



Women's Health Physical Therapy - Post Partum

Congratulations on your new baby! There are a number of issues that can arise after pregnancy and delivery and there is care available for many of them.

Post-Partum Symptoms

Please ask your physician or nurse-midwife for a women's health physical therapy referral if you have the following symptoms past 3 months post-partum or prior to that if the symptoms are significantly interfering with your function.

- Back, pelvic, sacroiliac joint, pubic symphysis or coccyx pain
- Difficulty walking or falling, numbness or weakness from nerve damage
- Upper back, shoulder or wrist pain from breast or bottle feeding
- Urinary or Fecal Incontinence (leaking urine, feces or difficulty controlling gas)
- Overactive Bladder or urinary urgency
- Vaginal or perineal scar irritation (tearing during delivery)
- Pain with intercourse
- Prolapse or feeling of heaviness in the pelvis
- Separation of abdominal muscles (Diastasis Recti)
- Post-cesarean section abdominal pain or scar pain
- General weakness or difficulty returning to exercise
- Deconditioning following bedrest during pregnancy

Pelvic Floor Muscle Strengthening

A pelvic floor muscle contraction (often referred to as a Kegel) can be helpful to regain strength of the pelvic floor following childbirth. The contraction is a squeeze and upward lift toward the spine. Don't hold your breath while doing pelvic floor contractions. Many people have difficulty performing these contractions correctly without instruction. Pelvic floor strengthening may not be for everyone: if you have pain with a contraction or have a history of over-active pelvic floor muscles, then skip this exercise. If you have any question whether you are contracting correctly or if pelvic floor strengthening is for you, please request a referral for a pelvic floor physical therapist.

Breast or bottle feeding posture recommendations

Sitting in one position for a long time during feeding may lead to neck and shoulder pain, wrist pain or back pain. When feeding, start in a supported positions (use pillows as needed) where the back is relatively straight and the head and shoulders are not hanging forward. Bring baby to you instead of leaning forward to baby. Support feet on stool or foot rest. If possible, shift position slightly periodically so you are not staying in any one position too long. Physical therapy can help with posture recommendations,



manual treatments and exercises to decrease pain and strengthen the muscles you use to hold your baby.

Return to Exercise

Most patients are cleared to return to exercise at their six-week postpartum visit with their physician. At this point, you may be medically cleared for exercise however your muscles or heart may not be ready to jump back into what you were doing previously. Try to start gradually and consistently and slowly increased volume and intensity of exercise. Walking is always a great place to start and you can take the baby with you. There are a variety of post-partum exercise programs and your women's health physical therapist can guide you to which exercises or programs are appropriate for you.

What is normal?

Urination:

- 4-8 times/day
- No excessive urgency or trouble making it to the bathroom
- No leakage during cough, sneeze, change in position or exercise
- Feeling of emptying bladder completely
- Proper urination habits
 - Sit on toilet (no hovering or squatting)
 - No pushing to empty or "drive by peeing"
 - No "Just in case" urination (going to bathroom without having an urge)

Defecation

- Bowel movement generally 1-2/day or every other day (3 times/day – 3 times/week can be within normal range)
- No excessive pushing or straining
- No pain with bowel movement
- Stool consistency – sausage like and easy to pass
- No involuntary loss of stool or gas
- Proper defecation habits
 - Sitting on toilet with enough time to relax
 - Feet elevated on stool so knees above hips (squatty potty)
 - Belly round and hard to gently push, keep breathing

Sexual Function

- Intercourse should not be painful!! – Pelvic floor physical therapy can help!





Physical Therapy for Painful Intercourse (Dyspareunia)

Painful intercourse in the post-partum period can be common but it is not normal. There are a number of reasons why you might be experiencing pain. Pain may present with initial penetration, deep penetration, thrusting, with orgasm, or following intercourse. Your physical therapist will ask you detailed questions about your pain and perform a comprehensive musculoskeletal exam and pelvic floor muscle assessment including external observation of the vulva and internal palpation either vaginally, rectally, or both. Your therapist will then explain your plan of care which may include manipulation or mobilization of the spinal, pelvic, or hip joints, external or internal mobilization of soft tissues in the area, muscle energy techniques, trigger point therapy, pain neuroscience education, relaxation techniques, neuromuscular re-education, biofeedback, dilator or wand programs, pelvic floor muscle training (strengthening or down-training), therapeutic exercise and cardiovascular exercise.

Vaginal Atrophy

What it is: Changes in vulvovaginal tissues due to decreased estrogen. Symptoms can include dryness, irritation, soreness, and dyspareunia with urinary frequency, urgency and urge incontinence. Common in postpartum period or while breastfeeding.

How Physical therapy can help: A physical therapist can recognize signs of atrophy and recommend use of vaginal moisturizers or lubricants, appropriate referral to a physician. Great lubricants include coconut oil (cannot be used with condoms), Good Clean Love, Slippery Stuff, Sliquid Organic and Yes.

Vaginal Tearing during delivery (Episiotomy scars, perineal scars, labial scars, sulcus scars and urethral scars)

What it is: Scar tissue from vaginal tearing during delivery can cause pain if the tissue is not moving well or has increased sensitivity. Often causes pain with initial penetration.

How Physical therapy can help: Scar mobilization will increase the mobility of the scar tissue resulting in decreased pain during penetration.



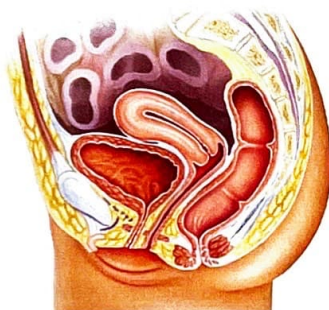
Scar tissue related to Cesarean Scar

What it is: Discomfort with touching of abdomen, pain with deep penetration or labial or referred nerve pain due to scar tissue or restricted mobility of external or internal C-section incision.

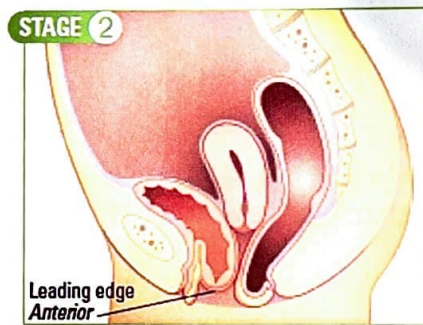
How Physical therapy can help: Scar mobilization, breathing techniques and exercises can help improve the mobility of tissues to decrease pulling or nerve irritation during intercourse.

Prolapse

What is it: the slipping of an organ (bladder, rectum or uterus) into the vagina. This can cause discomfort or pain during intercourse and may also cause a heaviness feeling in the pelvis or lower abdomen, back pain, urinary frequency, stress incontinence or difficulty with bowel movements.



Normal anatomy



Stage 2 Bladder prolapse

How Physical therapy can help: Re-education of the muscles (strengthening or down-training), teaching proper voiding and defecation postures to decrease forces on pelvic floor. Teach proper breathing and guide safe return to exercise.

Pelvic Floor Muscle Over-Activity

What it is: Increased muscle activity, tightness, shortening or spasm of pelvic floor muscles at rest or with attempted penetration.

How Physical therapy can help: Relaxation techniques, education about how pain is created and influencing factors, and manual therapy techniques help release and stretch the muscles and teach the brain and the muscles to decrease tension.



Pelvic Health Physical Therapy - Pregnancy

Congratulations on your pregnancy!

Issues during Pregnancy that Physical Therapy can help

Ask your physician or nurse-midwife for a physical therapy referral if you need assistance with any of the following or if symptoms are interfering with your function.

- Back, pelvic, SI, pubic symphysis or coccyx pain, neck and shoulder or wrist pain
- Difficulty walking, falling, numbness or tingling
- Urinary incontinence (leaking urine), overactive bladder or urinary urgency
- Round ligament pain
- Pain with intercourse
- Prolapse or feeling of heaviness in the pelvis
- Separation of abdominal muscles (diastasis recti)
- Safe exercise during pregnancy
- Instruction in perineal massage
- Birth preparation

Pelvic Floor Muscle Training

Pelvic floor muscles contract (often referred to as a Kegels) but they also need to be able to relax in order to have a successful vaginal delivery. Pelvic floor muscle training can teach correct contraction, relaxation and coordination of the pelvic floor muscles. If you have any question whether you are coordinating your pelvic floor muscles correctly, please request a referral for a pelvic floor physical therapist.

Posture recommendations, Manual Therapy and Specific Exercise

Changes in your body can make your usual positions during daily activities, work or sleep uncomfortable. Physical therapy can help with posture recommendations, manual treatments and exercises to decrease pain and strengthen the muscles.

Exercise

Exercise during low risk pregnancies is recommended and can make labor easier, prevent excess weight gain, prevent and help maintain gestational diabetes. You can exercise at the same level you did before pregnancy if you are not having any problems or symptoms. If you did not exercise before pregnancy, you can begin during pregnancy and progress slowly.

Bowel and Bladder issues

It is normal to have increased frequency of urination however urinary leakage, although common, is not normal even while pregnant. It is also very common to be constipated during pregnancy as the digestive system slows down. However, straining and pushing to get stool out can result in increased pelvic floor issues following pregnancy. Ask your physical therapist how to manage these issues without weakening your pelvic floor.

