

Birth Optimisation and Recovery Manual

Whilst injury from birth is obviously a factor in postpartum issues, most issues can actually be caused by the effect of pregnancy and new parent **postures** on your pelvic floor and belly. The good news is this means they're often **preventable** and **treatable**!

Your pelvic floor is a group of muscles that support the base or floor of your pelvis and are part of your core. Watch this video to see a visual representation of your pelvic floor: https://www.youtube.com/watch?v=q0_JAoaM6pU

While you're pregnant your rib cage will rise and widen to create space for babe (supposed to happen), and the weight of the belly may swing your pelvis forward tucking your butt under and making you feel like your lower back is arched and leaving you stiff and tight in your upper back, chest, neck and shoulders. The more you can offset this change, the better off your body will be!

In terms of the birth, obviously you can't control exactly how it will go. But, there are also things you can do to prepare your mind, body and perineum to optimize your confidence and physical capability throughout the experience.

This workshop and accompanying manual will take you through how to offset the physical postural pulls of pregnancy, how to prepare for birth, and how to take care of yourself postpartum for optimum recovery.

While it's important to be informed, some of these issues can feel scary. My hope is that you feel empowered by what you learn, but if you leave feeling unsure or worried about anything please get in touch: hello@thecheerfulpelvis.com

Let's bust some myths:

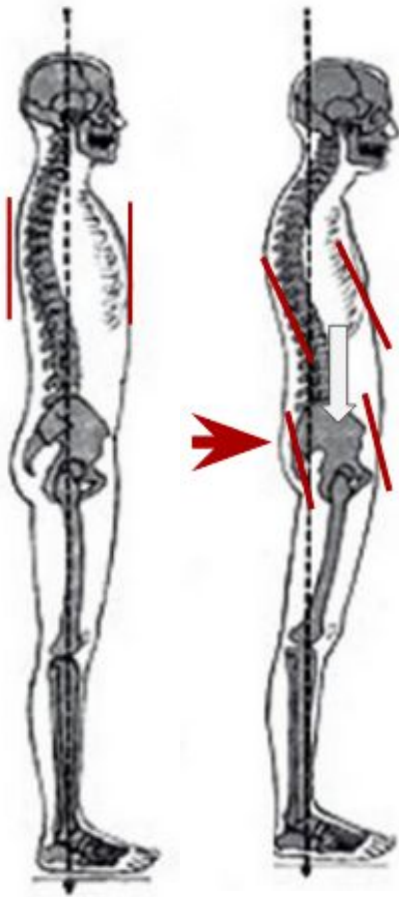
- Pelvic pain during pregnancy is not normal
- Incontinence post pregnancy is not normal
- Reduced sexual function is not normal
- Inability to exercise is not normal

What we're trying to avoid:

- Incontinence
- Prolapse
- Diastasis recti

These are all **pressure** issues.

Posture



The belly weight may pull your pelvis forwards which also tucks it under.

This will be worse if you have upper back stiffness and weak glutes (we all tend to)

Your ribs will flare out and up to create space for babe (normal)

Your head can go forwards

Your upper back can get more stiff and your neck, shoulders and chest become tight

➤ *This posture puts downwards pressure on your pelvic organs and inhibits the pelvic floor from working well*

Postpartum, this is also the posture that mamas often hold baby in

Please don't underestimate the importance of posture - if you end up in this "flat bum" posture, we often see it **causing or worsening incontinence, prolapse, diastasis, pain or all of the above.**

Can you breathe well?

How does pelvic floor contraction feel?

How do you look in the mirror?

This will **reduce the pressure** and help avoid the pressure issues of incontinence, prolapse and diastasis rectus.

To maintain a good posture...

1. **Deep squat** is the opposite to this in the body - like bending a credit card back the other way to straighten it - it's a great antidote
2. **Keep your upper back flexible**
3. **Be mindful** (but not military) with how you hold yourself
4. Any exercises giving you strong glutes and upper back will help you work against the belly weight

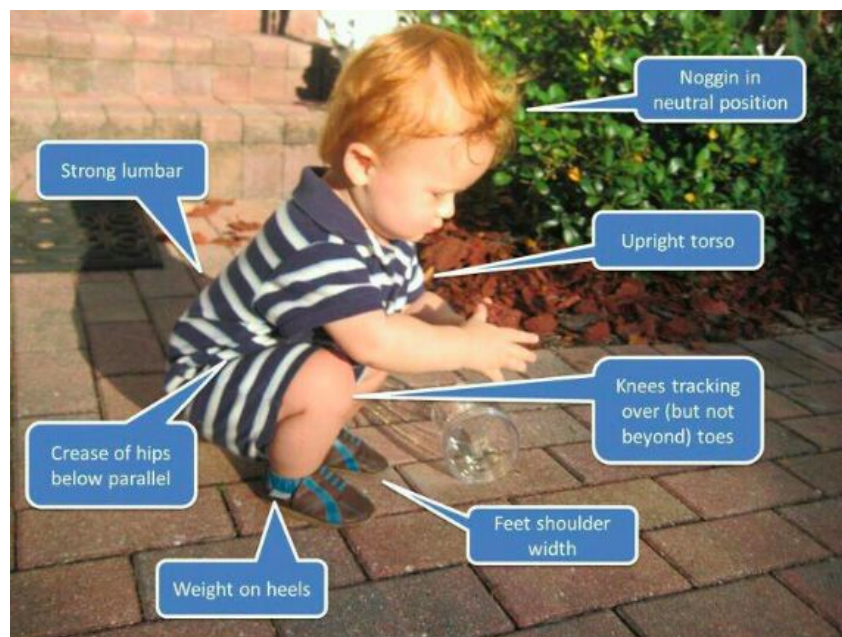
DEEP SQUAT!!!!!!

If you take one thing from this workshop let this be it!!!!!!

- Helps offset the forward belly pregnancy posture
- Opens the back of the pelvis for birth (which is where babe comes out)
- Gets your body used to a likely birthing position

Best squat technique =

- straight back so your tail is wagging up behind you not tucked under
- shins as vertical as possible
- feet parallel (can be as wide as you like)



Definitely start by holding on to something in front of you with your hands (try either side of door handle)

Any supported variation under your butt is fine while you work up to the full squat

You can do repeats but it's really about endurance and getting your body comfortable in this position, goal is endurance - as long as you can with ease (watching netflix) every day by the end of the pregnancy.

The blog posts by Katy Bowman "you don't know squat" and "you still don't know squat" are great resources for this and have good photos and other prep exercises;

<https://nutritiousmovement.com/you-dont-know-squat/>

<https://nutritiousmovement.com/you-still-dont-know-squat/>

Keeping upper back loose

(This also helps you with your squat if you do it first)

1. **Foam roll**

- Foam roll from mid back to shoulder blades pushing backwards and forwards with your feet in a bridge pose
 - Use hands to support head so neck and abs can relax
 - Go slow, breathe, allow yourself to release, on any tight / sore spots you can put your butt down and breathe hand hang out until it releases
- You may feel little cracks and soreness where the muscles are tight and it will get easier



2. **2 balls with Cactus Arms**

- place 2 balls on either side at the top of spine
 - slowly bring arms up into cactus shape (not shown in pic)
 - go to the edge of comfort, stay still and breathe
 - take arms further as you open up and release
 - back off if you get numbness / tingling
- You may feel it anywhere you're tight in your chest, front or back of shoulders or arms, or your back



3. **Check your ergonomics** at work if you have a desk job

<https://www.worksafebc.com/en/resources/health-safety/books-guides/how-to-make-your-computer-workstation-fit-you?lang=en>

(PDF on desk ergonomics)

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Tearing:

Most people don't feel it if it happens

Heals very quickly

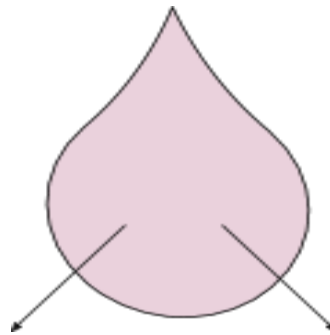
The thought is often worse than the reality but obviously there's a spectrum

Your birth team can help you with advice postpartum if you need it while your healing

Listen to your body! Don't push your activity.

Perineal massage

- Proven to reduce risk of tearing and pain postpartum



Technique:

- With 2 fingers deep in and held straight at both 4 and 8 o'clock, partner stretches to **your** edge and you say stop, partner holds still
 - You breathe and relax into the feeling of discomfort
 - When it eases direct partner to go further, you stay stop at your next edge, relax and repeat a third time
 - Do this 3-4 times until it's feeling easier, you get a sense of when you've reached the end for that session (end on a relaxed note)
 - If you can reach yourself you'd use your thumbs
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- Start at 33-35 weeks
 - Twice a week is effective - please don't make this a stress or pressure!
 - It's about you learning to relax into discomfort and get that wiring practiced and set up in your body - NOT about you being stretched
 - Remember this is totally artificial and in the real deal you'll be pumped full of your natural opioids
 - There's no exact way to do it it's just for you to gain confidence in your ability to relax your perineum, but if you want guidance you can book a session to be taught how, or bring your partner for a lesson.

Things that you can do to minimize the risk of tearing and postpartum pelvic floor problems (according to science!):

- providing that there are no contraindications to exercise, 150 minutes of moderate intensity exercise each week is recommended for optimal medical outcomes as well as faster recovery and decreased risk of pelvic floor problems
- perineal massage (as described above)
- be active during your first stage of labour; go for a walk, dance, do some squats....whatever feels good in your body
- using low vocalizations with a relaxed throat and jaw can be helpful as you push, and helps to keep the pelvic floor relaxed
- have a warm compress or cloth held against your perineum when you are pushing, especially as baby is crowning
- giving birth in a supported upright position (kneeling, hands and knees), or sidelying has been shown to have optimal birth outcomes. But, truly, the most important thing is that you listen to your body and find a position that works for you.
- we know that forceps use is a big risk factor for pelvic floor tearing, but we also know that they are necessary in some cases. Have a discussion with your obstetric care provider about the risks/benefits of forceps and vacuum use so that, if/when the time comes to make that decision, you can be fully informed and make the best decision for you and your baby.

A quick word about diastasis rectus abdominus

- Widening of the linea alba (the connective tissue that joins the right and left sides of the rectus abdominis muscle) is a normal physiological adaptation to pregnancy and does not necessarily mean that you have a diastasis rectus abdominus
- If you do notice a gap, chances are that will resolve on its own within the first few months postpartum; if it doesn't, we can help you restore function to the abdominal wall and work towards the exercises and activities that you want to get back to
- We don't know why some people get it and some people don't (though we have our theories which unfortunately aren't yet backed by research); but we know that mindful (not fearful) movement through pregnancy is a good thing
 - we don't want you to be fearful of twisting, abdominal exercises, or strength training; if you have questions about what you can do, ask us!

After the birth!!

It is **normal** to have

- Bladder leaking
- Discomfort
- Feeling of disconnect / lack of sensation
- Be scared to have a bowel movement & not to want sex for a while
- General aches and pains and fatigue as you recover while taking on a full time manual job!

Soft tissue healing in the body takes 6 weeks so ***the above physical symptoms should all be gone by 8 weeks***. If any issues remain, this is then something you need help with and that's why you need a pelvic floor check at this point. Even if you have no issues, get checked before picking up exercise as lack of symptoms does NOT mean your pelvic floor is working well enough to support you and you can generate worse problems. Sometimes increasing the intensity of your activity can unmask underlying symptoms.

In this period, listening to your body is key - it will tell you if you're doing too much.

First 6 weeks post:

- Still work on your upper back - especially as you will get tight with the sitting and feeding!
- Abandon the squat
- **Be mindful of posture**
 - Try to feed in different positions not just sitting (reclined, lying, side lying etc)
 - Take a moment to set up pillows / support so you're relaxed
 - Please don't tuck your pelvis under or hold your abs, core or pelvic floor tight this won't help and can make things worse
 - Look in the mirror - are your legs straight with hips over ankles? Are your ribcage and pelvis facing each other? Can you breathe deeply?
- Sitting Posture
 - To avoid tailbone pain, we want to minimize the load directly at your tailbone
 - Ensure you are sitting with your low back supported and your SITS bones wide. Stack your ribs over your pelvis, add pillows around you so you can comfortably rest in this position
 - Managing constipation can also help to offload the pressure at the back of your pelvic floor. Movement, water, and fibre can all help with the ease of having a bowel movement

Now's the time for "KEGELS!!!"

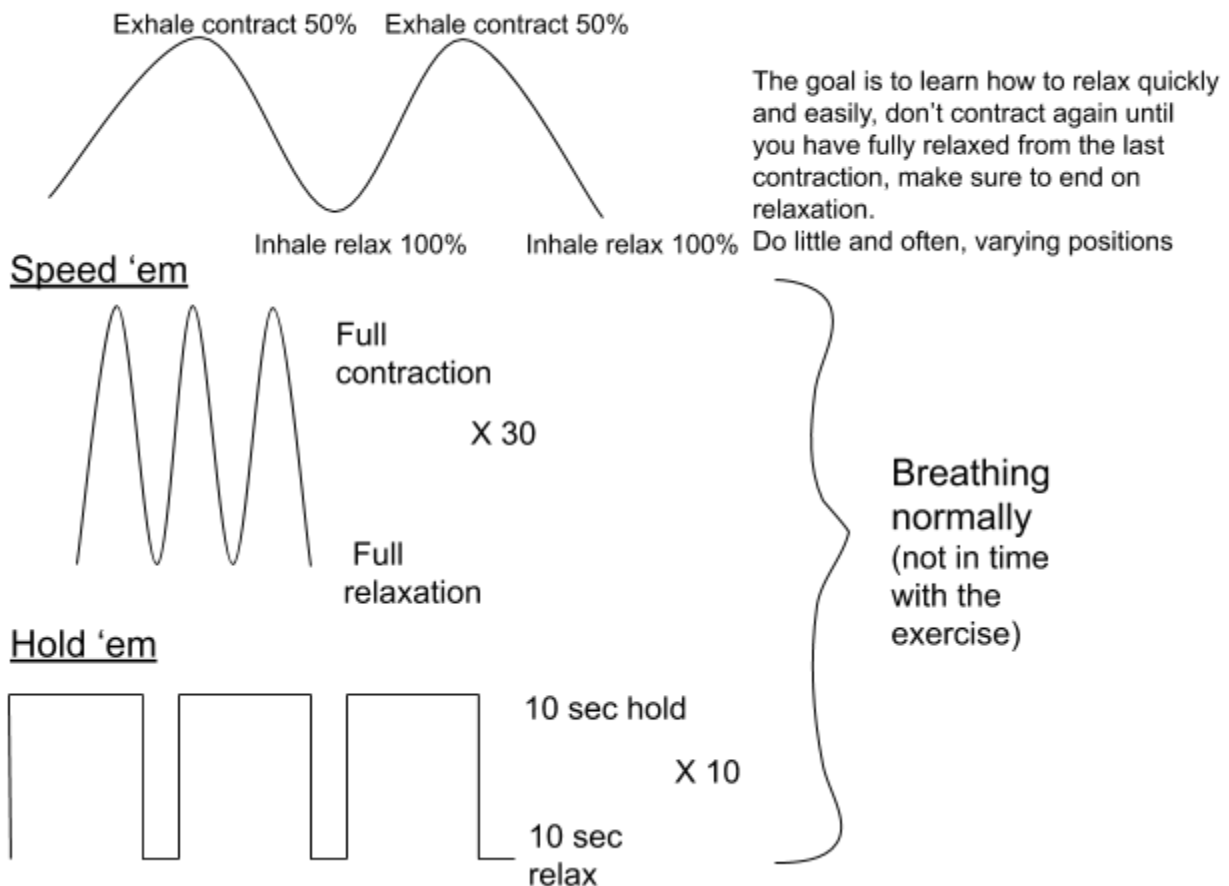
(Practice these while you're pregnant until you can do them with ease, but posture and deep squat is still your priority. If your alignment is off, it will be hard to do pelvic floor exercises well anyway)

Postpartum is the priority here - **do from day 1 if possible!**

Pelvic floor movement will

- encourage healing of your perineum
- help bring circulation and drainage to your perineum
- help the strained nerves regenerate
- Reconnect your brain to your muscles again

Core Breath



When you feel you can do these well again you can abandon them - we don't believe kegels should be a life sentence! The 6 week check will determine if you have more work to do.

Things to be mindful of:

Signs of too much pressure:

Intra-abdominal pressure increases when we cough, laugh, sneeze but also with movements such as when rolling up out of bed, sitting up from feeding, lifting heavy objects or babies as well as when reintroducing certain exercises. You might sense these through symptoms such as:

1. Doming through abdomen
2. Heaviness or pressure through pelvic floor

Ways to reduce pressure:

As mentioned above, proper posture significantly helps minimize unnecessary pressure throughout the pelvic floor / abdomen but so can your breath! [Blow Before You Go.](#) is a concept used to help mediate pressures, especially when certain muscle groups are needing a little extra help with coordination.

- Find the portion of movement which is most challenging (or most aggravating for the symptoms listed above)
- Reduce pressure from building up by exhaling, lightly engaging the pelvic floor and deep abdominal muscles BEFORE moving through the hard part.

Returning back to physical activities: Everyone is different!

Although you might be eager to get back to your regular physical activities, it is important to allow your body sufficient time to heal both from a structural and muscle activation perspective. Not only has your body undergone postural adaptations while pregnant, but your core and pelvic floor have also been under a lot of pressure and may not be as strong or coordinated as they were post natal. These are essential pieces to making sure you are preventing injuries by supporting your body and the increases in pressure associated with physical activity.

Your 6-8 week follow up will assess your readiness for your favourite activities.

In the meanwhile you can prioritize:

- Full body mobility
- [Proper 360 breathing](#)
- Proper lifting mechanics
 - Keep knees unlocked
 - Move with a straight spine from the pelvis to the tip of your head
 - Shift weight into your heels and sit hips back (as if sitting into a chair, or tapping a wall behind you)
 - Keep weight or baby close to your body (under your shoulders)

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- Breathe out as your lift 'weight' up, using the back of legs and glutes to stand extend hips *not lower back*

Sex postpartum

Most people find that "it all feels different" after the birth, there is a natural physical healing time and then there is the time of emotional shift - to being a parent, to not being pregnant anymore, to reclaiming your womb, pelvis and body again.

Libido can be low, sometimes due to hormonal changes, due to stress, fatigue, or because you're still processing the intensity of birth and are not connected to your sexuality again yet.

My sex advice;

- try and spend some time in foreplay so you feel aroused and aren't just 'trying to get it done'
- Use lots of lube
- Don't expect to be able to go the whole way just see where you get to
- If you have scar tissue from a tear / stitches, you might feel a sharp pain in that specific spot when trying sex.
- If you feel general soreness this may be tightness in the pelvic floor (very common after birth).

Pelvic floor physio can help with both of these things

C Section recommendations:

This is not necessarily better or worse than a vaginal birth. If it was an emergency c-section there can be more healing required because your body went through labor too or because of the potential emotional stress around it, but the same can also happen with vaginal births.

If you are having trouble with feelings around your c-section then there are online resources to help support you with this.

Listen to your body - move and do as much as feels ok and try not to push it

When the wound has healed to scar tissue it's important to treat this to encourage it back from scar tissue to normal tissue for long term health through

1. Healthy nutrition
2. Normal movement
3. Scar massage
4. Acupuncture
5. Neural therapy injections with a Naturopath

0 - 12 WEEKS



33 + WEEKS

- Start perineal massage
- 20' sustained deep squat a day with relaxed breathing (can watch Netflix)

BIRTH :)

- Core breath from day 1 if you can
- Move on to speed 'ems and hold 'ems
- Work on keeping upper back loose (foam roll and balls with cactus arms)
- Watch ergonomics for feeding/holding/carrying (it won't be perfect but that's okay!)
- Walking is ok, gentle mama baby yoga etc. ok
- Listen to your body, soft tissue healing takes 6 weeks!
- Incontinence and discomfort is normal in this period but symptoms are severe enough that you are not managing then see a physio sooner than 6 weeks

6 - 8 WEEKS POSTPARTUM

See a pelvic floor physio to screen for issues and for guidance on picking up exercise again.

Pelvic Floor Physiotherapy

We recommend 1 visit during pregnancy to;

- Check your pelvic floor exercises (that you're doing the right thing)
- Check your 'pushing' (that you bear down from above and your pelvic floor drops down and relaxes)
- Take you through the perineal stretching / massage

We **strongly** suggest you come for a pelvic floor and abdominal muscle assessment 6-8 weeks postpartum. Especially before you start exercise again!

Note that the best way to assess your pelvic floor is to do an internal exam, but we also have other methods for getting that information. We will only perform an internal exam if you are completely comfortable with it.

You can book online at www.thecheerfulpelvis.com
or reach us at hello@thecheerfulpelvis.com