Ease your recovery from childbirth, and promote a healthy and happy time with your baby.

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This information is provided to you by physical therapists from the American Physical Therapy Association’s Section on Women’s Health who have received specialized training to care for women during the childbearing years. If you have any questions about this information, please contact a women’s health physical therapist or your healthcare provider. More information is available from the Section on Women’s Health at www.womenshealthapta.org.

### Postpartum Recovery

The postpartum time period is very exciting for most women, but it can be very stressful as well. Women are going through the process of healing their bodies after the birth, dealing with drastic hormonal changes, and adjusting to life with a newborn. Most women are physically exhausted and may have extreme emotional swings. Regaining their pre-pregnancy body is often a main concern.

#### The Postpartum Body

During the course of pregnancy, the abdominal muscles will stretch over 50% of their original length. During the fifth month of pregnancy, the majority of women will begin to notice that their rectus abdominus is no longer united in the center and has moved laterally. This is called a diastasis recti. The diastasis recti is a normal occurrence and is actually a protective response. It is able to occur due to the hormonal softening that occurs in the body’s soft tissue structures. The rectus abdominus is a narrow muscle with less surface area to stretch, so the separation and lateral movement helps prevent excessive stretching.

After the birth, with time, the abdominal muscles will shorten due to the demands of normal activities of daily living, but without specific exercises and focus, they often do not shorten to their pre-pregnancy state. The diastasis recti, likewise, may naturally close without too much attention, but in most women, specific focus on abdominal rehabilitation is necessary to close the diastasis.

#### Guidelines for Postpartum Rehab

After giving birth, obstetricians and midwives generally instruct women to abstain from exercise for six weeks. The six-week guideline is based on the fact that it takes about six weeks for the uterus to heal from the birth. Resuming a high activity level too quickly following the birth can impede the healing process.

However, it is unlikely that a new mother is actually going to be resting. The demands of new motherhood are quite taxing. Babies need to be fed throughout the day and night, which means new repetitive movements. Clearly, new mothers are extremely active—especially if they have other small children at home—and they will be doing all of these new activities with extremely weak abdominals and major postural weaknesses.

The postural changes of pregnancy should really be viewed as a changing orthopedic state. Orthopedic physicians and physical therapists know that the sooner we address muscle weakness after a traumatic event, the sooner the body heals. Likewise, after the rigors of birth, the sooner women begin to do gentle supportive exercises, the faster they will regain their former muscle tone, strength and posture. Women who begin strengthening the abdominal muscles and addressing the scar tissue early on will have a better outcome following a cesarean section surgery.
Postpartum Recovery Continued...

What to Do in the First Six Weeks Postpartum...
The most important exercises that women should focus on in the first six weeks after the birth are transversus abdominus (TVA) and pelvic floor strengthening. The first six weeks are an exhausting time for women, and it is usually difficult for them to focus on carving out time to exercise. However, it is important for women to spend a couple of minutes a day practicing engaging these two muscle groups in an effort to begin shortening and strengthening them.

It is safe to begin TVA contractions and Kegels the day after the birth. Women can work on short duration holds (5-10 seconds) and gradually increase to longer duration holds (30 seconds). Other helpful exercises are ones that focus on breathing to help reeducate the diaphragm. Pectoral stretching is necessary to open the chest and counter all the hours spent sitting and feeding the newborn. This also helps prevent common postpartum upper extremity issues such as carpal tunnel syndrome. Gluteal, piriformis and hip flexor stretching may be necessary as many pregnant women continue to have pelvic and hip pain after the birth. Women who spend a little time working on supportive exercises often have an easier time handling the physical stresses of new motherhood.

After the First Six Weeks...
After the first six weeks, many women, although still exhausted, tend to have an increased motivation to begin exercising. At this point, the focus should be on advancing the core stability program but with an emphasis on closure of the diastasis recti (rectus abdominus separation).

Closing the Diastasis
On average it takes most women (even extremely fit women) approximately six months to one year to regain full integrity of the abdominals. Advancing abdominal strengthening too quickly can jeopardize the joining of the recti and leave women with a central weakness. This is not always something that women can feel, but it is most evident if they later go on to have a subsequent pregnancy. They will begin the next pregnancy with a diastasis, which may put them at risk for separation of the deeper layers.

While a woman still has a diastasis, it is necessary to refrain from exercises that require a strong recruitment from the rectus abdominus, including exercises in the [lying flat on her back] position that involve lifting the head and shoulders off the ground or lifting double legs off the ground (even table top). These more aggressive exercises should not be initiated until she is able to do these movements without her rectus opening, and this can be palpated by a skilled instructor.

Once the diastasis is closed and she has regained full proprioception of her abdomen, she can begin doing more advanced abdominal work. It is preferred that the woman has gained enough of an awareness to be able to feel that she is “drawing in” and uniting the rectus as she does more advanced movements.

The above excerpts were taken from “Postpartum Recovery: Helping New Moms Get Their Bodies Back” By Debbi Goodman, MSPT.
Get Your Belly Back!

Maintenance of the normal curvatures of the spine is essential for good back health. By preserving the curves, one will minimize stress on the muscles, ligaments, discs and joints of the spine. Muscles which work synergistically to achieve and maintain neutral pelvis are the abdominals, back extensors, hamstrings and hip flexors. By focusing on restoring flexibility, core strength and awareness in these groups, you are ensuring a positive exercise experience.

The Importance Of Abdominal Strength

Strengthening your abdominal muscles will not only help you lose your “pooch,” it will aid in getting stronger.

The Abdominal Muscles:
- Become stretched and/or weak during pregnancy
- Aid in breathing, coughing, sneezing and bowel movements
- Help prevent problems such as back pain, incontinence (can’t control your urine) and constipation
- Provide stability to the trunk
- Stabilize the spine during lifting
- Maintain good posture

General Exercise Guidelines:

For beginners, remember:
- Quality is more important than quantity.
- It may be weeks before you see any change and several months before the muscles become short and strong.
- No sit-ups, curl-ups or crunches after vaginal delivery or cesarean birth. These motions increase pressure in the pelvic area, weakening the pelvic floor muscles over time.
- You must do the exercises correctly.

Ask your physical therapist for more advanced exercises when you are ready.

Watch Out For Separation Of The Abdominal Muscles

During pregnancy, the abdominal muscles can become stretched enough to result in separation. This separation is known in medical terms as diastasis recti. When the muscles are separated, they cannot work efficiently. This can contribute to low back and pelvic pain and a flabby appearance.

To check yourself for a diastasis recti:
- Lie on your back, place your fingers in the center of your belly, just above the belly button.
- Slowly lift your head until your shoulder blades are off the bed while feeling how many fingers you can insert between the belly muscles.
- If you have a separation of 2 or more fingers, ask your doctor if you would benefit from a referral to a physical therapist or use of a belly binder for support.

Supine Hookling Corrective Diastasis Rectus

Lying

Place hands on both sides of abdominal muscles with fingers spread apart, and use hands to approximate the two halves of the separated muscle

- Hand placement should cover all areas of separation, usually at level of umbilicus and sometimes above and below.
- Pull pelvic floor up and in, and draw in lower abdomen above pubic bone.
- Hold these two muscles slightly tightened through remainder of exercise.
- Take in a normal breath, then as you exhale lift head and shoulders off the mat while sliding fingers and palms towards each other approximating the RA muscle bellies (continue to blow out exhale)
- Hold this position for a count of three, then lower head and shoulders
- Repeat 5-10 times
Get Your Belly Back! Continued...

Supine Hookling Corrective Diastasis Rectus

Standing
- Lean against a wall with feet about 12 inches from the wall, knees slightly bent.
- Back of head, shoulders, and buttocks stabilized against the wall.
- Cross hands over abdomen and pull from the outside towards middle, approximating muscle bellies at level of separation
- Inhale, then as you exhale
  - Contract pelvic floor muscles and abdominal muscles with good control
  - Inhale during restm exhale with contraction
  - Hold to count of 5, rest, repeat 5-10 times
  - Progress to holding to a count of 10
  - Progress to 3 sets of 10 repetitions

Stage I Exercise
Start 1 week after delivery. This exercise can be done in any position.

Tummy Tuck Exercise:
- Take a deep breath.
- As you exhale, pull your belly muscles inward as if you are trying to zip a pair of tight jeans.
- Hold this contraction for 3-5 seconds. Work up to holding this contraction for 1-2 minutes at a time.
- Don’t hold your breath or flatten your back.
- Practice holding this contraction for longer periods. Try holding it while washing dishes, driving the car or standing in the grocery line.

Stage II Exercise
Begin 2 weeks after delivery.

Heel Slides:
- Lie on the floor with your knees bent with both feet flat on the floor and pull your belly muscles inward.
- Hold the belly contraction while slowly sliding one leg along the floor until the leg is straight.
- Slowly slide your leg back to the bent position.
- Keep your belly muscles pulled inward while your leg is moving and don’t let your back arch or move.
- Relax and repeat with your other leg.

Keep in mind that there is increased risk of developing adverse compensatory strategies for ALL types of movement during the postpartum period. In addition to increased fatigue, the muscular imbalances which normally occur during pregnancy and the demands of new baby care, the body frequently adapts abnormal movement patterns to compensate for the imbalances which are present. If these strategies are not corrected after delivery, they can cause multiple postural and internal organ problems years later.

Exercise isn’t thought to have any adverse effects on breast milk volume or composition, nor is it thought to affect a nursing infant’s growth. Some research, however, suggests that high-intensity physical activity can cause lactic acid to accumulate in breast milk and produce a sour taste a baby might not like. If you’re breast-feeding, you can prevent this potential problem by sticking to moderate physical activity and drinking plenty of fluids during and after your workout.

If vigorous activity is a priority during the first few months of breast-feeding, consider feeding your baby or pumping before your workout — which can also help you stay comfortable while you’re exercising — or discarding any milk produced 30 minutes afterward. After months four to five of breast-feeding, physical activity has less of an impact on your milk since your body produces most milk at feeding time.

- Mayo Clinic
Caring for Your Pelvic Floor Muscles

Exercise The Pelvic Floor Muscles
You should begin exercising the pelvic floor muscles immediately after childbirth. Exercising can help you recover from your delivery now, and can help prevent problems from developing later in your life.

This Is A Great Exercise For The Postpartum Period:
- Squeeze and lift the pelvic floor muscles by squeezing the muscles that you use to hold in gas. Try to hold the contraction for a count of 5. Count out loud to make sure you don’t hold your breath. Then relax for at least 10 seconds. Letting the muscles relax is very important.
- Try contracting your pelvic floor muscles as you begin to exhale, this may make it easier.
  - Work up to 10 second holds and 10 contractions at a time. Repeat 5 to 6 sets of 10 holds a day.
  - You can do these lying on your back, sitting or standing.
- You should not feel the buttock or inner thigh muscles working too much when you exercise your pelvic floor.
- Practice doing a quick and strong squeeze before you sneeze, cough, laugh or lift your baby or heavy objects.
- A good way to remember to exercise is to do them every time you wash your hands, feed or change your baby.

Functions Of The Pelvic Floor Muscles
Pelvic Floor Muscles:
- Support your organs (including the bladder) as well as your pelvis and spine. They act like a posture muscle working all day and night.
- Assist in the stopping and starting of the flow of urine and the passage of gas and stool.
- Help with your sexual response and orgasm.
- Provide stability to the spine and pelvis during movement.

Postpartum Problems May Include:
- A sense of heaviness or pressure in the vagina or rectum
- Leakage of urine
- Difficulty holding back gas
- Pain with sex

How To Find The Pelvic Floor Muscles
There Are Many Ways You Can Find The Right Muscles:

Here are the DO’s:
- Squeeze and lift the muscles around the vagina and anus together, as if you are trying to hold in gas. Tighten the muscles you would use to hold the gas in. No one should be able to tell you are doing this. Try to keep your buttocks and thighs as relaxed as possible.
- Insert your finger into the vagina and squeeze.
- Test your urinary sphincter by trying to stop the flow of your urine mid-stream. Then let it go ahead. If you cannot completely stop the stream, it means that your pelvic floor muscles are weak.

Here are the DON’Ts:
- Avoid the above exercise when you have a full bladder.
- Once you have control of these muscles, do not continue practicing while urinating. It could lead to urinary tract infections.

Pregnancy and childbirth can strain and sometimes injure these muscles. Any problems with pelvic floor muscles should be resolved by 4 to 6 weeks postpartum. If you continue to have problems after 6 weeks, you should let your health professional know.
Don’t Ignore Back Pain

- Back pain during pregnancy and afterward is very common, but it is not normal.
- Women with back pain during pregnancy have a greater risk for back pain postpartum.
- If back pain is not treated, there may be problems in the future.
- Back pain after delivery may be related to pelvic floor problems, such as leakage of urine.

How Does Your Back Feel?

Common Complaints:
Pelvic Joint Pain:
- Buttock or hip pain
- Pubic or groin pain
- Tailbone pain
- Sharp stabbing pain
- Pain when changing positions: sit to stand, stair climbing, rolling in bed, getting out of your bed or car
- Loose and weak joints which can cause popping or clicking
- Pain that extends to groin or down the back of the leg
- Feels as though leg is “giving way”

Low Back Pain:
- Pain worsens when you stand for a long time which is called postural pain
- Pain increases with activities which is referred to as mechanical pain
- Feels fine upon waking
- Dull ache in low back worsens as day goes on

If your Back Hurts You Can:
- Apply an ice pack for 15 minutes when you have sharp pain. (A loose pack of frozen vegetables works well.)
- Apply heat to the painful area for 15 minutes. (You can make a rice bag by putting 2 cups of uncooked rice in a cotton sock, knot the open end and heat in the microwave for 60 seconds.)
- Have your partner massage sore muscles.
- Exercise your core muscles.

How to Care for Your back:
- Practice good posture when standing or sitting.
- Avoid sitting cross-legged or standing on one leg with hip jutting out.
- Activate the deep core muscles during activities and movements. These muscles include the pelvic floor, deep abdominals and deep spinal muscles.
- Avoid bending and twisting at the same time.
- Use good body mechanics – bend from the knees and hips, not your back.
- Contract your deep core muscles when lifting and exercising. Squeeze and lift your pelvic floor muscles up and in, pull your low abdominals muscles inward.
- Keep your low back in a neutral posture that is not too flat or arched.
- Apply these tips during all activities, especially when lifting items such as weights, your baby, groceries, etc.

Consult a physical therapist for specific treatment and to learn abdominal muscle exercises. Research shows that postpartum women with pelvic and back pain who did abdominal and pelvic floor muscle training exercises had improvement. These results lasted through the first year postpartum.
Am I Just Tired?
Caring for a newborn can be exhausting for a new mother or anyone for that matter. The lack of sleep that new parents experience can contribute to feelings of depression, sadness or anxiety. Additionally, postpartum depressive symptoms can be up to 3 times more common for women having back or pelvic pain.

Call Your Healthcare Provider If:
- Fatigue is accompanied by sadness or headaches
- Your fatigue is noticed by others
- You feel depressed, anxious or angry with your baby
- Fatigue doesn’t stop
- You feel tired after activities

Other Common Sources Of Postpartum Fatigue Include:
- Anemia
- Heart problems
- Infections
- Thyroid problems
- Baby blues or postpartum depression

Do I Have Postpartum Depression?
Postpartum depression is serious and requires an appointment with your healthcare provider. It usually starts within the first 90 days after delivery, but can begin up to 12 months postpartum and/or after you stop breastfeeding.

Some Symptoms Are:
- Strong feelings of sadness, anxiety or irritability
- Feeling that you cannot take care of yourself or your family
- Difficulty motivating yourself to do everyday tasks
- Unable to sleep or sleeping too much
- Loss of pleasure or interest in things that used to be fun
- Lack of interest in your baby
- Crying
- Lack of interest in food (or overeating)
- Reduced interest in bathing or dressing
- Trouble concentrating or remembering things
- Overly intense worry about your baby
- Thoughts of harming yourself or your baby

Baby Blues and Psychosis
Most new moms experience the baby blues. You may feel tearful, fatigued, irritable, sad, have mood swings and/or have trouble concentrating. Your symptoms will be similar to postpartum depression, but will usually start within 3-4 days after delivery and will get better within 10 days. You will feel that your symptoms are mild and short-lived.

On the other hand, your symptoms may be more severe than postpartum depression, and may include hallucinations and delusions. Your symptoms may change rapidly. You might be very restless, confused, angry, disorganized and unable to sleep. If this is how you feel, you might have postpartum psychosis. This is a medical emergency. Call 911 or your healthcare provider right away! If you have a history of bipolar disorder or have had postpartum psychosis in an earlier pregnancy, you are at a much higher risk.

What Can I Do To Help Myself?
- Look for support from friends and family for meals, housekeeping and baby-sitting. There are postpartum doulas that can help you as well.
- Refer to the websites listed in the box for more information.
- Look for local exercise or yoga classes that include your baby.
- Eat more foods that contain omega-3 fatty acids.
- Understand that you’re not alone in your feelings. Reach out to others who have had similar experiences.
- Speak with your healthcare provider about other medical options.
- Need someone to talk to? Call the confidential MOMS postpartum depression hotline at 866-346-MOMS.
**Postpartum Sexual Healing**

**Common Questions**

**When Can I Have Sex Again?**
- Will my doctor tell me at my 6 week check-up if it is okay to have sex? Your healthcare provider will let you know when it is safe to have sex.
- Has bleeding stopped? Loss of bright red blood usually stops by 2 weeks. Call your doctor if it has not.
- Has my bottom (perineum) healed? This typically heals by 6 weeks. If extensive tearing occurred, or if you had an episiotomy then healing may take 6-12 months. You should consult a physical therapist for advice.

**What Happened To My Body?**

**Concerns About Body Image:**
- Weight gain
- Changed appearance of vagina
- Loss of muscle tone
- Being out of shape

**What To Do:**
- Exercise to improve abdominal muscle tone.
- Exercise to improve fitness level including walking with your baby. Try walking with another mom and her baby.
- Talk with other moms about your feelings.
- Consult a physical therapist for treatment to improve strength of the abdomen and pelvic floor muscles.

**Treatments For Loss of Sex Drive:**
- Physical therapy for painful sex
- Address postpartum fatigue
- Address postpartum blues and depression
- Be patient, enjoy touching and cuddling
- Exercises
- Improve your fitness level
- Increase abdominal muscle tone
- Improve pelvic floor muscle action

**Why Can Having Sex Hurt?**

**Possible Causes Of Painful Sex:**
- Loss of vaginal moisture
- Scar pain after episiotomy (incision to prevent tearing)
- Tearing and trauma to the muscles in the vagina area

**Treatments Include:**
- Physical therapy for tissue massage.
- Use of a lubricant can be very helpful during intercourse.
- Talk with your healthcare provider about other options.

**Sexual Dysfunction:**
- Sexual problems such as lack of interest in sex or decreased enjoyment of sex, which were present before you delivered your baby might affect a woman’s return to sexual activity.
- The father might also have some problems when resuming sex.
- Contact your healthcare provider for help.

**Not Interested In Sex?**

Possible causes of the loss of sex drive may include:
- Demands of the newborn
- Lack of sleep
- Breastfeeding
  - Causes less estrogen which often results in vaginal dryness
  - Nipple sensitivity
- Body image issues
- Painful sex
Cesarean Scar Management

What is “scar management”?  
Scar management will improve the healing of a scar. It reduces infection, aids skin and tissue motion and stretches the fully healed scar tissue. Scar massage will actually reduce the amount of scar tissue.

Why perform scar massage?  
Scar massage should not be started until the incision is fully healed. This is usually 4-6 weeks post surgery. Check with your healthcare provider if you are not sure if your scar is fully healed. Massaging the incision area is important to prevent the scar tissue from attaching to the deeper muscle layers. Scar tissue can be quite deep, depending on the type of surgery. If a scar is thick and deep, it can limit movement and add to your pain.

How often should you perform scar massage?  
The massage should be done 2-3 times a day for 5-10 minutes at a time to get the most benefit. The more the scar is massaged, the more pliable, soft and thin it will become. The goal is to have a smooth, flat and pain-free scar.

How long do you keep treating the scar?  
Management of the scar should continue until it is mature. This can take 6 months to 2 years. A mature scar is usually a light pink or white color that is paler than normal skin color. Ask your pharmacist for products, such as lotions and gels, that help with scar healing. Talk to your healthcare provider about these options.

How do you perform scar massage?  
Warm your hands by rubbing them together. Natural oils or warm compresses can be used, but are not necessary.

- Massage the scar by working it with a rubbing motion along the line of the scar.
- Stroke back and forth across the scar.
- Roll the scar between your thumb and forefinger.
- Pick up and lift the fully healed scar to prevent it from attaching.

How can you decrease the sensitivity of a surgical site?  
Some women experience sensitive skin in the surgical area. After surgery, even clothing may be painful if it touches the incision. The nerves are sometimes overly sensitive. Try “desensitization” on a daily basis to decrease the pain and tenderness.

Desensitization Techniques:  
Massage or rub the area with a soft material such as a cotton ball. Later try using a rougher material like a towel. Patting and tapping along the sensitive area is also used to desensitize.

- Massage the sensitive area of skin with hand lotion and rub in circles with gradually increasing pressure.
- Gently rub and tap the sensitive areas starting with soft materials and gradually work up to rougher materials.
- Some materials to try are cotton balls, silk, cotton fabric, terry cloth (towel), paper towels, soft velcro and corduroy.
- Rub for 5-10 minutes, 3 times per day.

When Should You Start Scar Management?  
Scar management should begin the day after your surgery. You must keep the incision clean and dry to prevent infection. An infection will delay healing and make the scar worse.
Postpartum Posture and Body Mechanics

Correct Posture Principles

- Keep your back slightly arched and bend your knees when lifting your baby or other objects.
- Before standing or lifting, pull in and lift up your lower belly muscles and continue to breath.
- Hold your baby or other objects as close to your body as possible.
- Try using support when carrying your baby (i.e. slings, Baby Bjorn, Snuggli).
- Sit straight and tall and bring your baby to the breast, do not lean into your baby.
- Support your baby during feeding with pillows (i.e. Boppy).
- Try other nursing positions (i.e. football hold, side lying, cradle, or cross cradle).
- Carry only what’s needed in your diaper bag. You may want to try a backpack.

Use good technique by keeping your back straight, knees bent and your baby close.

Cross-Cradle Position

Side-Lying Position

Good technique - baby balanced

Avoid pushing your hip out to hold and carry your baby. Try to carry your baby with your body weight balanced over both legs. Try holding your baby front and center.
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