Fit for Birth

- essential exercises and helpful advice

POGP
PELVIC OBSTETRIC & GYNAECOLOGICAL PHYSIOTHERAPY

EDUCATES, SUPPORTS AND PROMOTES SPECIALIST PHYSIOTHERAPISTS

Contents

Getting help

If you have any difficulty with the exercises in this booklet or find that your symptoms are not improving, ask to be referred (or self-refer if available) to your nearest specialist physiotherapist.

You can search on **thepogp.co.uk** (see resources links) or contact the POGP at **info@thepogp.co.uk** on **01543 442199**.

Women with complex needs

If your ability to follow the advice in this booklet is affected by any health problem, we suggest that you contact your local specialist women's health physiotherapist. They will be able to assess you and offer specific alternatives, suitable for your needs.

Glossary as the words occur in the booklet

pelvic floor muscles - the group of muscles spanning the base of your boney pelvis, held in place by ligaments which support the pelvic organs. Pelvic floor muscle exercises / Kegels will help keep these muscles strong

perineal/perineum - relating to the area between the anus and the vagina

contraction - a muscular tightening of the uterus. These are a sign of labour and become stronger and closer together as labour progresses

dilating/dilation - opening of the cervix

cervix - the lowest part of the uterus which opens up to allow childbirth. It connects the uterus and vagina. It can be felt at the top of the vagina; swabs of cervical cells are taken at your smear test

'TENS' - a Transcutaneous Electrical Nerve Stimulation machine is an electrotherapy treatment that can be used during labour as a form of pain relief.

isotonic drinks - a drink used to replace fluid and electrolytes lost during labour. Common examples are sports drinks

epidural - an injection into your lower back to numb the lower half of your body to stop you feeling any pain

placenta - an organ which joins you and your baby for exchange of nutrients. This has to be delivered after your baby

catheter - a tube put into your bladder to drain the urine (wee). Sometimes needed in labour

intra-abdominal pressure - an increase in the pressure in the tummy which causes strain downwards onto the pelvic floor muscles

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

episiotomy - This is a small cut made in your perineum. You will be given a local anaesthetic injection to numb the area before the cut is made.

Fit for Birth

This booklet is designed to help you cope with your labour. It is recommended that you attend an antenatal class in your area if there is one available, to gain maximum information and advice. NHS classes are free. Paid for options include NCT (National Childbirth Trust) classes and other active birth preparation classes such as yoga or hypnobirthing.

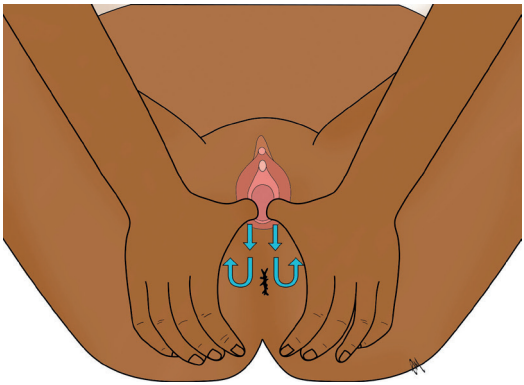
It is highly recommended that you begin regular pelvic floor muscle exercises early in your pregnancy (see the POGP website - Patient Information and booklets including Pelvic floor Exercises and Pregnancy and early Postnatal section).

These exercises will help the muscles to cope with changes during the pregnancy, such as the increasing weight of your baby and, help you to recover postnatally. Pelvic floor muscle training, including both tightening and properly releasing the muscles can help make labour more efficient.

Perineal Massage

Perineal massage can reduce the likelihood of severe perineal tears or episiotomies, shorten the second stage of labour and reduce post-natal perineal pain (Abdelhakim et al, 2020).

Using a natural oil which you're not sensitive to, such as coconut, Vitamin E or olive oil, massage the perineum and vaginal opening (up to 4 or 5cms deep) with your index finger or thumbs. Make sure your hands are clean and nails are short. Use circular or U-shaped movements firmly enough to cause a slightly uncomfortable stretch sensation. It is advised that this is done daily from 35weeks of pregnancy, for 2-3mins ideally repeated 2 or 3 times. Please refer to the RCOG Tears Hub for more details.



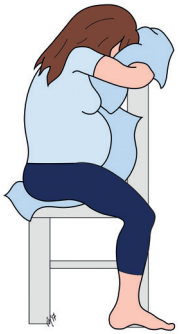
Labour

First stage

During this stage, your **contractions** will be **dilating** (opening) your **cervix** (neck of womb) to allow your baby to be born; it is quite normal for this to feel uncomfortable or painful.

Some Pain Relief Options for this stage:

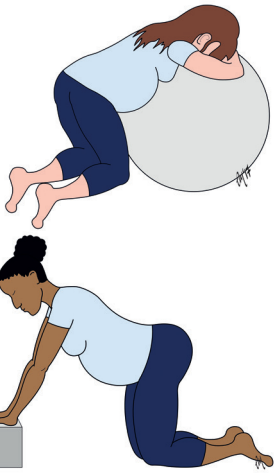
- Relaxation techniques such as the Mitchell method, listening to music or hypnobirthing
- Breathing techniques
- A warm bath or shower
- A **TENS** (transcutaneous electrical nerve stimulation) machine
- Comfortable positions (see below)



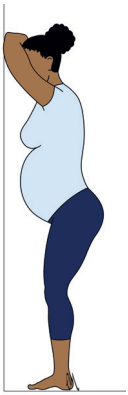
Early first stage

Being active helps with early labour and gravity helps labour to progress, so it can be beneficial to be upright or leaning forwards when you rest. Activities such as walking, going up and down stairs or sitting on a birthing ball can help. The following positions may help with contractions, or when you are resting. You can rock or circle your hips in any of these positions.

1. Sitting against a table relaxing forward or sitting facing backwards on a chair
2. Kneeling and relaxing forwards over a chair piled with pillows, a beanbag or birthing ball. (Ensure any ball you are using is anti-burst/burst resistant quality and is kite marked)
3. On all fours
4. Leaning against your partner

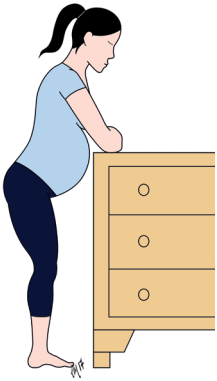


5. Standing, leaning forwards against the wall, or leaning your back against the wall with feet well forward
6. Sitting on a step, chair or gym ball, lean slightly forwards onto your lap
7. Leaning forward over a work surface or furniture
8. Sitting, using your partner for support



Your birthing partner can help give you the support and encouragement you need by:

- encouraging you to use your relaxation and breathing techniques during contractions
- massaging your lower back
- suggesting a change of position (encouraging you to stay as upright and forward as possible)
- cooling your face with a wet flannel
- encouraging you to regularly eat, drink and go to the toilet.



Fluid intake should be maintained throughout labour. You may find that isotonic drinks are more helpful than water in maintaining energy levels as well as hydration. A light diet could be eaten (unless advised differently by your midwife).

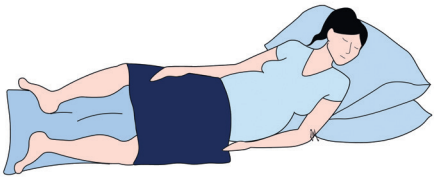
Labouring in a bath or birthing pool (where available) may help with the discomfort/pain.

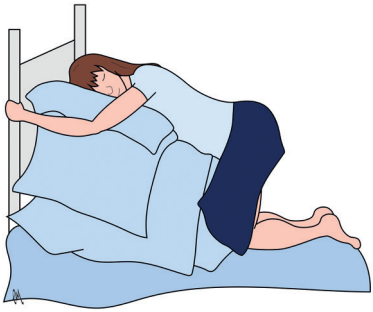
Pain relief (such as Entonox, Pethidine and epidural) is available, and your midwife can support you with this during labour if you wish. It can be helpful to understand your options beforehand, and to write this in your birth plan if you have one, so that your midwife understands your choices.

If you choose to have an epidural, the side lying position has been shown to increase rates of spontaneous vaginal delivery (see resource list).

If you have had any discomfort or problems with your pelvis, back, hips or knees let your midwife know so that she can assist you to move between positions during your delivery. (See the resource list for information on birthing positions with pelvic girdle pain).

Late first stage





During this stage of labour, your contractions may become stronger and more intense, often described as waves which rise to a crest and then fall again. It can help to think of each contraction as bringing you one step closer to meeting your baby. You may wish to use supportive techniques at this stage, such as breathing practices, changes of position or pain relief, which your midwife can support you with.

Managing Contractions

During your contractions, your normal breathing pattern may change. This could be due to several reasons such as excitement, anxiety, pain or tiredness. This may lead to breath holding or hyperventilating, which can make you more tense and anxious. You may find it helpful to use breathing techniques to regulate your breathing and manage the contractions.

During the first stage of labour, you could try these breathing exercises. It is useful to practice these ahead of time, possibly with your birth partner so they can prompt and support you with the techniques when you are in labour:

a. Breathe in through your nose, and out through pursed lips

b. Try and breathe out for longer than you breathe in. For example, you might breathe in for 4 seconds, and out for 6-8 seconds

During the second stage of labour, your contractions change from opening the cervix to pushing your baby out. You may notice that your breathing changes during this time, and you may take shorter, more forced breaths out to help with this stage. When your baby's head is beginning to emerge or 'crowning' your midwife may suggest slowing your breathing or panting to allow your baby's head to be born slowly. This can reduce the risk of tearing.

As you progress from late first stage to second stage, you may feel emotional, weepy, angry, or tired or feel 'I can't do this'. Such feelings are normal as you move through this 'transition' and your birth partner will be able to support and help you through this stage.

Second stage

Your cervix has now dilated fully, and your baby's head will start moving down through the vagina. Initially, even when your cervix is fully dilated, you may not have the urge to push straight away – this is known as the passive second stage.

The active second stage begins when you feel the normal desire to push with most contractions. You should work with this feeling – being guided by your urge to push. (If you have had an epidural, you may not feel an urge to push at all, so your midwife will guide you with this).

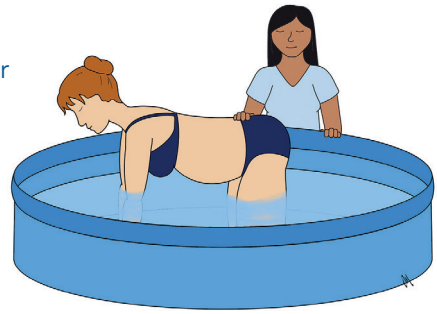
Ideally avoid lying on your back but instead find another position that is both practical and comfortable for you. You may want to sit, lie on your side, stand, kneel or squat. If you have had lots of backache whilst in labour, kneeling on all fours may help. Practising positions before you go into labour can help you feel more confident.

'Listen' to your body and be ready to change position if you feel the need. Sometimes the urge to push is felt before the cervix has become fully dilated; your midwife may ask you to pant or change position to relieve this and to reduce the risk of tearing.

It can be helpful to rest, change position or empty your bladder to support this stage.

The illustrations on this page show some positions for the second stage.

Breathe gently in and out as the contraction starts and when the urge overwhelms you, tuck your chin in and bear down towards your bottom, keeping your pelvic floor as relaxed as possible. Try not to hold your breath; instead, as you push, let your breath escape through your lips - sometimes a groan or grunt helps! There may be several pushes in one contraction.



As your baby's head is about to emerge, work with your midwife to control the speed of delivery. Your midwife will ask you to stop pushing and take some short breaths, blowing them out through your mouth; this is so your baby's head can be born slowly and gently, giving the skin and muscles in your perineal area time to stretch. Sometimes your midwife or doctor will suggest an episiotomy to avoid a tear or to speed up delivery. Once your baby is born, an episiotomy or any large tears will be stitched.

Once your baby's head is born, most of the hard work is over. The rest of their body is usually born during the next 1 or 2 contractions.

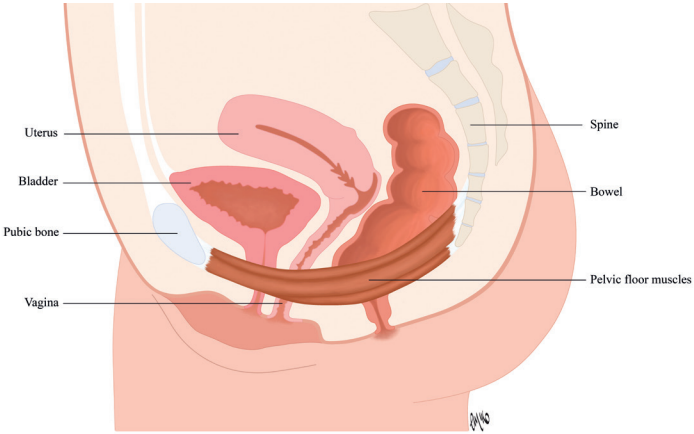
Sometimes labour does not go to plan and for various reasons you may be advised to change position or to have a caesarean section. The main goal is to make sure you and your baby's health are protected. Your midwife will guide you through your labour and support you in making choices.

Third stage

The 3rd stage of labour happens after your baby is born, when your womb contracts and the placenta (afterbirth) is delivered through your vagina. These contractions are usually less intense than during the second stage of labour, and if you choose to breastfeed this will help the placenta to separate from the wall of the uterus and be delivered. Adopting an upright or squatting position can aid this. The placenta is usually delivered within 30-60 minutes. You may be offered an injection to support with this stage if you wish to accelerate the process, or if the placenta hasn't been delivered within this time.

After your baby is born...

Pelvic floor muscle exercises



Your pelvic floor muscles are impacted by both pregnancy and vaginal delivery, so it is important to perform pelvic floor exercises several times a day to help strengthen them. You can practise the exercises in any position of comfort, however if they feel particularly weak it may easiest to start in lying. It is beneficial to start as soon as possible after your baby is born, whether you have had stitches or not. If you have a catheter, wait until after this is removed and you have passed urine (had a wee) a couple of times.

See the resource list below for links to pelvic floor exercise booklets.

It is important that you do your pelvic floor exercises correctly. Ask to be referred, or if available, refer yourself to a specialist pelvic health physiotherapist as soon as possible after your delivery if you:

- are unable to perform a pelvic floor contraction or are unsure if you are doing it correctly
- leak wee or poo (urine or faeces) or cannot control wind
- have persistent weakness or doming of your tummy muscles
- have heaviness, pressure or bulging in the pelvic area
- are experiencing new or ongoing pelvic or back pain
- are experiencing discomfort during sexual intercourse

Resource List and further information

POGP booklets, including for Pelvic floor Exercises, Pregnancy-related Pelvic Girdle Pain and The Mitchell Method of Simple Relaxation are available to download free at: **https://thepogp.co.uk/resources/booklets/**

You can find a specialist physiotherapist near you at: **https://thepogp.co.uk/patients/physiotherapists/**

RCOG leaflets – Obstetricians and Gynaecologists are available here: **https://www.rcog.org.uk/for-the-public/browse-our-patient-information/**

Antenatal preparation

NHS provision: Information about classes: **https://www.nhs.uk/pregnancy/labour-and-birth/preparing-for-the-birth/antenatal-classes/**

How to find NHS classes near you: **https://www.nhs.uk/service-search/other-health-services/antenatal-classes**

Paid for provision: **https://www.nct.org.uk/courses-workshops**

Pelvic floor exercises

This links to patient leaflets including specific pelvic floor leaflets for women and for trans men, trans masculine and non-binary people: **https://thepogp.co.uk/resources/booklets/**

Perineal massage

RCOG advice: **https://www.rcog.org.uk/for-the-public/perineal-tears-and-episiotomies-in-childbirth/reducing-your-risk-of-perineal-tears/**

Labour

Mitchell Method of Relaxation: an instruction booklet can be downloaded at **https://thepogp.co.uk/resources/booklets/**

Side lying with an epidural: NIHR review: **https://evidence.nihr.ac.uk/alert/lying-on-ones-side-in-labour-with-an-epidural-is-safe-and-leads-to-more-spontaneous-births/**

Pelvic girdle pain and birthing positions: see Pelvic Girdle Pain and other common conditions in pregnancy page 9. **https://thepogp.co.uk/resources/booklets/**

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