



So you had a baby... *Now what?*

There are many books on what to expect during pregnancy but women are often left without much guidance about what to expect after the baby arrives. What should they expect from their bodies in the postpartum phase of motherhood? Here we give you a glimpse at what to expect, how to navigate it, and what to do if it feels unmanageable.

Weeks 0-2:

How to poop properly after giving birth: Let's face it. Your first bowel movement after having a baby can be both uncomfortable and difficult. After the amount of stress your pelvic floor just went through, it is feeling fatigued, sore, and just not working quite right. To reduce further stress, we recommend these tips:

- Stay hydrated! This helps keep your bowel and other tissues lubricated so that it is easier to help keep stool moving. It will also help with general healing and nursing! It's a win-win.
- Stool softeners and "Natural Calm" supplements can help keep you regular and keep stool soft so it is easier to void.
- Use a squatty potty or a kids stool to put you in a more advantageous position for bowel movements. It will support your legs, open up your anal sphincter, and allow your pelvic floor to be more efficient.
- Exhale, as if you were blowing out candles, as you bear down to void.
- Support your perineum by using your hand (with a wet wipe or toilet paper of course). Place your hand just above your rectum and apply slight pressure upward into the perineum as you bear down. This helps prevent further stretching and tension of the perineum which can be particularly helpful for mamas who have experienced tearing or had an episiotomy.

If you had a c-section, applying pressure over the abdomen with a pillow as you gently exhale and bear down during bowel movements is helpful. This pillow supports the healing incision while you poop, and helps regulate intra-abdominal pressure during defecation so your stitches or staples stay intact. You may also find it helpful to use the pillow over your incision or under your seat belt when riding in a car or when coughing

How to pee properly after giving birth: Similar to pooping, peeing may be uncomfortable during the first two weeks postpartum. Unlike pooping, peeing should be a relatively passive activity. Straining or pushing to void urine can increase pressure on your already fatigued pelvic floor and potentially worsen pre-existing vaginal wall weakness or prolapse. Use a squatty potty or stool for optimal positioning but focus on taking deep, abdominal breaths as opposed to trying to blow out candles as with bowel movements. These deep, relaxing breaths will allow your pelvic floor to relax, thereby allowing your bladder to fully empty.

Cleaning external tissues properly after urination is also important. Your external vulvar tissues may be tender to touch while they heal, so wiping may be uncomfortable. Thankfully, the hospital or birthing center will likely send you home with a small squirt bottle you can fill with water and keep right next to your toilet. You can use this to cleanse the vulvar tissues and then gently pat them dry with toilet paper as needed.

Lifting Strategies: During the first two weeks postpartum, it is recommended to avoid lifting as much as possible. If you need to lift, utilize your breathing to help you activate appropriately. Deep, abdominal breaths relax the pelvic floor (before lifting) and slow, controlled exhales (while lifting) activate your pelvic floor. This can be applied to lifting the car seat, lifting older children, groceries, laundry baskets, etc!

Modifying how you get in/out of bed is helpful too, especially if you had a c-section. Rolling onto your side as opposed to sitting straight up helps limit any unnecessary downward pressure on your pelvic floor and/or incision.

Rest up, Mama! This is arguably the MOST important thing to remember in the initial postpartum phase. This can be interpreted many ways - sleep, quiet time, a warm bath/shower, or simply allowing others to take on daily activities such as cooking and cleaning. Allowing adequate rest will ensure your body is able to perform the necessary healing to help you physically return to normal. Proper rest and sleep will also reduce postpartum anxiety and depression. If you are experiencing anxiety or depression post-baby, no matter the intensity, let your healthcare provider know! It is equally as important to take care of you as it is to take care of your child.

C-Section recovery essentials: Whether or not your C-section was planned or unplanned, you may have some questions about C-section recovery essentials. Questions like, Can I ice my C-section incision? (Yup) Or is it worth it to wear a tummy binder after c-section? (Could be!) Or even, is it too late to massage a c-section scar. (Nope).

If you're reading this before you head to the hospital, and you know you're going to have a cesarean birth, pack all the ice packs. Ice helps reduce any postpartum soreness in the abdominal or pelvic region. It helps reduce swelling, decreases pain and discomfort, and speeds up the healing process. We recommend using the packs over the incision site for the first week after birth.

It's important to keep in mind that belly wraps are not something everyone needs. If an abdominal binder is too tight, it can cause pressure on your pelvic floor, which has already had a lot of pressure on it after pregnancy and childbirth. We recommend soft belly bands as C-section recovery essentials for some women with significant diastasis recti, Cesarean births, hernias, or a mom of multiples who has a distended abdomen. Compression shorts or pants are great options for abdominal support in lieu of a binder.

What's super important is once incision healing is complete, start training the abdominal and pelvic floor muscles to engage during recovery. This will help decrease pain and regain strength (which a Pelvic Floor PT can help with).

Lean on your support: This can be your partner, friends, family, another mama, etc. Regardless of who they are, lean on them. Lean on them hard. You will need them and they know that. It is ok to ask for help. I repeat.....IT IS OK TO ASK FOR HELP!

WEEKS 2-4:

Urinary Leakage and Frequency: If you experienced urinary leakage immediately postpartum, that should be less frequent or not present at all. You may still be urinating more frequently if you have significantly increased your hydration for nursing. However, you should only be voiding urine every couple hours and you should be able to fully empty your bladder when you void. If you are feeling that you have to pee again as soon as you stand from the toilet, chances are you're having some dysfunction in your pelvic floor. Have no fear, pelvic floor PT can help!

Vaginal Dryness: Does your vagina feel like sandpaper left out in the desert for years and years? It's awful, but guess what? It's normal. The hormones circulating through your body while nursing often cause pretty significant vaginal dryness, which can lead to painful intercourse and general vaginal discomfort. We recommend using vitamin E oil daily on your vulvar tissues. This helps lubricate the tissues and make intercourse more comfortable when it is safe to resume around 6 weeks postpartum.

Mental Health: This season of life is exhausting. It is emotionally, mentally, and physically draining. You may experience days where you don't even recognize yourself anymore. Hormonal changes may leave you feeling like you are on an emotional rollercoaster wondering if you will ever feel "level" again. That is OK and NORMAL. You are not alone, Mama! However, if you ever feel like the emotional rollercoaster is too exhausting, talk to your provider or seek the help of a mental health professional. You cannot take care of that sweet baby unless you are first taking care of yourself!

Do I need to see a *pelvic floor PT*? If you continue to experience constipation, excess straining with bowel/bladder voiding, urine leakage, or increased frequency, we recommend seeing a pelvic floor physical therapist. There is a chance you could be experiencing pelvic floor tightness, weakness, muscle incoordination, or the trifecta of all 3. An evaluation by a pelvic floor PT can help determine which of these issues you are having and develop an individualized treatment plan to help you return to normal.

Green Light to *Exercise*: If you are one of the lucky ones who is not experiencing any of the symptoms stated above, you are safe to start returning to gentle exercises. This typically looks like walking, gentle yoga, pelvic floor exercises, and some low-intensity bodyweight exercises.

If you had a C-section, it is important that you understand that is a major abdominal surgery. Your return to exercise journey is going to look a little different from those who had a vaginal delivery. Perform belly breathing when you are lying down to relax your abdomen. After a few weeks, progress to performing gentle pelvic floor muscle/kegel contractions to initiate regaining muscle strength and function. At this point, you still shouldn't be lifting anything heavier than your baby. You've probably heard that six weeks is usually the go-ahead, but you'll want to get the clear from your doctor, and preferably a Pelvic Floor PT, before continuing additional higher-intensity exercise. Returning to exercise after your C-section should be slow and gradual.

Not sure where to start? Take a look at the exercise guide below for a few gentle pelvic floor and core exercises to try!

WEEKS 4-8:

Breastfeeding Status: If you are nursing/pumping, it should feel a little easier at this point and your supply should be leveling out. If you are struggling with oversupply, undersupply, frequently clogged ducts, or cracked/bleeding nipples, a consultation with a lactation consultant might be a good idea. You also want to make sure you are staying well hydrated and eating enough calories (roughly 300-400 extra calories - if you're exercising you may need more!) per day to help promote a healthy supply.

C-section scar massage: We strongly recommend massaging your C-section scar after it has completely healed. This will decrease scar tissue restriction, which typically occurs between 4-8 weeks.

Believe it or not, your scar can contribute to pelvic pain, painful sex, constipation, overactive bladder, incomplete bladder emptying, and scar sensitivity.

Get confirmation from your doctor that your scar has healed prior to starting massage directly over the scar. You can start working above and below the scar after just 2-4 weeks postpartum using silicone cups. Once your scar has completely healed and has no scabbing, using silicone scar strips can help reduce discoloration and improve mobility.

6-week Checkup!: This appointment is typically a quick screen to make sure any perineal tears, episiotomy, or C-section incision is healing well, to discuss birth control options, give a green light for exercises, and give the “ok” for sex. Many women do not feel ready for exercise or sex at this point and that is ok. You may feel ready in a few weeks or you may not feel ready for a few months.

If you had a C-section and received the “all clear,” it doesn’t mean you are fully healed. It means there is no sign of a condition or issue requiring medical attention by a physician. It does **not** mean that your tissues are done healing or they are ready for high-impact.

Exercise: For some of you, this may be the last thing on your mind. If you don’t feel like exercising quite yet, that is ok! Don’t let family, friends, or social media pressure you to “lose the baby weight.” For others, all you are thinking about is getting back into your typical exercise routine. If you are in the latter group, congratulations but hold the reins a little. It is important to remember that your body is still healing and a *gradual* return to exercise will help prevent any injury and pelvic floor dysfunction. We recommend holding off on things such as Elliptical, Pilates, Strenuous Yoga, and Swimming until you are 8-weeks postpartum or have gotten the “a-ok” from a pelvic floor PT.

We also recommend avoiding more strenuous exercise options such as HIIT workouts, CrossFit, Rowing, and Powerlifting until 12 weeks postpartum. Reason being is that these are high-level activities that put a great demand on your pelvic floor and abdomen. They require a high level of trunk and lower extremity strength and coordination. You also need the ability to have good load transfer from one limb to another. At this point, not enough healing has occurred for these tissues to handle that type of load properly.

Let's talk about Sex: If you are ready to resume sexual activities, here are a few tips!

- USE ALL THE LUBE! Yep, we said it. Nursing hormones can make your vulvar and vaginal tissues dry. This can make sex uncomfortable. Using Vitamin E Oil or Coconut Oil daily can help hydrate these tissues but sometimes they will need extra help and some slippery stuff does the trick!
- Make sure you have adequate foreplay to stimulate arousal. Doing so will increase blood flow to your vulvar tissues and increase your natural lubrication. Plus, who doesn’t love a bit of foreplay?

- If you had any perineal tearing or an episiotomy during delivery, do gentle perineal massage, but **ONLY** once your incision has completely healed. You can do it on your own or your partner can. Make sure to be gentle with your pressure as these tissues are still healing.
- If you attempt intercourse and have pain, go ahead and get an evaluation from a pelvic floor physical therapist! At 8 weeks postpartum you are still very much in the healing process. Some things that are common, but certainly not normal, may require treatment from a medical provider. These include, but are not limited to:
 - Urinary leakage or urgency
 - Constipation or straining with bowel movements
 - Pelvic pain with intercourse
 - Hip/Low Back/Sacroiliac Joint pain
 - Pelvic pressure or the sensation that something is “falling out”
 - Excessive vulvar and vaginal dryness
 - Blood clots larger than a golf ball

Should you experience any of these symptoms, make an appointment with a pelvic floor PT.

Other very common symptoms include the baby blues, postpartum depression, anxiety, and rage. If you have these symptoms or other hormonal/mental symptoms, know that you are not alone. It is normal and good to seek guidance and treatment from a mental health professional. Medicine is ok, too! **IT IS ALL OK!** The only way you can recover postpartum and care for your new baby is to take care of the whole you: physical, mental, and emotional!

Lastly, and arguably most importantly, give yourself grace. Some days you will feel like you are on top of the world and others like the world is on top of you. Take what you need, lean on your people, and keep moving forward. Motherhood is a constant practice of change, growth, and revival. ***You’ve got this, mama!***

PREGNANCY AND POSTPARTUM

bridge the gap

PHYSICAL THERAPY

214 E Church St
 Elmira, NY 14901
 607.587.3944
 bridgethegappt.com



Postpartum *Exercise Guide*

The ACOG recently updated their guidelines saying it is in fact safe AND beneficial for most mothers to begin simple exercises a few days following birth. It is always recommended to check with your provider if you feel uncertain! This does not mean you are ready for a “typical” workout right out of the gate! Below summarizes a simple timeline of appropriate exercises following birth.

- Week 0-2: Diaphragmatic breathing and gentle pelvic floor activation
- Week 2-6: Walking, Light Strength Training
- Week 6-12: Yoga, Pilates, Typical Strength Training
- Week 12+: High-Intensity Activities such as CrossFit, running, powerlifting

It is important to note that these are just *relative guidelines* and every woman will heal at their own pace. Take running for example, some women will be ready at 8 weeks postpartum while some may not be ready until 6 months postpartum or beyond. If you have specific concerns or would like individualized guidance on return to activity, an evaluation by a pelvic floor PT can determine your specific needs.

Signs of Intolerance: When returning to exercise, it is important to be aware of your body’s signs of intolerance. If you notice these, it is essentially your body saying it is not quite ready for the task at hand. If you notice any of these signs, try the exercise modification. If that is still eliciting a sign of intolerance, dial back, focus on the basics, and try again in 5-6 days. If you continue to experience difficulty, reach out to a pelvic floor PT! They will be able to assess your movements and give you reason for the intolerance, solutions to improve strength and function, as well as alternative exercises if needed.

- Coning
- Doming
- Leaking
- Vaginal Heaviness/Pressure Down
- Low Back Pain
- Low Back Arching Lower
- Belly Pooching

Walking: Don't underestimate the power of walking during the postpartum period. It may not seem like much, but taking a short walk can help tremendously during your postpartum recovery. It can decrease the risk of blood clots, which is even more important if you had surgery. Walking lets you test out how well your body feels after delivery as well as eases you back into physical activity without risking major injury. A simple stroll, alone or with your baby, can also provide a huge mood boost which is especially helpful during those first few exhausting weeks. Starting at 2 weeks postpartum, aim for getting at least 20 minutes of walking per day. This can be broken up into separate sessions if 20 minutes of continuous walking is too much for your body to start out.

Be mindful not to push yourself too hard too fast. It is important to listen to your body and any red flags it may show. Things to look out for would include pain (sharp, shooting, tearing, burning, etc), swelling, and bladder/bowel leakage. If you notice any of these, that is your cue to back off a little. Another thing to look out for? Your hydration and nutrition needs, especially if you are breastfeeding. It is always a good idea to have a water bottle and a snack with you on a walk, just in case!

The exercises below have been put together to help guide you through your 0-6 week recovery window. If you find you aren't ready to start any of these until 4+ weeks postpartum, that is ok! It is never too late to start - they will be just as effective! The goal of these exercises is to help your body learn to breathe, engage/relax pelvic floor muscles properly again as well as strengthen muscles around your hips, which provide so much assistance to your pelvic floor! The lengthening and strengthening accomplished with these exercises help support your body through everyday tasks and prime your body for its return or debut to an exercise routine you want and enjoy.

Start out by doing one set of 10 repetitions of each exercise each day. Progress to perform two to three sets of 10 repetitions of each per day. For added difficulty, work on increasing the hold time of each exercise from one to five seconds.

Discontinue if pain or discomfort occurs and check in with a pelvic floor physical therapist. You can also add in yoga, upper and lower body strengthening, cycling, or the elliptical starting at eight weeks postpartum.

When to back off the pelvic floor and core exercises: If you notice any of the symptoms below, seek the help of a pelvic floor physical therapist. Exercising without the approval of your doctor is not recommended.

- Urinary incontinence
- Leaking poop
- Difficulty pooping
- Painful Intercourse
- Pelvic and/or low back pain
- Heaviness/pressure/bulging in low pelvis (may point to pelvic organ prolapse)
- Abdominal Bulging
- Cesarean scar pain, numbness,



Diaphragmatic Breathing

Diaphragmatic breathing engages the diaphragm, intercostal, abdominal, and pelvic floor muscles. This means actively pulling the diaphragm down with each inward breath.

Place hands as shown, over ribs, or over lower abdomen to start. As you inhale, allow the ribcage to inflate in all directions. Think of your ribs opening up like an umbrella on all sides. Allow the belly to inflate and let go of any tension in the neck and shoulders. Exhale naturally as you let your air go. Gradually deepen the breath without straining and work up to 4-second inhales and 4-second exhales.



Transverse Abdominis Contraction

The transverse abdominals are the deepest layer of your abdominal wall. A great way to engage these muscles is to think about doing a pelvic floor muscle contraction, also known as a Kegel, as these muscles work with the pelvic floor.

Begin by lying flat on your back with your knees bent and feet planted on the floor.

Complete a diaphragmatic inhalation to prepare. Exhale and perform a Kegel and transverse abdominis contraction as you imagine drawing your pelvic floor and lower abdominals in. Inhale and repeat.

A Kegel is a pelvic floor contraction and lift. Imagine sucking through a straw with your vagina, or stopping the flow of urine and holding back gas.

To contract the transverse abdominis muscle, imagine gently drawing your hip bones and the area surrounding your C-section scar together. This is very subtle but engages your deep core and pelvic floor muscles.



Child's Pose

Child's pose is an excellent position to allow for opening and relaxation of your low back and pelvic floor. It is also a great position to assist with getting more back and rib expansion while breathing. Your knees act as a gentle wall to only allow small expansion at your belly, thus directing air towards your back, ribs, and pelvic floor.

Start by sitting back on your heels then laying your upper body down over your thighs and reaching your arms out in front of you. Think about your "sits bones" trying to reach the wall behind you while your head and fingertips reach towards the wall in front of you. Focus on relaxing, diaphragmatic breaths while settling into this position. If having your knees together is uncomfortable, try bringing your knees to a slightly wider position.



Cat-Cow

After having a baby, we often find ourselves rounded forward to relax, pick up the baby, feed the baby, and do daily tasks such as laundry and dishes. A lot of life is down in front of us, so it is important to be able to move that direction but it is equally important to not lose the ability to extend in the opposite direction.

Keep your hands shoulder-width apart and your knees directly below your hips. Inhale deeply while curving your lower back and bringing your head up, tilting your pelvis up like a "cow." Exhale deeply, engage your pelvic floor, and bring your abdomen in, arching your spine and bringing your head and pelvis down like a "cat."



Heel Drop

To get to the starting position, start by lying on your back with your knees bent and feet planted. Exhale as you raise one leg of the floor to the position shown above (left) then do the same for the other leg. If you notice any signs of intolerance, bring your knees closer to your chest.

Inhale to prepare. On your exhale, gently lift your pelvic floor then slowly lower your heel towards the ground. Inhale to prepare. Exhale, engage, and lift your leg back to the starting position.

If the full movement causes signs of intolerance, only lower your heel half-way. If you need more of a challenge and show no signs of intolerance, try to lower and lift your leg during a single exhale.



Ball Squeeze

Contracting your inner thigh muscle can help activate your pelvic floor and transverse abdominis. This is a simple and effective way to start activating your core. It can be performed lying down on your back or in a sitting position with your feet on the floor.

Lie flat on your back with knees bent and feet resting on the floor. Place a yoga block, soccer ball, or soft pillow between your knees. Inhale to prepare. Exhale and squeeze the block between your knees. Gently draw in your lower abdomen and pelvic floor, engaging your core. Inhale, relax, and repeat.



Bridge

The next progression of core activation is learning to turn on the glute muscles with a pelvic floor contraction. During pregnancy, your glute muscles can flatten and turn-off due to postural changes. Activating these muscles and contracting with your deep abdominal and pelvic floor strengthens your core. It also helps with hip and pelvic stability.

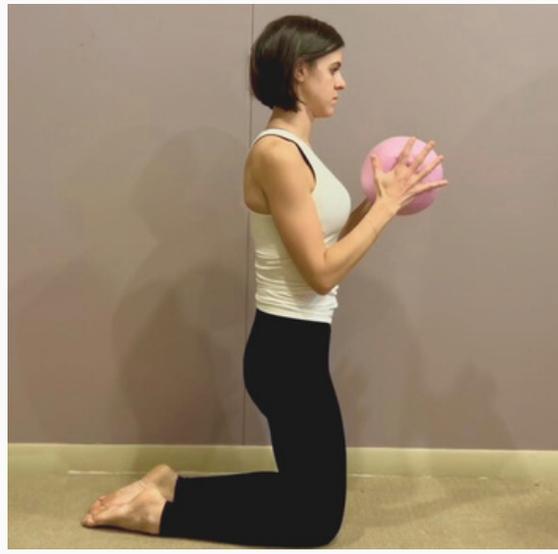
Lie flat on your back with knees bent and feet resting on the floor. You will want to bring your feet closer to your bottom before starting. Inhale to prepare. Exhale as you drive through your heels to raise your hips off the floor. In the top position, squeeze your buttocks and gently draw in your lower abdomen and pelvic floor. Inhale back down and repeat.



Quadruped Knee Lift

Come onto all fours in a tabletop position. Keep your shoulders over wrists, hips over knees, and check that you are maintaining a neutral spine. Inhale to prepare. Exhale, gently engage your pelvic floor, lift your leg to hover off the floor, then slowly lower to return to the starting position. Inhale and repeat on the opposite leg. Be sure not to tip or sway to the opposite side when lifting your leg.

If you need more of a challenge, raise your leg out to the side while keeping your knee bent (similar to a dog peeing on a fire hydrant).



Kneel & Squeeze

Begin by kneeling on the ground holding a ball, towel, or pillow lightly between your palms. Inhale to prepare. Exhale, engage your pelvic floor, squeeze your glutes, lifting your hips forward until your knees, hips, and shoulders are in a straight line. As you raise off your heels, squeeze the ball between your palms. Inhale on the return to the starting position and repeat.



Mini Squat

It's important to learn to use your pelvic floor muscles with movement. The squat is a fundamental movement we use repeatedly during daily life and is the basis for many other daily movements.

Start with your feet pointing forward, shoulder-width apart. Inhale as you bend your knees, sending your hips down and back. Keep ears, shoulders, and hips in line as you do so. Exhale, engage your pelvic floor, squeeze your glutes, and return to standing.

As you return to standing, be mindful not to shove your hips forward. Think of someone pulling you towards the ceiling with a string as you stand.