

## To get into bed

Stand with the back of your knees against the bed. Support your abdomen with one hand, and put the other hand on the bed behind you. Bend forwards slowly as you sit on the bed. Lower your head and shoulders sideways down on to the pillow, keeping your knees bent and together, and lift your legs up at the same time.

If sitting is uncomfortable, you can get into bed by kneeling on the bed, and then lowering yourself down on to your side.



## To turn in bed from lying on your back

Bend both knees one at a time, keeping your feet on the bed. Support the abdomen with your hand, especially if you have had a **Caesarean section** operation. Make sure that you move your shoulders and knees at the same time as you roll on to your side.

## To get out of bed

Bend both knees, keeping your feet on the bed, and roll on to your side, moving your shoulders and knees together. Push your body up by pressing down on to the mattress with your upper hand, allowing your feet to go down to the floor. Sit on the side of the bed for a few moments, and then stand by leaning forwards and pushing up with your hands and legs. Try not to stoop; stand tall.

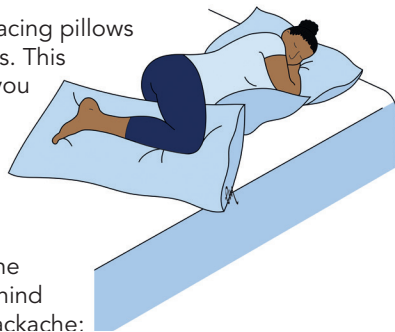
## Rest

It is vital to have sufficient rest in the first few weeks. If you feel you want to sleep all the time and feel unable to get out of bed (due to feeling sad, depressed, anxious or unable to cope), please seek help from your GP/health visitor/perinatal mental health/midwife/support network.

Use a method of relaxation, if you have learnt one, and sleep when you can.

Lie on your side, and make yourself comfortable by placing pillows under your abdomen (tummy) and between your knees. This position is comfortable for most women, especially if you have had painful stitches in either your abdomen or bottom, and/or you have 'piles'.

An alternative position is shown below.



## Sitting

When sitting, ensure you are positioned well back in the chair or bed. A small pillow or folded towel placed behind your waist will support you, and may help to relieve backache:

your feet should reach the floor.

Using a foot stool may make you more comfortable.

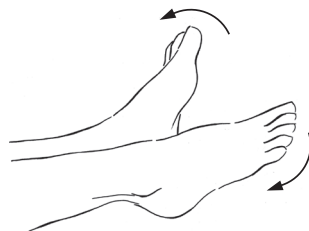


# Activity in the early days

Being active may help your physical recovery. Get out of bed and walk around as soon as possible, unless you are advised otherwise. Gradually build up the distance you walk. Listen to your body - it will tell you if you are trying to achieve too much too quickly.

## Circulation

If your ankles are swollen, put your feet up. Make sure that your knees and lower legs are supported. When you are resting in bed or sitting in a chair, bend your feet and ankles up and down briskly for 30 seconds every hour. Avoid sitting or lying with your legs or ankles crossed because this may restrict the blood flow. Avoid standing still for long periods.



## Posture

Regaining good posture is important – standing, sitting, lying or being active may help to avoid future aches and pains. Try to stand tall, avoid slumping of the shoulders and gently draw in your lower tummy for postural support.

# Caesarean Section operation

If you have had a Caesarean section operation, you should follow all the above advice. However, because you have had an abdominal operation, you will be more tired. Do **not** expect too much too soon.

There are stitches in your lower abdomen that will take time to heal, so increase your activities gradually:

- When you return home, accept all the help that is offered.
- Take regular pain relief for as long as you require it. Most women will find that they can gradually reduce their pain relief over the first six weeks and then stop taking them. If you have ongoing pain that is making it difficult to move and do daily activities, speak with your GP, midwife or health visitor

- In the early days, if you need to cough or sneeze, lean forwards, and support your wound - with your hands, a pillow or small towel.
- Try to avoid any activity that causes strain for the first 6 weeks (e.g. prolonged standing, housework and carrying heavy things).
- Don't **lift** anything heavy for at least 6 weeks (e.g. heavy shopping bags, washing baskets and furniture).

## Driving after a Caesarean section operation

- Check with your insurance company that you are covered.
- Women are normally advised to wait until 4-6 weeks after the birth.

Also ensure that you:

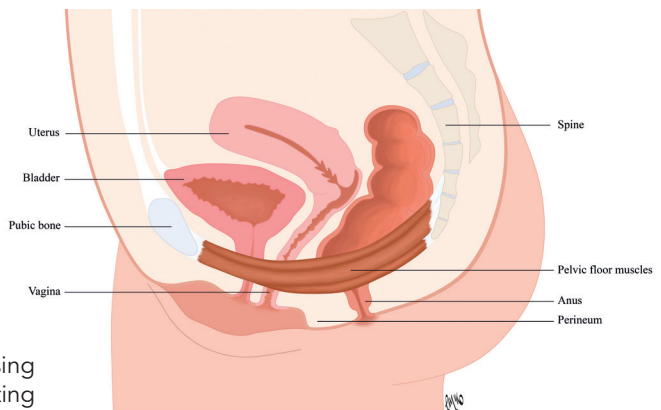
- are able to concentrate fully on driving and the road around you
- can wear a seat belt comfortably - you may be more comfortable with some padding (e.g. a folded towel) between your tummy and the belt
- can look over your shoulder and turn the steering wheel without pain or discomfort
- can perform an emergency stop without undue pain - try it with the engine off before going out for the first time

## Exercises

### Pelvic floor muscle exercises

The pelvic floor muscles (PFM) are at the bottom of your pelvis, and support the pelvic organs.

- If you have a **urinary catheter**, wait until it is removed and you are passing urine normally before starting these exercises.



Pelvic floor muscle exercises are needed to:

- improve muscle strength so that you can control your bladder and bowel
- support your pelvic organs, helping to prevent prolapse

Remember to:

- Start the pelvic floor muscle exercises as soon as possible, after any catheter has been removed.
- Do the exercises in varying positions, but if you are sore in the early days, lying on your side might be most comfortable.
- Do gentle, rhythmic tightening and relaxing of the muscles, which will help ease discomfort, pain and swelling, and will aid healing if you have stitches following an **episiotomy** or tear, on your **perineum**.

## How to exercise your pelvic floor muscles

Imagine that you are trying to stop yourself from passing wind at the same time as stopping yourself passing urine. You should feel a squeeze and lift inside the **vagina**. Do not hold your breath. Do not clench your buttocks. You may not feel that much is happening at first, but keep trying.

If you find this difficult or feel a vaginal bulging sensation when you try to tighten your pelvic floor muscles - get help from a specialist physiotherapist.

Pelvic floor muscle exercises (sometimes called kegels) should include long squeezes as well as short, quick squeezes. You should aim to work the muscles until they tire and do the exercises regularly to help the muscles become stronger and more effective.

### Long squeezes

- Tighten your PFM, hold them tight, then release and let them fully relax. How long can you hold your squeeze?
- Repeat the squeeze and hold until the PFM tire. How many times can you repeat the squeezes?

### Short squeezes

- Quickly tighten the pelvic floor muscles, then immediately let them go again, fully. How many times can you do this quick squeeze before the muscle tire?
- Always let the muscles fully relax after each squeeze.

### Pelvic floor muscle exercises

- Aim to do 10 long squeezes , holding each for 10 seconds, relax the muscles for 10 seconds, then do 10 short squeezes.
- You may need to start with 'little and often', if you find that you can only hold the squeeze for a short time, or only do a few before the muscles tire.
- You should do your PFM exercises at least 3 times a day. Starting in lying and sitting and then progressing to standing and active positions such as walking and bending.
- Build up your exercise routine gradually over the weeks and months. If your muscles were weak , you should notice an improvement in 3-5 months. Then keep up the practise to maintain the improvement.

### The Knack

Draw up and tighten your pelvic floor muscles before any activity that increases the **intra-abdominal pressure** (coughing/sneezing/laughing/bending) to help the pelvic floor muscles resist the downward movement of the pelvic organs, including the **uterus**.

### Your bladder and bowels

- Make sure you are emptying your **bladder** regularly (5-8x per day), particularly if you have had an epidural.
- If you can't pass urine, inform your midwife immediately.
- If you are unable to control and pass urine as usual, ask to see the specialist physiotherapist or talk to your midwife.

- Do not 'stop and start' the flow of urine.
- Do not get into the habit of going to the toilet 'just in case'.
- Some women experience constipation - sitting in the right position on the toilet helps your muscles to relax, and makes it easier to open your bowels. You can use the position in the diagram on the right to help you empty your bowels more easily.
- When having a bowel movement, you may find some extra support will make you more comfortable. Try holding a wad of toilet paper or a sanitary pad firmly in front of the back passage. If you have had a Caesarean section operation, supporting your wound with a folded towel may also help.  
**DO NOT STRAIN** and **DO NOT RUSH**.
- Breathing out slowly as you move your bowels or pass urine may also help.
- Drink 1.5-2 litres (3-4 pints) of fluids per day to include water/squash, and eat plenty of roughage.



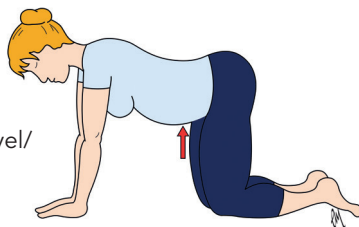
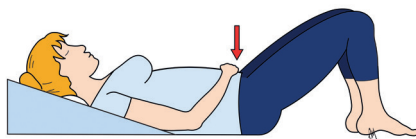
## Abdominal exercises

### Finding and exercising your abdominal muscles

The deepest abdominal muscles are called **Transverse Abdominals (TA)** and they work together with the other abdominal muscles and your pelvic floor muscles to support your back and help with good posture.

It is important to get the **basic abdominal contraction** right. It is not always easy - always seek help if you are finding it difficult. (If you are finding lying on your back uncomfortable this exercise can be adapted to a side lying position.)

1. Lie on your back with knees bent, feet on the floor, relax into the floor.
2. Find neutral spine - neither too tucked nor too arched
3. Find your hip bones (see picture) and move your fingers 2cm down and 2cm inwards - your fingers will now be on your deep abdominals (TA)
4. Breathe in gently allowing your tummy to rise. As you let the breath out, keep your back and ribs relaxed while drawing in your lower tummy at the navel/ belly button level (as shown by the arrow) towards the spine. You will probably feel the muscles under your fingers tense up. Keep the spine in the neutral position and the pelvis still.



5. Keep this contraction in the deep abdominals for 2 or 3 breaths and then relax fully.

Once you are happy with this exercise, you can try using this muscle in a variety of positions.

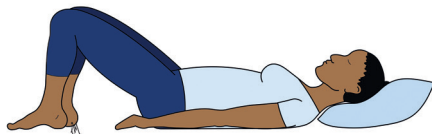
This is the muscle to use for support when you are being physically active with bending, lifting, standing for a period of time.

## Further exercises

### Basic abdominal exercises:

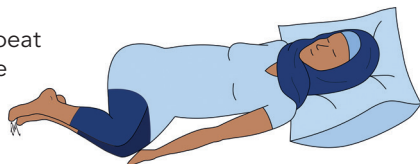
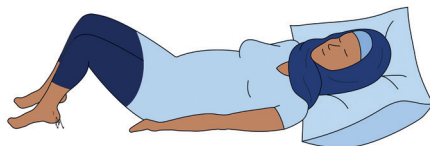
#### 1. Pelvic tilt

Do a **basic abdominal contraction**, drawing up your pelvic floor muscles at the same time, and flatten your lower back into the floor/bed allowing your pelvis to tilt. Breathe normally. Hold the position for 3 seconds and release gently. Repeat this up to 10 times, 3 times per day. The pelvic tilt exercise can be particularly helpful for maintaining abdominal muscle strength, correcting posture and easing back pain. Progress by doing the exercise when in sitting, standing, side lying or kneeling.



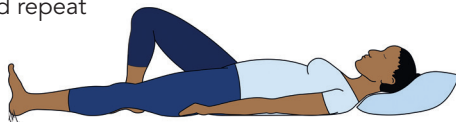
#### 2. Knee Rolls

Do a **basic abdominal contraction**, keeping your back still on the bed, and your knees and feet together, slowly let both knees go to one side. Bring them back to the middle and relax. Repeat the **basic abdominal contraction** and do the same exercise to the other side.



#### 3. One leg stretch

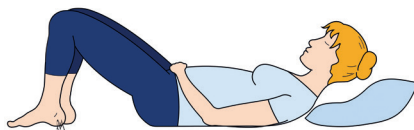
Do a **basic abdominal contraction**, drawing up your pelvic floor muscles at the same time then gently slide one heel away from you, keeping the heel in contact with the floor. Draw the heel back and repeat with the other leg. Do not hold your breath. Repeat for the other leg.



#### 4. Head Lift

If you have neck pain or find this exercise painful don't continue with it.

Lying on your back with your head on a pillow, hollow your abdomen and tighten your pelvic floor muscles as you gently tuck in your chin and roll your head up and away from the pillow. Hold the lifted position for a few moments, then lower your head and relax. Repeat this up to 10 times and up to 3 times a day. Progress by increasing the number of repetitions of each exercise up to 10.



# Regaining your physical well-being

## Back care - this is good advice for life

Your pelvic joints will take 3-6 months to return to their pre-pregnancy state, following many hormonal and postural changes. It is common to feel weaker and less physically fit after having a baby which can make you more vulnerable to injury. Gradually building up exercise and your fitness will help to avoid injury and help you to feel stronger and healthier. If you do have to lift:

- bend your knees if the weight is at a low level
- gently draw in your abdomen (use your deep tummy muscles)
- tighten your pelvic floor muscles (see page 4)
- breathe out as you lift

## Exercise

There are many good reasons to exercise, including the positive affect on emotional health and wellbeing, but start gradually. You should do the exercises given to you in this booklet, or by the physiotherapist while in hospital, and continue them when you return home:

- The effects of the hormones can still affect your joints for up to 6 months, so care should be taken not to start high-impact activity too soon.
- Brisk walking is an excellent way to exercise. Be careful to build up slowly. Gradually increase the time and pace of your walking every day during the first 6 weeks.
- You can start swimming once you have had 7 consecutive days clear from vaginal bleeding/discharge. If you have had a Caesarean section operation, it is sensible to wait until you have seen your GP at your 6-week check-up.
- Always **listen to your body** and do not cause pain.
- People recover their physical fitness at different rates. If you have exercised regularly prior to your pregnancy, you may be able to return more quickly, but avoid impact-based exercises until after your GP check up.
- Many women feel extremely tired, so do not overdo it. Pace yourself, accept offers of help, and set aside a regular time to rest.

## Sexual intercourse

Many women find it difficult to return to sexual activity, whether due to physical or emotional birth trauma. Some women prefer to wait 6-8 weeks until they have had their GP check-up, but others want to wait longer. If there are no physical problems, you can resume intercourse when you are ready. Start gently and use lubrication if required.

**If you have persistent discomfort, pain or difficulties returning to sexual activity, seek further help from your GP.**

If your ability to follow the advice in this booklet is affected by any health problem or disability, contact your local specialist physiotherapist, who will be able to assess you and offer specific alternatives that are suitable for your needs.

# Useful websites and further information

- NHS choices patient information pages <http://www.nhs.uk>
- The Mitchell Method of Simple Relaxation available at [thepogp.co.uk/resources](http://thepogp.co.uk/resources)
- Perineal healing [thepogp.co.uk/patient\\_information/pregnancy\\_and\\_early-postnatal/perineal\\_healing\\_.aspx](http://thepogp.co.uk/patient_information/pregnancy_and_early-postnatal/perineal_healing_.aspx)
- Support for anyone needing support with mental wellbeing at any stage following pregnancy  
[www.mind.org.uk](http://www.mind.org.uk)

## Contact information

This booklet is evidence-based and has been produced by Pelvic, Obstetric and Gynaecological Physiotherapy (POGP).

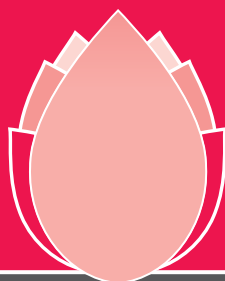
Ask to see your local specialist physiotherapist if you have any pelvic girdle pain, bladder, bowel or wind leakage, sudden vaginal discomfort, backache, or bulging of your abdominal muscles with exercise.

## Getting help

If you have any difficulty following the advice or exercises in this booklet, or find that your symptoms are not improving, ask to be referred, or if available, refer yourself to a physiotherapist with experience in treating women with pelvic and pelvic floor muscle problems. She will be able to assess you and offer specific treatments/alternatives that are suitable for your needs.

To find your nearest specialist physiotherapist visit:  
[thepogp.co.uk](http://thepogp.co.uk)

Further advice and information booklets are also available from  
[thepogp.co.uk](http://thepogp.co.uk)



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