

# Post-Natal Education Booklet



*Womens Pelvic Health*



Penrith  
Physiotherapy  
Sports Centre







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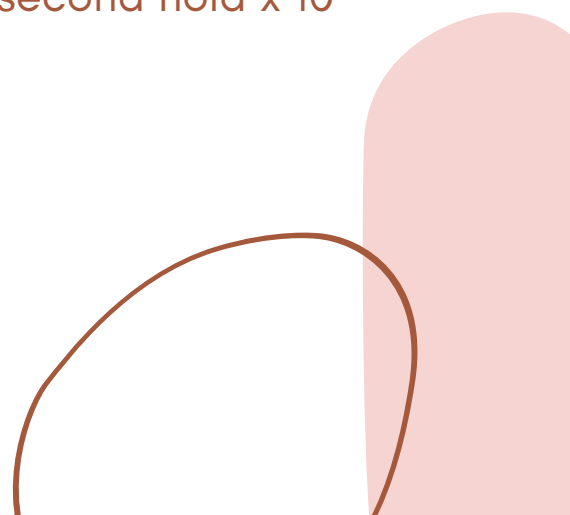


# The Pelvic Floor

The pelvic floor is a collection of muscles that sit like a bowl at the bottom of your pelvis. This group of muscles functions by supporting your internal pelvic organs (bladder, bowel and uterus), squeezing to prevent leakage from the bladder or bowel, and has a large role in sexual function due to the anatomy of the clitoral nerves.

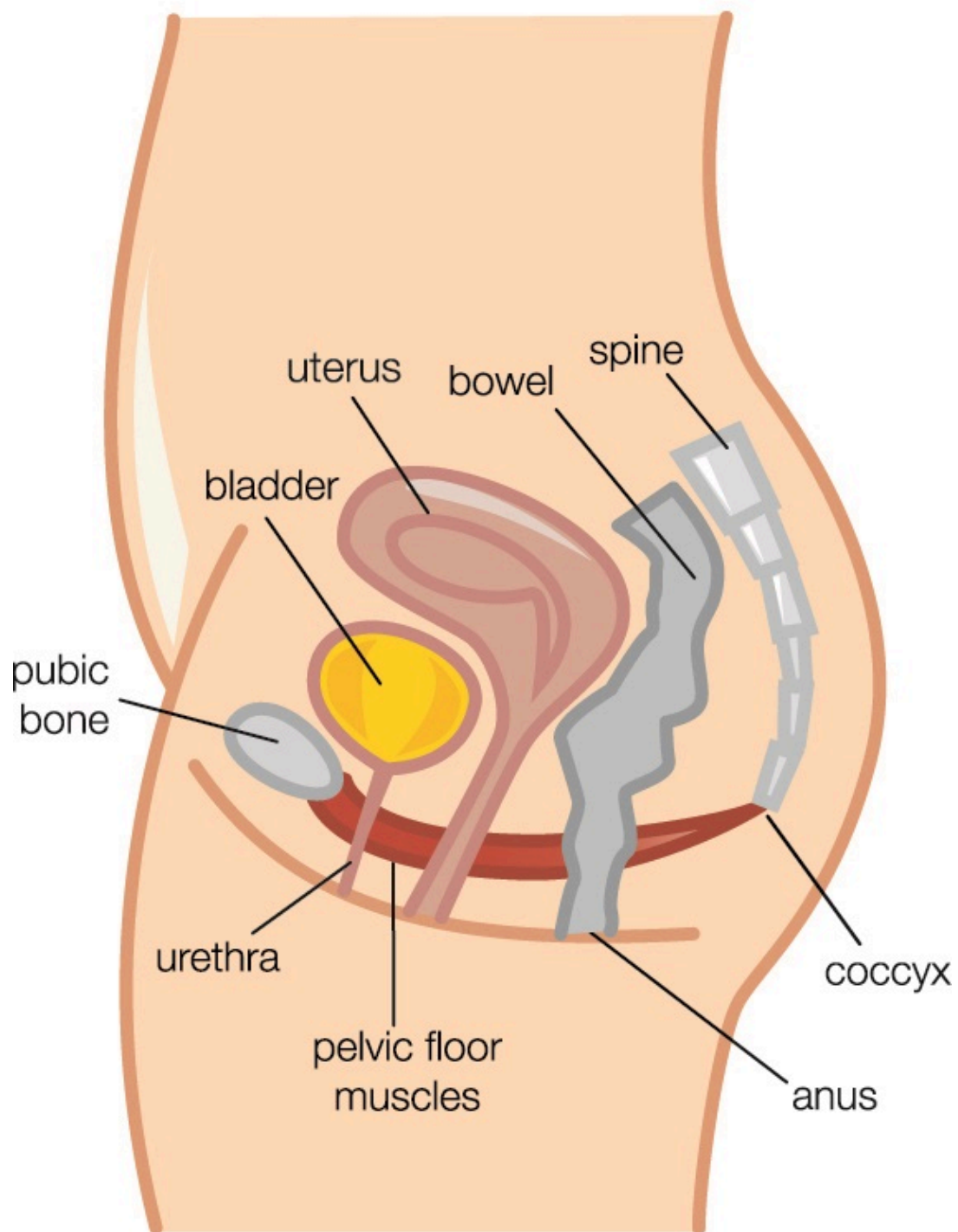
Regardless of the type of birth you've just experienced, the pelvic floor is affected by the pregnancy itself. Imagine a bowling ball is being supported on a trampoline. Overtime, the muscles (trampoline) will gradually become tired from working hard to support a growing baby (the bowling ball). Another factor to consider is that the hormones in your body that allow your body to stretch and accommodate a growing baby, will also affect the ligaments and muscles within the pelvic floor group by making them more flexible.

You can begin gentle pelvic floor exercises from 24 hours after giving birth. A good cue to use is to imagine you're trying to hold in wind. You should feel a gentle squeeze and lift sensation. Try completing a 1 second hold x 10 repetitions each day in the first week. Each week, aim to add another second to your holds. For example, by the time your baby is 6 weeks old you could aim to complete a 6 second hold x 10 repetitions each day.





# The Pelvic Floor



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# The Pelvic Floor

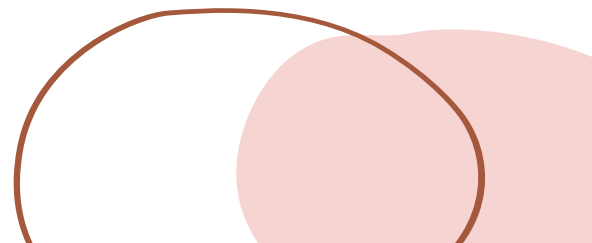
## How do I know if something is wrong?

- Do I have to rush and run to the toilet for a wee?
- Do I leak urine while rushing to the toilet?
- Do I leak urine when I cough, or sneeze, or exercise?
- Am I struggling with constipation?
- Do I leak stool from my bowel?
- Am I experiencing pain during intercourse?

If you answered 'yes' to any of the questions above, then pelvic floor physiotherapy can help you.

We like to say "Common, but not normal".

- Common – many women experience pelvic floor dysfunction; you are not alone.
- Not normal – we don't want you experiencing these symptoms! There are so many treatment tools to help.

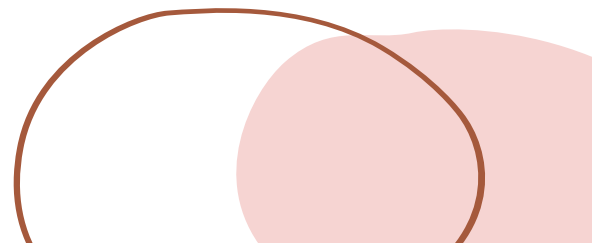






# Pelvic Floor First Aid

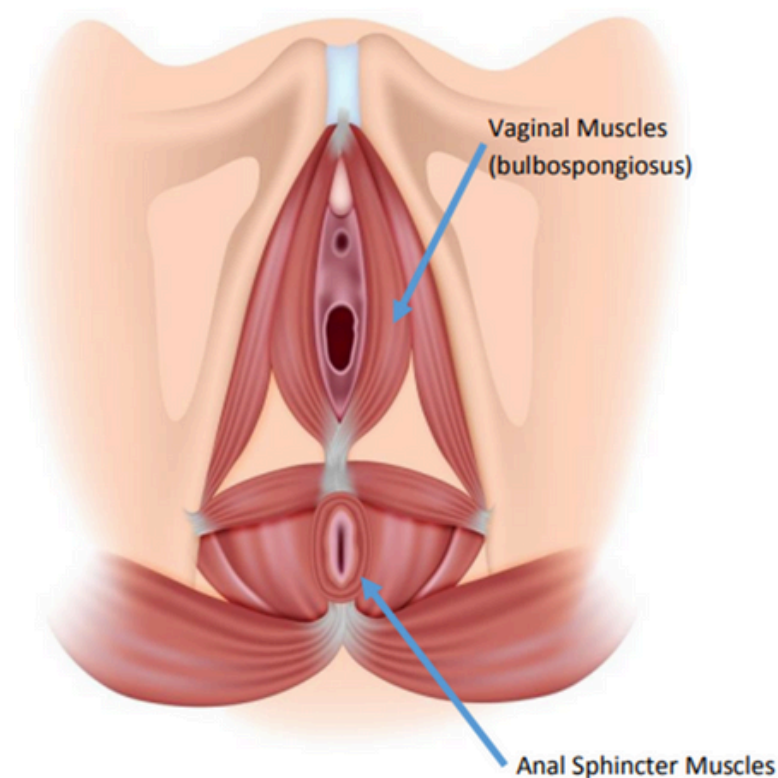
- **Protect:** When you lift heavier items at home, try to contract your pelvic floor before lifting – this is called ‘The Knack’. Try not to lift anything heavier than your baby.
- **Rest:** Prioritise daily rest in the first few weeks as your body heals, particularly lying on your side or your back. If you have a lot of home tasks to complete, consider spacing them out throughout the day to reduce the amount of time you’re on your feet in one go.
- **Ice:** Use a perineal ice pack, ensuring the ice doesn’t have direct contact with your skin (this can cause an ice burn!). You could try wrapping the ice pack in a paper towel or tearing the edge of a pad and sliding the ice pack inside the pad. Ensure your perineum is clean and dry after using an icepack and use it for no longer than 20 minutes at a time.
- **Compression:** In the first few days following vaginal birth wear firm-fitting underwear and consider wearing two pads stacked on top of each other to provide gentle compression. Avoid sitting on a circular cushion. Instead, fold two towels and place them under each thigh while sitting. When you feel comfortable, recovery shorts are also recommended for both abdominal compression and support of your pelvic floor.





# Pelvic Floor First Aid

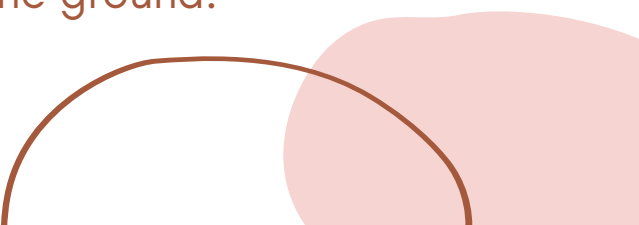
- **Elevation:** Rest lying with a pillow under your pelvis to elevate the perineum and help reduce swelling. When you feel comfortable, this will be more effective if you are lying on your front. Try bridges if you are experiencing a heaviness or dragging in your vaginal area. Lying on your back with your knees bent, squeeze your buttocks, and gently lift your hips off the bed. Complete 2 x 10 reps.
- **Referral:** If you have ongoing perineal pain please seek advice from your doctor or pelvic floor physiotherapist during your 6-week post-natal check.



# Bladder Care

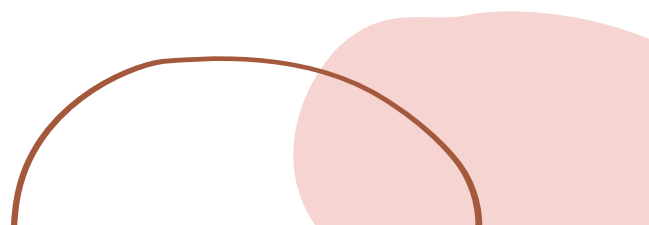
In the first few days following the birth of your baby, your body will begin to remove the excess fluid which has built up in your body through your pregnancy. You may experience larger-than-normal voids (wees) at this time. Following birth, many women report a reduced bladder 'urge'. That is, a reduced sensation to empty their bladder. It is important to mention any changes to your normal bladder urge to your midwife, obstetrician, or pelvic floor physiotherapist.

## Top Tips:

- **Water Intake:** Keep a drink bottle nearby, trying to regularly sip from your drink bottle throughout the day. If you are breastfeeding, you may need to drink more water than you are expecting.
  - **Daily Voids:** A healthy number of times to empty your bladder each day is between 6-7. If you are only emptying 4-5 times a day, you may be dehydrated and need more water.
  - **Bladder Urgency:** Is where you experience a sudden, very strong urge to do a wee. It can be triggered by the sound of running water and may or may not include leakage. If you are experiencing this – try scrunching your toes, and lifting your heels up off the ground.
- 

# Bladder Care

- **Fully Emptying:** Ensure you are fully emptying your bladder each time you go to the bathroom. If you get the sensation that you haven't quite finished, try tilting your pelvis back and forth on the toilet.
- **Timed Voiding:** If you are experiencing a reduced 'urge' to go the bathroom, consider setting an alarm every 2 hours. It's important to avoid overfilling your bladder.





# Bowel Care

A key aspect of bowel care following birth is reducing constipation. Constipation can result in further heaviness in the pelvis. If not managed effectively, straining to open your bowels can cause further weakness in your pelvic floor.

Helpful questions to consider are “Can I control my wind? Can I control my bowel movements?”. If the answer is no, you are likely experiencing pelvic floor dysfunction. It is helpful to raise this with your pelvic floor physiotherapist and seek follow-up via a 6-week post-natal check.

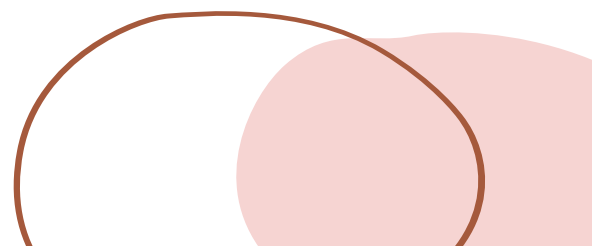
## Top Tips:

- **Water Intake:** Water intake has a big relationship to constipation. Keep sipping!
- **Positioning:** Consider using a small stool in the bathroom to rest your feet on. Lean forward, relax your tummy, and take ‘big belly breaths’ to help avoid straining.



# Bowel Care

- **Wound Support:** If you needed perineal stitches, the first bowel movement can be daunting. Try wrapping one hand in toilet paper, and gently support your stitches with your wrapped hand. This provides wound support and decreases the pressure on your stitches.
- **Walking:** Gentle walking is great to help reduce constipation and reduce general muscular soreness. Even taking short walks down the corridor while on the ward will make a difference in your first few post-natal days.
- **Listen to your 'urge':** Often we are busy and ignore our urge to go to the toilet. The stool then travels back up the colon and sits in a storage section. As it sits here, water continues to be drawn out of the stool. This means the stool becomes harder and more difficult to pass.
- **Timing:** We experience a natural urge within an hour of us waking up most mornings. To support this natural urge, try drinking a hot drink (tea, coffee, hot water with lemon) first thing in the morning. This gives our gut a kickstart! 20 minutes after your hot drink, go and sit on the toilet to see if your body is ready to pass a bowel motion.



# Caesarean Recovery

A caesarean section involves cutting through multiple layers of your abdominal wall to deliver your baby. These layers include skin, connective tissue, and muscles. While you are in hospital, your medical and nursing team will discuss wound care, and how to keep this area dry and clean as it heals.

## Initial Care (0-6 Weeks)

- **Pain Relief:** You've just experienced a significant surgery. It is important to discuss pain relief needs with your midwife and obstetrician while in the hospital.
- **Early Mobility:** It is encouraged that you begin to sit out of bed and take gentle walks down the corridor as early as the first 1-2 days following your caesarean delivery. This helps with wound healing and has great benefits for your lungs. When getting up out of bed, roll onto your side first, then use your hand to gently push yourself into a seated position. Once home, start with a 5 min walk around your home each day. Each week, try to increase this time by 5 mins as you progress to walking outdoors.





# Caesarean Recovery

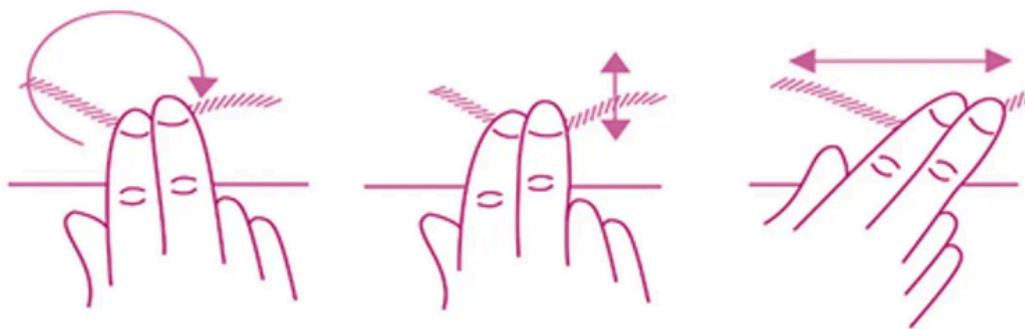
- **Wound Support:** Try using a folded towel and press it firmly to your wound when rolling over in bed or when coughing or sneezing. This will support your wound as you begin to get moving. When you feel comfortable, other options such as tubi-grip or recovery shorts will provide support and assist with the healing of your abdominal muscles.
- **Lifting:** Try not to lift anything heavier than your baby in the initial few weeks. This includes housework and moving house!



# Caesarean Recovery

## Later Care

- **Walking:** By 6 weeks, you should be aiming to complete a 30min walk each day. A local park or oval is a great space to exercise and maybe even meet other mums in the same stage. Now is also a good time to trial adding some gentle hills to your walks.
- **Scar Tissue Massage:** Once your C-Section scar has fully healed and the stitches have dissolved, you can begin scar massage. This helps with healing and can reduce the sensitivity surrounding your scar. Using a plain sorbelene or vitamin E cream, gently massage in circular motions along the length of your scar. You are aiming to move the tissues under the scar as well as the scar itself. Stop if you have increased pain, bleeding, or oozing.



# Postural Care

In the haze of sleep deprivation and feeding baby, good quality posture may not be at the front of your mind.

However, taking small preventative steps can help to reduce muscle and joint soreness, while also caring for your pelvic floor and abdominal muscles.

- To minimise strain, consider carrying smaller amounts and holding these loads close to your body. Aim to carry baby either on your chest, in the pram or in a carrier rather than carrying in a capsule.
- If you have other young children at home, encourage their independence and ask them to climb up next to you for seated cuddles.
- When sitting to feed your baby, sit in a comfortable chair with lower back support and flat feet. To avoid hunching forwards during feeds ensure your baby is supported by pillows.
- Take care to include regular lying rests throughout the day. If you have a large number of household tasks to complete, consider dividing these into smaller jobs spread throughout the day to avoid prolonged time on your feet.



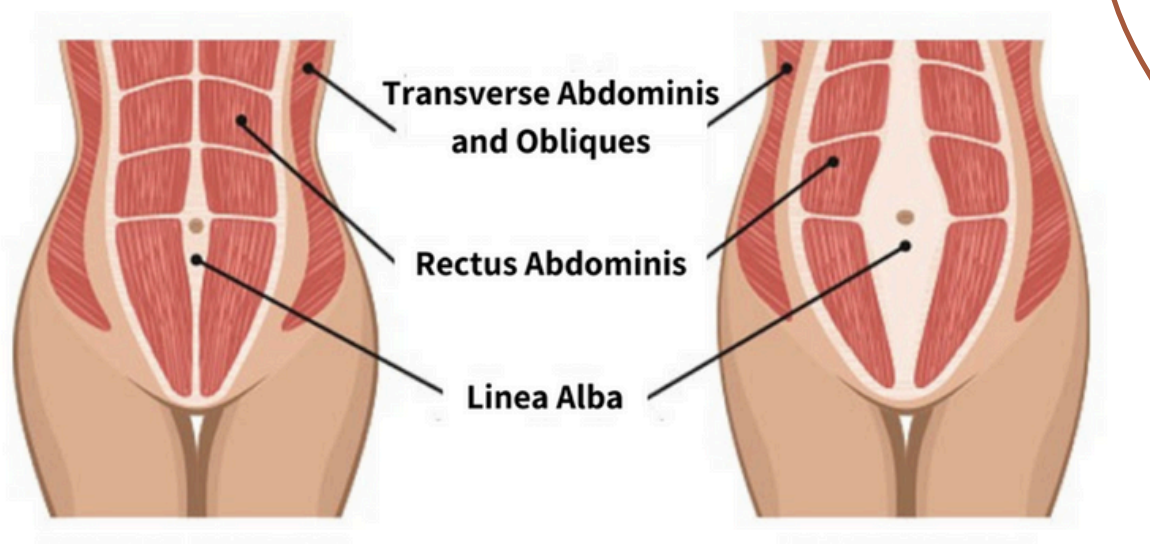


# Abdominal Separation

Abdominal Separation (or diastasis recti) occurs as a normal part of pregnancy. At the front of the abdomen, the rectus abdominis (the six pack) muscles are connected by a strong, fibrous band called the linea alba. During pregnancy, the linea alba stretches and the muscles spread apart to make room for the growing uterus. This is a good thing as it allows more room for baby while they are growing.

Abdominal separation is diagnosed when the muscle bellies spread more than 3cm apart. It will be assessed most often by your obstetrician or a pelvic floor physiotherapist.

- 33% have a separation by 21 weeks pregnant.
- 60% have a separation at 6 weeks post-delivery.
- 45% have a separation at 6 months post-delivery.
- 33% have a separation at 1 year post-delivery.



# Abdominal Separation

As pelvic floor physiotherapists, we can help to guide you through an individualised, safe, and progressive exercise program to strengthen your abdominal muscles and reduce the size of the separation. We will also assess how your other muscles are working together to stabilise your pelvis and trunk so that you can regain your strength and coordination following your delivery.

There will be a large amount of natural healing in the first 8 weeks following the delivery of your baby. This is the time frame where you get the biggest potential for change.

## Top Tips

- **Gentle Walking:** Starting with 15min walks at a comfortable pace. Early walking has wonderful benefits not only for abdominal separation, but also for caesarean recovery, chest health and the pelvic floor. Increase your walks by 5 minutes each week.
- **Abdominal Compression:** You may be given tubi-grip at the hospital. Other options include SRC 'Recovery Shorts' and belly bands. Try wearing your abdominal support each day to maximise the benefits.



# Return to Exercise

Returning to regular exercise while caring for a newborn can be a daunting thought. It is important to remember that everyone will have a different birthing experience and that it will likely take 3-4+ months to return to higher-intensity exercise. This will be an individualised discussion between you and your women's health physiotherapist.

- **Walking:** When you feel comfortable, start with a gentle 10-15 minute walk. Each week, try to add an extra 5 minutes to your walk. Great local options in Penrith include the River Walk, Jamison Park, or the Regatta Centre.
- **Swimming:** Most women can return to swimming after their 6-week check with their obstetrician or GP. It is important that any stitches have completely healed, and that any spotting has ceased, for infection control safety.

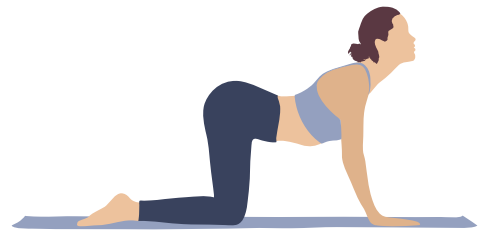




# Return to Exercise

Examples of exercises that are safe to begin in the first few weeks after the delivery include:

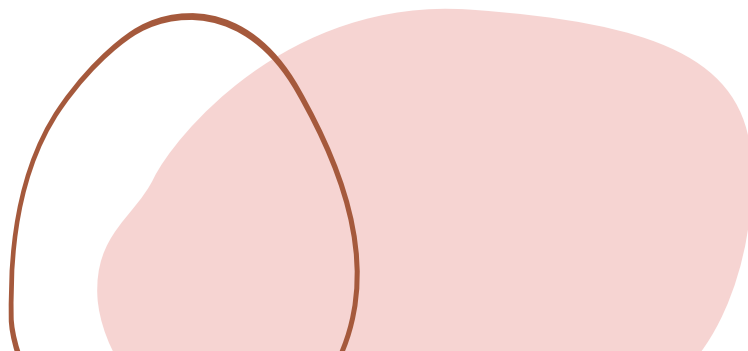
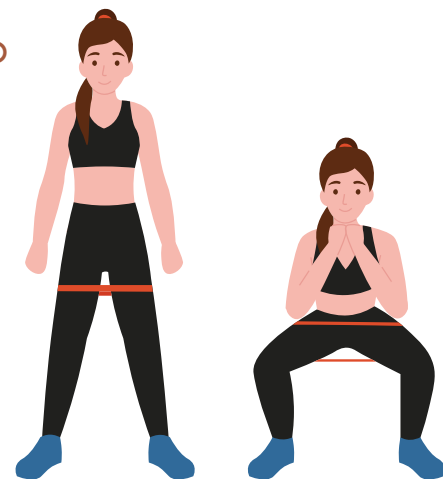
- **Cat and Cow Stretch:** On all fours, gently arch your back up to the roof, then drop your tummy down towards the floor. Repeat 3 lots of 15 reps.



- **Bridges:** Lying on your back with your knees bent, squeeze your buttocks, and lift your hips off the bed. Repeat 3 lots of 10 reps.



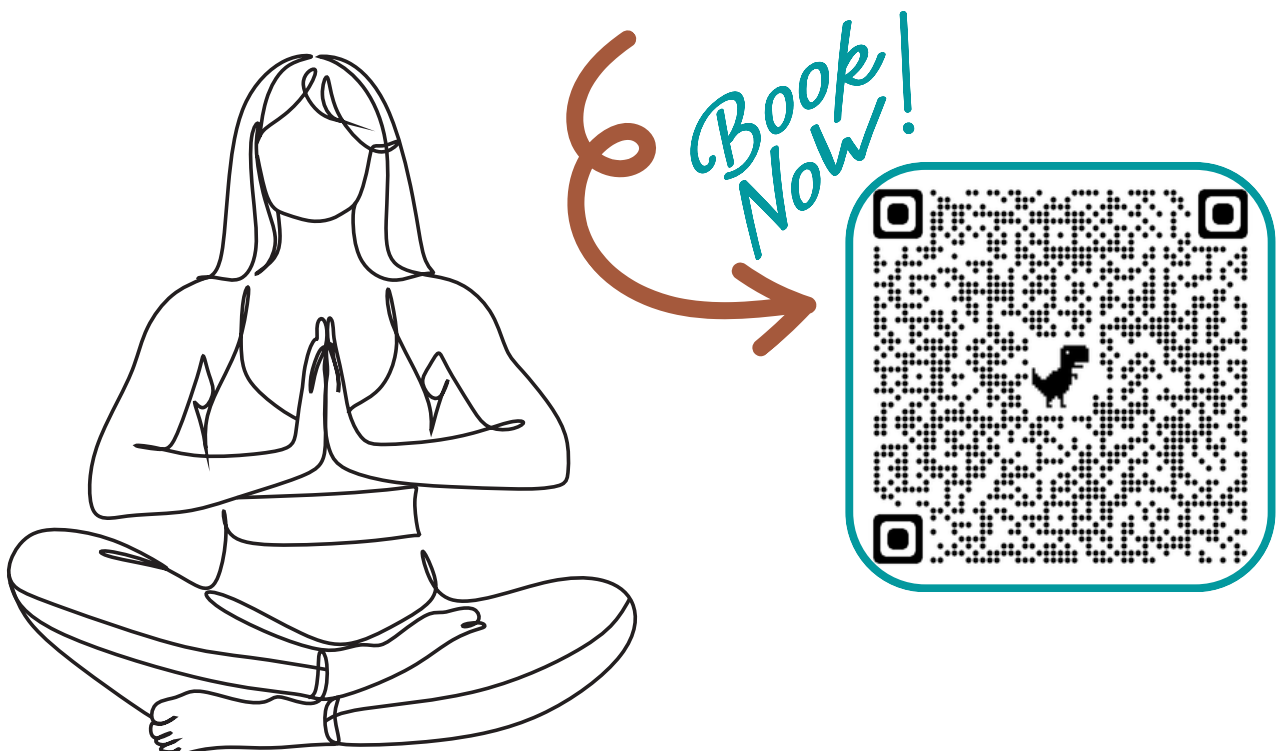
- **Squats:** Pretend you're going to sit on a chair. To target the bottom muscles more, try adding a resistance band tied in a circle around your knees. Repeat 3 lots of 10 reps.



# Return to Exercise

Within the next 6-12 weeks, you can expect to progress to low-impact cardio and body weight strength exercises. This may include a combination of stretching, yoga, and pilates-style exercise to help you build back a good quality strength foundation. We're guided by you and your goals! No matter if you aim to be a functional mum playing in the backyard, a long distance runner, or a CrossFit-er, our role as physios in post-natal rehab is to help guide you towards your goals, while ensuring your body is ready.

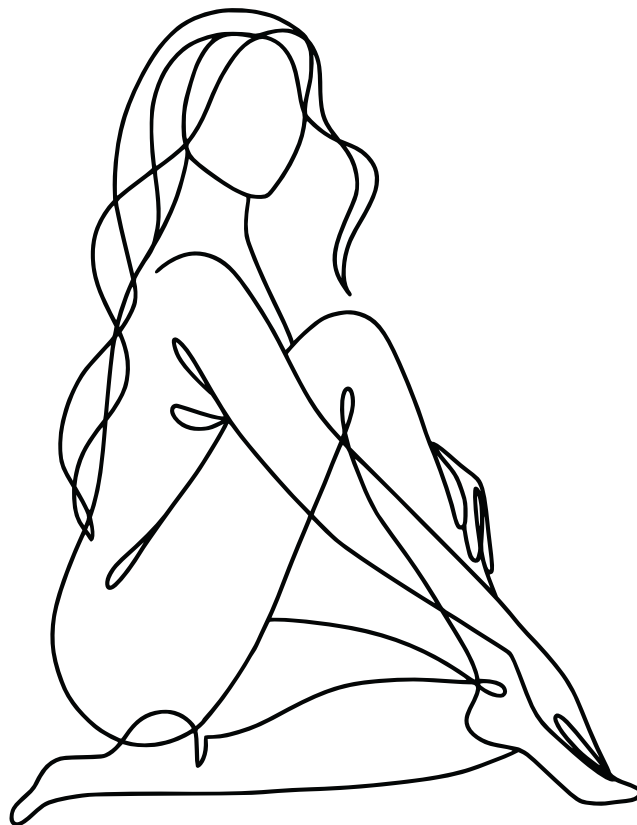
Did you know that we run a mums and bubs post-natal pilates class? It's a small group class with other new mums, and you are very welcome to bring along your newborn. It will include stretching, reformer pilates exercises and body weight strength exercises. It's also a wonderful way to make some new friends in a friendly and casual environment.



# *Return to Sex*

Returning to being intimate with your partner after birthing a baby is a very individual situation. We encourage women to chat with their obstetrician or GP prior and to ensure any stitches have healed. You should not feel any pain or tightness (either at the vaginal entrance or deeper). Try water-based lubricant if you are experiencing dryness or discomfort during penetration.

If you are experiencing pain, or you are anxious and unsure, please book an appointment with a women's health physiotherapist. We work with women all the time to help them to return to a healthy and pain-free sex life following the birth of their baby.



# The Post Natal Check

What to expect from your 6-week pelvic floor physio check?

In a post-natal check, we will start by taking you through a detailed screening questionnaire. This will include questions on the bladder, bowel, and sexual health symptoms. These questions help guide our understanding of your situation, and tailor your treatment experience.

We will then assess your abdominal wall and assess your pelvic floor via an internal examination. If you are uncomfortable with the idea of an internal assessment, you are not alone! We have alternative (external) assessment styles available, and we will go ahead at your pace.

We will next discuss your goals, and what you are hoping to gain from your treatment sessions. Regardless of whether you are aiming to be a strong, functional mum or a marathon runner, we can help guide you through a personalised exercise program to help you move well.



Education will be a big part of your treatment experience. This will be built to your individual experience and will be organised based on your biggest bother. That is, a symptom or concern that is bothering you most. It is also a time for you to ask questions or clarify information. We want you to leave your appointment feeling empowered, understanding your body a little bit better, and clearly knowing what your next step is.

So that leaves two questions: What is your biggest bother?  
And how can we help?

*Book!  
Now!*



*Your Post-Natal Check*



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Web: [www.penrithphysiotherapy.com.au](http://www.penrithphysiotherapy.com.au)



Call Today!

(02) 4721 5567



# Our Women's Health Team



Emily Standen & Grace Baker



Womens Pelvic Health



# My Goals:



G.Baker 2023



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