

Postnatal Recovery

Maternity Physiotherapy

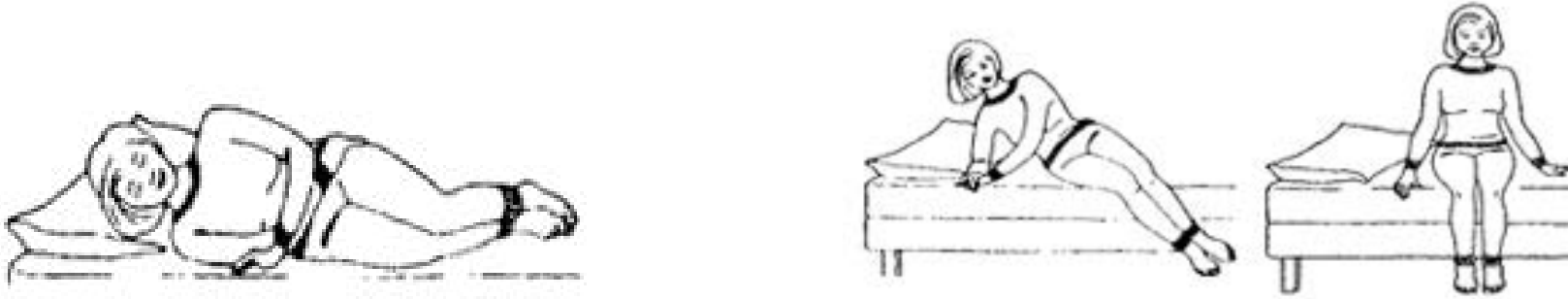


Overview

- ▶ Bed mobility
- ▶ Return to exercise
- ▶ Pelvic floor function and exercises
- ▶ Caring for your perineum post vaginal delivery
- ▶ Rectus Diastasis (abdominal separation)
 - ▶ What it is?
 - ▶ How to treat it
 - ▶ Corsets/postnatal shorts
- ▶ Bladder and Bowel Function
- ▶ Back pain and Prevention
- ▶ Pregnancy related carpal tunnel
- ▶ Physiotherapy and Baby
 - ▶ Positional Plagiocephaly)
 - ▶ Tummy time
 - ▶ Baby carriers

Bed Mobility

- ▶ Follow this technique for getting in and out of bed for 6 weeks.



- ▶ Caesarean – to protect your wound and to avoid using your abdominals
- ▶ Vaginal delivery – to avoid using your abdominals

Return to Exercise

▶ Weeks 1-6

- ▶ Walking
- ▶ Start with 10-15mins and increase as able
- ▶ Aim for 30mins by 2 weeks

▶ Week 6 onwards (low impact)

- ▶ Postnatal pilates/yoga
- ▶ Gentle weights
- ▶ Swimming
- ▶ Bike riding

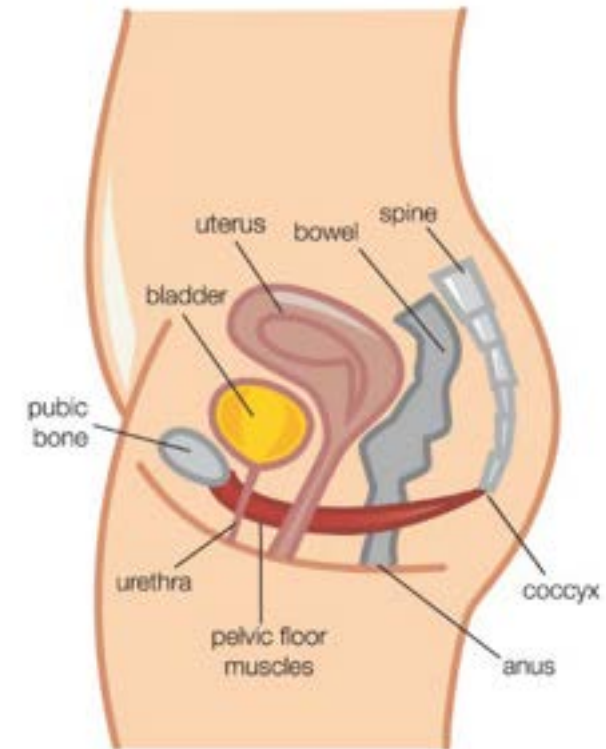
▶ 3-4 Months (high impact)

- ▶ Jogging/Running
- ▶ High intensity classes (etc. F45/HIIT)
- ▶ Boxing
- ▶ Jumping activities
- ▶ Contact sports



Pelvic Floor Muscle Function

- ▶ The pelvic floor is a sling of muscles that run from your tailbone at the back to the pubic bone at the front.
- ▶ A strong pelvic floor is important for:
 - ▶ Stopping leakage of urine when you cough/sneeze/run
 - ▶ Helping you hold on when you need to go to the toilet
 - ▶ Supporting the organs in your pelvis to prevent organ prolapse.
- ▶ The muscles that make up the pelvic floor are weakened during pregnancy and birth, regardless of delivery type.



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Pelvic Floor Muscle Exercises

- ▶ Pelvic floor exercises will assist with healing your pelvic floor and in time strengthen.
- ▶ Easiest position to start is lying on your back
 - ▶ Imagine you are trying to stop the flow of urine or hold in wind
 - ▶ You should feel a **SQUEEZE** and **LIFT** around the vagina and/or back passage
 - ▶ 1st week - contract and relax only (10reps 3-4 x per day)
 - ▶ When baby is 1 week old, hold your contraction for 1 second
 - ▶ When baby is 2 weeks old, hold your contraction for 2 seconds
 - ▶ Continue this way until 6 weeks
 - ▶ After this time, alternate between holds (approx. 6-8 sec) and contract relax exercises
- ▶ You can progress to sitting and standing once you can do 10 reps easily on your back

Caring For Your Perineum Post Vaginal Delivery

- ▶ Pain Relief
- ▶ Ice
 - ▶ Reduces swelling and assists with healing
 - ▶ Ice for 10mins every 2 hours in the first 48 hours
- ▶ Compression
 - ▶ High waisted underwear can provide support
- ▶ Positioning (especially in sitting)
 - ▶ Use of towels folded into rectangles under each thigh to lift your perineum up off the chair
 - ▶ Do not use a doughnut cushion

Caring For Stitches Post Vaginal Delivery

▶ Perineal hygiene

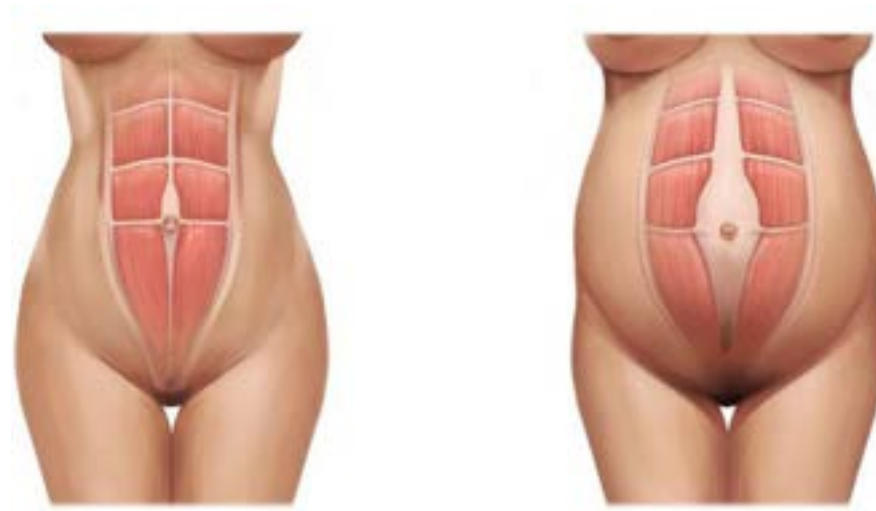
- ▶ Keep your stitches clean and dry
- ▶ Change pad regularly
- ▶ After opening your bowels either shower or splash area with water and pat dry

▶ Perineal support

- ▶ Support your perineum when you are coughing/sneezing/opening your bowels
- ▶ You can do this by;
 - ▶ supporting with your hand
 - ▶ sitting on the edge of a chair
 - ▶ wrapping your hand in toilet paper and providing gentle upward pressure around the stitches when opening your bowels

Rectus Diastasis (Abdominal separation)

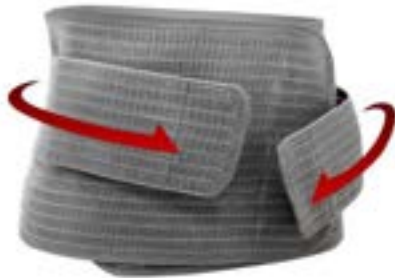
- ▶ It is normal during pregnancy for your abdominals to separate
- ▶ Normal separation 4cm or less
- ▶ 12 weeks to recover
- ▶ Avoid for 6 weeks
 - ▶ Lifting anything heavier than your baby
 - ▶ Sit ups
 - ▶ End of range twisting/rotation



Corsets/Post natal shorts

▶ Corsets

- ▶ Can wear from day 2 post vaginal delivery
- ▶ Day 3 post caesarean
- ▶ Provide support/comfort post caesarean and vaginal delivery
- ▶ Wear up until 6 weeks



▶ Post natal shorts

- ▶ Can wear from day 2 post vaginal delivery
- ▶ Day 3 post caesarean
- ▶ Provide support/comfort post caesarean and vaginal delivery
- ▶ Can wear up to as long as you feel the benefit



Core Exercises

- ▶ Your core muscles help provide stability to your back and pelvis.
- ▶ They sit underneath your abdominals and act like your internal corset
- ▶ They are weakened and stretched during pregnancy
- ▶ Start from day 3 onwards
 - ▶ Start with lying on your back
 - ▶ Relax your abdominal muscles
 - ▶ Take a deep breathe in and as you breathe out draw your belly button towards your spine.

Try hold for a few seconds and repeat 5-10 times

- ▶ Aim to slowly increase your reps and hold over the coming weeks
- ▶ Progress to 4 point kneel as able



Bladder and Bowel

Bladder

- ▶ Reduced tone and sensation post pregnancy
- ▶ 2-4 weeks until return to normal
- ▶ Void 2-3 hourly during the day and at least 1 time during the night.



Bowel

- ▶ Constipation is common
- ▶ No pushing/straining for 6 weeks
- ▶ Correct toilet posture to assist
- ▶ Keep stool softer for 6 weeks (prunes, fruit and fiber in your diet)



Back Pain

- ▶ Back pain is common post birth
 - ▶ Epidurals
 - ▶ Pushing and pulling to get baby out with caesarean
 - ▶ Pushing in prolonged positions in vaginal delivery
 - ▶ Reduced movement post delivery (especially with caesarean)
 - ▶ Feeding baby in the bed or other awkward positions



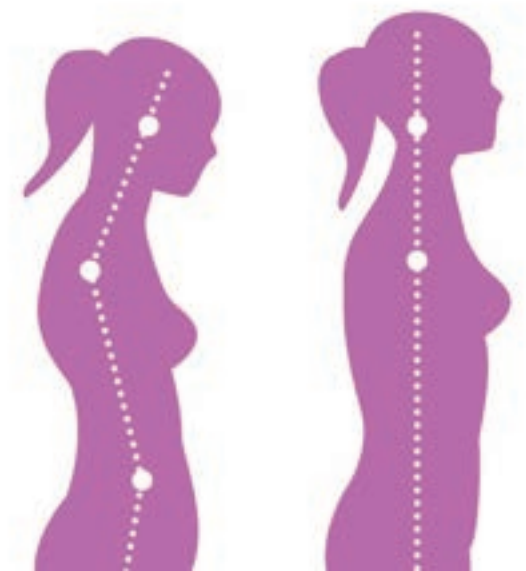
Preventing back pain

- ▶ From day 3 onwards feed out in a chair
 - ▶ Back resting against the back of the chair
 - ▶ Knees slightly above hips with feet on floor (a small stool under your feet may be helpful)
 - ▶ Use pillow under you elbow/forearms to help support the baby (keep your shoulders relaxed down and back)
 - ▶ Try looking straight ahead



Back Care and Posture

- ▶ Maintain the natural curves of your spine.
- ▶ Avoid bending forward- make sure change tables/baby baths are at waist height rather than hip height.
- ▶ Bend from your hips rather than your back and use your leg muscles to take the load.
- ▶ Keep baby close to you when lifting and holding them.
- ▶ Remember to brace your core when lifting and carrying your baby.
- ▶ Avoid lifting anything heavier than your baby for the first six weeks.



Other pain relieving tips

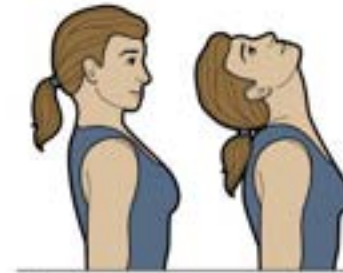
- ▶ Frequent small walks
- ▶ Massage
- ▶ Heat packs
- ▶ Gentle neck and back stretches
- ▶ Follow up with a Physiotherapist at 4-6 weeks if pain persists

» THE PROGRAM



Neck Retraction

While lying faceup or sitting down, bring head straight back, keeping your eyes on the horizon. Then return to neutral. Repeat 10 times.



Head Drop

Starting in a seated position, retract neck (as above). Slowly move head up and backward as far as you can comfortably go. Return to neutral. Repeat 10 times. Do this exercise again at the end of each session (so you do it twice each session).



Side Bend

Sit down, bring head into neck-retraction position, then gently guide right ear toward right shoulder with right hand. Stop when you feel a stretch on left side of neck. Return to neutral. Repeat 5 times on each side.



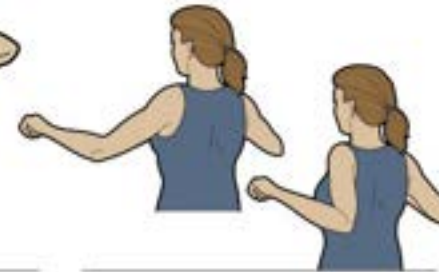
Rotation

While sitting, bring head into neck-retraction position, then gently turn head diagonally to the right so your nose is over your shoulder. Return to neutral. Repeat 5 times in each direction (left and right).



Flexion

Sitting down, bring head into neck-retraction position. Clasp hands behind head and gently guide head down, bringing chin toward chest. Stop when you feel a stretch in the back of your neck. Return to neutral. Repeat 5 times.

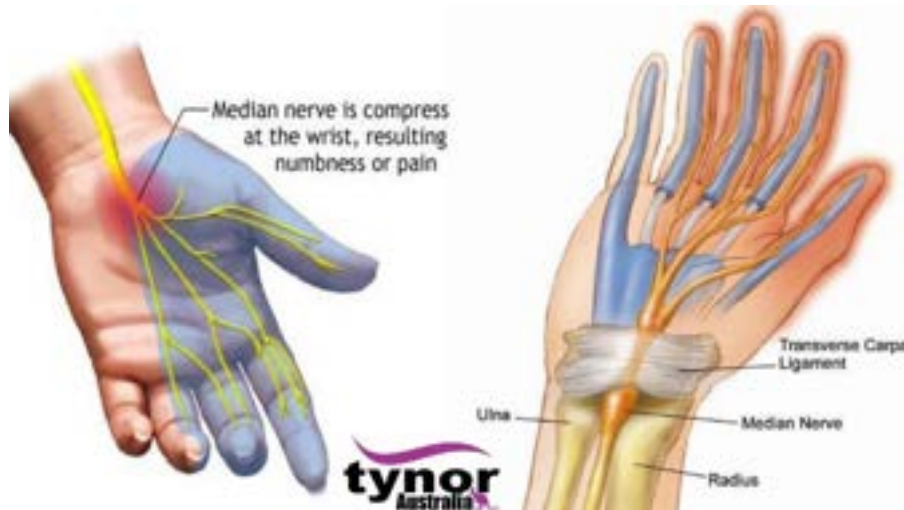


Shoulder Blade Pull

While sitting, bend raised arms at 90-degree angles. Relax shoulders and neck. Keeping arms and neck still, squeeze the muscles between shoulder blades, drawing shoulder blades closer together. Return to neutral. Repeat 5 times.

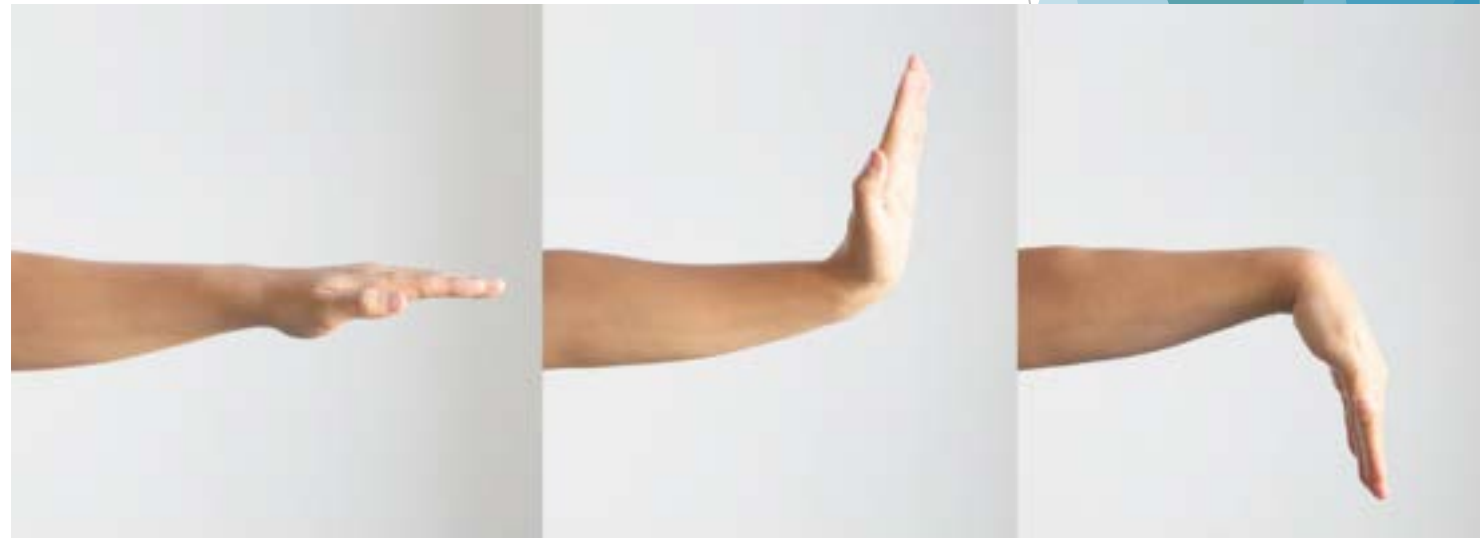
Pregnancy Related Carpal Tunnel

- ▶ Affects 30-50% pregnant women
- ▶ The carpal tunnel is a small passage in the wrist where nerves and tendons pass into your hand and fingers.
- ▶ During and after pregnancy hormones cause you to retain fluid, they also soften the ligament that forms the roof of the tunnel.
- ▶ When this happens the nerve running through the tunnel may become squashed.



Carpal Tunnel Cont.

- ▶ What you may feel
 - ▶ Pins and needles in your hand
 - ▶ Pain and/or weakness in your wrist/hand
 - ▶ Pain worse at night
- ▶ How to Manage
 - ▶ Reduce swelling
 - ▶ Avoid flexion/extension of the wrist
 - ▶ Try not to sleep on your hand
 - ▶ Wrist splints if symptoms worsening



Neutral wrist

Wrist extension

Wrist flexion

Positional Plagiocephaly

- ▶ Flat head syndrome
- ▶ The incidence has increased dramatically since the introduction of SIDS guidelines- recommending babies sleep on their backs
- ▶ Monitor your baby's head position
- ▶ If they have a strong preference to one side
 - ▶ Rotate to other side often
 - ▶ Turn cot to face light/away from light
 - ▶ Play/talk to baby on side they don't like to look to
 - ▶ Tummy time when awake
- ▶ DO NOT use doughnut shape pillow - against SIDS guidelines



Tummy Time

- ▶ Why is it important
 - ▶ Strengthens neck and trunk control
 - ▶ Helps baby see the world which helps with brain development
 - ▶ Helps prevent flat spots developing on baby's head
- ▶ When to start
 - ▶ From birth
 - ▶ Offer supervised tummy time at least 3 x per day
 - ▶ Baby may be unsettled, only do whilst baby is happy doing it



Easy Starting Positions



Tummy Play On The Floor

- ▶ Comfortable firm surface
- ▶ Must supervise at all times
- ▶ Prop baby up on their elbows
 - ▶ Position a rolled towel under their armpit and chest to assist with this
- ▶ Talk/sing/get a toy to help increase tolerance
- ▶ Choose a comfortable/calm time such as after the bath/sleep/nappy change



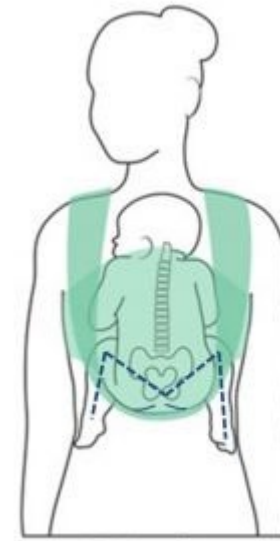
Baby Carriers - SIDS guidelines

- ▶ Upright Carriers (SIDS guidelines)
 - T - Tight: Slings should be tight enough to hug your baby close to you
 - I - In view at all times: always be able to see baby's face
 - C - Close enough to kiss their head
 - K - Keep chin off chest
 - S - Supported back: in natural position so their tummy and chest are against you
- ▶ Recommend not to use until 6 weeks
 - ▶ Risk to baby
 - ▶ Risk to your body
- ▶ Avoid carriers they are cocoon or womb like
- ▶ Babies who are under 4 months of age, low birth weight or have breathing difficulties are at greater risk of suffocation
- ▶ Always follow directions of your particular sling



Baby Carries - Hip Dysplasia guidelines

- ▶ Hip healthy position is thighs flexed, supported and spread apart
- ▶ M positioning for first 6 months of life
- ▶ Inward facing vs outward facing
 - ▶ First 6 months of life face inward facing recommended
 - ▶ Second 6 months of life, hips developing more slowly but additional benefit to continue with inward facing



References

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