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## Physiotherapy advice and management following a vaginal birth

### Perineal Tears:

A tear of the soft tissue between the vagina and the anus occurring when the baby's head stretches the surround tissues as it exits the pelvis and passes down through the vagina.

Perineal tears are classified based on the extent of the tear and the tissues involved.

**1<sup>st</sup> Degree:** Tear in the skin at the opening of the vagina.

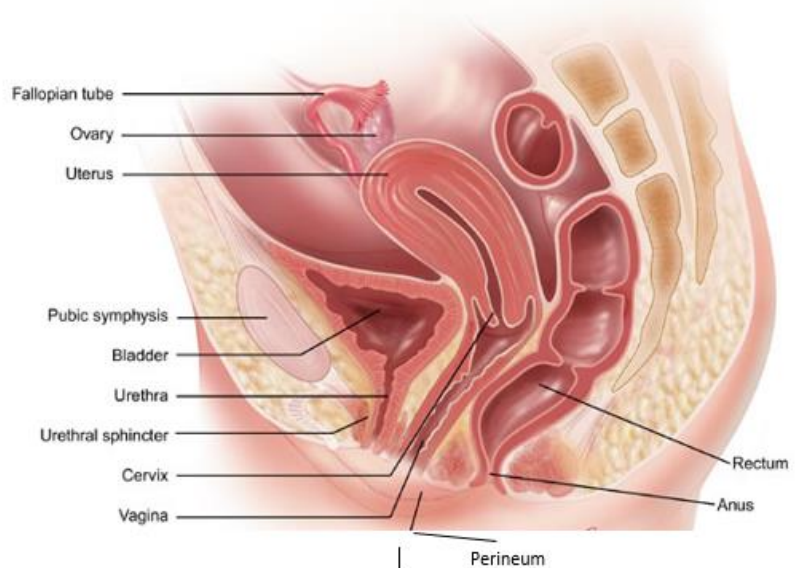
**2<sup>nd</sup> Degree:** Tear in the skin and the muscle between the vagina and the anus.

**3<sup>rd</sup> Degree:** Tear backwards from the vagina, also involving some part of the anal sphincters.

**4<sup>th</sup> Degree:** Tear backwards from the vagina, through the two anal sphincters.

An episiotomy is a surgical cut made in the perineum to aid the birth of the baby's head, equivalent to a 2nd degree tear. An episiotomy is performed to prevent a more extensive tear.

All grade 3 and 4 tears, and some grade 1 and 2 tears, are repaired with stitches. Some women will be placed on anti-biotic medication to reduce the risk of infection, and a laxative to assist opening of the bowels in the short term.



## Caring for your perineum following delivery

Looking after your perineum after child birth is important however, it becomes even more important when the pelvic floor is damaged and stitches are required.

Helpful tips include:

- Using ice packs to reduce swelling and pain. Do not use ice packs if you have decreased feeling in your perineum. These are available in the freezer and your midwife can assist you. Ice packs should be wrapped in a wet washer/chux and placed underneath your pad – do not directly apply to the skin. Leave in place for 10-20 minutes before removing and drying the area. Ice can be repeated every few hours over the first 2-3 days or until no longer needed.
- Keep the stitches clean.
- Compression can help to reduce pain and swelling. Wearing 2 pads (stacked on top of each other) and firm fitting high-cut underwear will provide gentle compression to the perineum.
- Avoid strenuous pelvic floor muscle strengthening in the first 3-7 days following delivery. It is however important to do small, gentle contractions of the pelvic floor to aid circulation and swelling management.
- Avoid sitting and standing for long periods in the first 2 weeks.
- Rest regularly by lying on back or stomach as comfortable, to assist swelling to drain away.
- When sitting, rest on a padded chair to decrease pain. Rolled and folded towels can be helpful also under each thigh to decrease pressure to the perineum. Avoid sitting on “ring cushions” as these may cause swelling to accumulate in the perineal area.
- When you need to cough, sneeze or blow your nose, support your perineal area with you hand to help decrease pain and protect the area from further stretching. At the same time brace your pelvic floor muscles by contracting them throughout.

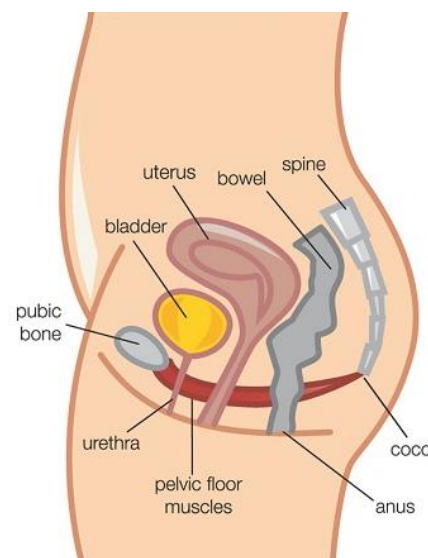


## Bladder Function

The bladder is a muscular organ that collects urine (pee) from the kidneys and stores it until the body is ready to pass it during urination. During the late stages of pregnancy and throughout labour the bladder is compressed and stretched to allow for baby's head in the birth canal. This compression can have an impact on your ability to pass urine following delivery.

Common urinary complaints following child birth include:

- Urine leakage.
- Poor ability to sense when you need to pass urine.
- Urgency (sudden, strong and unexpected urge to urinate).
- Incomplete emptying of your bladder.
- Poor ability to delay urination.
- Strong uncontrollable flow or 'gushing' while urinated.



→ Please inform your Midwife or Physiotherapist if you have any of these issues.



Helpful hints for maintaining or improving bladder control and pain include:

- Avoid going to the toilet unnecessarily or “just in case” as this can incorrectly train your bladder to give you a strong urge when it is only partly full.
- Drink plenty of water minimising tea, coffee, soft drink and artificial sweeteners (commonly found in diet soft drinks, energy drinks and chewing gum) as these may contribute to urgency.
- Complete regular pelvic floor exercises (discussed later in handout).
- Sit on the toilet in a forward leaning position to aid complete bladder emptying.
- Stinging is common in the first few weeks if you have stitches due to urine being acidic:
  - Drinking plenty of water to decrease concentration of acidity of urine.
  - Urinating in the shower as this dilutes the urine.
  - Using a water-bottle/cup to spray/pour water onto the opening of the urethra (the tube where the urine exits) to dilute the urine before it touches your stitches.

→ The Physiotherapist can provide further hints if you are having difficulty with a certain aspect of urination.

## Bowel Function

The bowel is the end of the digestive system which collects faeces (poo) and stores it until the body is ready to pass it. Bowel complaints following child birth include constipation and faecal incontinence. Please inform your Midwife or Physiotherapist if you have any of these issues.

Helpful hints for managing bowel habits:

- Avoiding straining and pushing to open your bowels by using ideal toileting posture:
  - Sitting with your back straight, leaning forward from your hips with your elbows resting on your knees, feet flat on ground or stool. A stool can be used if comfortable.
  - Gently relax your abdominal muscles so that your belly gently bulges forward.
  - Tighten your pelvic floor muscles around the back passage when you have finished.



- Support your perineum/stitches by wrapping toilet paper around your fingers and then placing them gently against your stitches/vagina to decrease any downward pressure through the area.
- Eating a balanced diet with plenty of fruits and vegetables.
- Drinking plenty of water throughout the day.
- Using fibre supplements, stool softeners if needed.

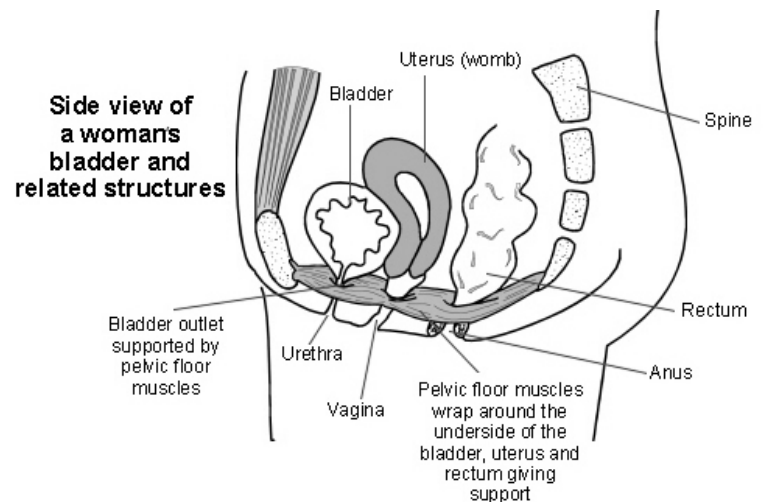


- If you have haemorrhoids, use ice packs to decrease pain and support the haemorrhoids while moving your bowels.
- Walking – this helps the bowel start to move.
- Avoiding long term strong pain relief.
- Complete regular pelvic floor exercises (discussed later in handout).

## Pelvic Floor

### What is the Pelvic Floor?

The pelvic floor is a group of muscles which sits in a sling like position to provide the floor/base of our pelvis. It assists with control of the bladder and rectum (bowel) as well as supporting these organs and the uterus (womb).



### Pelvic floor and having a baby

During pregnancy the pelvic floor muscles have to support a lot of extra weight as the baby grows. This can cause them to become stretched and weak and can lead to the development of urinary incontinence (urine leakage) and pelvic organ prolapse (a lowering of the pelvic organs - uterus, bladder or bowel - through the vagina). During labour and birth the pelvic floor muscles stretch to allow delivery. Pushing for a long time, larger babies, severe tearing and forceps or vacuum deliveries can result in more significant damage to the pelvic floor.

### Pelvic Floor Exercises

Following your delivery it is important to start strengthening your pelvic floor as soon as possible, preferably within 1-3 days after delivery. Starting these exercises early can help healing by decreasing swelling and bruising in the perineum, but wait until after the urinary catheter has been removed. Some women may not be able to feel their pelvic floor muscles contracting in the first few days after a delivery however the exercises are still working even if the contraction can not be felt.



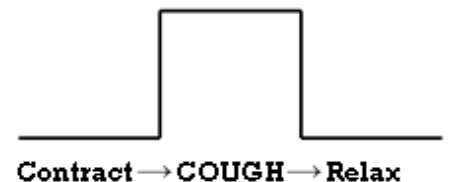
### Completing pelvic floor exercises:

- Start by lying on your back to begin with, then progress to sitting and standing over the first few weeks.
- Breathe normally; as you breathe out gently contract your pelvic floor muscles by tightening and lifting around the vagina and anus as if trying to stop yourself peeing or passing wind.
- Hold this contraction for 1-3 seconds – make sure you continue to breathe in and out as normal. Gradually increase holding time as able (goal 10 seconds).
- Feeling tightening of the lower abdominal muscles is normal, but avoid tightening of the abdominal muscles above the belly button or clenching the legs or bottom cheeks is trying too hard.
- Repeat 5-10 holds at a time 3 times a day.

### “The Knack”

“The Knack” is the functional bracing of the pelvic floor in preparation of increased intra-abdominal pressure, such as during coughing, sneezing, laughing, heavy lifting or exercise. During these times the increased pressure of the abdomen pushes down on the pelvic floor and pelvic organs causing stretching of the soft tissues.

Activating or bracing the pelvic floor prior to coughing, sneezing etc. creates a strong backstop, and prevents stretching of these structures.



### Abdominal bracing exercises

The abdominal muscles are a group of superficial (shallow under the skin) and deep muscles which are important for trunk movements and supporting the spine like a “muscular corset”. They include the internal and external obliques, transversus abdominus and rectus abdominus.



Bracing these muscles is an important technique to help protect the spine in different postures and movements. The below exercises are designed to assist with abdominal bracing.

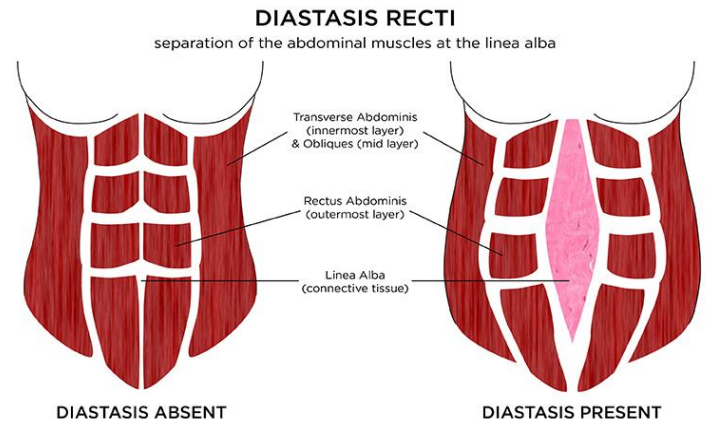
1. Start by lying on your side. Focus on tightening your pelvic floor muscles first, and then draw in your lower abdominal muscles. Hold this for 1 - 2 seconds first while breathing easily. Aim to build up to 10 seconds holds as able. Repeat 10 times.
2. Standing in front of a mirror. Stand tall with even weight through each foot. Gently draw in your lower abdominal muscles. Hold for 2 - 3 seconds then relax. Repeat 2 - 3 times. Over time build up to a 10 second hold.



## Rectus Diastasis

Rectus diastasis is the separation of left and right muscle bellies of the rectus abdominus muscle (or the “6-pack muscles”). It is created by the stretching of the connective tissue (known as the linea alba) between the two sides. This stretching commonly occurs during pregnancy due to the expansion of the uterus as baby grows. Following the birth this separation should resolve spontaneously however more severe cases may remain present for life. The following advice contains strategies to help decrease and resolve the separation:

- Avoiding sit ups and strenuous abdominal exercise.
- Wearing of abdominal support devices is encouraged – including tubi-grip, firm fitting high waisted underwear, maternity belts or pregnancy shorts.
- Avoiding heavy lifting and physical work or straining.
- Taking extra care when getting into and out of bed – roll to the side and use arms to assist into sitting/lying. It is important not to use the abdominal muscles to pull up into sitting as this may make the separation worse.



## Back Care and Advice

Following a vaginal delivery it is important to take care to avoid causing a back injury or developing back pain. Some important advice includes:

- Maintain good posture when standing and sitting – avoid slumping.
- When cooking/cleaning/etc try to do between waist and shoulder height.
- When feeding your baby, sit in a supportive chair and have your baby positioned at a height that helps you avoid slumping/hunching over. Pillows can be used to help achieve this.
- Avoiding heavy lifting for the first 6 weeks – eg. Toddlers, heavy groceries, full washing baskets, baby capsule, pram into the car
- When lifting be sure to bend at your hips and knees. Hold the object close to your body. Lift by straightening your legs.
- Avoiding twisting through your back when holding or lifting heavier objects.
- Brace/contract your pelvic floor prior to completing a lift.



## Returning to exercise

Exercise is an important part of a healthy lifestyle. Returning to exercise and sport after a delivery should be gradual, starting slow and increasing as fitness improves and your body recovers from the birth. Starting strenuous exercise or high-impact activities too soon after childbirth can impact the recovery of your pelvic floor muscles, leading to issues with bowel and bladder control or pelvic organ prolapse. Below is a guide of exercise and activity timeframes following a vaginal delivery:

- 0 – 6 weeks postnatal
  - Walking: start with short distances, and increase as comfortable
    - It is safe to push a pram however avoid straining to push up large hills, on soft sand or with multiple children riding within.
  - Pelvic floor exercises
  - Postnatal abdominal muscle bracing
- 6 – 12 weeks postnatal
  - It is recommended to wait until your six-week postnatal GP check up before starting a group exercise program or going back to the gym
  - Walking – increasing distance, intensity and pace
  - Gradual return to lower impact exercise including:
    - Low intensity water aerobics class and swimming (once bleeding has stopped and any stitches/tears have healed).
    - Gym program (maintain good posture, use light weights, avoid breath holding).
    - Pilates and yoga
- 12 – 16 weeks postnatal
  - Gradual return to high-impact exercise, running, sport or abdominal exercise programs.
  - Consider visiting a physiotherapist for a pelvic floor muscle assessment before starting these high impact activities if concerns exist.
- 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.

### Important notes:

- During and after your pregnancy, your pregnancy hormones make changes in your joints and ligaments making them more vulnerable to damage. Take care with exercise.
- Fatigue and over exertion during exercise can increase your risk of injury – it is important to listen to your body and adjust exercise as necessary.



## Intercourse

Following a delivery, whether a vaginal delivery or caesarean delivery, when to recommence sexual intercourse can be a common concern. It is advisable to wait 4-6 weeks following a delivery to ensure healing of the wound, uterus, cervix and vagina has occurred. Intercourse prior to the end of the bleeding after a birth is not recommended as it can introduce bacteria to the area and cause infection.

Returning to intercourse can sometimes have some discomfort. Things to help with this include being as relaxed as possible, and relaxed deep breathing.

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