

Information on Postpartum Health from the Section on Women's Health of the American Physical Therapy Association

This insert has been created by the Section on Women's Health of the American Physical Therapy Association. These physical therapists have been specially trained to work with women during the childbearing years. If you have any questions about the information in this section, please contact a women's health physical therapist or your healthcare provider. More information is available at www.womenshealthapta.org.



PLEASE READ THIS IMPORTANT INFORMATION

Inside this special section you'll find some information designed to ease your recovery from childbirth, and to promote a healthy and happy time with your baby.

Topics include:

- Postpartum Back and Pelvic Pain
- Caring for Your Pelvic Floor Muscles
- Postpartum Fatigue, Exhaustion, Baby Blues and Depression
- Postpartum Posture and Body Mechanics
- Get Your Belly Back
- Cesarean Scar Management
- Postpartum Sexual Healing



Information about finding a physical therapist for women can easily be found. Go to the website for the Section on Women's Health of the American Physical Therapy Association website at www.womenshealthapta.org and look for the Consumers link, then click on "Women's Health PT Locator."

POSTPARTUM BACK AND PELVIC PAIN

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 increases with activities which is referred to as mechanical
- 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.

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

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.

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 again. If you can not 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.

At your 6 week follow-up with your doctor, nurse or mid-wife, ask them to check your muscles to make sure that you are contracting your pelvic floor muscles correctly.

POSTPARTUM FATIGUE, EXHAUSTION, BABY BLUES AND DEPRESSION

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 is a major problem for the family.

CALL YOUR HEALTHCARE PROVIDER IF:

- Fatigue doesn't stop.
- Your fatigue is noticed by others.
- You feel depressed, anxious or angry with your baby.
- Fatigue is accompanied by sadness or headaches.
- You feel tired after activities.

OTHER COMMON SOURCES OF POSTPARTUM FATIGUE INCLUDE:

- Anemia
- Infections
- Baby blues or postpartum depression
- Heart problems
- Thyroid problems



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 can not 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 with 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 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.

CHECK OUT THESE WEBSITES:

www.napcs.org
www.dona.org
www.cappa.net
www.postpartum.net
www.momsclub.org
www.mothersandmore.org
www.postpartumdads.org
www.seemommyrun.com
www.mothersacrossamerica.com

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



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



Good technique – baby balanced



GET YOUR BELLY BACK!

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 for at least 4 weeks, or at least 6 weeks if you had a Cesarean birth.
- You must do the exercises correctly.

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

WATCH OUT FOR SEPARATION OF THE BELLY 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 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.

STAGE I EXERCISES

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 EXERCISES

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.



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 to 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 to 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 from 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 your 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 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 vaginal 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.

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



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.