

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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INFORMATION FOR PATIENTS

Physiotherapy advice following your vaginal birth

If you have had a third or fourth degree perineal tear or a Caesarean Section, please ask your midwife or physiotherapist for the appropriate information leaflet

Please use this space for any notes you may wish to take

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Introduction

The information in this leaflet should aid you in recovering after the birth of your baby. Remember everyone recovers at different rates, but if you have any concerns do not hesitate to contact your midwife, GP or physiotherapy team.

Possible postnatal symptoms

Urinary incontinence

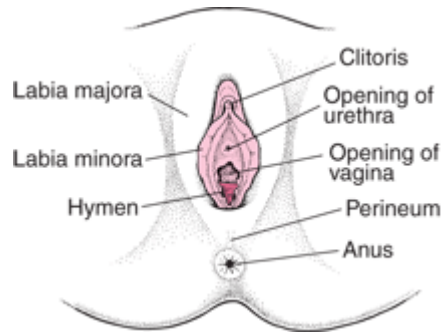
Small amounts of urine leakage is normal just after you've had your baby, however, if this does not resolve within two weeks we recommend you contact your GP or midwife for a physiotherapy referral.

Difficulty passing urine

If you have had a catheter or an epidural during labour, you may have a reduced sensation to urinate. This should return gradually. The midwives on the ward will monitor that you pass urine within six hours of birth or catheter removal.

If you are unable or pass only small volumes, the midwives will continue to monitor your urine volumes until they are satisfied everything is returning to normal. If this continues to be a problem upon discharge, please contact your GP or midwife.

Perineal care



The perineum is the area of skin between the vaginal opening and back passage (anus). This area is often initially the cause of discomfort after you have had your baby.

Pain management:

- Ice/cool packs for 15-20 minutes up to six times a day for at least the first 72 hours can help to reduce both pain and swelling and encourage the healing process.
- Sitting with pillows under your thighs to raise the perineum can help to offload and create a more comfortable position, particularly when feeding baby.

Hygiene

Keeping the perineal area clean after birth is very important, especially in minimising the risk of infection:

- Ensure sanitary pads are changed regularly.
- Ensure good hand hygiene, before and after toileting.
- Have a bath or shower at least once daily and pat dry or allow to dry naturally afterwards.

Is there anything I should look for?

Contact your midwife or GP if you have any of the following:

- Increased pain, redness or swelling in the perineal area.
- Any offensive discharge.
- Difficulty in controlling your bladder or bowels, to the point where you are not making it to the toilet in time.
- Any other concerns you may have.

Further information

For further information or advice the following resources may be helpful:

- Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) <http://pogp.csp.org.uk/>
- Royal College of Obstetricians and Gynaecologists website <https://www.rcog.org.uk/>

Alternatively contact your Women's Health Team on 01623 672384.

Sexual intercourse

In the weeks after having a baby, many women feel sore, whether they have had a perineal tear or not. Following an assisted vaginal birth, returning to intercourse can be uncomfortable for longer.

It is advisable to wait until you have stopped bleeding and the perineum has healed. This may take several weeks, but after that you can start having intercourse when is right for you.

A small number of women have difficulty having sex and continue to find it painful. If this is the case you may find it helpful to use a lubricant or discuss with your physiotherapist or GP.

Returning to exercise

Returning to exercise gradually is a good way to recover after the birth of your baby. It is important to do regular abdominal exercises prior to this and to ensure you pace yourself.

Swimming

This is a great form of exercise as it is gentle on your joints. It is suitable once you have seen your GP at six weeks, or have had no vaginal bleeding/discharge for seven days.

High impact (where both feet leave the ground)

Build up gradually and ensure your abdominal and pelvic floor muscles feel strong before starting.

Bladder and bowel care

Maintaining healthy bladder and bowels is important after birth to avoid straining and to ensure the bladder behaves normally (especially if you have had a catheter):

- Keep well hydrated - we recommend around two litres of fluid a day.
- Avoid large volumes of caffeine, fizzy drinks or citrus juices as these can irritate your bladder.
- Eat a healthy well-balanced diet, particularly high in fibre.
- Regularly move around to encourage bowel movements.
- Do not ignore the urge to open your bowels.
- Take your time and try to relax.

Correct toileting position:

- Sit leaning forwards from your hips so that your elbows rest on your knees.
- A footstool (or something similar) may help to position your knees above your hips.
- To empty your bladder or bowel, gently relax your abdomen and breathe out.
- You may find it helpful to support your perineum with your hand using a clean sanitary pad.



Deep breathing exercises

These exercises are important to improve your lung function after having your baby.

During pregnancy your ability to take a deep breath reduces; this is due to the expanding uterus causing your diaphragm to raise and accommodate. As you are unlikely to mobilise as you would normally to begin with after birth, the likelihood of you naturally taking deep breaths is reduced, therefore regular exercises can help this return to normal. Try the following:

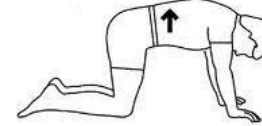
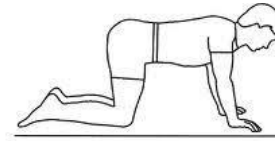
- Take in a deep breath through your nose, ensuring air reaches the bottom of your lungs, and slowly release the breath out through the mouth.
- We suggest you repeat this five times up to twice a day for around eight weeks after birth or until you are mobilising normally.

Circulation exercises

After the birth of your baby you are at an increased risk of developing a deep vein thrombosis (blood clot) in your legs for the first six weeks, especially if your mobility is limited. The exercises below can help to minimise this risk and also manage swelling:

- Circle your feet.
- Bend and straighten one knee at a time.
- Press the backs of your knees into the bed when legs straight.
- Avoid crossing your legs.
- Repeat regularly for the first six weeks after birth or until you are mobilising normally.

Postnatal exercises

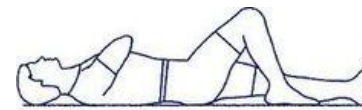
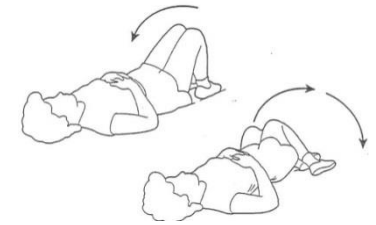


Pelvic tilting:

- Draw your abdominal muscles in towards your spine.
- Slowly tilt your pelvis to increase the curve in your spine.
- Hold for three to five relaxed breaths.
- Repeat five to ten times, up to three times a day.

Knee rolls:

- Draw your abdominal muscles into the bed.
- Slowly roll your knees together side to side.
- Repeat five to ten times, up to three times a day.



Single knee fallout:

- Draw your abdominal muscles into the bed.
- Slowly let one knee roll to the side and repeat both sides.
- Ensure to keep pelvis still.
- Repeat five to ten times, up to three times a day.

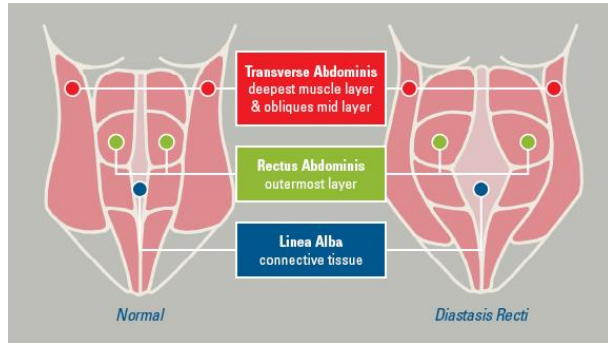
Bridging

- Draw your abdominal muscles into the bed.
- Slowly curl your spine off the bed.
- Hold the position for three to five relaxed breaths.
- Slowly relax back to the bed.
- Repeat five to ten times, up to three times a day.



Abdominal muscles

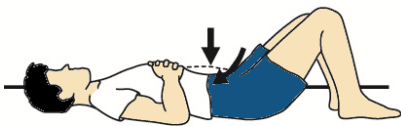
During pregnancy a combination of factors such as hormonal changes and abdominal muscles stretching as your baby grows can lead to a separation of the abdominal muscles. This is called a diastasis recti.



You may be seen by a physiotherapist during your stay in hospital who can assess for this and provide you with the relevant information if needed. If this is not the case then your midwife or health visitor will assess you once you are home, and refer you to physiotherapy as required.

Deep abdominal muscle activation

Once you feel comfortable, the exercise below will start to encourage strengthening of the abdominal muscles:



- Take a deep breath in.
- As you breathe out draw your abdominal muscles in towards the spine and tilt your pelvis.
- Hold for three to five relaxed breaths.
- Repeat five to ten times, up to three times a day.

General advice

Walking

This is a great form of exercise to gradually increase your fitness after having your baby.

In the first two weeks it is important to give your body time to rest and heal, therefore keep active but ensure regular rest breaks.

After the first two weeks you can start to increase how much you walk gradually.

Most importantly listen to your body; not everyone heals and recovers at the same rate, so take your time.

Back care

It is important to protect your back during the initial postnatal period as you are more prone to injury due to joint laxity and weakened abdominal and pelvic floor muscles. It is advised to:

- Avoid lifting anything heavier than your baby for the first six weeks after birth.
- Be cautious with heavier lifting for up to six months.
- Ensure you bend your knees, keep your back straight, tighten your pelvic floor and abdominal muscles and keep objects close whenever lifting.
- Make sure surfaces are of a good height, e.g. when changing baby.
- Use pillows for support when feeding your baby to allow for good posture and reduced strain.

What is the pelvic floor?

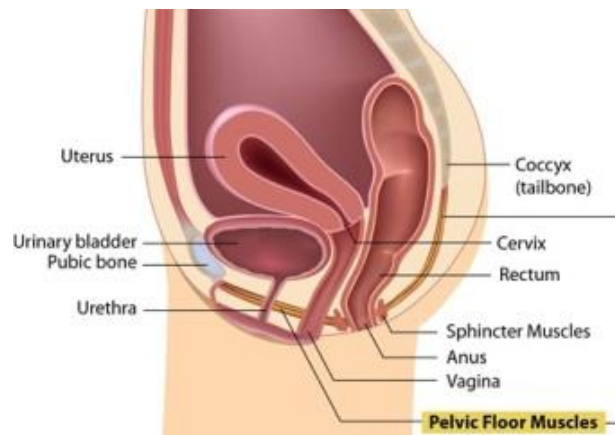
The pelvic floor muscles lie deep in the pelvis, attaching from the front pubic bone to your tailbone at the back, therefore creating a hammock like support.

The muscles have three main functions:

- Supporting the pelvic organs and assisting in stabilising the pelvis.
- Controlling bladder and bowel function.
- Sensation during sexual intercourse.

These muscles can become weak during pregnancy due to hormonal changes and the increased pressure from baby. Also any form of perineal injury will weaken the muscles further.

It is very important to regain the strength in the pelvic floor muscles to ensure correct function and help to prevent any long term complications.



Pelvic floor exercises

Gentle programme

Commence when comfortable and any catheter has been removed:

- Lie down on your back or side with knees bent.
- Gently tighten the muscles around your vagina and back passage (imagine you are stopping yourself from urinating or passing wind).
- Hold the squeeze for up to three seconds and slowly release. Repeat up to six times; less if the muscle feels fatigued.
- Repeat the muscle tightening - this time without the hold - and repeat up to six times.
- **Stop if you experience any pain.**

Progression

After a few days of completing the above and up to three weeks postnatal:

- Continue in lying or progress to sitting.
- Hold the squeeze for three to six seconds and slowly release. Repeat up to 10 times - less if the muscle feels fatigued.
- Repeat the muscle tightening without hold up to 10 times.

Recovery programme

Week three onwards (postnatal):

- Continue in lying or progress to sitting.
- Hold the squeeze for up to 10 seconds and slowly release. Repeat up to 10 times; less if the muscle feels fatigued.
- Repeat the muscle tightening - this time without the hold - up to 10 times.
- This programme will vary once you have been seen and assessed by your physiotherapist as they will tailor it to your pelvic floor strength.