



A guide to...

Post-Natal Exercise

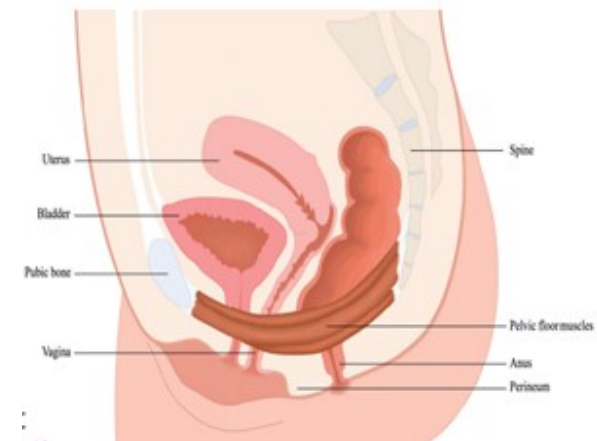
Patient Information

Watford General Hospital
Hemel Hempstead Hospital
St Albans City Hospital
West Hertfordshire Therapy Unit



Pelvic Floor Muscles

Your pelvic floor is a group of muscles and ligaments attached all around the base of your pelvis. They are attached to the pubic bone at the front, the coccyx (tail bone) at the back and the sitting bones either the side and form a “hammock/bowl” shaped sling. They support the pelvic organs including the bladder, uterus (womb) and the bowel. The outlets from these organs pass through the pelvic floor. The pelvic floor is important in maintaining bladder and bowel control (continence) by contracting to close off these outlets, as well as a role in sexual function and sensation.



Why Exercise?

- Regular pelvic floor exercise can strengthen your muscles and prevents or reduces any leakage.
- Prevention of pelvic organ prolapse by supporting the pelvic organs or prevent an existing prolapse worsening or even improve it.

Pelvic Floor Muscles

Finding your pelvic floor muscles:

In a comfortable lying down or sitting position **imagine that you are trying to stop yourself from passing “wind”** (without squeezing your buttocks together!).

Tip: you can sit on your hands, palms facing up, to make sure you are just contracting the muscles around the anus and not tightening your buttock muscles.

Draw the pelvic floor muscles upwards and forwards from the back passage towards the front passage- like a ZIP

It is important never to try this whilst you are actually passing urine. This may cause back flow of urine to your kidneys, an infection and also disrupt the normal way you empty your bladder. Very often it is difficult to find these internal muscles. So, make sure you tighten **without**:

- pulling in your tummy
- squeezing your legs together
- tightening buttocks
- holding your breath

It is a **“secret exercise”** that no one can see you performing!

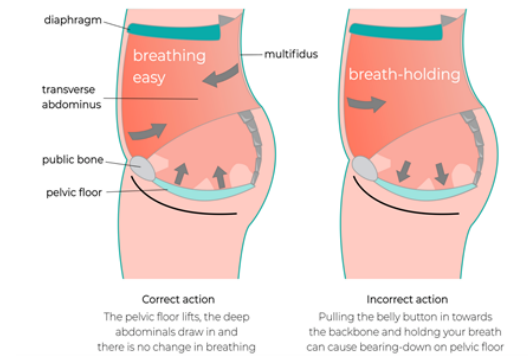
Pelvic Floor Exercises

The pelvic floor muscles are made up of two types of different muscle fibres and it is important to exercise both. The “slow” fibres are used for muscle endurance and the “fast” fibres relate to muscle strength (a pulse contraction). Imagine that you are trying to stop yourself “passing wind” (without squeezing your buttocks together). Only begin these exercises **once your catheter is removed**

- Aim for **10 sec holds x 10 reps** to exercise your endurance muscles
- Tip: do this without breath holding, so count out aloud to ensure normal breathing
- Aim for **10 reps** to exercise your strength (pulse) muscles

Both exercises need to be completed **four times a day**.

These exercises are for LIFE—try develop a daily pelvic floor exercise routine.

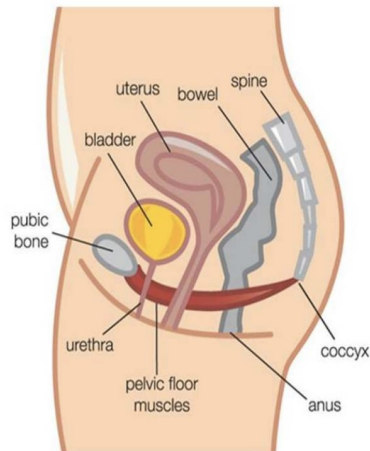


See video by scanning the QR code.

Pelvic Floor Exercises

The “Knack”

Just before, and during, anything that increases the pressure in your abdomen such as: a cough, sneeze, lifting your baby or even shopping bags, **remember to contract your pelvic floor muscles to brace against this pressure.**



A POGP Booklet can be found at:

See video by
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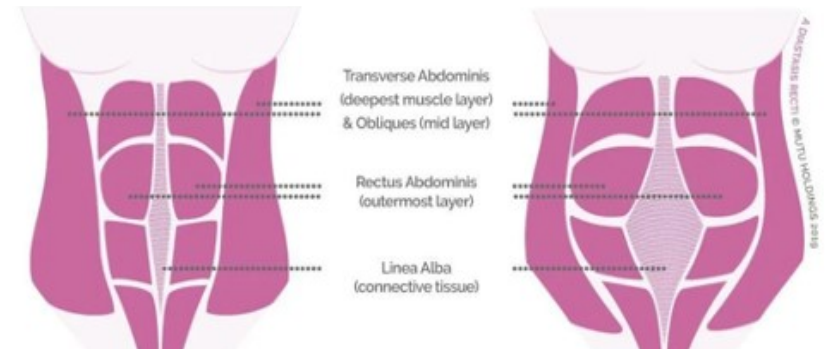


A short video link can be viewed at:

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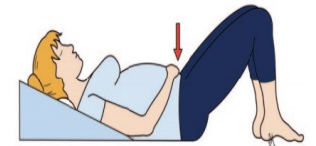
Transverse Abdominal Muscles



Your transverse abdominals are the deepest of the abdominal muscle group. They work together with the pelvic floor muscles and other abdominal muscles to support your pelvic organs and back. Strengthening these muscles are important to help offload and support your body throughout the duration of pregnancy.

Activating your transverse abdominals:

- Lie on your back with your knees bent and feet on the floor
- Lay the tips of your fingers on your bikini line
- Breathe in gently allowing your stomach to rise
- Breathe out keeping your back and ribcage relaxed while engaging your lower stomach muscles as if you were to “fasten the top button of a tight pair of jeans”
- Your stomach muscle should hollow
- **Hold for three to five seconds and repeat 10 times**



Rules of Exercise

1. Listen to your body
2. **If you have any incontinence (leaking of urine or bowels) at all consult with your Women's Health Physiotherapist** before beginning any exercise
3. **If you experience any vaginal heaviness at all consult with your Women's Health Physiotherapist** before beginning any exercise
4. **Pelvic Floor exercises are essential** before commencing the following exercises
5. **Only progress to the exercises below if you experience no abdominal bulge or doming when activating your stomach muscles**
6. If you have any concerns please seek further advice from your GP or Midwife and get an onward referral for Physiotherapy.
7. Complete activities at your own pace
8. Remember to **engage pelvic floor and trans abdominals** together
9. **Don't forget importance of breathing**
10. **Avoiding pre-emptive toileting-** warning sign that the exercise undertaken is overloading the pelvic floor if there is leakage

Activity Advice

Tiredness

Expect to feel tired! Get as much rest as you can and pace your activities. For one to two weeks, just concentrate on looking after your baby. Arrange help with looking after older children and housework such as washing, vacuuming, and ironing.

Driving

Wait until you feel strong enough and can concentrate. Wear a seat belt comfortably perform manoeuvres and an emergency stop without pain.

Sex

You should wait to have sex until all bleeding has stopped and tear has healed which may take several weeks. After that you can have sex when you feel ready. Many women feel sore in the weeks after birth with or without a tear. If this continues or you experience any difficulty resuming sex, talk to your doctor.

Activity Advice

Listen to your body – stop if it hurts.

Physical Activity

The first time you go out with your pram, don't walk too far. Remember, you have to walk back again! Ensure the pram handles are at the correct height, so you don't bend forwards or reach upwards.

For stronger exercises and sport wait until after your six week check up. Begin with gentler form of exercise, such as walking and swimming. Build up your fitness gradually. Avoid aerobics classes and competitive sports for three months.

If you have any incontinence at all consult with your Women's Health Physiotherapist before beginning any high impact exercises.

You can begin with completing the next set of exercises eight to 10 times, twice a day.

Exercises during weeks 1-2

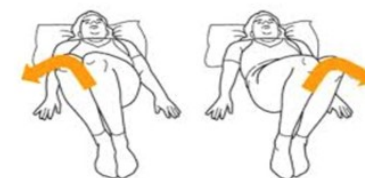
Exercise 1 - Pelvic Tilt

- In a seated position or lying on your back with your knees bent
- Stick your bottom out by arching your back
- Tuck your bottom in and flatten your back to the surface
- Encourage deep breathing throughout the movement
- Progression: engage your transverse abdominal (tummy) muscles and pelvic floor to form your **core cylinder** in either of the above positions. This can be completed in standing.



Exercise 2 – Lumbar Rolls

- Lie on your back with your knees bent
- Allow both knees to fall to the right side, while breathing out then slowly return to starting position on your breath in
- On your next breath out, allow both knees fall to the left side



Exercises during weeks 3-4

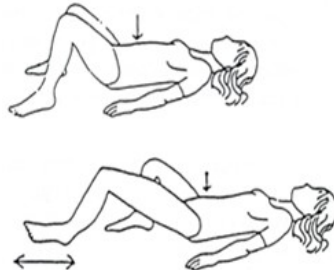
Exercise 3 - Transverse Abdominals in Standing

- Aim to draw in your belly button for a count of five seconds while breathing normally (it may help if you *imagine you are trying to do up a pair of tight jeans*)
- Release slowly and relax
- This can also be done when standing in front of pram whilst resting your finger tips on the pram
- Push finger tips down into pram while gently breathing out, stomach muscles naturally engage



Exercise 4 - One Leg Extension

- Lie on your back with your knees bent
- Use your pelvic tilts to find neutral; where your spine is in-between the two tilts
- Slowly whilst breathing out, slide one leg down the bed keeping your foot in contact with the bed
- Then slide the leg up again on a breath in
- Relax, and then do this with the other leg



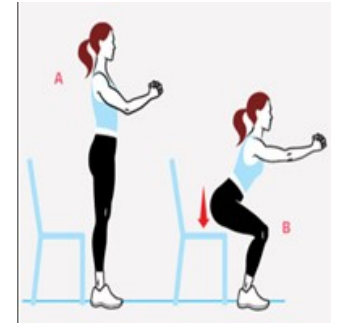
Exercises during weeks 3- 4

Exercise 5 - Sit to Stand

- Sitting upright at the edge of a chair
- Breath out gently as you push through your heels to stand up tall
- Squeeze your bottom muscles together when in standing
- Relax and return to sitting in a controlled movement, sticking your bottom back to find the chair



See video by scanning the QR code.

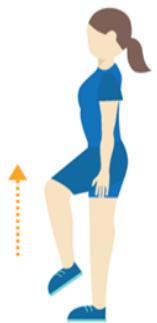


Exercise 6 - Single Leg Stand (Balance)

- Whilst standing breathe out gently, engaging your core cylinder and lift one leg off the floor
- Aim to balance for up to 30 seconds on each leg



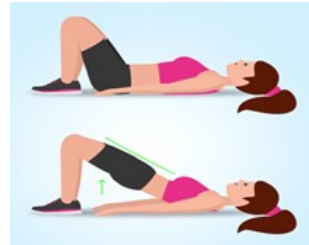
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Exercises during weeks 5-6

Exercise 7- Bridging

- Lie on your back with your knees bent and hip width apart
- Engage your core cylinder and push through your heels to lift your bottom up
- Slowly and controlled return to the start position
- Progression: hold the movement for 5-10secs or hold your baby on your pelvis or lift your bottom up using one leg



See video by scanning the QR code.



Exercise 8 - Squat

- Stand shoulder width apart
- Bend your knees taking your bottom backwards and towards the floor
- Engage your core cylinder and breathe out whilst lowering your bottom
- Return to the starting position by pushing through your heels and squeezing your bottom muscles at top
- Progression: arms go up over head as you lower into a squat position or hold your baby (use your sling) to complete exercise or complete this on one leg (single leg)



See video by scanning the QR code.



Exercises during weeks 5-6

Exercise 9 – Lunge

- Take a step backwards and bend your back knee as if you're kneeling to the floor
- Breathe out and engage your core cylinder as you bend your knee
- Return to the starting position
- Progression: take your hands over your head as you bend the back knee or hold your baby (use your sling)



See video by scanning the QR code.



Exercise 10 - Bird-Dog

- Have your hands under your shoulders and knees under your hips (4-point kneeling)
- Use your pelvic tilts to find neutral spine position- “table”
- Return to the starting position after each movement, avoiding trunk rotation and engaging your core cylinder:
- Breath out lifting one arm forwards
- Breath out stretching one leg straight behind
- Breath out lift opposite arm and leg off floor



See video by scanning the QR code.



Useful Resources

Activity Resources



NHS Fitness Studios



Couch to 5K

POGP Resources



Abdominal muscles



Exercise Booklet



Post natal Exercise Booklet



Pilates Booklet

Additional Resources



RCOG Perineal Care



NCT perineal Care



NCT C-section Care



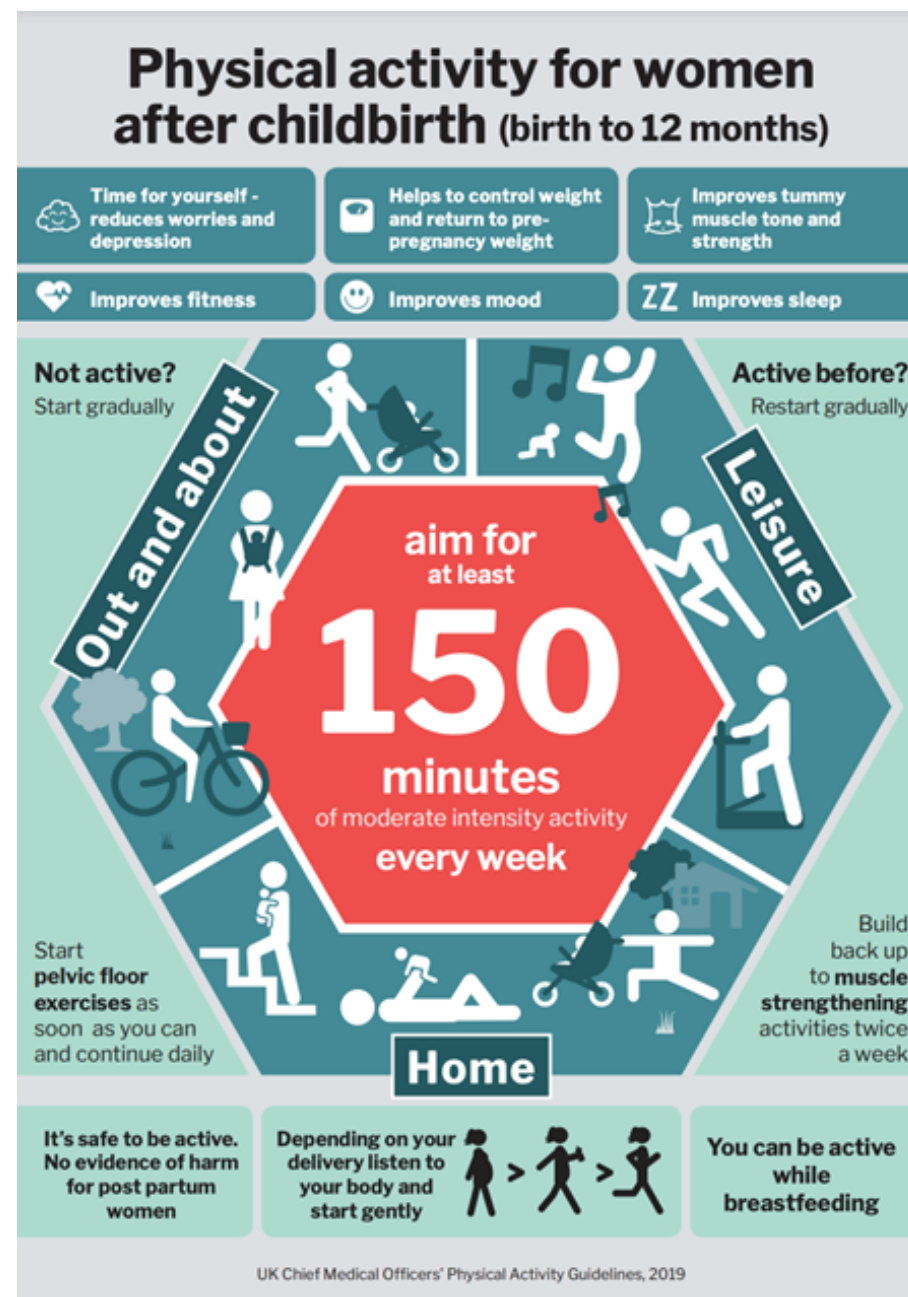
Pelvic floor exercises



Exercise after Birth

























NHS pelvic health and wellbeing



Return to Exercise Guidance

EXAMPLES OF EXERCISE PROGRESSION IN THE POSTNATAL RUNNER

Weeks Postnatal	Examples of Exercise Progression				
Weeks 0-2	 Pelvic floor muscle strength & endurance	 Basic core exercises e.g. pelvic tilt	 Walking for Cardiovascular exercise		
Weeks 2-4	 Progress walking: pelvic floor muscle/core rehab				Introduce squats, lunges & bridging in line with day-to-day requirements
Weeks 4-6	 Low impact exercise - static cycling		Low impact - cross trainer: individualise according to postnatal recovery, mode of delivery, perineal trauma & saddle comfort		
Weeks 6-8	 Scar mobilisation	 Power walking	 Increase low impact exercise	 Add dead lift	 Add resistance to lower limb & core
Weeks 8-12	 Introduce swimming	 Dependent if lochia stopped & wound healing satisfactory		Spinning if comfortable sitting on a spinning saddle	
Week 12 & Beyond	 Graded return to running	 Goal specific	 Consider running coach	 Consider risk factors e.g. obesity	 Modify according to signs & symptoms

Source - Goom T, Donnelly G & Brockwell E. Returning to running postnatal - Guidelines for medical, health and fitness professionals managing this population, March 2019



After the Birth Care

You will have a check-up appointment with your consultant or G.P. They may examine you to determine how the healing process is going. It may be helpful to write down questions you would like to ask the doctor before you visit.

Physiotherapy Referral Process after the birth

If you have or develop any incontinence issues, or may simply be unsure if you are contracting your pelvic floor muscles correctly. You may **self-refer** to a Women's Health Physiotherapist if it is **within six weeks of your baby's birth**. Simply call **01923 378 130** to make an appointment giving your delivery date. Thereafter however, you will need to ask your GP for a referral. **Contact your midwife or G.P if:**

- Your stitches become more painful or smell offensive – this may be a sign of infection
- You have any incontinence such as leaking of urine when coughing, laughing or sneezing etc.
- You cannot control your bowels or flatus (wind)
- You feel the need to rush to the toilet to pass urine or to empty your bowels
- You have any other worries or concerns

It is very important that you attend your appointments in order to determine your future care.

Congratulations!

What an exciting time for you and your family as you welcome a new little person into your lives. Please contact us with any questions.

Resources from:



If you are unsure about anything wait to speak to your physiotherapist or contact the ward you were on.

If you are unsure about any advice or information, please arrange to contact your midwife, consultant, GP or contact the physiotherapy department using the below contact details.

How to contact us

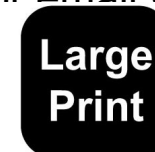
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If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217187** or email westherts.nhs@nhs.net



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