



**MATER HOSPITAL**

A FACILITY OF  
**ST VINCENT'S**  
HEALTH AUSTRALIA

leading the way in maternity care

A smiling woman with blonde hair, wearing a light pink tank top, is sitting and holding a baby. The baby is wearing a pink long-sleeved shirt and white socks. The woman is looking down at the baby with a smile. The background is a plain, light-colored wall.

post natal  
exercises

# Welcome to Mater Physiotherapy

Now that you have had your baby, you will be keen to find out how to improve your muscle tone. The following exercises are appropriate to commence in the early postnatal period. They specifically target those areas that are most stretched, shortened or weakened by your pregnancy.

These muscles are the back muscles, the abdominal muscles and the pelvic floor muscles.

The exercises also take into account any ligament instability you may still have in the pelvic region. **Do at least two sets** of these exercises **daily**, building up to ten repetitions each set. Continue the exercises for **two to three months** after leaving hospital.

No exercises should cause pain and you should not hold your breath while exercising.

## Six week post-natal physiotherapy check

Pregnancy, delivery and having a newborn can be physically stressful on the body. We recommend every mother undergoes a post-natal check at 6 weeks where our physiotherapists experienced in post-natal rehabilitation can assess your:

- Pelvic floor
- Abdominal separation
- Posture and body tension and pain



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# Back Care

Back pain is a common discomfort of pregnancy and after the birth. Most back and neck pain can be prevented by exercise, good posture and taking care to bend, lift and carry correctly. Poor positioning while breastfeeding or settling the baby can result in muscle tension in the upper back and neck.

The **simple rules** of back care are:

- 1 Maintain the natural curves of your spine while you lift and care for the baby.
- 2 Keep any loads close to the body – use your legs not your back. Don't twist.
- 3 Minimise heavy lifting – **leave the capsule in the car.**
- 4 Always draw your lower stomach in when you lift.
- 5 Support your spinal curves while sitting.
- 6 Don't thrust the chin forward to look at the baby while breastfeeding.

**Caesarean note—please refer to page 12.**



**If you are experiencing any problems it is important that you be assessed by a Physio.**

“ Our staff pride themselves on providing supportive, high quality care before, during and after the birth of your baby. ”

# Pelvic Floor Exercises

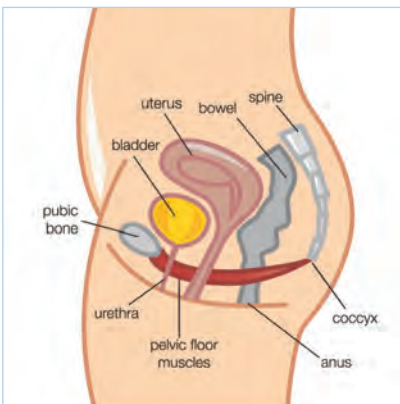
Following birth, it is an important part of the recovery process to do pelvic floor exercises. Gentle activation of the pelvic floor muscles are safe to perform and aids in the healing process of the perineum by increasing circulation to the area.

Don't be afraid to do your pelvic floor exercises if you have some stitches or haemorrhoids.

## Getting Started

- Sit up straight on your chair, on your sit bones.
- Breathe in first, then tighten and scoop your pelvic floor off the chair as you breathe out.

Make sure to always keep breathing as you increase your hold time with your repetitions.



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Here are some visuals that you can use to help you switch on your pelvic floor:

- Squeeze your pelvic floor as if you are mid flow of urine.
- Tighten your back passage as if you are trying to hold in wind.
- Imagine the sling of your pelvic floor as an elevator – gently lift your pelvic floor from ground level up to level 3.



- Imagine your vagina as a straw and you are trying to pull thick milkshake up through the straw.
- Imagine the way a pebble drops into a pond and ripples outwards- now do the reverse – bring the ripples up.



# Pelvic Floor Exercises (cont.)

Below is a guide to the number of reps and sets you should perform at each stage of your recovery:

Stage	Type & duration of hold
0 - 48 hours	gentle squeezes, no holds
2 days-1 week	1 - 2 second holds, 1 - 2 repetitions, 3 times a day
2 weeks	2 x 2 sec holds, 3 times a day
3 weeks	3 x 3 second holds, 3 times a day
4 weeks	4 x 4 second holds, 3 times a day... and so forth.

Continue to add 1 second and 1 rep to your sets every week until you reach the 10 week mark. The goal is to get to 10 repetitions of a 10 second hold.

## Points to note

Once you reach the 10 week mark, continue at this level every day. It is not necessary to hold for longer than 10 seconds as an exercise. Your pelvic floor exercises now become a maintenance exercise to keep you pelvic floor strong for many years to come.

At the 6 week mark, start adding a maximum contraction – where you squeeze and lift your pelvic floor as hard as you can – to your routine. Do 5 -10 reps of these once per day. There is no need to hold for any length of time.

From 6 weeks, practice “the knack” which is a co-ordination exercise to prevent leaking with coughing and sneezing.

- Squeeze and lift your pelvic floor maximally
- Hold the pelvic floor contraction whilst performing a cough
- Repeat twice

If you find your pelvic floor feels heavy for the rest of the day after performing the exercises, it may mean they are fatigued from the exercise and thus too tired to hold you up against gravity. If this is the case, it may be best to do your exercises at the end of the day, right before you go to bed so they can have a period of rest after immediately your exercises.

It is important to give yourself a 5 second break between each contraction. This gives time for the pelvic floor to completely relax before the next contraction.

# Pelvic Floor Exercises (cont.)

## How to avoid pressure on your Pelvic Floor

- Avoid heavy lifting
- Avoid constipation
- Do not strain heavily on the toilet

## Toileting Positioning

The sitting position on western toilet seats causes the defecating human to assume a narrow 'anorectal angle', which some people believe is obstructive and causes difficulty in emptying the bowels.

To avoid straining on the toilet, try modifying your position like the figure shown. Having the knees higher than the hips assists in straightening out the anorectal angle, thereby making it much easier to pass a bowel motion. In this position, it is also helpful to have the elbows on the knees. Bulging the belly out helps the muscles closing the anal passage to relax.

## Using your pelvic floor muscles as a brace

There are particular times when it is good to switch on your pelvic floor muscles for them to brace against downward pressure coming from your abdomen. Activities include:

- Any lifting
- Bending over, especially to pick up an object or young child,
- Coughing and sneezing
- Laughing



Knees **higher** than hips. **Lean forward** and put elbows on knees. Bulge abdomen. **Straighten** spine.

# Breastfeeding Posture

A common source of pain while breastfeeding arises from poor sitting posture. Here are the top tips to help reduce strain.

- Source a chair with good lower back support or use a lumbar roll to maintain the curve in your lower back
- Use a feeding pillow to ensure good rib and upper back posture
- Relax the shoulders away from ears and broaden through the collarbones
- Align your head on top of your shoulders and look forward once latch is achieved
- Feet flat on floor or foot stool
- Ensure wrists are straight while feeding. Support the baby's head on a pillow or with the other arm once the latch is achieved



**If you are experiencing any problems it is important that you be assessed by a Physio.**



# Abdominal Muscle Separation

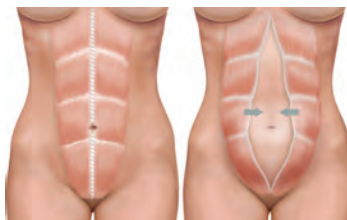
This is very common during the later stages of pregnancy and early post pregnancy. Your tummy muscles have lengthened to allow the baby space to grow, and there is an increased distance between the left and right abdominal muscles. There is also connective tissue in the middle which has been stretched.

- This means your abdominal muscles may not be properly supporting the trunk and lower back.
- It can contribute to pelvic floor dysfunction, back and pelvic pain.
- You may notice that your tummy bulges out at the front during activities.
- Abdominal Muscle separation will decrease after delivery.
- However some can persist, 1/3 can remain abnormally wide when tested between 1-3 months.

## Treatment

- You may have been assessed by the Maternity Physiotherapist on the ward post-delivery or in the post-natal exercise class.
- You may have been advised to wear an abdominal binder or a large tubi-grip support. This is to help to encourage abdominal muscle healing. It should also make you aware of your posture and remind you to do your abdominal exercises.

- Posture: It is important to maintain a good back posture whilst performing your daily activities, this allows your abdominal muscles to work properly. Take care to sit in a good position when feeding or holding your newborn. Ensure to implement good back care when performing activities bending forwards.
- Try to avoid lifting anything heavier than the baby for the first few weeks after delivery.
- Avoid any activities which encourage your tummy muscle to bulge/dome outwards. Eg: when getting out of bed, ensure to roll onto your side and then use your hands to sit yourself upright. The reverse when getting back into bed. (Please see picture of recommended bed mobility in the caesarean birth section of the booklet)



If you have been identified as having a large abdominal separation while in hospital it is advisable that you only complete the exercise program from 0-3 weeks. It is recommended that you have a follow up check with a physiotherapist at 4-6 weeks, for reassessment, individual exercise progression and further advice.

# Post Natal Exercise Guidelines

This is a general guideline for returning to exercise post-delivery which is adapted from the Continence Foundation of Australia.

## 0-3 weeks postnatal

- Walking.
- Postnatal abdominal muscle bracing.
- Pelvic floor exercises.
- Gentle stretching.

## 3-8 weeks postnatal

- It is recommended you wait until your six week postnatal check before starting a group exercise program or going back to the gym.
- Walking.
- Low impact aerobics or postnatal class.
- Low intensity water aerobics class and swimming (once bleeding has stopped).
- Gym program (maintain posture, light weights, no breath holding).
- Postnatal abdominal muscle bracing.
- Pelvic floor exercises.

## 8-12 weeks postnatal

- Follow the guidelines for 3-8 weeks, gradually increasing your intensity and weights.
- Progress your postnatal abdominal muscle bracing.

## 12-16 weeks postnatal

- Consider visiting a physiotherapist for a postnatal abdominal muscle check and pelvic floor muscle testing before returning to high impact exercise, running, sport or abdominal exercise programs.

## After 16 weeks postnatal

- You can return to previous activity levels provided your pelvic floor muscles have returned to normal and you are not experiencing any back pain, vaginal heaviness, or urine loss during or after exercise.
- Seek further advice from a health professional if your symptoms persist.





# Back & Neck Stretches

## 0 – 3 WEEKS POST DELIVERY

Here are some exercises and stretches to address those areas particularly at risk.

### 1. Chin Tuck

Looking straight ahead, draw the chin in and your shoulder blades down towards your bra strap. **Hold for 5 seconds. Repeat 5 times.** You can make this more intense by tipping your head down a little.

### 2. Shoulder Circles

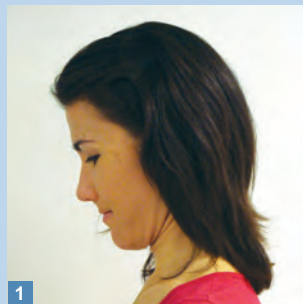
Place the fingertips on the shoulders. Circle the elbows backwards. **Repeat 5 times.**

### 3. Shoulder Stretch

Place your right hand behind your back reaching to the bra strap. Tilt your head bringing the ear just in front of the left shoulder. **Hold 10 seconds. Repeat on other side.**

### 4. Shoulder Stretch 2

Clasp your hands together behind your back. Stretch out across the front of your chest. **Hold for three slow breaths. Repeat 2 times.**



1



2



3



4

**Note for mothers who have had a caesarean birth – there are some precautions indicated with these exercises.**

## 5. Cat Stretches

Kneel on all fours. Curve the spine upwards like an angry cat.

**Hold for 5 seconds.**

Relax back to neutral.

**Repeat 5 times -**

**(Caesarean – continue to do Shoulder Stretch above if your wound is comfortable.)**

## 6. Pelvic Tilts

This can be done in a lying or standing position. Sitting in a chair, relax your back as if you are in a soft chair allowing the pelvis to roll backwards.

**Hold for 5 seconds.** Now roll the pelvis forwards to slightly arch the back.

**Hold for 5 seconds. Repeat 5 times.**

## 7. Deep diaphragmatic breathing

Lie on your back with your hands on your lower ribs. Breathe into your lower ribs and feel the ribs expand sideways into your hands. Imagine your diaphragm is like an umbrella opening outwards against the rain as you inhale and closing inwards and as you exhale completely to 5 counts.



**Do these exercises at least once a day.**

# Back & Abdominal Exercises

## 0 – 3 WEEKS POSTNATAL

Start lying on your back with your knees bent.

### 1. Corset Tightening

Place your fingers in the soft part of your stomach just in front of your pelvis on each side. As you breathe out, slowly draw your belly button towards your spine. Feel the stomach pull away from your fingers. Ensure your lower back remains steady and does not flatten. **Continue this pattern for 5 breaths.**

### 2. All Fours – Arm Lifts

Get down on all fours. Tighten the tummy to lift the navel. Keep the body still as you lift one arm up level with your shoulder. Hold for a few seconds then repeat with the other arm. **Build up to 10 repetitions twice daily.**

### 3. Child Pose Stretch

Bring your buttocks back onto your heels, allow middle back to release, breathe deeply and stretch arms out in front. **Hold for up to 10 breaths.**

## 4 – 6 WEEKS POST DELIVERY

### 4. All Fours – Leg Lifts

This is slightly more challenging. On all fours, as above, tighten the stomach and lift one leg as far as is comfortable, keeping the knee bent. Do not allow your waist to drop or the pelvis to shift to the side. **Hold for a few seconds then repeat on the other side. Build up to 10 repetitions and do 2 sessions a day.**  
**Progression – lift the opposite arm and leg.**



1



2



3



4

Do not do this exercise if you experience pubic symphysis pain. (Pain at the front of the pelvis.)



**Note for mothers who have had a caesarean birth – there are some precautions indicated with these exercises.**

## 5. All Fours – Progression

On all fours, lift the **opposite** arm and leg at the same time. Do not allow your waist to drop or the pelvis to shift to the side. **Hold for a few seconds then repeat on the other side. Build up to 10 repetitions and do 2 sessions a day.**

Do not do this exercise if you experience pubic symphysis pain. (Pain at the front of the pelvis.)

## 6. Prone Leg Lifts

(Caesarean Section – do not attempt this exercise until at least two weeks after your operation).

Lying on your stomach. Place a pillow under your abdomen. Tighten your stomach to press the pubic bone into the pillow. Lift one leg just clear of the ground with the knee straight. **Hold a few seconds. Repeat on the other side. 10 times each side.**

## 7. Wall Squats

A good position to do pelvic tilt exercise, as above, and a good strengthening exercise for thigh muscles to help with lifting. Also allows you to check your postural alignment. **Hold for at least 10 seconds, 4-5 times a day.**

## 8. Small sit-ups (used as a test for abdominal separation)

Place the hands on the belly over the navel. Tuck your chin in. Curl up as you breathe out, not allowing your stomach to bulge. Return as you breathe in. Start this exercise only when your stomach stays flat with no bulging when you perform this movement.

## 16+ WEEKS POST DELIVERY

You can return to previous activity levels provided your pelvic floor muscles have returned to normal and you are not experiencing any back pain, vaginal heaviness, or urine loss during or after exercise. Seek further advice from a health professional if your symptoms persist.



# Caesarean Births

## Breathing

Due to your wound discomfort, pain relief medication and reduced mobility you may breathe more shallowly than usual. This can lead to breathing problems especially if you are an asthmatic or have had a recent viral infection. The following exercises can help prevent this.

- Take five deep breaths to expand the rib cage keeping the shoulders relaxed.
- Take a few seconds break and repeat the breathing exercises three times every hour.

## Coughing and Sneezing

If you need to cough or sneeze, support the wound firmly with your hands or a folded towel. This will decrease your discomfort.

If you need to clear phlegm in your throat, support the wound and try 3 “huffs” (a small breath in and forced breath out through an open mouth, like fogging up a mirror). This should be followed by one or two well supported coughs.

## Posture

Try to walk, sit and stand as upright as possible and use only your normal height pillow for sleeping. This will prevent your scar becoming tight and will also help to protect your back.

Do not breast feed in bed.

## Sleeping Positions

Lie on your back or your side supported by a pillow between your knees. Stomach lying is not recommended for two weeks after your caesarean.

## Circulation

In order to prevent clots in your legs and help reduce leg swelling, you should perform the following exercises every hour.

- Move your feet up & down at the ankle 10 times.
- Keeping your foot on the bed, bend one leg then straighten it.

**Repeat 5 times with each leg.**

Do not sit in your chair for any longer than it takes to feed the baby/attend classes or your ankles may swell. Lie on your bed and do some ankle circles. Walk around the ward as much as you can.



## Bed Mobility



### 1. Getting in & out of bed:

To get up, roll onto your side keeping your knees bent. Slowly lower your legs over the side of the bed and gently push through your arms to sit up.

To lie down, sit down then lower your body onto the bed (lying on your side) by pressing through arms and lifting your legs onto the bed. Keeping knees bent, roll onto your back if desired.

### 2. Sleeping Positions:

On your back – a pillow under your knees is helpful.

On your side – a pillow between your knees is helpful.

Lying on your stomach is **not** recommended for the first two weeks.

## Lifting

For the first few weeks try to avoid lifting anything heavier than your baby. To lift correctly follow these lifting principles.

- Feet apart, slightly more than hip width or one leg slightly forward.
- Stand close to the object – bend from the hips and knees, not your back.
- Hold object close and don't twist.
- Push through your legs to stand up.
- Always draw in your tummy as you lift.

## Driving

It is best to check with your doctor when it is safe to drive.

If you have any questions please call **Mater Physiotherapy on (02) 9923 7285.**



# Baby Massage

Touch is an important aspect of your relationship with your baby. Massaging the baby provides skin to skin contact and is a tactile extension of your relationship with your baby. It may promote feelings of security in your baby.

## Introduction

Introduce the massage gradually and observe for signs of techniques that the baby enjoys more than others. Only massage the baby when he/she is receptive, not hungry or cranky.

Use a little baby oil or a good quality vegetable oil to reduce the friction on the baby's skin.

Be sure both of you are comfortable and that the baby is warm enough.

There are no set rules or routines. Do what suits your family.

## Face

Smooth the forehead from the centre to the sides. Stroke from the nose out towards the temples, down to the chin, then up the jaw line towards the ears. Using a light touch, circle around the eyes.

## Body

Stroke your hands outwards across the chest. Stroke down the body slowly with one hand following the other. Place

your hands on the side of the abdomen and lightly glide them towards the centre in a criss-cross motion. Stroke clockwise in a circle just out from the baby's navel ending in the left lower belly. Follow this by holding the baby's legs at the calf and bringing the knees to the baby's chest. This can be good for relieving wind or constipation pains.

## Arms

Lift the arm and stroke the armpit. Release the arm. Stroke from the shoulder to the hand then give the arm a gentle squeeze. Stroke the back of the hand.

## Legs

Stroke up and down the leg then give the leg some gentle squeezes. Stroke up the lower leg from the foot to the knee.

## Back

Lie the baby on his/her stomach. Stroke your hands down the back, one hand after the other and if the baby's arms are free also stroke across the shoulders and down the arms.

Try a little thumb kneading either side of the spine. Don't press too hard.

## Sitting

Support the head, stroke from the head down the back towards the bottom.



# Protecting your baby's head shape

## Plagiocephaly Prevention

### What is Plagiocephaly?

Positional plagiocephaly is when there is flattening of one side of your baby's head. This can occur if your baby favours lying with its head turned to one side.

### Causes of Plagiocephaly

A new born baby's head is soft and may change shape easily, therefore it is important to take steps early on to prevent this from happening. Due to the SIDS "Safe Sleeping" recommendations, babies spend a large amount of time lying on their back. Newborn babies do not yet have the strength to keep their heads in the midline for prolonged periods of time. Therefore, it is important to ensure they do not have a preference to turn one way more so than the other.

### Preventing Plagiocephaly

This condition generally improves with appropriate re-positioning. There is no evidence that suggests plagiocephaly affects brain development. In most cases plagiocephaly is preventable:

- Always sleep your baby on their back, not on tummy or side.
- Frequently vary your baby's head position in their cot by sleeping them

at varying ends to prevent them from always looking in one direction towards the door or a favourite toy.

- Ensure you talk to your baby, offer toys and bottle/dummy equally from alternating sides. Additionally alternate holding positions when feeding baby (left arm to right arm)
- Vary your baby's head positions when they are awake.
- Commence tummy-time from birth when your baby is awake and while an adult is watching. Make sure your baby is actively trying to lift their head up.
- Include side lying as part of your child's play routine using a rolled up towel behind their hip and shoulder.
- Vary your carry and cuddling positions.
- Ensure your baby spends some time each day in supported sitting. Use toys to encourage them to look both ways.
- When picking up your baby, roll them onto their left or right side first. This encourages them to switch on muscles on the side of their neck to help them to get stronger.

If you have any questions or concerns, contact your Early Childhood Nurse or Doctor.

**(Information on this page kindly provided by RNSH Paediatric Unit.)**



# Useful Contacts

- National Continence Helpline (1800 33 00 66) is staffed 8am – 8pm (AEST) Monday to Friday by continence nurse advisors who provide information, resources and referrals to local continence clinics. For more information go to:  
**[www.continence.org.au](http://www.continence.org.au)**
- **[www.pelvic floor first.org.au](http://www.pelvicfloorfirst.org.au)** Advice on pelvic floor safe exercises





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## Our Values

### Compassion

Feel with compassion

### Justice

Act with justice

### Integrity

Walk the path of integrity

### Excellence

Strive for excellence