



SUBIACO
Women's health

Information following

Caesarean Section





Acute Care

Pain and movement

- It is recommended you do small amounts of activity frequently, with rest periods in-between to help minimise pain and to allow your body to heal. This can take 6-12 weeks.
- Request tubigrip from your midwife or physiotherapist for abdominal support.
- Try to take regular deep breaths into the abdomen.
- Try to maintain upright postures when walking to prevent back pain and incision soreness.
- See below for how to get into and out of bed safely:



Haemorrhoids

- A haemorrhoid is the swelling of a vein in the rectum; it can be painful and felt externally.
- They are common during pregnancy and after childbirth from straining.
- Tips:
 - Support the perineum when opening bowels with a pad or wad of toilet paper and avoid straining.
 - Minimise constipation risk (see good bowel habits).
 - Lay down between short amounts of activity to minimise swelling.
 - Ultrasound treatment can help reduce haemorrhoid swelling and pain. Speak to your Midwife or Pelvic Health physiotherapist.

Bladder problems after birth

It may take a few days after childbirth for your bladder and bowel to start functioning properly again and for you to regain normal sensation. Please tell your midwife or physiotherapist if:

- The urge to empty your bladder is absent or feels abnormal
- It takes a long time to start the flow of urine
- The urine flow is very slow or it stops and starts
- It feels as if your bladder is not emptying properly
- You notice leakage of urine
- You experience pain when you empty/attempt to empty your bladder

Most bladder problems significantly improve in the first 1-2 weeks and can take up to 6 weeks to fully resolve, however speed of recovery can vary. Please book in to see one of our physiotherapists if you are concerned about your bladder after discharge.

Good Bladder & Bowel Habits

○ Bladder:

- Drink 1.5-2L of fluid daily (3-3.5L if breastfeeding). Limit caffeine, soft drinks and artificial sweeteners.
- Make sure you are emptying your bladder every 2-3 hours.
- Avoid 'just in case' emptying with small volumes, or delaying emptying for too long so the bladder is overfull.
- Never rush on the toilet, make sure you have emptied completely.

○ Bowel:

- Open your bowels when you get the urge. Between 3x/day to 3x/wk is normal.
- Eat plenty of fresh fruit, vegetables and unprocessed food.
- Avoid constipation and straining
- Take regular walks to stimulate bowel activity.
- Sit optimally:

- Knees higher than hips (Try a footstool).
- Lean forward and put elbows on knees.
- Relax your abdominal and pelvic floor muscles.
- Straighten spine.
- Breathe!



Pelvic Floor

The pelvic floor is a group of muscles in the base of the pelvis. They form a sling from the pubic bone to the tailbone. Like other muscles in the body, they can be voluntarily contracted and relaxed.

Role of the pelvic floor muscles

- Control the bowel and bladder by allowing the front and back passages to relax and open for emptying and contract to prevent leakage.
- Provide support to the abdominal and pelvic organs.
- Aid in supporting the lower back and pelvis.
- Provide support for the baby during pregnancy and assist during childbirth.
- Enhance sexual awareness and function.

What weakens the pelvic floor?

Pregnancy and childbirth contribute to pelvic floor weakening due to:

- Weight of the growing foetus.
- Hormonal changes.
- Vaginal delivery.

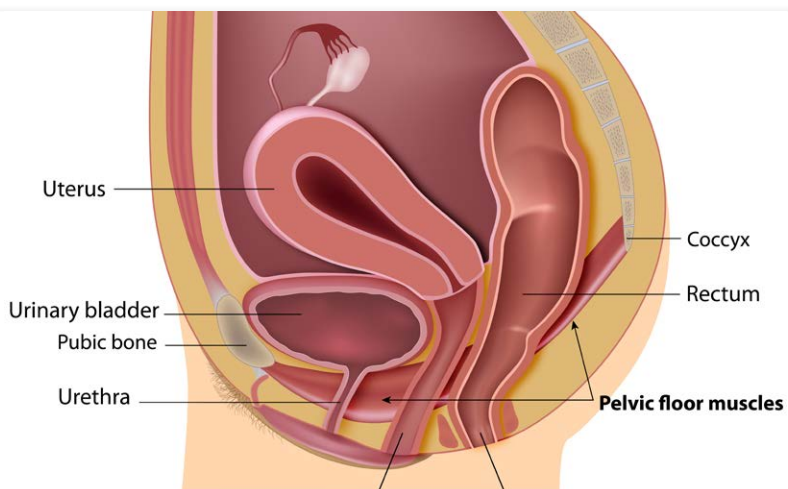
Factors that increase risk of pelvic floor dysfunction include:

- >2 hours of pushing during labour.

- >4kg baby.
- Forceps delivery.
- Previous pregnancies.

Other factors include:

- Ageing.
- Obesity.
- Chronic coughing/sneezing.
- High impact exercise.



Why do pelvic floor exercises?

- Reduce risk of urinary incontinence.
- To regain strength.
- Reduce risk of prolapse, which is the descent of internal organs into the vagina.
- Optimise bowel and bladder function.
- Optimise sexual function.

How do I do my exercises?

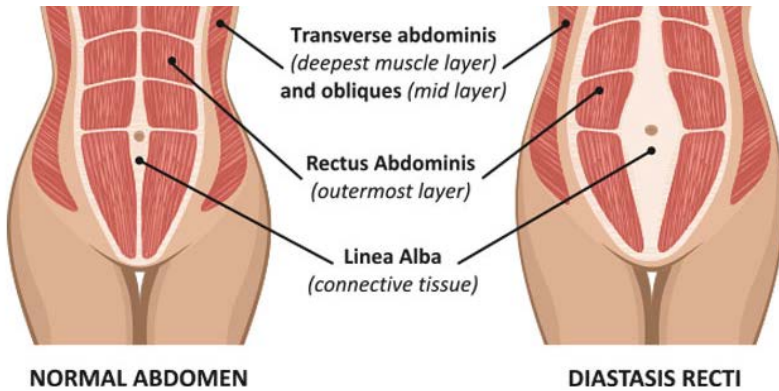
- Find a comfortable position such as lying on your side or back with knees bent or sitting.
- Imagine you are stopping the flow of urine and/or holding in wind, and squeeze and lift your front and back passages.
- Keep your buttocks, inner thighs and abdominals relaxed and keep breathing whilst squeezing.
- For the first week postnatally, do few and frequent gentle contractions of 1-2 second holds through the day.
- Once this become easier, build up to:
 - 3 sets of 10 repetitions/day most days of the week.
 - Incorporate long slow holds and quick powerful contractions:
 - Long holds: start at an achievable hold time and build up.
 - Short powerful contractions: hold for 1-2 seconds and let go.
- Continue exercises for at least 3 months postpartum.
- Incorporate these exercises into your daily activities, e.g. pre-contract before sneezing, coughing, laughing, lifting your baby or other tasks that may cause you to leak.

Who can help me?

It is recommended you see a Pelvic Health physiotherapist after your 6-week check-up with your obstetrician. The physiotherapist will assess your pelvic floor to make sure you are safe to return to exercise and will also prescribe you an individualised program to optimise your recovery. If you have any questions, please call Subiaco Women's Health and ask for one of our Pelvic Health physiotherapists.

Abdominal Separation

- The rectus abdominus also known as your “6-pack” muscles are connected in the centre of the abdomen by connective tissue called the linea alba. During pregnancy, it is common for the linea alba to stretch to accommodate for the growing foetus, resulting in abdominal muscle separation and weakness. This separation is very normal and usually reduces within the first 8 weeks after having your baby.



First 6 weeks postpartum:

- Minimise excessive abdominal strain to allow for natural recovery.
Eg: get out of bed by rolling to your side then sitting up, avoid lifting heavier than your baby for 6 weeks.
- It is advisable to do pelvic floor and transversus abdominus (TA) exercises. TA is the deepest layer of tummy muscles and wrap around the trunk. Activate them by thinking of “drawing your hip bones to your bikini line” and/or “drawing your bellybutton to your spine”. You may also begin some gentle abdominal exercises shown on the next page.
- At 6 weeks, your physiotherapist can reassess your abdominal separation and give you appropriate progression exercises to begin abdominal strengthening.
- You may benefit from abdominal support garments. Speak to your physiotherapist if unsure.



1 Side to side knee rotations:

Keeping feet on bed. (20x)

2 Pelvic tilts: Gently tuck your tailbone. This can also be done in sitting and standing. (20x)

3 Alternating straight leg slides:

Keeping pelvis square slide one leg out to straight then return, repeating with other leg. (10x/side)



Breast Care

Nipple trauma

- It is common to experience sore nipples when learning to breastfeed. As your technique improves, the pain should reduce.
- Trauma may occur because:
 - Baby/mum may have an incorrect position
 - Baby has a shallow/incorrect latch or strong suck
 - Nipple tissue is sensitive
 - Cluster feeding may not give nipples a chance to rest.
- Management includes:
 - Seeing your midwife or lactation consultant to optimise breast feeding technique.
 - Applying Lansinoh cream to keep nipples hydrated and prevent further cracking. You can buy this over the counter at a chemist.
 - If nipples are grazed, cracked or bleeding, laser treatment can help to speed up the natural recovery process.
- Subiaco Women's Health also provides outpatient services where you can receive laser treatment if needed after discharge.

Mastitis

- Mastitis is usually the result of inflamed breast tissue restricting milk flow, sometimes resulting in infection. This can be caused by a variety of reasons.
- Signs/symptoms can include:
 - inflamed, tender, pink or red area which may feel warm to touch and reduced milk output.
 - Systemic flu-like symptoms such as fever and chills.

- If you start to notice flu-like symptoms, please see your Doctor as you may need to commence antibiotics.

Management should aim to reduce inflammation:

- Application of cold compress after feeds.
- Gentle light massage strokes with flat fingers.
- Adequate rest and fluid intake.
- Analgesia for pain relief as required.
- Subiaco Women's Health Physiotherapists can provide inpatient and outpatient therapeutic ultrasound for mastitis. Ultrasound helps to reduce inflammation in the breast tissue which facilitates better milk duct drainage.

Strategies that may increase inflammation or milk supply should be avoided.

- Don't aim to empty breasts, continue normal feeding or pumping routine.
- Avoid deep, firm massage as this can cause bruising and further swelling.
- Avoid using electric toothbrushes or other vibrating devices.

Management of infective mastitis can include:

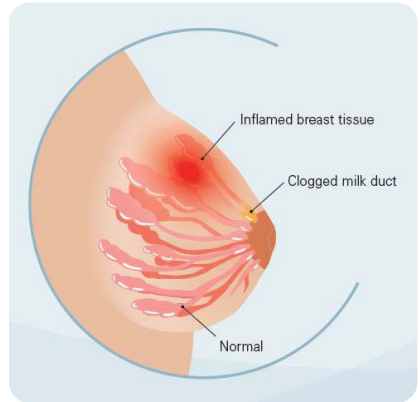
- All of the anti-inflammatory strategies.
- Continuing to breastfeed whilst on antibiotics is safe, and will help maintain your milk supply.
- Therapeutic ultrasound

Breast engorgement

- Breast engorgement is common as your milk comes in on days 3-5. You may notice breasts feeling full and sore.

Management can include:

- Cold compresses over breasts after feeding for comfort.
- Gentle light massage strokes with flat fingers.
- Hand expressing or pumping small amount of milk prior to feeding to improve baby's latch.
- If symptoms persist speak to your Lactation Consultant/Midwife as therapeutic ultrasound can be effective if significant discomfort persists after application of cold compresses for 24 hours.



Returning To Exercise

- Exercise is important and has both physical and mental benefits postpartum.
- In the first 6 weeks it is recommended to do pelvic floor exercises, exercises from this booklet and walking. Gradually increase your walking distance as tolerated.
- Once your obstetrician has confirmed that you can resume exercise, we recommend booking a postnatal assessment with one of our experienced Pelvic Health physiotherapists for advice on return to exercise.
- It is not recommended to engage in high impact activity like running until seeing a physiotherapist.

Musculoskeletal Pain

- Any muscular/joint/tendon pain from pregnancy usually resolves within the first 6 weeks after delivery, but in some cases, symptoms may persist.
- Conditions exacerbated or caused by birth would benefit from physiotherapy review whilst in hospital.
- If you are experiencing ongoing pain after discharge, please see one of our physiotherapists who can provide you with a comprehensive assessment and management plan.



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WHERE TO FIND US

We are located at SportsMed Subiaco
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with entrance access and parking off Cambridge Street
and underground parking off McCourt Street.

For further details please call **08 9382 9600**

Wellness FOR WOMEN

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