



For Every **Body** that Moves

**Advice & Exercise for**  
**Post-natal Back  
and Pelvic Pain**

**Patient Information Booklet**



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# Introduction

Once you have given birth your hormones will take time to adjust and return to normal levels. Following delivery you may still experience some of the following symptoms/conditions: pubic symphysisitis, posterior pelvic pain, sacroiliac joint dysfunctions, spinal instability, carpal tunnel syndrome or hypermobility.

Physiotherapy can help to reduce these symptoms but it will also ensure you have the strength and coordination to return to regular exercising.

If following birth you discover you have a rectus diastasis, you will be able to complete some of the exercises in this booklet to reduce the gap and improve your core stability. However this improvement can only occur within the first 6-8 weeks post natally before the collagen levels change.

Your bladder will take a couple of weeks to return to its normal tone, post part. Therefore you may experience going to the bathroom regularly until this occurs.

It is important you are drinking between 1.3 and 1.5 litres of fluids even whilst breastfeeding to prevent dehydration.

Irrespective to which type of delivery you have, it is important to commence your pelvic floor strengthening. However if you had a caesarian section, you may want to wait a week before commencing the exercises. If you experience pain or discomfort whilst performing the exercises you must stop and consult a physio, midwife or your GP.

# Back Care During Pregnancy

## POSTURE



## SLEEPING POSTURE

You should avoid lying flat on your back during pregnancy as this may reduce the blood flow to you and your baby resulting in dizziness. Try sleeping with a few pillows under your head to prevent any issues.



Sleeping on top of a spare duvet doubled up can make you feel more comfortable. Placing pillows between your knees if you are sleeping on your side and help reduced pelvic pain. A thin pillow underneath your bump can aid sleep.

## GETTING IN AND OUT OF BED

To reduce any discomfort/pain on getting in and out of bed you may find it helpful to bend your knees and **keep your pelvic tilted with belly button towards your spine and engage your pelvic floor muscles.** Thus flattening your back and protecting your pelvis.



Keep your knees together and roll onto your side. Drop your legs down off the bed as you push up onto your elbow and hands. To get into bed, complete the above in reverse.

## GETTING IN AND OUT OF CAR

Keep your knees together and swivel your bottom round to get your legs in the car. Some people find sitting on a plastic bag helps to reduce friction and make this maneuver easier.

# Advice for Women with Pregnancy Related Back and Pelvic Pain

## DO:

- Wear low heeled shoes. If you need to wear a heel raise, **wear it at all times**, and don't walk around barefooted
- Sit with your knees together and lower back supported in a good chair
- Try to sit with your knees level or lower than your hips
- Take smaller steps when walking
- Sit down when dressing/undressing
- Showers are easier to get in and out of
- Ideally keep your knees and toes in the same direction whether walking or sitting

## DO NOT:

- Wear high heels
- Sit with knees apart, legs crossed or feet tucked up underneath you
- Walk fast
- Sit in soft chairs with little support
- Sit on swivel chairs unless no other option but make sure lock chair to stop it rotating. The rotation of the chair can exacerbate your pelvic and pubic pain
- Stand on one leg
- Use breaststroke legs when swimming
- Push a big shopping trolley

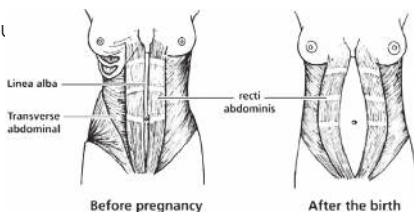
# Separation of the Recti muscles

During pregnancy as your baby grows, you lengthen. Ultimately becoming weaker. Most women, the connective tissue which helps to hold the stomach muscles together is stretched and they will separate resulting in a gap.

You will not feel them separate because they do not have a nerve supply. There is evidence to support if you have had the separation during one pregnancy, you are likely to have the gap following subsequent pregnancies.

To check if you have or the width of your gap, lie on your back with your knees bent and feet flat on the bed. Place your index and middle finger width ways into your abdomen just about belly button level.

Lift your head and shoulders off the pillow to complete a half sit up. You should feel the gap narrow as you start to sit up. However if you do not feel the gap narrow, you may need to use 3-4 fingers.



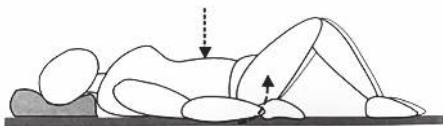
If you do not feel the compression on your fingers then you will need to complete exercise 3 in the following section for the initial 8 weeks post-partum before your collagen levels change.

## Exercises for Pregnancy-Related Back and Pelvic Pain

Make sure when completing exercises there is NO pain and complete on a bed or an exercise mat.

### EXERCISE 1 INNER RANGE PELVIC TILT

Lie on your back with your knees bent and feet flat on the bed. Pull in your tummy towards your spine and bring your pubic bone towards your breast bone (baby/bump towards you), flattening out your lower back. Hold this position for 3-5 seconds and slowly relax halfway. Movement should be controlled, smooth and slow.



Complete: \_\_\_\_\_ x \_\_\_\_\_

## EXERCISE 2 KNEE DROP OUTS

Lie on your back with your knees bent and feet flat. Tilt pelvis and engage your pelvic floor muscles throughout. Allow one knee to slowly fall out to the side without changing the position of your pelvis or letting go your tummy/pelvic floor muscles. Then return the knee to the start position and repeat on the alternate leg.

Complete: \_\_\_\_\_ x \_\_\_\_\_ on each leg.



## EXERCISE 3 EXERCISE TO CLOSE THE GAP

Lie on your back with your knees bent and feet flat on the grounds. It may be easier if no pillow under your head. Complete a pelvic tilt and engage your tummy/pelvic floor muscles throughout.

Cross your hands over your tummy so one hand is above your belly button and the other below.



Using your fingertips, pull the muscle towards the middle. Hold them in this position and activate your belly button to your spine as you lift your head/shoulders off the bed slightly. Keep your pelvic floor and tummy muscles engaged, and breathe out as you sit up.

<b>Day 1</b>	1 set of 10 reps
<b>Day 2</b>	2 sets of 10 reps
<b>Day 3</b>	3 sets of 10 reps
<b>Day 4</b>	4 sets of 10 reps
<b>Day 5</b>	5 sets of 10 reps

**Continue 5 sets of 10 reps for 4-6 weeks by which time your gap should have closed.**

## WHEN YOUR GAP IS CLOSED, YOU SHOULD START THE FOLLOWING STRONGER EXERCISES.

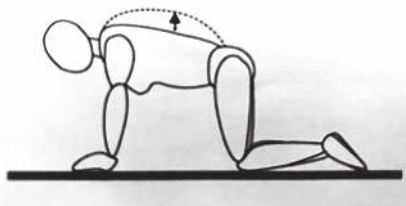
**A)** Lie on your back with your knees bend and feet flat on the bed or ground. Pelvic tilt and engage your tummy/pelvic floor muscles throughout whilst lifting our head and shoulders off the ground to a half sit up position. Repeat 10 times, 2 - 3 times per day.



**B)** Same position as (a) but as you complete the half sit up, reach with one hand towards the opposite knee. Repeat on the other side. Complete 10 times per side, 2 - 3 x day.



**C)** Lie on your back with one knee bent and other straight. **You are woking the straight leg.** Point your toes to the ceiling and stretch your heel towards the bottom of the bed/away from you so your leg lengthens. Then keeping your leg straight and the leg resting on the bed/ground, hitch up from your hip to make your leg shorter. Repeat 10 times on each leg, 2 - 3 x day.



### IMPORTANT!

**DO NOT EXERCISE WHEN YOU ARE TIRED. MAKE SURE YOU HAVE TRY AND REST EACH DAY. GOOD POSTURE IS VITAL - WALK TALL BY PULLING IN YOUR TUMMY MUSCLES AND PELVIC FLOOR MUSCLES.**



### IMPORTANT!

**DO NOT EXERCISE ON ALL FOURS BETWEEN 0-6 WEEKS POSTNATALLY.**



## EXERCISE 4 PELVIC TILTING

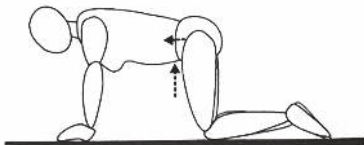
Start on your hands and knees. Complete an inner pelvic tilt to arch your spine. Hold for 5 seconds and relax to a flat back position.

Complete: \_\_\_\_\_ x \_\_\_\_\_

## EXERCISE 5 TRANSVERSE ABDOMINUS

On hands and knees, draw in your stomach below your belly button towards your spine and hold for 10 seconds, then relax. Engage your pelvic floor muscles during this exercise.

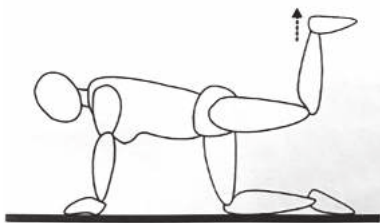
Complete Complete: \_\_\_\_\_ x \_\_\_\_\_



## EXERCISE 6 GLUTEUS MAXIMUS

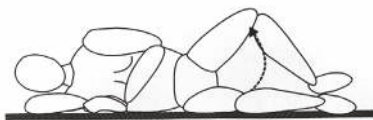
Kneel on all fours. Inner range pelvic tilt with pelvic floor muscle activation and squeezing of bottom muscles. Raise one foot (sole) to the ceiling, keeping your knee bent to 90 degrees and heel towards the ceiling. From this position, lift your heel to the ceiling without arching your back.

Complete Complete: \_\_\_\_\_ x \_\_\_\_\_ on each leg



## EXERCISE 7 GLUTEUS MEDIUS

Lying on your side with knees and hips bent. Complete an inner range pelvic tilt and maintain throughout this exercise.



Lift your top leg upwards, keeping your heels together. Hold for 5 seconds and slowly lower your knee back down. A pillow between your knees can make this more comfortable.

Do not allow your pelvis to rock forwards or backwards.

Complete: \_\_\_\_\_ x \_\_\_\_\_ each side.

## EXERCISE 8 SINGLE LEG RAISE

Lying on your back, engage your pelvic floor muscles and complete an inner range pelvic tilt. Lift one leg to table top position with your knee and hip at 90 degrees. Do not arch your back or let your belly button pop to the ceiling. Hold for 5 seconds and control the lowering of the foot.

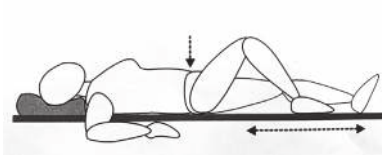
Complete: \_\_\_\_\_ x \_\_\_\_\_ on each leg or alternating.



## EXERCISE 9 LEG SLIDE

Lie on your back with your knees bent. Engage your pelvic floor muscles and hold. Keep your rib cage and pelvis fixed, slide one heel along the floor/bed to lengthening your leg then slide the same leg back to the start position.

Complete: \_\_\_\_\_ x \_\_\_\_\_ each leg

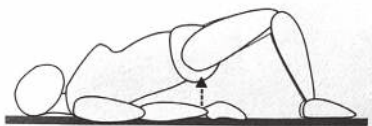


To progress when able to complete with nil pelvic movement, take your opposite arm up and above your head as you straighten your leg. Return the arm to your side as you bend your knee.

## EXERCISE 10 BRIDGING

**Do not attempt in the first 6 weeks post-partum**

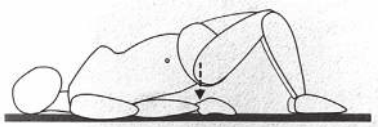
Lie on your back with your knees bent, pelvic tilted and core/tummy muscles engaged - maintain this muscle engagement throughout. You can place a rolled up towel or cushion between your knees. Squeeze your buttocks together and curl your spine off the surface as you bottom lifts off the ground. Aim to hold for 5 seconds before rolling your spine, one vertebra at a time, back down onto the ground/bed using your tummy muscles.



## EXERCISE 11 DIAGONAL BRIDGING

**Do not attempt in the first 6 weeks post-partum**

Bridge as described in exercise 10. Once you have peeled your spine off the ground and in the bridge position, allow one buttock to drop down towards the floor. Do not let it touch the ground therefore you will need to squeeze your bottom muscles to return to the bridging position. Repeat with the other side. Complete the exercise by rolling your spine back to the ground using your tummy muscles.



## PROGRESSION EXERCISE FOR WOMEN WITH PUBIC SYMPHASITIS

You may find it easier to start the following exercises with your knee bent and progress to a straightened knee as you get stronger.

### EXERCISE 12 LEG ABDUCTION

Lie on your side with your top leg straight. Tilt your pelvis and engage your tummy/pelvic floor muscles whilst you slowly move your upper leg slowly and smoothly towards the ceiling. Then slowly lower the leg back down. Do not allow your pelvis to rock forwards/backwards throughout. Complete: \_\_\_\_\_ x \_\_\_\_\_ alternating each leg.



### EXERCISE 13 HIP ADDUCTION

Lying on your side with the upper leg bent in front of your straightened bottom leg. Tilt your pelvis and engage your pelvic floor muscles throughout. Slowly and controlled lifting of the bottom straight leg up towards the ceiling, then slowly lower to the ground. Do not allow your pelvis to move during this exercise. Complete: \_\_\_\_\_ x \_\_\_\_\_ alternating each leg.



### EXERCISE 14 SIDE LEG LIFTS

Lying on your side with both legs straight. Tilt your pelvis and engage your pelvic floor muscles throughout. Slowly and controlled, lift both legs up towards the ceiling without changing your pelvic position. Then slowly lower both legs to the start position. Complete: \_\_\_\_\_ x \_\_\_\_\_ alternating each leg.



### EXERCISE 15 RESISTED ABDUCTION

Lie on your back and bend your knees. Feet should be flat on the bed and complete an inner range pelvic tilt. Place your hand on the outside of your thigh, and resist your leg into your hand. Work at 30% max strength.

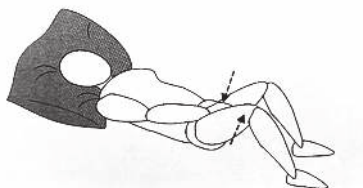
\_\_\_\_\_ x \_\_\_\_\_  
Right      Left



## EXERCISE 16 RESISTED ADDUCTION

Lie on your back and bend your knees. Feet should be flat on the bed and complete an inner range pelvic tilt. Place your hand on the inside of your thigh, and resist your leg into your hand. Work at 30% max strength.

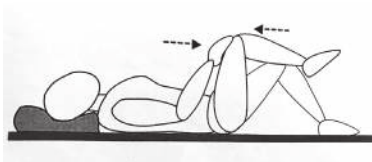
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## EXERCISE 17 RESISTED HIP FLEXION

Lying on your back with your knees bent and feet on the bed. Pelvic tilt and engage pelvic floor muscles, bend one knee towards your chest and resist by placing your hand on your thigh. Work at 30% max strength.

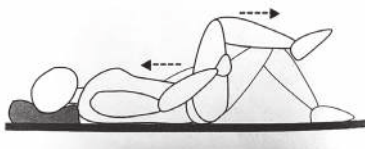
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## EXERCISE 18 RESISTED HIP EXTENSION

Lying on your back with your knees bent and feet on the bed. Pelvic tilt and engage pelvic floor muscles, bend one knee towards your chest and resist by placing your hand on your thigh. Work at 30% max strength.

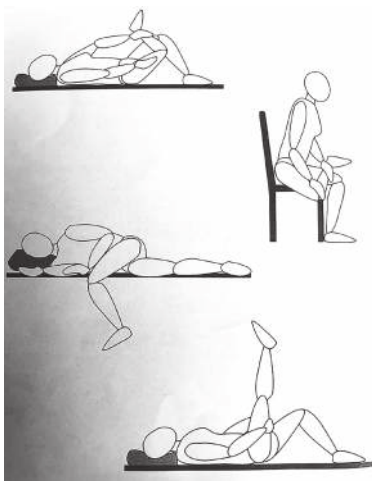
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## STRETCHES

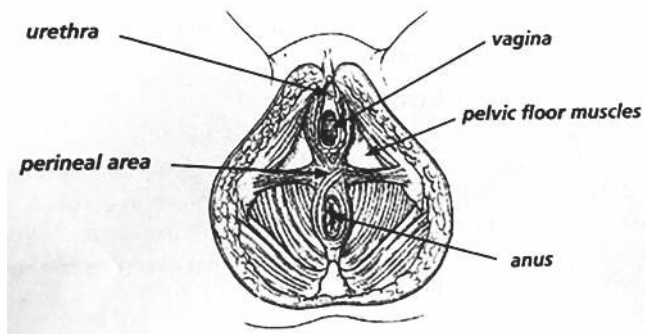
Hold each one for 15seconds to feel the stretch, but nil pain.

Repeat \_\_\_\_\_ x \_\_\_\_\_



# Pelvic Floor Muscles

This muscle group is vital in supporting the abdominal contents and preventing a prolapse. They attach from the pubic bone and attach onto the base of your spine causing a hammock, encompassing your bladder, bowel and vagina. Thus preventing any prolapse or leaking of urine or faeces. Pelvic floor muscles also play an important role in sexual arousal and performance.



During pregnancy the hormone relaxin causes ligaments and pelvic floor muscles to lengthen and weaken as the baby grows. As well as being stretch during delivery as the baby passes through the pelvis.



**PELVIC FLOOR EXERCISES SHOULD BE COMPLETED A MINIMUM OF 3 X DAY FOR LIFE. BUT - INITIALLY COMMENCE JUST ONCE AT THE END OF YOUR DAY BEFORE GOING TO SLEEP.**

To activate, close your front passage as though you are stopping the flow of your urine. At the same time close your back passage as if holding in wind. As you close both passages, you will feel a lifting sensation inside you.

## **DO NOT:**

- Hold your breath
- Use your abdominal muscles, or
- Use your buttock muscles.

If you do this, it will increase your abdominal pressure and bear down on your pelvic floor, causing them to weaken opposed to strengthen. There are two different types of pelvic floor muscles you should complete:

**1. Quick Squeezes** - draw up your pelvic floor quickly and strongly before relaxing. Repeat 5 times. **This will help to reduced any leaking when you cough, laugh or sneeze.**

**2. Holding** - Repeat above for quick squeeze but only lift the pelvic floor half way and hold for 5-10seconds. You must be able to feel the pelvic floor muscles let go. Repeat 5 times. **This will help prevent a prolapse and help support your back and pelvis.**

You should complete your pelvic floor exercises in all positions whether standing, sitting, walking, kneeling or completing household activities. If associated with a routine daily activity, they will become part of your daily routine.

It is common following pregnancy to experience a loss of the reflex action of the pelvic floor muscles. Tai means your pelvic floor muscles can work but do so only if you tell them. Try to pull up your pelvic floor muscles before and during activities that may cause some leaking. For instance, coughing, sneezing etc.

## Sexual Intercourse

It is safe to have sex once you have stopped bleeding for one full week. Yet it is important to remember you can fall pregnant again 2 weeks after birth, therefore it is recommended to use contraception.

## Changing and Bathing

Ensure you stand with good posture, engagement of pelvic floor muscles and a pelvic tilt. Change and bathe your baby on a surface that is of the right height for you.

Avoid bending and stooping over your baby. Never leave your baby unattended on a raised surface as he/she could roll off.

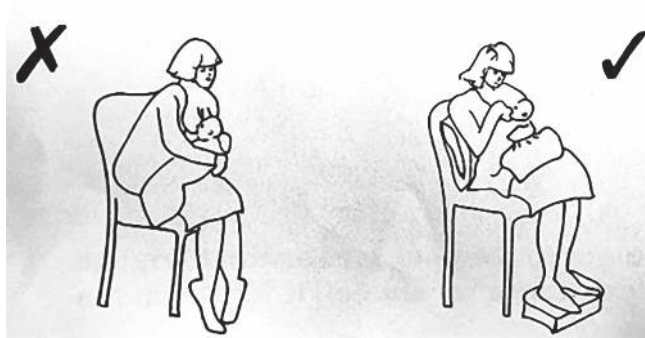
Make sure if you are changing or bathing your baby on the floor that you kneel on your knees, not legs out straight.



# Feeding

Some women find it comfortable to lie on their side to breastfeed.

Alternatively, in sitting make sure your back is supported. You can place a thin cushion between the chair and your lower back and another under the baby so you do not have to slouch. It may be a good idea to place another pillow under your arm which is supporting the baby as you feed.



## Returning to Sport Following birth

Walking is a very safe exercise to complete as soon as you feel able to, following birth. You can commence swimming once you have stopped bleeding for one whole week and no spotting. Thus, reducing your risk of infection.

Gentle cycling and horse riding can commence about 6-8 weeks postnatally. The more intense the exercise, it is more advisable to wait until approximately 12 weeks before commencing: running, returning to the gym, aerobics and competitive horse riding. It is important you have good pelvic floor muscle activation to ensure all organs in your pelvic cavity are well supported.

When returning to sport the progress should be gradual over a period of 3-6 week period to reduce the risk of developing a vaginal prolapse. The higher the intensity the exercise is, for instance F45 or CrossFit. Therefore you need to have good activation and nil issues on coughing/sneezing/laughing with regards to incontinence.

## Further Information

If you require further information and advice regarding this condition, please contact via the following to arrange an appointment with Nicola. The initial appointment will be an hour and all follow-ups 30 minutes:

**Online booking:** [npphysio.co.nz](http://npphysio.co.nz)

**NEW PLYMOUTH  
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