Fit for the Future

Essential advice and exercises following childbirth

POGP
PELVIC OBSTETRIC & GYNAECOLOGICAL PHYSIOTHERAPY

EXCELLENCE MATTERS

EDUCATES, SUPPORTS AND PROMOTES SPECIALIST PHYSIOTHERAPISTS

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Getting help

Ask your GP to refer you to a physiotherapist with expertise in treating patients with pelvic health conditions if:

- your ability to follow advice in this booklet is affected by any health problems;
- you have any difficulty with any of the exercises; or
- you find that find that your symptoms are not improving.

In some regions, you may be able to refer yourself to an NHS pelvic health physiotherapy service – check your local hospital website – or you may choose to go to a private clinic.

To find your nearest specialist NHS or private physiotherapist visit:
thepogp.co.uk/patients/physiotherapists/

Further advice and information booklets are also available from:
thepogp.co.uk/resources/booklets/

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Glossary

caesarean section - delivery of the baby through an abdominal incision

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

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 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

For a full glossary of terms, see: **thepogp.co.uk/patients/glossary**

Introduction

The following advice applies to all new mothers whether you have given birth vaginally or by caesarean section. It includes a safe set of exercises and some practical advice to aid your recovery including:

- being comfortable after your delivery
- moving easily around the ward and at home with your baby
- exercising the abdominal and pelvic floor muscles
- starting to get back to normal and finding your previous level of fitness

It is important to take a little time for yourself. Although you cannot expect to return to full pre-pregnancy fitness immediately, there is a lot you can do now to help get yourself back into shape. By regaining your fitness, you will feel good and have more energy - and possibly avoid problems later.

Comfort after your delivery

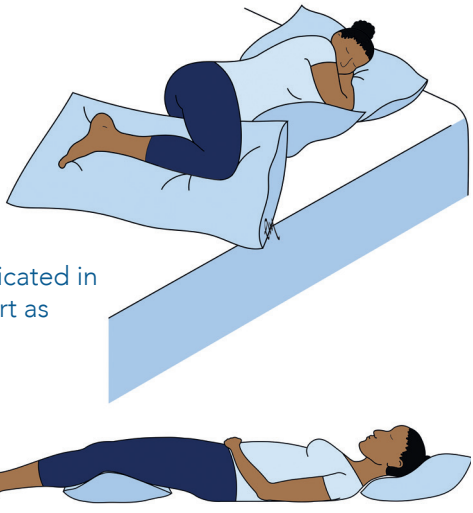
(If you have had a caesarean delivery please also see page 6)

Rest

After having your baby it is vital to have sufficient rest to recover. It may be helpful to use a method of relaxation and sleep whilst your baby sleeps.

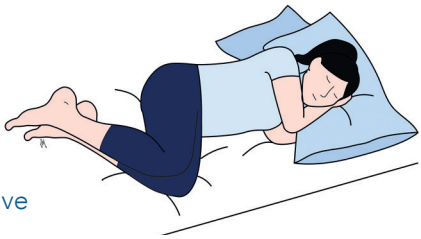
Comfortable resting positions

Try resting or sleeping in the positions indicated in the pictures. Use pillows to provide support as shown.



Lying on your side can be particularly comfortable if you have had stitches in your abdomen or **perineum**, or if you have **piles**.

Turning over in bed



- with your knees bent roll fully onto your side moving the shoulders and knees at the same time
- support your tummy with one hand if you have had a caesarean delivery

Getting out of bed



- from lying on your side, use your hand to push yourself from the bed into a sitting position, straightening your legs over the side of the bed as you do
- sit on the side of the bed for a few moments
- then stand up by leaning forwards and pushing up with your hands
- try not to stoop, stand up straight

Getting into bed



- stand with the back of your knees against the bed
- support your abdomen with one hand (if you have had a caesarean delivery) and put the other hand on the bed behind you
- bend forwards slowly as you sit on the bed
- then lower your head and shoulders sideways down onto the pillow, keeping your knees bent and together, 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 onto your side

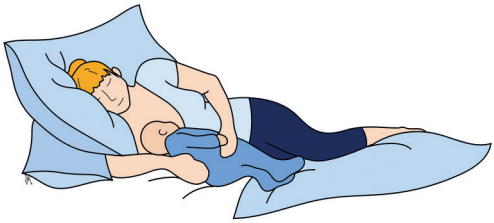
Feeding your baby



Always sit 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
- pillows on your lap will encourage a better posture for a comfortable feeding position
- rest back as you feed making sure that your shoulders are relaxed



You can also feed your baby whilst lying on your side.

If you are struggling to get a comfortable and successful position for feeding your baby, get help from your breastfeeding support worker or midwife.

Going to the toilet

- If you have had a perineal tear or episiotomy try to gently clean this area with water and change your sanitary pads regularly. If you have ongoing pain, discuss this with your midwife.
- It is important that you pass urine after delivery. If you have not had a pee within 6 hours of delivery, tell the midwife.
- Make sure that you sit down properly on the toilet. If you hover over the toilet seat your bladder may not empty properly. Take your time and try to relax.
- It is important to drink normally (1.5 to 2 litres per day), and water is best. This will help your bladder and bowels to work well. You should pass urine every 3 to 4 hours throughout the day. Avoid going to the toilet to pass urine 'just in case'.

If you are having difficulty passing urine or you have any altered sensation of the need to go, it is important that you tell your doctor immediately.

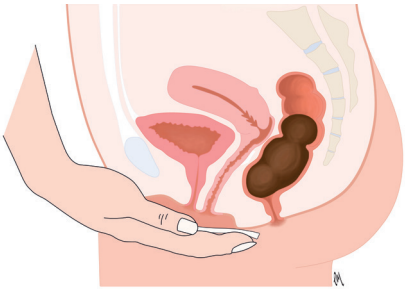


Moving your bowels

It is important to avoid constipation, as this puts extra pressure on your pelvic floor muscles and operation site if you have had a caesarean or stitching after episiotomy or a perineal tear. Eating plenty of fruit, vegetables and fibre can help. Also, make sure that you are drinking enough fluids.

- Do not strain

- Sit fully on the toilet seat: do not 'hover'
- Have your feet apart and raised up on a stool/support, with your arms resting comfortably on your thighs
- Keep your tummy relaxed; don't tighten your abdominals
- Avoid breath-holding; try to have a relaxed breathing pattern
- A slight bearing down will help the stool to open the back passage for the bowel movement but do not 'push, push, push'!
- Some women may find it helpful to support the perineum (the area between the back passage and the vagina) by applying some pressure with your hand with a clean pad or toilet paper.



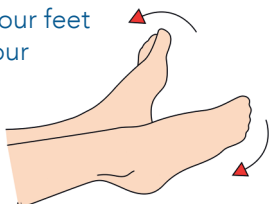
If you feel constipated, or the need to strain when passing a bowel motion, talk to your doctor about medications which may help this.

Early Activity

After you have had your baby, you should aim to gradually build up your exercise tolerance over the first 6-8 weeks. You can commence breathing exercises and pelvic floor exercises (see page 7) within the first few hours after birth (if you had a Caesarean-section, you should wait for the catheter to be removed first). Over the first few weeks, you should try to go for walks to increase your stamina and support your post-natal recovery. Low-level Pilates exercises, such as stretches (see page 9 - Abdominal Exercises) can help with your recovery. At your 6-8 week check with your GP, you should be reviewed for general physical and mental wellbeing. If you can, this would be a good time to have a specialist Pelvic Health Physiotherapy assessment, to support your continued post-natal rehabilitation.

Circulation

- if your ankles are swollen, put your feet up with your knees supported
- when you are resting in bed or sitting in a chair, move your feet and ankles up and down briskly for 30 seconds every hour
- avoid sitting or lying with your legs or ankles crossed as this may restrict the blood flow
- avoid standing still for long periods



Supporting your recovery



It can be helpful to consider your position when changing and bathing your baby, to reduce the risk of back and neck aches and pains. Try to position yourself at the same level as your baby when bathing and changing them; for example, you could kneel whilst they are in the bath or you could ask a partner to pass you the baby to place in the bath or use a changing surface which is at waist height to prevent any unnecessary strain.





Caesarean delivery advice

A Caesarean-section (or 'C-section') is major abdominal surgery, alongside birthing a new baby. You may experience higher pain levels and a slower recovery, so try to be mindful of this when returning to movement and activity and do this gradually.

The above information is applicable to your postnatal rehabilitation, but to help with your recovery, you should also consider:

- take regular pain relief for as long as you require it
- in the early days if you need to cough, sneeze or laugh, lean forwards, supporting your wound - with your hands, a pillow or small towel
- when you return home, accept all the help that is offered
- try to avoid any activity that causes strain for the first few weeks e.g. prolonged standing, vacuuming, carrying heavy objects or bags
- try not to lift anything heavier than your baby for at least 6 weeks. If you have other small children, encourage them to climb up to you when you are sitting down rather than bending to pick them up

When to ask for help

If your perineal or Caesarian section wound is oozing or the pain is increasing, you feel feverish or unwell please ensure you access help and guidance from your midwife or GP.

Please refer to web links below for further information on perineal healing.

Driving

Before driving again - check with your insurance company that you are covered: this will normally be 4-6 weeks after caesarean delivery. Take another driver with you on your first journey, and before you drive ensure that you:

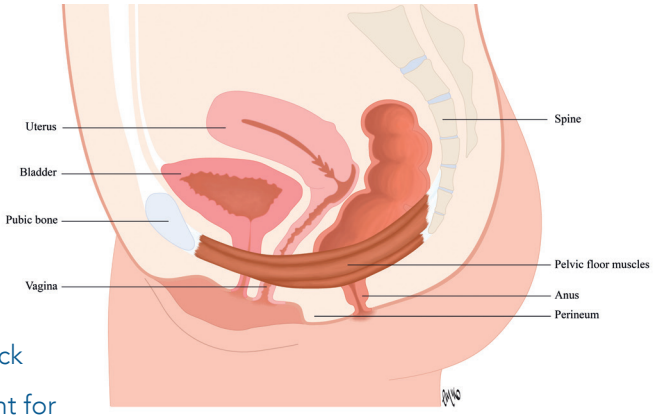
- can wear a seatbelt comfortably
- can look over your shoulder and turn the steering wheel without discomfort
- can perform an emergency stop without undue pain. Try it out by applying the footbrake hard whilst the car is stationary

Pelvic Floor Muscle (PFM) Exercises (Kegels)

The pelvic floor muscles are at the bottom of your pelvis, supporting the pelvic organs and helping to control the pelvic joints and lumbar spine. These muscles are stretched during pregnancy and vaginal deliveries, which may lead to problems.

Strengthening the pelvic floor muscles with specific exercises will:

- maintain/improve your bladder and bowel control
- help prevent prolapse of the pelvic organs
- help stabilise the joints in your pelvis and low back
- increase sexual enjoyment for you and your partner



Remember:

- to start pelvic floor muscle exercises as soon as possible after you have had your baby (unless you have a urinary catheter, if so wait until it is removed and you are passing urine normally).
- to do the exercises in varying positions, but if you are sore try to do them lying on your side
- doing gentle rhythmic tightening and relaxing of the pelvic floor muscles may ease discomfort, pain and swelling, and can aid healing if you have had a tear or stitches
- cooling the painful area with an ice pack or gel pack may help lessen the discomfort. Wrap the ice/gel pack in a damp towel and apply for 5 minutes only

Imagine that you are trying to stop yourself from passing wind at the same time as trying to stop passing urine. You should feel a squeeze and a lift inside the vagina. Do not hold your breath. Do not clench your buttocks.

If you find this difficult or feel a vaginal bulging when you try to tighten your pelvic floor muscles - get help from a specialist pelvic health physiotherapist (Please see the 'Getting Help' section, inside the front cover).

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 the squeeze?
- Repeat the squeeze and hold until the PFM tire. How many times can you repeat the squeezes?

Short squeezes

- Quickly tighten your pelvic floor muscles, then immediately let them go again. How many times can you do this quick squeeze before the muscles 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 positions and 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.

PELVIC FLOOR EXERCISES ARE FOR LIFE - TRY AND DEVELOP A DAILY PELVIC FLOOR MUSCLE EXERCISE ROUTINE

It is easy to forget to do your pelvic floor muscle exercises, particularly when your symptoms start to improve. Try to make them part of a daily routine, doing them at the same time as another activity you already do regularly e.g. brushing your teeth. Try the following suggestions:

- put a reminder on your phone
- try one of the pelvic floor exerciser apps available (eg The NHS Squeezy app)
- take a moment to do them when you go to the gym
- after emptying your bladder, whilst sitting on the toilet (but don't practise by stopping your urine flow)
- during a regular journey in the car, bus or train

Ideally you will be able to improve your pelvic floor muscles with these exercises. Some women like to use gadgets to help them remember. There are many available to buy, but they don't always suit everyone. It is best to seek advice from a specialist physiotherapist about what might help if you are finding it difficult to do these exercises.

Abdominal exercises

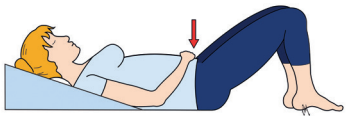
Finding and exercising your abdominal muscles

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.

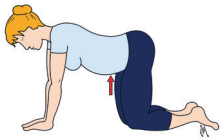
It is important to get the **basic abdominal contraction** right. It is not always easy - always seek help if you are finding it difficult. (If you are finding lying on your back uncomfortable this exercise can be adapted to a side lying position.)

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

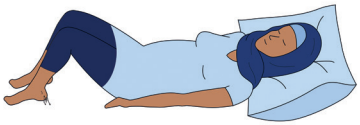
Basic abdominal exercises, for each of these we recommend building up gradually, aiming to do a maximum of 10 repetitions 3x a day.

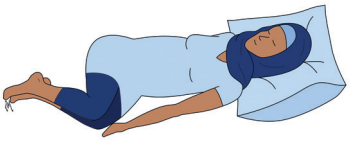


1. Pelvic tilt

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. 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

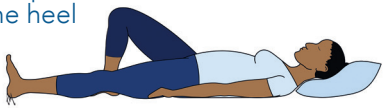




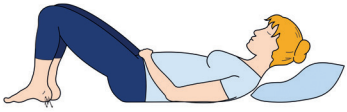
Do a **basic abdominal contraction**, keeping your back still on the bed, and your knees and feet together, slowly let both knees go to one side. Bring them back to the middle and relax. Repeat the **basic abdominal contraction** and do the same exercise to the other side.

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

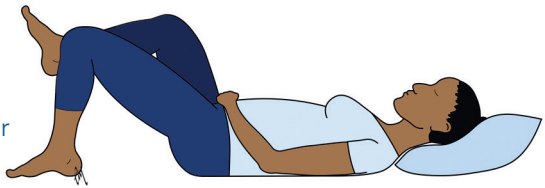


If you have neck pain or find this exercise painful don't continue with it. Lying on your back with your head on a pillow , hollow your abdomen and

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. Progress by increasing the number of repetitions of each exercise up to 10.

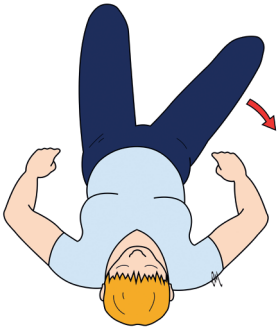
Progressing your exercises

5. Alternate knee bends



Do a **basic abdominal contraction** and draw up your pelvic floor muscles. Keeping your spine in neutral, bend your hip and float your knee up as far as is comfortable. Hold for a short count then lower your foot to the floor with the abdominal muscles staying active. Do not hold your breath. Repeat for the other leg and do on alternate sides for several repetitions. These exercises are slightly more challenging, again the aim is to build up gradually and complete 2 sets of 5-10 repetitions every other day.

6. Single knee fallout



Do a **basic abdominal contraction** and draw up your pelvic floor muscles. Allow one knee to gently fall to the side away from midline keeping both feet on the floor. Do not let your pelvis roll or move. Let the knee lower as far as is comfortable, keeping the pelvis still then return the knee to the midline position keeping the abdominals active throughout the movement. Relax the abdominals and pelvic floor before repeating the exercise on the other side.

7. Bridging

Do a **basic abdominal contraction** and draw up your pelvic floor muscles. Starting in a lying position on the floor, very gently curl the pelvis inwards starting from the tailbone and bit by bit roll your spine away from the floor to create a bridge above the floor. Imagine that you are lying on a strip of velcro peeling yourself away from it. Gently roll back to start position. You may feel that you do not get very far at first but don't worry it will feel easier with practise.



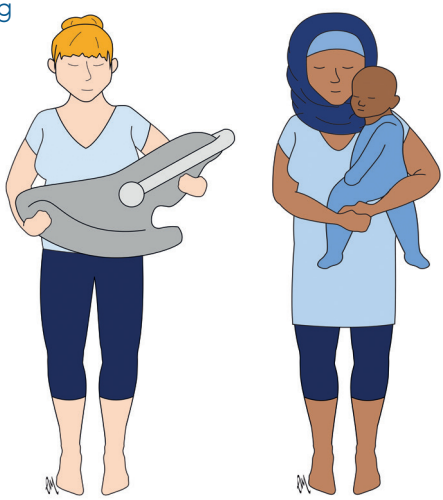
Getting back to other activities

Back Care - this is good advice for life



Your body can take months to return to its pre-pregnancy baseline and as a new parent you will be doing many physically demanding activities throughout the day. Here are some useful tips for looking after yourself:

- try bending your knees when lifting something heavy
- gently draw in your pelvic floor muscles if feeling heaviness or symptoms when lifting
- try tightening your deep abdominal wall muscles
- try breathing out as your lift
- keep the object you are lifting in front of your body e.g., a car seat /buggy/ toddler



Please note, some of these strategies will feel better for some postnatal women but not others. Finding the strategies that suit you is advised and if unsure, speak with your healthcare professional.

Exercise

The exercises in this booklet are safe for you to do in your first few days and weeks postnatal - whether in hospital or at home. Return to exercise gradually and enjoy it.

Exercise promotes your general health and well-being and may help reduce the likelihood of postnatal depression.

It is important to take care with your return to exercise after having a baby , people recover at different rates, if you have exercised regularly before your pregnancy you may be able to return to fitness more quickly The following tips might help:

- brisk walking with your baby is an excellent way to exercise. Ensure the pram handles are at the correct height for you so that you do not have to bend forwards or reach upwards. Gradually increase the time and pace of your walking every day during the first 6 weeks
- baby carriers can be useful they must be properly adjusted to avoid neck and back strain
- you can start swimming once you have had 7 days clear from vaginal bleeding/ discharge. If you have had a caesarean section you may need to wait until you have seen your GP at your six-week check
- many women feel extremely tired after childbirth so do not overdo it, listen to your body, pace yourself, limit your visitors and have plenty of rest. Do not try to be 'super mum', accept offers of help and set aside a regular time to rest
- always **listen to your body** and remember to do **basic abdominal exercises** regularly
- care should be taken not to start high-impact activities (where both feet leave the ground at the same time, such as jumping, jogging or sports that involve running) too soon. If you are interested in returning to HIIT or running please see the guidance on timelines below:

  Further guidance on this can be found here
  https://www.researchgate.net/publication/335928424_Returning_to_running_postnatal_-_guidelines_for_medical_health_and_fitness_professionals_managing_this_population
  If you have any worries, please ask for support. Please visit **thepogp.co.uk** and the section **'find a physio'**.
- people recover at different rates. If you have exercised regularly prior to your pregnancy you may be able to return to fitness more quickly.

Sexual Activity

You can resume sexual activity when you feel ready for it. Some women prefer to wait until they have had their 6-week postnatal check-up. You may want to use lubricant, especially if you are breastfeeding as this can often lead to vaginal dryness due to continued hormonal changes and start gently. If you have persistent discomfort or pain with sexual activity ask your GP for further help. Remember to decide what contraception to use, fertility levels are usually high following delivery.

Your Guide to Return to Running Following Child

Co-designed with postpartum runners

Stages of the journey

Stage 1. Rebuilding your foundation

01

Most healing occurs in the first 6-12 weeks postpartum. This phase includes a return to physical activity and re-building base level of fitness.

This may be recommended during weeks 0-6* of your return to exercise.

Stage 2. Progressing your re-conditioning

02

Begin integrating low impact forms of running, progressing your pelvic floor exercises and strength and conditioning.

Be mindful of complications and check for breast pain.

This may be recommended during weeks 6-12* of your return to exercise.

Can you complete the following activities without pain, heaviness, dragging or incontinence?

- Walk for 30 minutes
- Single leg balance for 10 seconds
- Single leg squat x10 per side
- Jog on spot for 1 minute
- Forward bounds x10
- Hop in place x10 per leg
- Single leg running man x 10 per side

*Weekly ranges are suggested as a rough guide and progress should be individual and based on symptoms, healing and how you are feeling

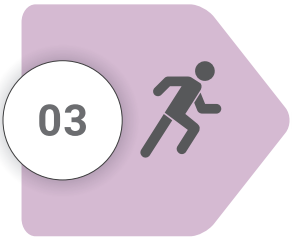
Stages of progression across specific areas

	Stage 1	Stage 2
Pelvic Floor	3x daily: Quick contractions Maximum effort contractions Progress by trying to hold for 10 secs	3x daily: Quick contractions Maximum effort contractions Aim for 10 secs
Impact Activities	Walking Fast walking	Single leg low hops Grounded running Slow running
Strength & Conditioning	Sit to stand, bridge, side lying abduction, twists, half plank, calf raises, lunges, squats, pelvic tilts, knee rolling. Non-impact endurance	Add weight to exercises & adapt to single leg Continue non-impact endurance Re-engagement with running exercises

Megan L James, Gráinne M Donnelly, Diane M Crone, Victoria H Stiles, Lynne Evans, and

Please note, this guide has been co-designed by researchers, clinicians and postpartum runners but has not yet been validated

Stage 3. Return to running



Return to pre-pregnancy strength and conditioning.

If you are no longer experiencing symptoms, you may reduce your pelvic floor exercises.

This may be recommended during weeks 12-18* of your return to exercise.

Stage 4. Consolidating your progress



You may wish to progress back to your pre-pregnancy levels and beyond or run more competitively in this stage.

This may be recommended for weeks 18+* of your return to exercise.



Stage 3	Stage 4
Reduce to 1-2x weekly if no symptoms Exposure to impactful activities	Maintain and return to activity as normal
Running Double leg low hops Countermovement jump	Double leg high hops
Increase weight to exercises as necessary Return to pre-pregnancy programme	Continue and maintain exercises as necessary

Considerations

Your body may move and feel differently compared to before pregnancy. If it doesn't feel 'right', slow down or seek advice from your GP or a pelvic health physiotherapist.

See a pelvic health physiotherapist if you have symptoms before using this guide, as you progress through and seek advice if you are concerned.

If you had a caesarean birth, be mindful of scar healing time and adapt abdominal exercises if necessary. Monitor any discomfort and look out for infections.

Be aware of your mental health. Returning to running should not be something that causes you added stress, but something that makes you feel happy and more fulfilled.

Ensure you have a supportive and appropriately fitted sports bra, particularly when you recommence running. Monitor any exercise-related breast pain.

Scan the code to access the full version of 'Your Guide to Return to Running Following Childbirth'

Isabel S Moore (2024)

Further information

Ask to see your local women's health or pelvic health physiotherapist if you have any pelvic girdle pain, urinary or bowel leakage or uncontrolled loss of wind, sudden vaginal discomfort, backache or bulging of your abdominal muscles (Please see the 'Getting Help' section, inside the front cover).

Useful websites and further information

- **https://thepogp.co.uk/patient_information/pregnancy_and_early_postnatal/perineal_healing_.aspx**
- Pregnancy-related Pelvic Girdle Pain for mothers-to-be and new mothers available for download at **https://thepogp.co.uk/resources/booklets**
- The Mitchell Method of Simple Relaxation available for download at **https://thepogp.co.uk/resources/booklets/**
- Patient information leaflets from the Royal College of Obstetricians and Gynaecologists at **https://www.rcog.org.uk/en/patients/patient-leaflets/**
- **https://thepogp.co.uk/patient_information/womens_health/advice_guidance_for_exercise_in_the_childbearing_years.aspx**
- **https://thepogp.co.uk/patients/pelvic_health_advice/bowel_health.aspx**
- **https://thepogp.co.uk/patient_information/womens_health/tummy_muscle_separation.aspx**
- **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/841936/Postpartum_infographic.pdf**
- NHS Choices patient information pages **http://www.nhs.uk**

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