



Physiotherapy Advice after Vaginal Delivery

Information for bereaved patients

Pelvic Health Physiotherapy Service
University Hospital Wishaw

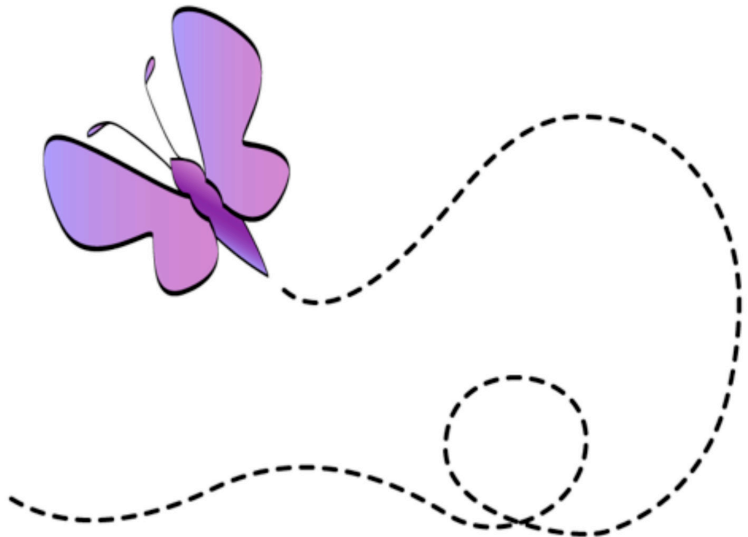


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PELVIC HEALTH PHYSIOTHERAPY SERVICE

The NHS Lanarkshire Pelvic Health Physiotherapy service gives education and information to help you manage any pregnancy related musculoskeletal or pelvic floor problems.

It is very important to us that we give you the best evidence based information to help you make informed decisions about your care and promote healthy lifestyle choices.

At this time, your recovery after the loss of your baby may not be the first thing on your mind.

We suggest that you try to look at the information in this booklet when you feel the time is right for you, to avoid feeling overwhelmed with the information.

IMMEDIATE MANAGEMENT

In the first 24 hours after vaginal birth:

- ❖ Start your pelvic floor muscle exercises.
- ❖ Drink 1.5 – 2 litres of fluid per day.
- ❖ Remember to empty your bladder every 3-4 hours (the sensation of wanting to pee may not return straightaway).
- ❖ Try to move around regularly.
- ❖ Avoid straining or holding your breath on movement.

TYPES OF VAGINAL DELIVERIES

A Vaginal delivery is any form of childbirth delivery that happens through the vagina. These include:

- ❖ Spontaneous Vaginal delivery
- ❖ Ventouse or Kiwi delivery
- ❖ Forceps Delivery
- ❖ Kielland's Rotational Forceps delivery

TYPES OF PERINEAL TRAUMA

Perineum: The muscular area between the vaginal opening and the back passage

Episiotomy: A cut made in the perineum and vaginal wall

IAS: Internal anal sphincter (muscle that controls the back passage)

EAS: External anal sphincter (muscle that controls the back passage)

1st degree: A tear involving a small area of the perineal skin

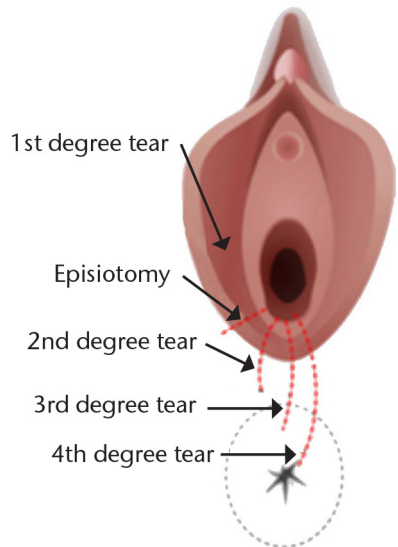
2nd degree: A tear involving the skin and muscle of the perineum

3a: A tear involving the perineum and less than 50% of the EAS

3b: A tear involving the perineum and more than 50% of the EAS

3c: A tear involving the perineum and both the EAS and IAS

4th Degree: A tear involving the perineum and EAS and the IAS and the lining of your bowel.



There are different degrees of perineal trauma that can happen during child birth. Around 90% of first time mothers who have a vaginal birth will have a graze, tear or an episiotomy. Grazes and 1st degree tears do not require stitches and heal quickly and naturally. 2nd degree tears and episiotomies are normally stitched by your Midwife, 3rd and 4th degree tears are repaired by a Doctor in theatre.

PERINEAL CARE

Perineal tears are normally stitched to help with the healing of the tissues. Your stitches can take up to three months to dissolve. The perineum has a rich blood supply so it normally heals quickly. There are some simple things that you can do to help the healing process:

- ❖ Keep the area clean and dry by washing daily, pat dry and change sanitary pads regularly.
- ❖ You can bathe or shower but do not soak for long periods or use any soaps or perfumed products. Do not apply any creams or lotions to your stitches unless advised to do so by your doctor or midwife.

Speak to your GP or midwife if you notice any of the following: your stitches become painful or you have any strange smelling vaginal discharge, your wound is not healing, or your perineum is red in appearance or feels hard.

MANAGING SWELLING AND PAIN

- ❖ It is important to rest little and often either on your back or side. This takes the pressure off your perineum, helping to reduce swelling and discomfort.
- ❖ Use ice packs wrapped in a clean, thin towel to help reduce swelling and pain. These can be placed on the tender area for up to 10 minutes. Make sure you do not put ice directly onto the skin.
- ❖ To make sitting more comfortable, sit on a pillow or place a small rolled up towel under each thigh so that your perineum is not in contact with the chair. NOTE: Ring cushions are not advised as they can increase swelling around the perineum.
- ❖ Exercising your pelvic floor muscles will encourage better circulation, healing and reducing swelling.
- ❖ Use pain relief medication regularly as suggested by your doctor or midwife.

BLADDER CARE

- ❖ You should pass urine in the first 4 hours after your delivery or once your catheter has been taken out. If you are having difficulty passing urine or not feeling the urge to empty your bladder, please speak to the midwife in charge of your care.
- ❖ If you are having any leakage of urine or not getting to the toilet in time, please speak to the midwife in charge of your care.
- ❖ Aim to drink 1.5 - 2 litres of fluid every day.
- ❖ Avoiding caffeinated drinks e.g coffee, tea, Cola, Irn-bru can help to reduce any bladder irritation.
- ❖ It is important not to pass urine too often throughout the day. You should empty your bladder every 3-4 hours.

If you are having difficulty emptying your bladder when you are discharged home, please contact Maternity Triage on 01698 366210.

BOWEL CARE

It is common to feel nervous about opening your bowels after delivery but do not worry, your stitches will not be affected.

- ❖ Do not ignore the urge to empty your bowels.
- ❖ To make emptying your bowels feel more comfortable, wrap your hand in some toilet paper or use a maternity pad and apply gentle pressure over your stitches.
- ❖ Try to avoid constipation by eating a healthy diet with high fibre foods such as: porridge, wholemeal bread, vegetables, beans, seeds and nuts. You will find more advice and a link to the British Dietetics Association on page 20.
- ❖ Ensure you have a good fluid intake of 1.5 - 2 litres per day.
- ❖ Avoid straining to empty your bowels by sitting in the position in the picture below, relax your tummy muscles, take deep breaths into your low tummy and take time to empty your bowels.



1. Keep back straight
2. Spread feet wide
3. Lean forward
4. Put elbows on knee
5. Keep knees higher than hips

Acknowledgment to Crohn's UK for image

CIRCULATION

It is important to get out of bed and move around. Try this little and often, soon after delivery. This helps to promote good circulation around your body. However, if you have been advised by your midwife or doctor not to get up, please follow their instructions about when you should do so.

- ❖ It is normal to have swollen ankles and feet after delivery. Raise your legs above your heart to encourage the fluid to drain away from your feet.
- ❖ Circle your ankles 20 times every hour whilst resting to help to reduce the swelling.
- ❖ If you notice any redness, swelling or pain around the back of your calf – please contact triage on 01698 366210.

ADVICE FOR HOME

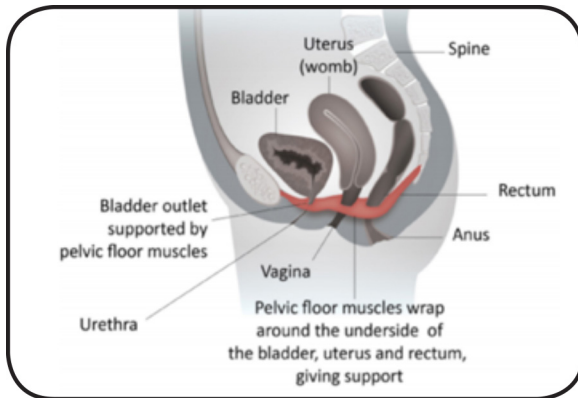
It is important not to forget about the important advice in this booklet when you are at home.

- ❖ Try not to lift heavy items around the house for the first few weeks.
- ❖ Complete household tasks steadily so you do not tire yourself out
- ❖ When you're getting out of bed roll onto your side first then take your legs over the edge of the bed and use your arms to push yourself up to sitting.
- ❖ Try to make sure your back is well supported and you are sitting or lying in a comfortable position.

PELVIC FLOOR MUSCLE EXERCISES

What are the pelvic floor muscles?

The pelvic floor muscles are a large group of muscles that support your bladder, womb and bowel. They provide strength and structure to your vaginal walls. Your pelvic floor muscles also help to control passing urine and opening your bowels.



Why do I need to strengthen my pelvic floor muscles?

Pregnancy puts a lot of pressure on your pelvic floor muscles and it is normal for the pelvic floor muscles to stretch during a vaginal birth. Your muscles may be weaker and you may feel more pressure vaginally, so it is very important to strengthen your pelvic floor muscles soon after your delivery.

By doing your pelvic floor exercises you can avoid having symptoms such as leaking urine when laughing, coughing, sneezing and symptoms of vaginal heaviness.

When can I start my Pelvic floor exercises after delivery?

These exercises should be started as soon as your catheter has been removed (if you have had one) or when you have passed urine normally and your pain is under control.

How do I strengthen my pelvic floor muscles:

Start these exercises lying on your back or side. Then progress to doing them in sitting or standing.

Step 1: Tighten the muscles around your back passage as though you are holding in wind (without squeezing your buttocks).

Step 2: At the same time as your back passage squeeze, zip forwards to lift the muscles around the opening to your vagina, think about stopping yourself from passing urine.

Step 3: Lift and squeeze your pelvic floor muscles quickly 10 times.

Step 4: Lift and squeeze your pelvic floor muscles for up to 10 seconds 10 times. Relax for 4 seconds between each squeeze.

Step 5: Try and complete these exercises three to four times every day.

Note: Do not hold your breath when completing these exercises

Reminder: Your pelvic floor muscle exercises are for life and can help to prevent you having bladder, bowel or prolapse symptoms in the future.

You can download the blue NHS pelvic floor app called 'Squeezy App for Women' to help remind and guide you through the progression of these exercises.

<https://www.squeezyapp.com/>

'The Knack'

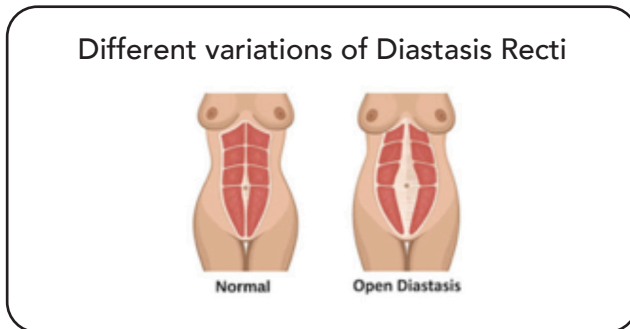
Before you cough, sneeze or lift you should try to tighten your pelvic floor muscles. This can help to support your bladder and reduce the risk of bladder leakage.

ABDOMINAL MUSCLES

What is Diastasis Recti?

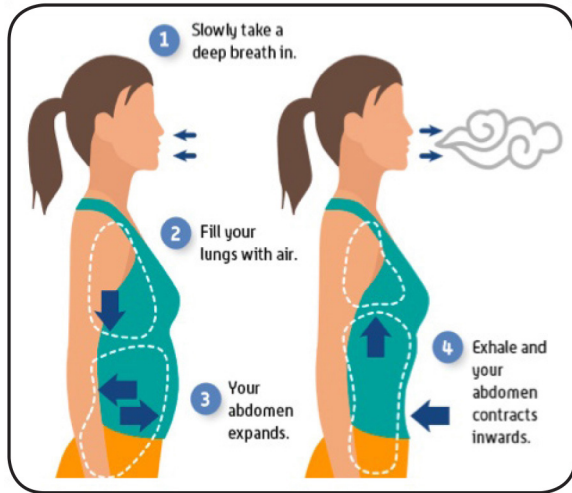
During your pregnancy your abdominal (tummy) muscles stretch as your baby grows. This causes the stretch of the abdominal muscles and the fibrous structure that runs down the middle of the tummy, and is called Diastasis Recti.

- ❖ This happens in pregnancies that reach 35 weeks, but it can appear from 35 weeks.
- ❖ This can be seen earlier in women carrying twins or those who have had a previous diastasis.
- ❖ It is estimated that approximately 3 in 10 women have an ongoing diastasis. The recovery can take between 9 weeks to 2 years after delivery, this is normal.
- ❖ To help the abdominal (tummy) muscles recover, we recommend you complete regular low level, core exercises. We would advise that you start with Postnatal Pilates around 4 weeks after delivery.



Exercise 1: Basic abdominal contraction

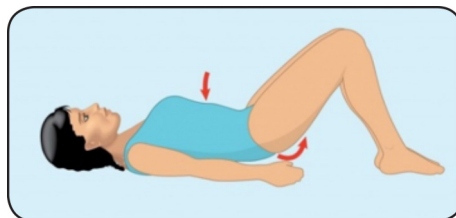
Sitting or standing:



Exercise 2: Pelvic Tilts

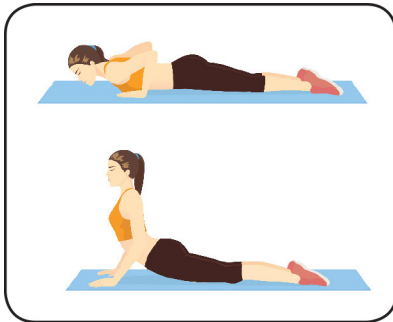
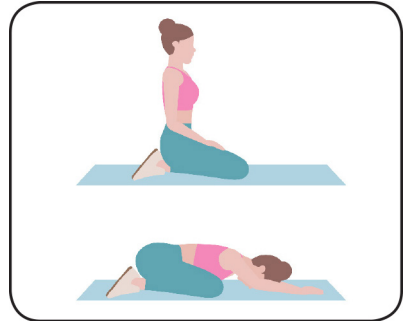
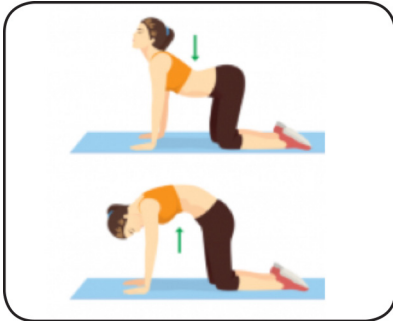
This exercise can be done lying down with your knees bent, lying on your side, sitting down or on your hands and knees.

1. Complete the basic abdominal contraction described above.
2. Breathe in and push your tail bone towards the floor and arch your back.
3. Breathe out and roll off your tail bone to flatten your back against the floor. Hold this position for a few normal relaxed breaths.
4. Repeat this 5-10 times.

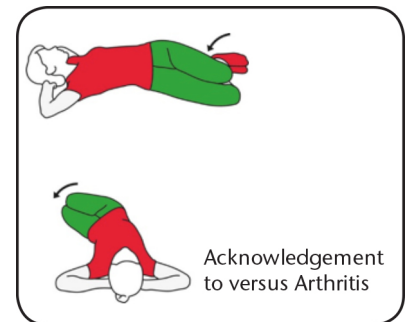


Lower Back Pain and Shoulder Pain:

Your upper body, shoulders and lower back can get stiff and painful after delivery. We would advise that you try some of these exercises once a day to avoid having any stiffness in these areas.



These exercises combined with your pelvic floor muscle exercises help you to have strong core muscles around your pelvis and manage any back pain. This will make it easier to move forward with your recovery after vaginal delivery and begin your return to exercise.



RETURNING TO SEX

When is it safe to have sex again?

Some women do not feel physically or emotionally ready to have sex for many weeks. Once bleeding has stopped and your stitches have healed, you can have sex again when it feels right for you and your partner. There are some things that might help:

- ❖ Use a vaginal lubricant
- ❖ Find a position that is comfortable for you. This will make penetration more comfortable.
- ❖ Perineal massage – once your stitches have healed some gentle massage over your scar can make sex more comfortable.

It is normal not to feel ready to have sex for a few months after delivery. If you have tried to have sex a few times and continue to have pain, you should contact your GP or NHS Pelvic Health Physiotherapist for advice.

RETURNING TO EXERCISE (6 weeks after delivery)

How can I return to exercise safely?

Your physical recovery will take time and you may not feel ready to exercise yet. Your level of activity before and during pregnancy will guide the level at which you return to exercise and the timeframe you work with. It is normal to feel very tired after vaginal delivery, so it is important to pace yourself and rest when you need it.

Exercise can help with your mental health and wellbeing. You can try the exercises in this booklet and build up as you feel ready.

How long should I wait before going back to exercise?

It is suggested that you always build up slowly over time and listen to your body by being aware of any symptoms that develop during or after exercise. The 'Return to Exercise Guideline' on page 16 is a good programme to follow to allow you to return to exercise safely.

Myth	Fact
"My core will always be weaker after a pregnancy."	If you do the right exercises your core can be just as strong as it was before pregnancy.
"I can return to all exercise after my 6 week check from the GP."	It is important to progress your exercise slowly like described on page 16 in the return to exercise guideline.
"Incontinence after childbirth is normal."	Incontinence is very common after childbirth but never normal. It is advised that you follow all the fluid diet and pelvic floor advice in this booklet to reduce the risk of having pelvic floor dysfunction.

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

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



Am I ready to return to impact based exercise?
(12 weeks after delivery)

You do not need to work exactly to the timeframe shown on page 16, but it is advised that you do complete the exercises in this order to prepare your body for impact based activity such as running, jumping and resistance training.

Exercise	Leakage	
	Yes	No
Lunges (10x each leg)	<input type="checkbox"/>	<input type="checkbox"/>
Single leg balance (30 sec R+L)	<input type="checkbox"/>	<input type="checkbox"/>
Forward bounds (x 10)	<input type="checkbox"/>	<input type="checkbox"/>
Jog on spot (1 min)	<input type="checkbox"/>	<input type="checkbox"/>

Check yourself against this list of activities

Do I need Pelvic Floor Physiotherapy? (12 weeks after delivery)

If you have tried all the advice in this booklet and you are still having issues with your pelvic floor, then answer these questions to see if you need Pelvic Floor Physiotherapy input.

	Yes	No
1. Do you usually have leakage when coughing, sneezing, laughing from your: a. Bladder? b. Bowel/back passage?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Do you have a sudden need to pass urine with little or no time to get to the toilet?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have pain during sex?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a heaviness or dragging feeling in your vagina?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have worries about your abdominal (tummy) muscles?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have constant back or pelvic pain that affects your day to day life?	<input type="checkbox"/>	<input type="checkbox"/>

If you answer yes to any of the above questions 3-6 months after your delivery, please contact our NHS Pelvic Health Physiotherapy service. If it has been over 6 months since your delivery, please speak with your GP for a referral to the right service.

GLOSSARY

Abdominal Muscles/Core:	The tummy muscles.
Antenatal:	The period of time that you are pregnant.
Bladder:	A muscular sac that holds urine.
Catheter:	A flexible tube inserted into the bladder to remove urine.
Circulation:	The movement of blood around your body.
Constipation:	A condition in which there is a difficulty in emptying your bowels due to hardened stool.
Linea Alba:	A fibrous tissue that runs down the middle of your abdominal muscles.
Mucosa:	The inner lining of your vagina or bowel.
Musculoskeletal:	The muscles and skeleton.
Perineal Massage:	Massage of the skin between the vagina and the back passage.
Postnatal:	The period of time after you deliver your baby
Prolapse:	When your bladder, womb or bowel move from their normal position and bulge down into the vagina.
Straining:	To make a great effort, push or hold your breath on a movement
Urine:	The fluid stored in your bladder and is emptied when you go to the toilet.
Uterus/Womb:	The organ in which your baby grows before you give birth.
Vaginal Lubrication:	A vaginal discharge to allow smooth movement.

USEFUL LINKS PAGE

British Dietetics Association:

<https://www.bda.uk.com/resource/fibre.html>

NHS Highland pelvic floor video:

https://www.youtube.com/watch?v=v731EXFR2k4&t=22s&ab_channel=NHSHighland

NHS 'Squeezy' pelvic floor app

<https://www.squeezyapp.com/>

Pelvic, Obstetrics and Gynaecology Physiotherapy website:

<https://thepogp.co.uk/>

Royal College of Obstetrics and Gynaecology website:

<https://www.rcog.org.uk/>

Tommys website: <https://www.tommys.org/baby-loss-support/stillbirth-information-and-support/physical-effects-stillbirth>



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www.nhsinform.scot

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