

# Congratulations—you are almost there!

In the coming weeks, you will finally meet your baby. You are ready, and the following information might help you feel even more prepared. We recommend that you secure a referral for postpartum PT at your 6-week check-up so that you can come in for an assessment and individualized recommendations for your healing. Feel free to bring your baby with you—we are excited to meet them, too!

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## RESOURCES FOR THE CHILDBEARING YEAR

- Prenatal and postnatal yoga:  
[www.gratefullyoga.com/prenatal-postnatal/yoga-for-childbirth](http://www.gratefullyoga.com/prenatal-postnatal/yoga-for-childbirth)
- Perinatal massage and yoga, Mommy and Me yoga, and education classes at Sweet Pea Studio:  
[www.sweetpeasstudio.com](http://www.sweetpeasstudio.com)
- Picnic: a gathering spot for families with small children. Childbirth education classes, perinatal massage, mom-baby groups, infant massage:  
[www.chicagofamilypicnic.com](http://www.chicagofamilypicnic.com)
- Perinatal/Infant Massage with Jennifer Schweizer, LMT:  
[www.nurturingtouchmassage-inc.abmp.com](http://www.nurturingtouchmassage-inc.abmp.com)

## GENERAL RESOURCES

- Breastfeed, Chicago!  
[www.breastfeedchicago.com](http://www.breastfeedchicago.com)
- Infant risk center (to ask about any herbs/meds that you may be taking while breastfeeding):  
Ph. 806-352-2519
- Beyond the Baby Blues, a 6-week postpartum program in Evanston  
[www.beyondthebabyblues.org](http://www.beyondthebabyblues.org)
- MealBaby, a registry site to organize meals for the new family  
[www.mealbaby.com](http://www.mealbaby.com)
- Postpartum Support International:  
Ph. 800-944-4773  
[www.postpartum.net](http://www.postpartum.net)
- 24-hour Postpartum Depression Crisis Hotline  
Ph. 866-364-MOMS

## LABOR AND DELIVERY

- Avoid breath-holding or forced pushing before 10cm dilation. Wait for spontaneous pushing.
- Rest and relax as much as possible to save energy for when you need to push.

## LABOR AND DELIVERY (cont'd)

- Maternal movement can help the baby move through the pelvis.
- Empty bladder every 30 minutes to make room for baby descending through pelvis.
- TENS unit: one set of leads at T10-L2 (where lower ribs meet low back) for pre-labor pains, and one set at S1-2 (at back of pelvis) for labor pains. Burst mode gives most pain relief. Adjust intensity as needed.

## THINGS TO HAVE AT HOME (FOR AN EASIER POSTPARTUM)

- Dry erase board (List all the household tasks that need to be completed. Guests need to do at least one if they want to hold baby.)
- Witch hazel (without alcohol)
- Cabbage and ice packs for sore breasts
- Nipple butter and bottom balm (bring to hospital)
- Pads for long-term postpartum bleeding (GladRags are cotton)

## ACUTE POSTPARTUM

- After Pains are contractions that assist shrinking of uterus. *Improves after 3 days.*
- Lochia=vaginal discharge following delivery. *Initially contains blood, by day 10 assumes a white/yellow color.*
- Bleeding may recur if mother is too active.
- Perineum will be sore and swollen after delivery. *Will take a few weeks to heal.*
  - *Try: ice, pain meds, sitz baths, witch-hazel-soaked frozen pads*
- Bladder and urethra may be stretched/bruised during delivery. Anesthesia may make it difficult to urinate. Weeks 2-8 postpartum, the bladder has an increased capacity which can cause over-distention and incomplete emptying.
- Pelvic floor exercises performed hourly can improve ability to urinate, and also increase blood flow to promote healing. *Safe to do immediately after delivery.*

## ACUTE POSTPARTUM (cont'd)

- Gradually increase walking times for gentle exercise. Maintain good posture to ensure proper activation of the core (works at 5-10% effort to maintain posture).
- 21% report constipation: use of stool softeners, early ambulation, good fiber and fluid intake can make Bowel Movements easier.
  - Abdominal binder can assist abdominals for effective defecation.
  - Manual lift of perineum can protect it from excessive stretching with BM.
- Hemorrhoids occur due to strain on rectal veins while pushing.
  - Avoid straining during BM
  - Treat with sitz bath, witch-hazel compress, laxatives, PFM exercises
  - Avoid standing or sitting for too long, sit on cut out cushion/doughnut
- Gas Pains: Avoid gassy foods and drink/eat slowly and often.
  - Bridge and twist exercise
- Diastasis Recti Abdominis (DRA) occurs in 66-100% by 3rd trimester. One study found worsening of DRA from 36 weeks gestation to 12 weeks postpartum (Hsia 2000)
  - Safe to initiate Transversus Abdominis training immediately postpartum
  - Avoid bearing down while holding breath
  - Exhale during BM, bending, lifting, push/pulling
  - Proper body mechanics: bend from hips, not from back. Do not sit up (jackknife) from lying flat
  - Log roll technique (exhale while using arm to push up to seated position)
  - Activate TA and PFM during all daily activities
  - Do not lift anything heavier than baby initially. Activate deep core and use good body mechanics
  - No sit up/crunch exercises unless instructed in bracing/binding technique, to prevent worsening of DRA

## ACUTE POSTPARTUM (cont'd)

- Breast engorgement can cause discomfort.
  - *Try:* Ice packs, warm compress prior to feeding, nurse more frequently, manually express milk, massage from axilla to nipple
- “Huff” (or Grrr, Hisss, etc.)
  - Vocalize a strong exhale throughout the day to activate your abdominals, to avoid gas pain, and to avoid holding your breath.

## C-SECTION

- Immediately post surgery, begin Diaphragmatic Breathing
- Use an abdominal binder for support of incision
- TA/PFM contraction for all activities, bed mobility and transfers
- Begin slow walking after 24 hours
- Try ice and TENS for pain management
- Bridge and twist to relieve gas pain (5x, 3-5 sets per day)
- Massage scar (initially 3-6 inches away from healing incision) moving in small circles to increase blood flow and healing. When scar heals (4-6 weeks) begin massaging the scar itself with Mederma.

## POSTPARTUM RED FLAGS

*If you notice any of the following, please seek medical advice.*

- If your breast becomes painful, red, swollen, hard or hot, or if you feel a lump in any area of your breast.
- If your lochia discharge was previously brown/yellow/ white and suddenly becomes bright red, or you are passing large clots of blood (larger than marbles).
- If you notice any burning/pain with urination or your urine appears dark/red.
- If you feel frequent urges to urinate but have little output.
- If you feel:
  - Loss of appetite
  - Insomnia
  - Intense irritability and anger

## **POSTPARTUM RED FLAGS (cont'd)**

- o Overwhelming fatigue
- o Loss of interest in sex
- o Lack of joy in life
- o Feelings of shame, guilt or inadequacy
- o Severe mood swings
- o Difficulty bonding with your baby
- o Withdrawal from family and friends
- o Thoughts of harming yourself or your baby

## **6-WEEK CHECK-UP**

- Menstruation will return ~60 days in women who do not breastfeed. If breastfeeding, may take up to 8 months. Breastfeeding is not a form of birth control. Pregnancy hormones and associated ligamentous laxity will continue during lactation period, continue joint protection strategies to prevent injury.
- Uterus will be nearly the same size as pre-pregnancy.
- OK to do brisk walking at 6-8 weeks, jogging by 10-12 weeks if cleared for higher impact activity. Generally no restrictions at 14-16 weeks unless otherwise instructed, but check with your PT for individualized assessment and recommendations.

## **BOWEL HEALTH FOR NEW MOMS**

- Leaking from your anus, either gas or fecal matter, is common in women who have had serious tears of the pelvic floor during delivery. Risk factors for fecal incontinence include: difficult childbirth, advancing age, chronic illness or chronic diarrhea.

## **BOWEL HEALTH FOR NEW MOMS (cont'd)**

- Constipation is very common in new mothers, especially if they have had a C-section, or an episiotomy. Constipation may be a problem if you:
  - Regularly have to strain with bowel movements
  - Have hard or lumpy stools
  - Feel you are not emptying completely
  - Have less than three bowel movements per week
- **Homework:**
  - Increase fluid and fiber in your diet.
  - Try to add gentle physical activity, such as walking, to your daily routine.
  - Initially after childbirth, you may want to support the perineum (the area between your vagina and anus) with a clean pad or folded washcloth. Gentle pressure can help support stitches and allow you to relax your pelvic floor enough to enable a bowel movement.
  - Use a good toileting technique: lean forward and rest your elbows on your thighs. Ideally, your knees should be higher than your hips – either raise your heels, or rest your feet on a small stool or bench. Don't hold your breath when you are defecating! Try and make your waist wide and big, as if you have swallowed a balloon. Relax and soften around your anus. When you exhale, try and gently bear down, as if you are bulging out your anus. If you don't succeed after 10 minutes, try again later.

## **BLADDER HEALTH FOR NEW MOMS**

- It is very common to notice changes in your bladder habits after you give birth. Some of these changes may include increased frequency, urgency or leakage, especially with coughing or sneezing.
- Some habits can make the problem worse. These include:
  - Hovering over the toilet instead of sitting down
  - Stopping and starting mid-stream to do your pelvic floor exercises
  - Trying to force the flow of urine
  - Going to the bathroom 'just in case...' – especially at night.

## BLADDER HEALTH FOR NEW MOMS (cont'd)

- Tips for controlling urgency:
  - When you feel the initial urge, stop, sit down if you can and take a deep, calming breath.
  - Practice doing 5 to 10 strong, quick contractions with your pelvic floor muscles– this sends a message to your bladder to relax.
  - Putting pressure on your perineum (the area between your vagina & anus) may also help. If this is not possible, simply crossing your legs may help.
  - Distract yourself by counting from 10 slowly down to 1.
  
- Controlling leakage with activity:
  - Practice 'The Knack'! This exercise trains your pelvic floor to engage and support your bladder before there are any increases in pressure, for example coughing, sneezing, or moving from sitting to standing.
    - First, practice engaging your pelvic floor – imagine you are closing the openings of your pelvic floor (as if you were trying to stop passing gas or urine), then lift your pelvic floor up and in, preferably as you exhale. This sounds more complicated than it really is! Take a few practice attempts first to tune in to what your body is feeling.
    - When you feel confident about engaging and then relaxing your PF, you can add some gentle abdominal work. As you exhale and engage your PF, try to gently pull your lower tummy in to your spine, then let everything relax.
    - Now to put it all together! Scoot forward to the edge of your seat, take a breath in and as you exhale, engage your PF and tummy as you stand up, then relax your pelvic floor completely.



## **BLADDER HEALTH FOR NEW MOMS (cont'd)**

- More bladder health tips for new mothers:
  - When you get up during the night to feed your baby, don't go to the bathroom 'just in case'. Go when you need to go! When you urinate, the stream should last long enough for you to count '1 Mississippi, 2 Mississippi...all the way to 8 Mississippi. Your bladder has had a baby pressing on it for the past nine months – you need to help it regain its capacity by only going when you actually need to go, not just because there is a bathroom available.
  - Make sure you are drinking enough water. How do you know? Your urine should be just about clear.
  - Don't get constipated as straining to have a bowel movement can put a lot of pressure on your bladder's support system.
  - Avoid bladder irritants such as alcohol, coffee, black tea & carbonated drinks. They can make you have more urgency, frequency and leakage. Some women find spicy foods, chocolate, dairy, tomatoes and citrus can irritate their bladders. Try eliminating a potential irritant for a few days and see if there is a change in your bladder's behavior.
  - When you go to the bathroom, sit on the toilet with your feet on the ground. This helps your pelvic floor relax and your bladder empty more efficiently. Don't hold your breath or strain during urination.

## **MODALITIES**

- TENS home units: one set of lead wires at T10-12 for pre-labor, one set at S1-2 for labor pains, or cross leads over site of C-section pain

## POSTPARTUM PAIN

- 62.5% will have no low back/pelvic girdle pain 1 month postpartum (Albert 2001)
- 8.6% will still have back pain two years later
- Don't be surprised if other aches and pains pop up as your body is in the process of healing. Let us know if you'd like some help putting the pieces back together! We'd love to help speed the healing process along and it often takes only a few visits to see results.

## BOOKS

- *Essential Exercises for the Childbearing Year* by Elizabeth Noble
- *Natural Health After Birth* Aviva Jill Romm
- *After the Birth...A Woman's Way to Wellness* by Robin Lim

## DVDs

- STOTT Pilates Pre-Postnatal DVD set
- Pre-postnatal DVD's by Jillian Moriarty, PT

We are so grateful that you have allowed us to be part of your support team. Please don't hesitate to contact us with any questions, feedback or pictures you want to share!