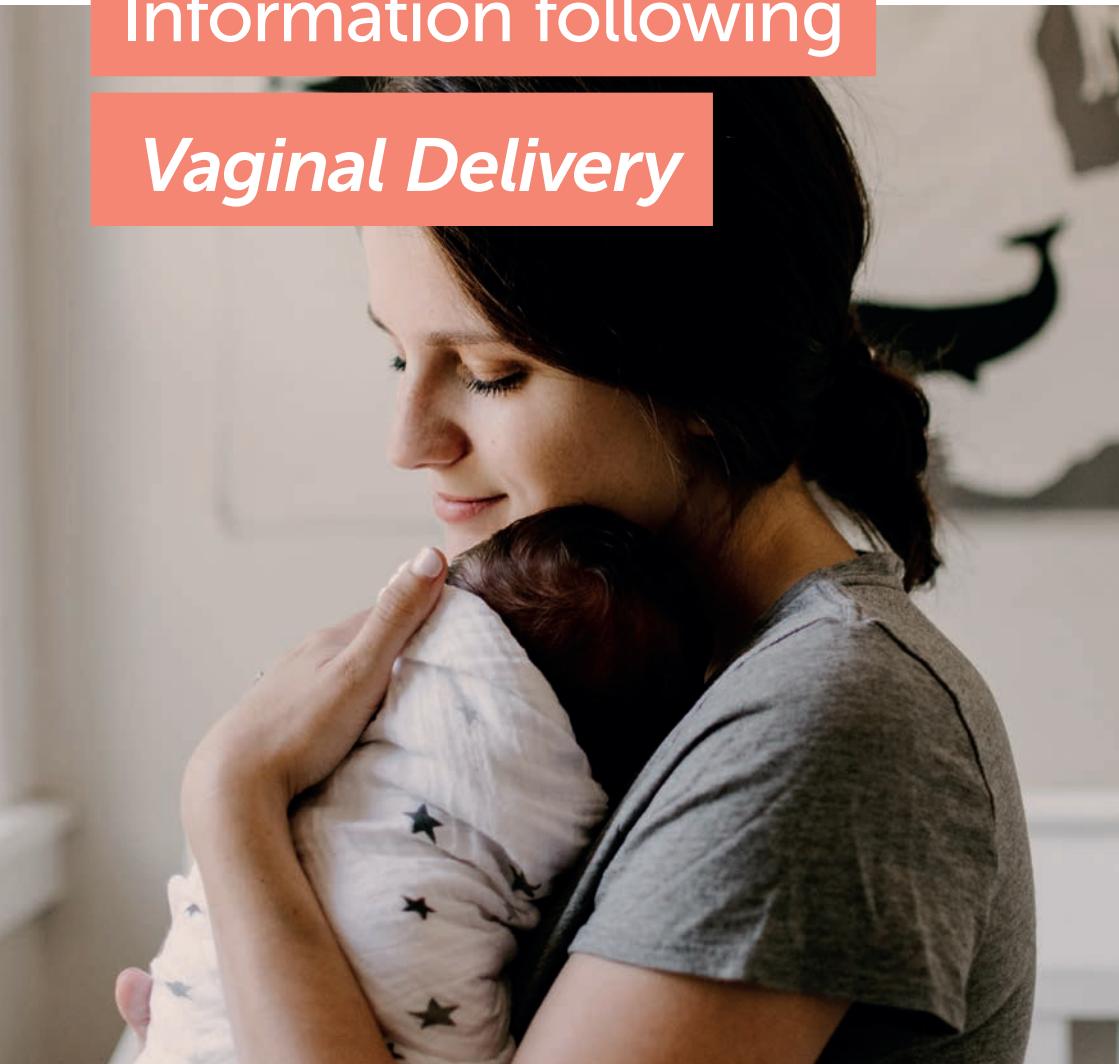




Information following

Vaginal Delivery





Pelvic Floor

The pelvic floor is a group of muscles in the base of the pelvis. They form a sling from the pubic bone to the tailbone. Like other muscles in the body, they can be voluntarily contracted and relaxed.

Role of the pelvic floor muscles

- Provide support to the abdominal and pelvic organs.
- Aid in supporting the lower back and pelvis.
- Control the bowel and bladder by allowing the front and back passages to relax and open for emptying and contract to prevent leakage.
- Provide support for the baby during pregnancy and assist during childbirth.
- Enhance sexual awareness and function.

What weakens the pelvic floor?

Pregnancy and childbirth contribute to pelvic floor weakening due to:

- Weight of the growing foetus.
- Hormonal changes.
- Vaginal delivery.

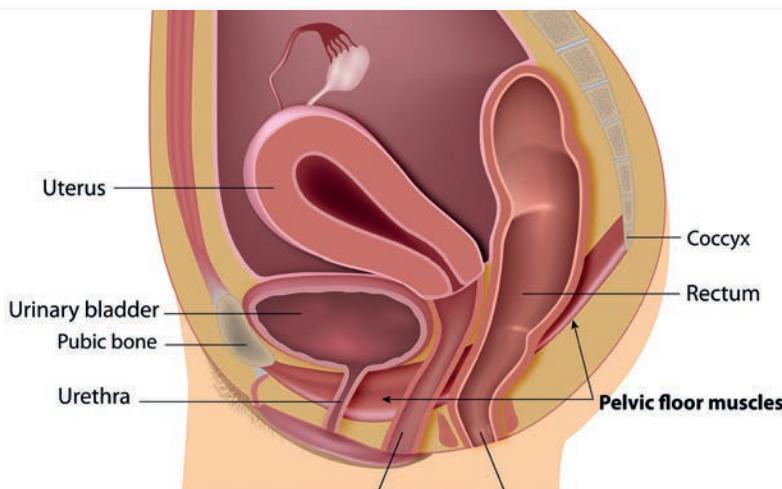
Factors that increase risk of pelvic floor dysfunction include:

- >2 hours of pushing during labour.

- >4kg baby.
- Forceps delivery.
- Previous pregnancies.

Other factors include:

- Ageing.
- Obesity.
- Chronic coughing/sneezing.
- High impact exercise.



Why do pelvic floor exercises?

- To regain strength.
- To reduce the impact of menopause and aging.
- Optimise bowel and bladder function.
- Optimise sexual function.
- Reduce risk of prolapse, which is the descent of internal organs into the vagina.

How do I do my exercises?

- Find a comfortable position such as lying on your side or back with knees bent or sitting.
- Imagine you are stopping the flow of urine and/or holding in wind, and squeeze and lift your front and back passages.
- Keep your buttocks, inner thighs and abdominals relaxed and keep breathing whilst squeezing.
- For the first week postnatally, do few and frequent gentle contractions of 1-2 second holds through the day. This helps reduce swelling, speeds up healing and helps regain sensation to the area.
- Once this become easier, build up to:
 - 3 sets of 10 repetitions/day most days of the week.
 - Incorporate long slow holds and quick powerful contractions:
 - Long holds: start at an achievable hold time and build up to >10 seconds.
 - Short powerful contractions: hold for 1-2 seconds and let go.
- Continue exercises for at least 3 months post-partum.
- Incorporate these exercises into your daily activities, e.g. pre-contract before sneezing, coughing, laughing, lifting your baby or other tasks that may cause you to leak.

Who can help me?

It is recommended you see a Women's Health physiotherapist after your 6-week check-up with your obstetrician. The physiotherapist will assess your pelvic floor to make sure you are safe to return to exercise and will also prescribe you an individualised program to optimise your recovery. If you have any questions, please call SportsMed and ask for one of our women's health physiotherapists.

Acute Care

Perineum and stitches

- Apply ice to the perineum for 20 minutes every 2 hours for the first 48 hours post-partum.
- Hygiene is very important to prevent infection. Ensure you regularly:
 - Change your pad.
 - Wash the area with water or saline during showers or with a spray bottle.
 - Pat the area dry or use a hair dryer if more comfortable.
- Your physiotherapist can provide ultrasound therapy to your perineum to help speed up recovery.
- If sitting is uncomfortable, sit on a rolled-up a towel in a horseshoe shape.
- If you experience stinging during urination, tilt your pelvis forward when emptying your bladder and drink plenty of water to keep urine diluted.

Haemorrhoids

- A haemorrhoid is the swelling of a vein in the rectum; it can be painful and felt externally.
- They are common during pregnancy and after childbirth from straining.
- Tips:
 - Support the perineum when opening bowels with a pad or wad of toilet paper and avoid straining.
 - Minimise constipation risk (see good bowel habits).
 - Lay down between short amounts of activity to minimise swelling.
 - Request ultrasound treatment from the physiotherapist. This will reduce haemorrhoid swelling and pain.

Good Bladder & Bowel Habits

It may take a few days after childbirth for your bladder and bowel to start functioning properly again and for you to regain normal sensation.

- Bladder:

- Make sure you are emptying your bladder every 2-3 hours.
- Never rush on the toilet, make sure you have emptied completely.
- Drink 2.5-3L of water.
- Keep caffeinated drinks to a minimum.

- Bowel:

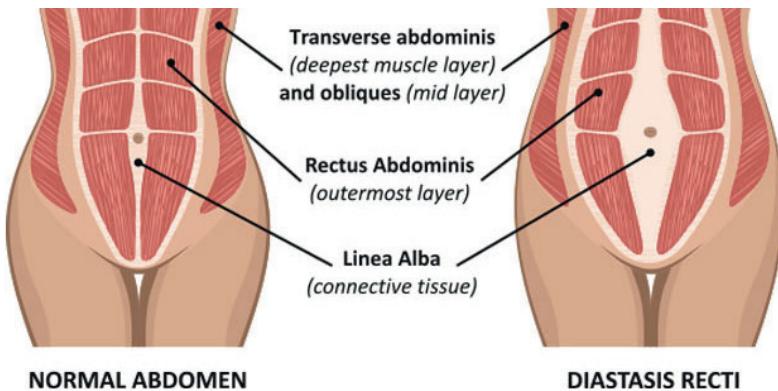
- Optimise your fibre intake.
- Optimise your fluid intake.
- Take laxatives under the supervision of your doctor if needed.
- Take regular short walks to stimulate bowel movement.
- Sit optimally:



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

Abdominal Separation

- The rectus abdominus also known as your "6-pack" muscles are connected in the centre of the abdomen by connective tissue called the linea alba. During pregnancy, it is common for the linea alba to stretch to accommodate for the growing foetus, resulting in abdominal muscle separation and weakness. This will be checked in hospital by the physiotherapist.



First 6 weeks post-partum:

- Minimise excessive abdominal strain to allow for natural recovery.
Eg: get out of bed by rolling to your side then sitting up.
- It is advisable to do transversus abdominus (TA) exercises. TA is the deepest layer of tummy muscles and wrap around the trunk. Activate them by thinking of "drawing your hip bones to your bikini line" and/or "drawing your bellybutton to your spine". You may also begin some gentle abdominal exercises shown on the next page.
- At 6 weeks, your physiotherapist can reassess your abdominal separation and give you appropriate exercises to begin abdominal strengthening. It is important to make a full recovery as weak abdominals can:
 - Worsen with subsequent pregnancies.
 - Make tasks like getting out of bed/chairs and lifting your baby difficult.
 - Result in back or pelvic pain.



- 1 Side to side knee rotations:**
Keeping feet on bed. (20x)
- 2 Pelvic tilts:** Gently tuck your tailbone. This can also be done in sitting and standing. (20x)
- 3 Alternating straight leg slides:**
Keeping pelvis square slide one leg out to straight then return, repeating with other leg. (10x/side)



Returning To Exercise

- In the first 6 weeks you should only be doing pelvic floor and TA exercises, and walking.
- Once your obstetrician has confirmed that you can resume exercise, we recommend booking a postnatal assessment with one of our physiotherapists for advice on return to exercise.
- It is not recommended to engage in high impact activity like running until seeing a physiotherapist.

Musculoskeletal Pain

- Any muscular/joint/tendon pains usually resolve after delivery, but in some cases symptoms may persist post-partum. Our physiotherapists at SportsMed can help assess and treat any ongoing pain.

Breast Care

Nipple trauma

- It is common to experience sore nipples when starting to breast feed. As nipples get used to breastfeeding, the pain should reduce.
- Sometimes nipples may blister, graze or crack as:
 - Mum and baby are still learning to feed.
 - Baby has a strong suck.
 - Nipple tissue is sensitive.
 - Cluster feeding may not give nipples a chance to rest.
- Management includes:
 - Seeing a lactation consultant to optimise breast feeding technique.
 - Applying Lansinoh cream to keep nipples hydrated and prevent further cracking. You can buy this over the counter at a chemist.
 - If nipples are blistered, grazed or cracked, the physiotherapist can provide laser treatment to speed up recovery. Laser is pain free, has no side-effects, and you can feed baby afterward.
- If you require treatment whilst in hospital, you can request for a SportsMed physiotherapist to come and treat you. SportsMed also provides outpatient services where you can receive laser treatment if needed after discharge.

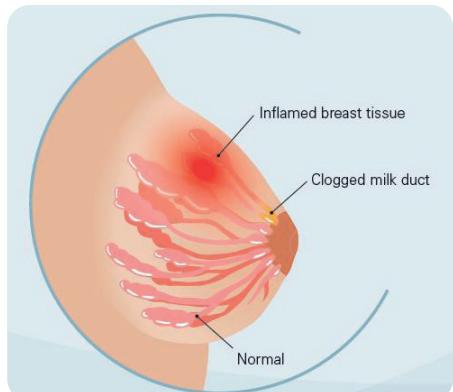
Blocked milk ducts & Mastitis

- Mastitis is usually the result of a blocked milk duct that has not cleared. Some of the milk banked up behind the duct can be forced into nearby breast tissue causing inflammation. This can be caused by a variety of reasons.
- Signs/symptoms:
 - Firm and tender area.
 - Pink/red in colour.
 - Reduced milk flow.
 - If infection is present, you may notice:
 - Breast: redness, warmth, tight shiny pink skin, pain on touch.
 - Tiredness, fever, body aches, nausea, flu-like symptoms.

- If you start to notice flu-like symptoms, please see your Doctor as you may need to commence antibiotics.
- SportsMed Physiotherapists can provide inpatient and outpatient therapeutic ultrasound for blocked milk ducts and mastitis. Ultrasound delivers heat and micro-massage to the breast tissue which helps to clear ducts and facilitate breast drainage.
- Management tips:
 - Continue to breastfeed to maximise drainage, even if you are on antibiotics. Your baby may experience a few runny nappies but will not cause harm.
 - Apply heat packs/have warm showers before feeds to increase milk flow.
 - Apply cold compresses after feeds for comfort.
 - Use gentle massage strokes towards the nipple. Heavy strokes can cause bruising and further swelling around the blockage.
 - See your physiotherapist for ultrasound treatment if the blockage does not clear in 8-12 hours. If you have an infection, you will need to be on antibiotics for 24 hours prior to ultrasound therapy.

Breast engorgement

- Breast engorgement is common for women as a precursor to milk coming in 1-4 days after birth. You may notice breasts feeling full and sore.
- Engorgement can be managed with:
 - Warm showers and compresses before feeding to help milk flow.
 - Cold compresses after feeding, for comfort and reducing inflammation.
- If symptoms persist, speak to your physiotherapist or midwife as ultrasound may be helpful.







Located within St John of God Subiaco Clinic
Suite 101, L1, 175 Cambridge St Subiaco WA 6008

PO Box 487, Subiaco WA 6904

T 08 9382 9600 F 08 9382 9613

E reception@subiacowomenshealth.com.au

W subiacowomenshealth.com.au



WHERE TO FIND US

We are located at SportsMed Subiaco
on Level 1 of the St John of God Subiaco Clinic,
with entrance access and parking off Cambridge Street
and underground parking off McCourt Street.
For further details please call **08 9382 9600**

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