

EXERCISE and ADVICE after pregnancy



EXCELLENCE
MATTERS

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Introduction

This booklet is for women after their pregnancy.

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.

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

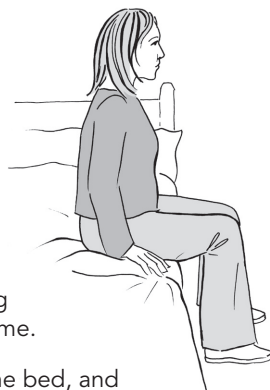
Comfort

(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 psychologically unable to get out of bed or cope, seek help from your GP/health visitor/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.

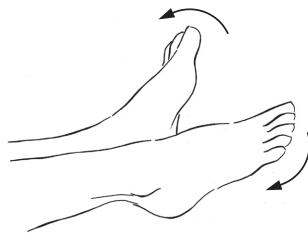


Activity in the early days

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.

- 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 are at the bottom of your pelvis, and support the pelvic organs.

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

Pelvic floor muscle exercises are needed to:

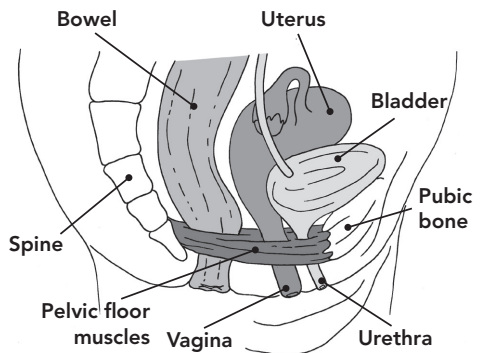
- improve muscle strength so that you can control your bladder and bowel
- support your pelvic organs, helping to prevent prolapse

Remember to:

- Start the pelvic floor muscle exercises as soon as possible.
- 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 a tear or stitches.

How to exercise your pelvic floor muscles

Imagine that you are trying to stop yourself passing urine or wind: 'squeeze and lift' your pelvic floor muscles, closing and drawing up the 3 passages. Start gently and rhythmically. You may not feel that much is happening at first, but keep trying. Hold the squeeze for a few seconds, and then relax for a few seconds. Do not hold your breath:



- Gradually increase the hold time and the number that you do until you can hold the squeeze for up to 10 seconds and repeat up to 10 times. You may find that abdominal hollowing (see page 6) takes place at the same time.
- Try exercising in different positions (e.g. standing, sitting and lying), and establish a routine or find something that reminds you to perform your exercises.

Remember, it can take several months for the pelvic floor muscles to return to their previous strength:

- It is also important that the pelvic floor muscles are able to react quickly to stop you leaking when you cough, sneeze, laugh or shout. Tighten them as quickly and strongly as you can, and then relax. Do this up to 10 times at each session.
- Always tighten your pelvic floor muscles before and during any activity requiring physical effort; for example, when lifting, coughing or sneezing.

To be effective in regaining pelvic floor muscle strength, you need to concentrate and persevere, and do the two types of exercise at least 3 times a day.

Pelvic floor muscles are important for all women throughout life.

Your bladder and bowels

- Make sure you are emptying your bladder regularly, 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.



Exercising your abdominal muscles

Your abdominal muscles form a natural corset supporting your back and internal organs. Start to exercise and strengthen them as soon as possible. Exercises will help you to regain your body shape, and prevent or relieve backache. The deep abdominal support muscles may work at the same time as the pelvic floor muscles.

The abdominal hollowing exercise ('core exercise')

Start doing this exercise in the most comfortable position for you; for example, lying on your back or side with your knees bent, or sitting with your back well supported.

- Place one or both hands on your abdomen, below the level of your umbilicus ('tummy button'). Breathe in through your nose, and as you breathe out, draw in your lower abdomen, pulling it gently away from your hands towards your back and then relax.
- You should be able to breathe and talk while you are doing this exercise and your lower back should stay still.
- Once you have learnt this exercise, you should be able to practise it in standing. To progress further, repeat as above, but keep your muscles drawn in for 3 seconds while you continue to breathe in and out normally.
- You may feel the muscles working under your hand, and you will gradually be able to hold for longer, until you reach 10 seconds and can repeat for a maximum of 10 times. Do this 3 times a day or as often as you can.
- Use these deep muscles by doing the hollowing throughout the day - before and during any physical activity requiring effort; for example, when lifting.
- You may also feel these muscles working as you do the pelvic floor muscle exercises.

If you notice any bulging of your abdominal muscles while doing any of the following 4 exercises, stop the exercise, return to abdominal hollowing and seek advice from your specialist physiotherapist.

The next exercises are also useful in helping to relieve wind and nausea following a Caesarean section operation.

Start all exercises by lying with your head on a pillow, knees bent, with your feet on the bed a shoulder width apart, and arms by your side.

Pelvic tilt

Hollow your abdomen as described above, tighten your pelvic floor muscles, and flatten your lower back into the bed as your pelvis tilts. 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 this exercise when in sitting, standing, crook lying (as in the drawing above), kneeling or lying on your side.



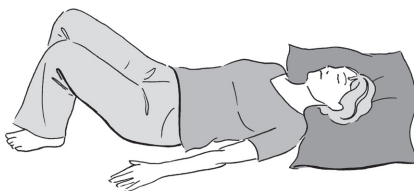
Knee bends

Hollow your abdomen, keep your back flat on the bed, and bend one hip and knee up as far as is comfortable. Hold up to the count of 10, and then bring the leg down so that the foot is back on the bed. Repeat with the other side. Do this 3 times with each leg, if you are able. Repeat 3 times per day.



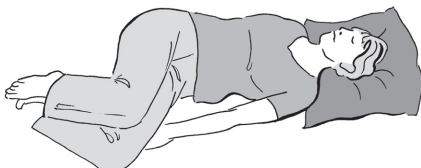
Knee rolling

Hollow your abdomen, and gently lower both knees to the right as far as is comfortable. Bring them back to the middle and rest for a few seconds. Hollow your abdomen again and repeat to the left. Do this 3 times each side if you can.

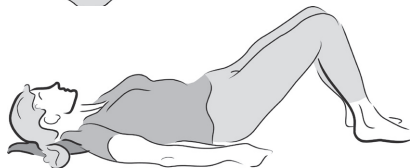


Head lift

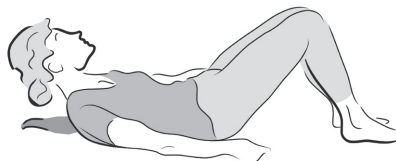
If you have neck pain, **DO NOT** do this exercise. Lie on your back with your head resting on two pillows.



Hollow your abdomen, and tighten the pelvic floor muscles as you gently lift your head and shoulders a little way off the pillows. Hold for 3 seconds, lower and relax. Repeat this up to 10 times, 3 times a day, if you can. Progress by removing one pillow, and ensure that you do not strain your neck muscles as you do this exercise.



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 original state. You can easily strain your back during this time, so avoid heavy lifting. If you do have to lift:

- bend your knees if the weight is at a low level
- hollow 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, 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. 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.

Contact information

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

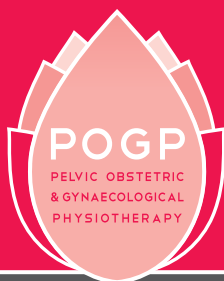
Ask to see your local specialist physiotherapist if you have any pelvic girdle pain, bladder, bowel or wind leakage, sudden vaginal discomfort, backache, or bulging of your abdominal muscles with exercise.

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:
pogp.csp.org.uk

Further advice and information booklets are also available from
pogp.csp.org.uk



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