



NOT JUST KEGELS



THE *Exhausted* MAMA'S GUIDE TO
PREGNANCY & POSTNATAL WELLNESS

Sujata Martin
PELVIC FLOOR THERAPIST



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PREFACE

Not Just Kegels is a compilation of physical and psychological strategies that a woman can use during her pregnancy to be comfortable, leakage free, and confident. It is our mission to reach women with the message that pregnancy and motherhood doesn't break our bodies, or make us weak - forever needing panty liners and dreading fitness or intimacy.

We hope for women to know that with the right care, we can recover from childbirth just as we would from any other "injury". Our bodies are strong and resilient.

This guide is not a replacement of routine medical care during the pregnancy and postpartum period. It is also not a childbirth education book.

This book holds the bare minimum of physical and emotional preparation a woman needs to have a positive birthing and postpartum experience.

Not Just Kegels is not a substitute for skilled rehab for Pelvic Floor Dysfunction. Use the information you receive from this book, along with the informed, evidence-based care from the professionals you choose to stand by you in this exciting and life-changing time.

Please check with your medical care provider before making any diet or lifestyle changes based on the recommendations in this book.

For the sake of simplicity, "woman", "she", "her" are used in this Guide. We recognize and respect that people across the gender spectrum can experience empowered motherhood.

ABOUT THE AUTHOR



Sujata Martin MS OT, Owner of Concierge Pelvic Floor, has practiced Occupational Therapy for over 10 years, with individuals aged between 3 months and 104 years in a variety of settings including acute inpatient care, outpatient rehab, psychiatry, and pediatrics.

She developed a fascination for women's health during her pregnancy, and now provides preventative and restorative pelvic floor health and wellness care to the community.

She is passionate about women's reproductive & birthing rights and helping

women be their best selves through each season of womanhood. She's a classically trained dancer, lover of chai, reading latest research studies, and spending time exploring Western NY with her family. Stay in touch on Instagram at @conciergepelvicfloor.

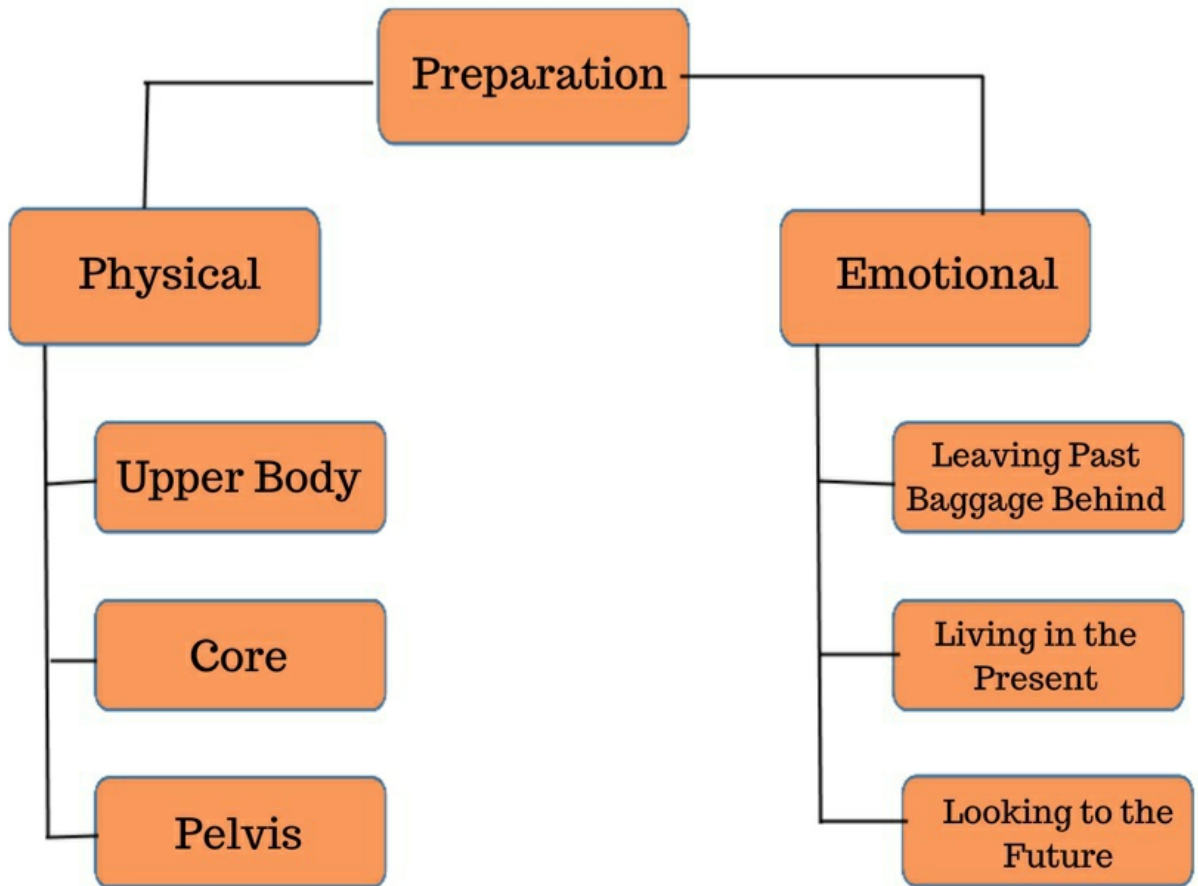


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BLUEPRINT FOR CHILDBIRTH PREP AND POSTPARTUM RECOVERY

To truly be effective, all childbirth preparation should help the mother prepare both physically and emotionally for birthing and postpartum recovery. The Blueprint below is the easiest way to describe all that this preparation should ideally encompass.



While the majority of this Guide focuses on the physical aspect of pregnancy & postpartum wellness, we'll start by laying the foundation with emotional preparation strategies.

EMOTIONAL PREPARATION FOR BIRTH

With all the hormonal shifts that pregnancy brings, come the excitement, anticipation, and nervousness around one's life changing like never before. During this time, taking a tri-fold approach may help one to feel more calm, content and confident. A pregnancy journal is recommended - *to pen down your thoughts and map your journey.*

Both Pregnancy and Postpartum create great ebbs and flows in a woman's psyche. A short daily meditation or mindfulness practice is highly recommended, ideally at the beginning or end of the day. Devote these 15-30 minutes entirely to yourself. Your other responsibilities can wait for a bit.

This mindfulness, or self-care time, could take any form that best suits your lifestyle – making an introspective journal entry, discussing your birth plans & preparations with your baby, practicing positive birthing and postpartum affirmations, speaking aloud your convictions during your commute, or a heart-to-heart with a close friend.

Try the below activities yourself, and then bring in a supportive person to share your emotional preparation with. This could be someone who you trust with being present at the time of birthing and early parenting; possibly your partner, friend, doula, or close family member.

Leaving Past Baggage Behind – We all carry our past memories of feeling safe, scared, loved, appreciated, hurt and sad into our pregnancies. This could present as the blues over a changing and growing body – difficulties with self-image and self-identity, having to cut back or give up on activities once enjoyed, or the dread of not being able to “snap back” to one's pre-pregnancy self. Those with memories of a past birth experience that didn't go as hoped may feel more anxious or afraid as their estimated due date approaches.

While it's easier said than done, one must remember that each pregnancy, birth and postpartum is its own unique experience. Rarely will previous negative experiences play out similarly with later pregnancies and birth. Letting go of this emotional baggage can be freeing.

- Take time to introspect and write down a few things about your past experiences that create negative emotions regarding your current pregnancy or postpartum. These could include memories of what you've heard or seen from family, friends, medical care providers, or media.
- Pick one of the above listed negative memories a week to address and work through. Think, read, and talk about the negative memories. When we analyze a troubling thought or fear (especially with a trusted confidante), it decreases its power over us.

Think and talk about:

- Why does this memory stick with you?
- Could anything have been done differently in that situation for a better outcome?
- Is there a realistic possibility that you could be in the exact same situation of the negative memory?
- If that situation were to happen during your birthing or postpartum, what tools do you have to change the course of events?
- If the negative situation did happen with you, how would you cope?

Reach out to a childbirth professional if you feel stuck during this process.

Living in the Present – This is an extension of your previous work of letting go.

- A wise person once said “You can choose to be sad on a rainy day – you'll get the same amount of rain, but a lot less happiness”. Just like our muscles, we can train certain thought patterns to be stronger through practice. Every pregnant person should spend some time each day setting positive intentions for their pregnancy and upcoming postpartum time. *This is especially important for mothers who are experiencing perinatal mood disturbances, or have a history of a perinatal mental health condition.* Our mind can be trained to focus on the upsides, however short or

fleeting they may be.

- Try to find at least one thing each day that brings a smile to your face.

- Use the mindfulness journaling template below to make a few notes each day (Remember - being mindful doesn't mean a blind focus on the positive. It means to recognize that the positives co-exist with the struggles we may be experiencing.)

- When you're having a particularly rainy day, you can look back at all those silver lining memories to help feel a little better.

- This fear-clearing exercise is best performed with your birth partner, doula, or a trusted friend who has birth & postpartum experiences similar to what you envision for yourself.

- Write down your biggest fears or disappointments about your pregnancy, birth and postpartum down on pieces of paper and drop them in a bowl. Allow your partner to do the same. Take turns to draw a piece – share it aloud – and talk about ways that your fear may be overcome.

Every problem has a solution, sometimes you just need to find the right answer for you.

Looking to the Future – It is impossible to not feel some amount of anxiety or stress about the future with the big changes that pregnancy brings. Hindu and Buddhist philosophers hold up the ideal of Dharma (action) without worry about the consequences, as the surest path to contentment and happiness.

Machines are predictable, where actions A, B & C will almost always result in D. Human beings, in contrast, are wildly unique, where results of our actions cannot be so easily predicted. Each of us have our strengths and weaknesses, fears and insecurities. The birthing year is even more unpredictable as a mother's self-perceived success or failure depends on both her and the baby.

During pregnancy and postpartum the mother and the child form a dyad- two individuals who are intertwined. Each individual in the mother-child dyad brings with them their own strengths and challenges which affect the overall pregnancy and postpartum experience. Be it positioning in utero, duration or

complexity of birthing, or the success of breastfeeding – each experience depends on both parts of the dyad.

This is why one should do all the preparation and planning possible, but must consciously let go of the “final result” of one’s upcoming birth and postpartum. If everything turns out as one hoped, all is well; and if birthing and postpartum bonding takes a different path, one evolves and changes accordingly.

Whatever physically or mentally challenging situation you may find yourself in, remember:

- You are not alone. This exact challenge has been experienced by other mothers before.

- You will overcome this challenge, possibly with some professional help.

PHYSICAL PREPARATION FOR BIRTH

Being mindful to the following exercise guidelines, especially Borg's Scale of Perceived Exertion and the Talk Test, is very important in benefitting from this Guide.

Pelvic Floor Exercises are explained first, as they should be incorporated in the subsequent exercises as noted. Basic tools like resistance bands, light weights, yoga blocks and exercise balls are used in this Guide. However, in the absence of any of these, substitutions can easily be made.

ACOG absolute contraindications to exercise

The American College of Obstetricians and Gynecologists (ACOG) advises that pregnant women with the following conditions *absolutely do not* engage in strenuous exercise, except under the direct supervision of a trained medical professional.

- Hemodynamically significant heart disease
- Restrictive lung disease
- Incompetent cervix or cerclage
- Multiple gestation at risk of premature labor
- Persistent second or third trimester bleeding
- Placenta previa after 26 weeks of gestation
- Preterm labor during current pregnancy
- Ruptured membranes
- Preeclampsia or pregnancy-induced hypertension
- Severe anemia

If you have a history of the above-listed conditions, please use the Physical Preparation section of this Guide only after the condition(s) has resolved.

Prenatal and Postpartum Exercise Guidelines

Refrain from starting a new high-intensity fitness routine when pregnant or less than 6 weeks postpartum. If motivated to do so, work with a perinatal fitness certified professional to guide you.

- The exercises in this Guide are safe to perform when the following criteria are met:
 - *You have clearance from your medical care provider to participate in light-moderate cardio and strength training exercises.*
 - *You only perform exercises within “comfort limits” – stretching/lifting/holding of movement is only to the point of comfort, i.e, overstretching and excessive straining is avoided.*
 - *You follow the recommendations for exercise intensity and frequency.*
- Aim to complete at least a part of your routine 3 times/week. Depending on prior level of fitness, and current medical condition, some pregnant & postpartum women may be able to exercise up to 6 days a week; please consult with a perinatal fitness professional before returning to strenuous exercise.
- **Stop prenatal exercise if experiencing any of the following:**
 - Vaginal bleeding
 - Regular painful contractions
 - Amniotic fluid leakage
 - Shortness of breath before starting exercise
 - Dizziness
 - Severe headache
 - Chest pain
 - Muscle weakness affecting balance
 - Calf pain or swelling
- If starting this exercise program <10 weeks postpartum, watch for any changes to vaginal discharge. If bleeding increases, or becomes bright

red, please decrease the intensity of your routine.

- All exercises in the guide must be performed within limits of comfort. The “no pain - no gain” philosophy doesn’t apply during pregnancy & postpartum.
Respect your body’s cues and decrease the intensity or repetitions if feeling any discomfort or unease.

Borg’s Rating of Perceived Exertion (RPE)

The Borg Scale is a self-rating of the amount of fatigue experienced during exercise.

Rating	Descriptor
0	Rest
1	Very, Very Easy
2	Easy
3	Moderate
4	Somewhat Hard
5	Hard
6	-
7	Very Hard
8	-
9	-
10	Maximal

Image Source: https://www.researchgate.net/figure/Borg-scale-of-perceived-exertion-CR10_tbl1_317276468

During Pregnancy

- Limit exercise intensity to a Borg rating of 3-4 out of 10 at the end of

the activity.

- Use the *Talk Test* – If you can't carry on a conversation while exercising, you're working too hard.
- Limit time spent flat on back after the first trimester. Modify with pillow, wedge or yoga ball to bring upper body to 45 degrees angle.

Postpartum

- *Once cleared by a medical care provider for exercise*, start at Borg rating of 2/10. There are no current guidelines for how many weeks postpartum is safe to return to exercise.
- Grade your fitness routine such that your exercise intensity does not increase your Borg rating more than 1 point per week.
For example – you should be able to complete all exercises in a 20-30 minute routine at a Borg rating of 3/10, before increasing the intensity of any part of your workout to 4/10. Do not upgrade your workout from 3/10 in one week to 5/10 or higher the next. Intensifying your fitness routines without giving sufficient time for your body to adapt to the change significantly increases your risk of injury.

PELVIC FLOOR EXERCISES

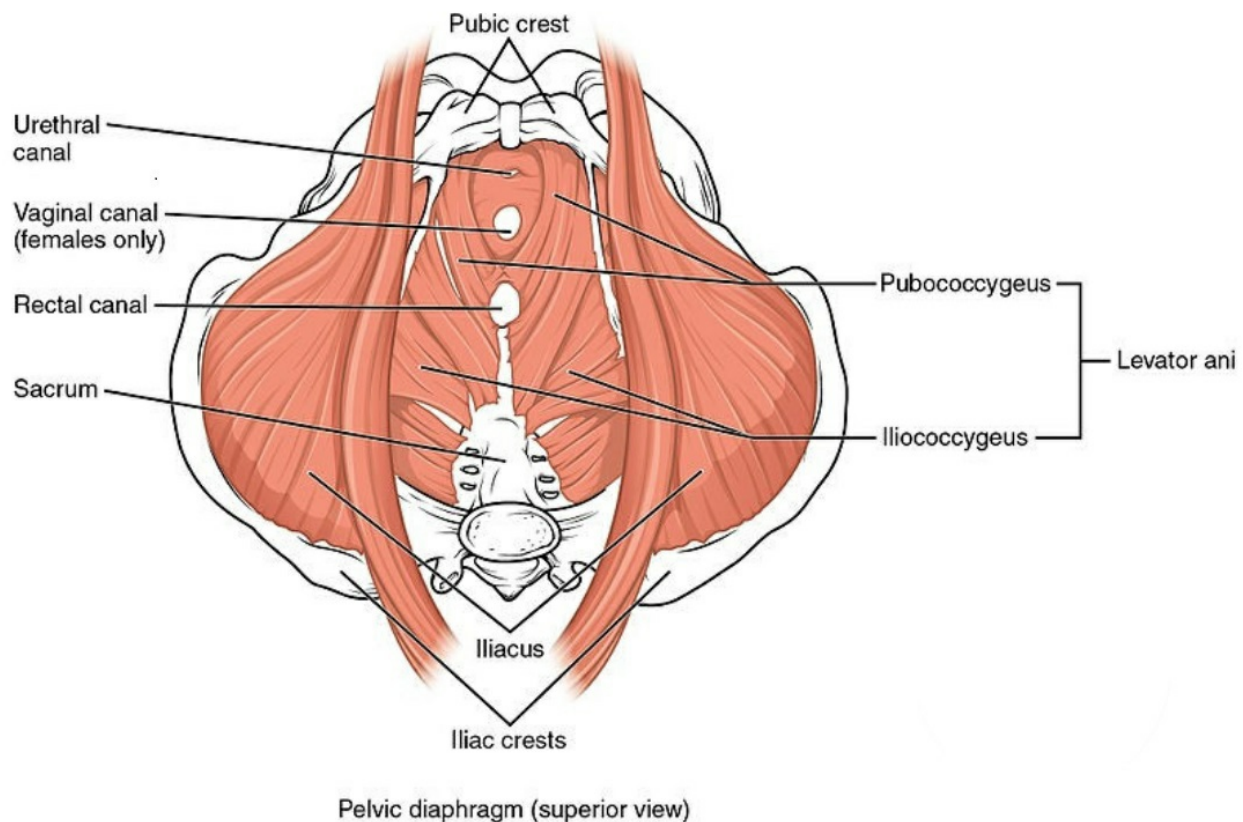
There are 2 types of Pelvic Floor exercises:

Strengthening – Kegels

Flexibility – Reverse Kegels

Please note:

- *Kegels are not recommended for all women.* If you have a tight pelvic floor or experience pain deep in your pelvis, Kegels could make your symptoms worse. Internal assessment by a pelvic floor therapist is the definitive way to determine if your pelvic floor is tight or not.
- If you're newly postpartum, or approaching your period, you may experience increased spotting from doing Kegels correctly. This is because, when done right, the pelvic floor lifts, and “hugs” or squeezes the bottom of the uterus which can cause some increased discharge.
- ***Reverse Kegels are not recommended if you're at risk of preterm labor or have a history of incompetent cervix.*** If unsure if Reverse Kegels are appropriate for you, check with your pelvic floor therapist and/or medical care provider.
- To be effective, your Kegel should include muscles around your urinary opening and anal opening. Focus on applying the exercise cues and imagery to both sets of muscles. Below is a representation of the female pelvic floor as visualized from above.



Kegel -

.) Endurance Kegel

Setup - Begin sitting on a firm surface or in an alternate position (kneeling or hands & knees).

Movement - Take a deep breath in, relaxing your belly > as you exhale, squeeze and lift your Pelvic Floor (PF) muscles & pull your belly up & in towards your spine > Hold for 3-5 seconds and then return to starting position.

Repetitions – Quality over Quantity. Start with a 3-5 second hold & 5 reps, adding 1-2 reps at a time to increase to 10 reps. As your PF gets stronger, slowly increase hold time to 7-10 secs.

Tip – Upgrade exercise by performing on an exercise ball for added core challenge. Count aloud to avoid holding your breath.

b.) Quick-flick Kegel

Follow instructions listed above, but aim for maximal strength during

squeeze & lift > relax immediately > rest for 4 seconds > repeat.

Reverse Kegel -

Setup - Begin sitting on a firm surface or in an alternate position (kneeling or hands & knees). Some women find better control of their Pelvic Floor (PF) in the hands & knees position.

Movement - Take a deep breath in, relaxing your belly > feel the breath move down as your PF muscles relax downwards > visualize increased space between your sit bones as you relax PF > return to neutral.

Reps – Quality over quantity. Start with 3 seconds of relaxation progressing to 5 seconds

Tip – *Always perform a short reverse kegel in between reps of the kegel. Your reverse kegel duration should be 50% of your kegel hold.*

Some ***visualization cues*** for better control of your pelvic floor (PF) muscles:

- Squeeze & lift your anal and urinary opening like you're trying to hold in gas.
- Imagine your PF is a jellyfish that relaxes and opens its tentacles as it goes down, and pulls in & tightens as it swims up.
- Visualize a flower bud opening and expanding (reverse kegel), and closing and tightening (kegel) as you practice your PF exercises.
- Your sit bones move apart/widen (reverse kegel), and come together/tighten (kegel) as you practice your PF exercises.
- Your tailbone and pubic bone are connected by a string that tightens (kegel) and slackens (reverse kegel) as you practice your PF exercises.

UPPER BODY

Exercising the upper body has several benefits for pregnant and postpartum women.

- It can help a pregnant person feel more comfortable in the 3rd trimester as the baby's feet or head start pushing into the lowest ribs.
- It can decrease the rounded shoulders posture common in pregnant & postpartum women due to the forward pull from increased breast size & weight.
- It can help decrease neck & back pain common in new mothers due to long hours spent hunched over while feeding or rocking the baby to sleep.

Remember to perform exercises to the point of comfort, using the *Talk Test* as a gauge for intensity. For resistance-based exercises, use weights you're comfortable with. We recommend 5-10 lb weights that do not cause any hand or wrist discomfort after use.

Doorway Pec Stretch



Setup - Begin in a standing upright position in the center of a doorway.

Movement - With your elbows bent, place your forearms on the sides of the doorway at a 90 degree angle from your sides, then take a small step forward until you feel a stretch in the front of your shoulders. You should feel the muscles between your shoulder blades tighten. Hold this position for 5 seconds.

Reps – 10, alternate stepping with each leg.

Tip - Make sure to maintain a gentle stretch and push your shoulders away from your ears.

Row with Resistance on Exercise Ball



Setup - Begin sitting upright on an exercise ball, holding weights in front of you at shoulder height, palms facing inward.

Movement - Slowly pull weights back, bending your elbows to your side. Hold for a second, then return to the starting position. Repeat.

Reps – 10-15 for each side

Tip - Make sure to keep your back straight and do not rock the ball in any direction.

Punch Up with Dumbbell



Setup - Begin with your elbows bent, while holding a weight in front of your shoulders with your palms facing in.

Movement - Lift your arms up in a punching motion towards the ceiling. As you reach the top, rotate your palms away from you. Then reverse the movement, lowering your arms back to the starting position, and repeat.

Reps – 10-15 for each side

Tip - You should not feel any pain or strain.

CORE AND PELVIS

This section will focus on Flexibility and Strength – the two essential requirements for optimal muscle function.

Flexibility

3- Dimensional Breath



This is the most important foundational exercise to improve core flexibility and strength. Mastering 3-dimensional breath helps in restoring length to your chest and abdominal muscles, with a spillover effect into helping Diastasis Recti recovery.

For best results, study the image above, and feel the lower ribs on your body. Visualize, their path as they curve upwards and backwards to connect with

your spine.

Setup - Begin sitting comfortably with spine straight and open palms placed on your lower ribcage.

Movement - Take a deep breath in > feel your ribs flaring up & out > exhale > feel ribs returning to neutral.

Reps – Quality over quantity. Focus on slowly increasing the length of your in and out breath. Start with 5 reps, adding 1- 2 reps at a time to increase to 10.

Tip – Visualize the movement in your ribs beginning from their connection with the spine. Avoid holding your breath.

Child's Pose with side bend



Setup – Start in a wide kneel position and walk your palms forward to lower yourself into Child's Pose.

Movement – Walk your hands to the right feeling your left side lengthen > Take a deep breath in, feeling your left ribs expand and push out > Exhale and relax > Stay in this position for 3-5 deep breaths before repeating the sequence on the left side.

Reps – Quality over quantity. Start with 5 reps, adding 1-2 reps at a time to increase to 10.

Tip – Visualize your lower ribs fanning out as you inhale and focus on your rib muscles lengthening & relaxing.

Butterfly Groin Stretch



Setup - Begin by sitting upright with legs straight in front of you. Pull in one foot at a time to bring the soles of your feet together.

Movement - Using your arms, gently pull your heels toward your body until you feel a stretch in your groin & hold this position. You can also gently “flutter” your legs up and down to comfort.

Reps – To comfort. You should not feel discomfort, especially at your pubic

joint. You can modify by pulling in one foot at a time for a gentler stretch.

Tip - Keep lower back straight and don't tuck your tailbone in.

Deep Squat



Setup - Begin in a standing upright position with a stable object at your side for support.

Movement - Lower yourself into a deep squat position, feeling you lower back and buttock muscles lengthen and relax. Hold this position to comfort, then stand up and repeat.

Most people aren't able to get their feet flat on the floor at first. You can place a rolled blanket/yoga mat under your heels, and yoga block under your bottom when first practicing this movement. For increased challenge you can aim for keeping feet flat on the floor.

Reps - Repeat 5-10 times. Starting with 10 seconds, slowly increase duration to a minute.

Tip - Make sure to breathe evenly throughout the exercise to let yourself relax. This is different from Malasana, where your feet are placed wide apart and toes point out to the sides.

Pelvic Tilts



Setup - Begin on all fours. Place a rolled blanket under your knees if extra cushioning is needed.

Movement - Slowly tilt your pelvis forward and backward by visualizing untucking your tailbone & then tucking it in.

Reps - 10 -15. Hold for 3-5 seconds at the end of each tilt to deepen the stretch

Tip - Make sure to concentrate your movements on your pelvis & lower back; do not confuse with cat-cow yoga pose. For added benefit, incorporate with Kegel routine, performing a Reverse Kegel as you tilt pelvis forward, and performing a Kegel as you tilt pelvis back.

STRENGTHENING

The exercises in this section are aimed at building strong inner core and pelvic floor muscles. These can be performed during pregnancy using the safety guidelines listed in the Physical Preparation for Birth chapter. Mastering these will help you restore strength postpartum and improve your ability to return to high-level fitness activities.

At a glance, some of these exercises may not seem challenging, but to be done correctly requires good control and coordination of respiratory, core and pelvic floor muscles.

Transverse Abdominis (TA) Strengthening



Setup - Begin sitting on a firm surface with your hands on your belly and feet planted on the floor.

Movement - Take a deep breath in, and as you exhale, draw your abdominal muscles upwards & inwards towards your spine. Hold for 3-5 and relax.

Reps – Quality over quantity. Start with 5 reps, adding 1-2 reps at a time to increase to 10.

Tip – Upgrade exercise by performing on an exercise ball for added core challenge. Count aloud to avoid holding your breath. For added challenge perform with Kegel routine (In breath - Reverse Kegel, Out breath - Kegel).

Transverse Abdominis (TA) Strengthening – Alternate



Setup - Begin sitting on an exercise ball with your hands on your belly.

Movement - Perform short, forceful exhalations with each abdominal contraction at a pace of one exhalation every 2 -3 seconds. You should feel your lower abdomen contract as you do this, pushing the air out. Alternatively, you could also say the word "hut" fast and loud.

Reps – 3 sets of 10.

Tip - For added challenge perform with quick-flick Kegels.

Exercise Ball March



Setup - Begin sitting upright on an exercise ball.

Movement -While breathing normally, brace your abdominals > raise one knee up > slowly lower back to the starting position > Relax abdominals > Repeat.

Reps - 10 for each side.

Tip – Make sure to keep your balance and do not let your pelvis tilt to either side during the exercise. If this is too challenging, start with sitting on a firm chair, or stabilizing the ball with a yoga block placed behind it.

Leg Extension



Setup - During pregnancy, start by lying with your back propped up by a wedge or pillows and your legs bent. During postpartum, you can lay flat for increased challenge.

Movement - Place your hands on your belly and take a deep breath in. Exhale while tightening your abdominals, and slowly sliding one leg out, keeping it a few inches above the floor. Inhale and bring the leg to the starting position, as your abdominal muscles relax.

Reps - Quality over quantity. Work up to 10 reps for each side.

Tip - Remember to exhale as you extend your leg out, and inhale as you bring your leg back in.

Below are 2 exercise upgrades to work on **once you master leg extensions**. Follow the instructions listed above, with variations in the **Movement** as listed.

Modified Foot Taps from 90°



- Bring both of your knees up into a 90 degree angle, like an upside down L.
- Place hands on belly and take a deep breath in, and exhale as you slowly drop one foot to the floor and then return to the starting position. Inhale, and repeat with the other foot.

Modified Leg Extension from 90 degrees

- Bring both of your knees up into a 90 degree angle like an upside-down L, as shown above.
- Place hands on your belly and take a deep breath in, and exhale as you slowly slide one leg out, keeping it a few inches above the floor. Inhale and bring the leg to the starting position, as your abdominal muscles relax.
- Take 1-2 relaxed breaths, before repeating the sequence with the other leg.

Squat with Ball



Setup - Begin standing with your legs wide apart with an exercise ball out in front of you.

Movement - Bend your knees and lower yourself into a comfortable squat while keeping your spine straight. As you rise up from the squat, raise the ball up overhead. Bring the ball back down again and repeat.

Reps - 10

Tip - Position your toes pointing outward for less strain on your hips and SI joint. Remember to avoid breath holding. For added challenge, focus on keeping shins straight, with knees in line with ankles.

Side-lying Hip Strengthening



Setup - Begin lying on your side with your lower leg bent at knee for stability. If performing with an infant, place them by your chest while keeping them engaged with eye-contact.

Movement - Slowly lift your upper leg to hip height, then bring your leg forward > back to neutral > up towards ceiling > back to neutral > extend backwards > back to neutral. Repeat.

Reps – 5- 10. Increase reps only after you're able to perform a certain number in all 3 directions.

Tip - Make sure to keep your core engaged and do not let your hips roll forward or backward during the exercise. *This exercise can be challenging as pregnancy progresses. Place a small pillow between your legs for stability or discontinue until after baby is born to avoid discomfort.*

Bridge with Baby (not recommended during pregnancy)



Setup - Begin lying on your back with your knees bent and feet resting flat on the floor. Place your baby in your lap using your hands to support them.

Movement - Tighten your buttocks and lift your hips off of the floor > lower back down. Repeat.

Reps - 10

Tip - Make sure to keep abdominals activated and hips level during the exercise. For added challenge, pull your ankles towards your buttocks, till they line up with your knees.

POSTPARTUM CARE

Many traditional cultures recommend a 40 day or 6 week period of confinement for new mothers. This is a time for the mother to rest & nourish her body while remaining in her bedroom with the new baby, and perform no other household or childcare duties. It is also a period when sexual abstinence is recommended to allow the pelvic muscles, vagina & uterus to heal well.

While this postpartum practice may not be a realistic choice for a lot of mothers in modern societies, we can adopt some of these practices.

Here are my recommendations for a restful & healing postpartum phase -

- ***Spend 7 days in bed, 7 days on the bed, and 7 days around the bed.***
Even if you cannot follow this rule strictly, try to spend the majority of your time this way. We don't have to prove anything to ourselves or the world by aiming to be the mother who returned to "normal" the quickest. Early postpartum should ideally be spent in recovery and learning your baby's patterns of feeding & sleeping.
The first 7 days should be spent laying down, and sleeping whenever the baby sleeps. The next 7 days should be spent seated - don't prioritize exercise, and household chores during this time. The following 7 days can include some light chores around the house if needed, but try to avoid spending too much time away from home.
- ***Focus on the mother-baby unit during early postpartum.***
During early postpartum your only responsibility besides resting is to feed yourself & the baby.
Preplan to not perform any cooking, cleaning, and additional child care duties in the first few weeks postpartum. Some ideas include:
 - Planning ahead to have frozen meals, set up a delivery service, or enlist family or friends to prep/deliver meals.

- Make peace with a messy house, or hire help for keeping the home clean.
- Have a family member or sitter watch older children or pets so that you can rest or do easy chores when not looking after the baby.
- Unplug from social media. Scrolling through images of friends and influencers leading “normal” lives while feeding an infant at 2 am can be demoralizing to the toughest of mothers. Besides FOMO, social media use can disrupt sleep patterns due to the radiation from the screen.

- ***Find a baby feeding method that works for you.***

Remind yourself that your worth as a mother is not tied to how you feed your baby. Do not allow the opinions of others, even if meant well, to affect your perception of feeding success.

As long as your baby is healthy, happy, and gaining weight sufficiently, you’re probably doing things right.

If planning to breastfeed, take a lactation class or set up a meeting with an IBCLC during pregnancy. It’s much less stressful to have an established relationship with a lactation expert, rather than having to scramble once you notice feeding difficulties with your infant.

If you have to supplement your milk supply, consider alternative feeding methods like feeding with a spoon, dropper, medicine cup, or Supplemental Nursing System (SNS), to decrease the risk of nipple confusion from early introduction of a bottle.

While breastmilk has countless benefits, a happy mother is much more beneficial to a baby’s health than a mother who is overwhelmed. If you choose to nurture your baby with formula, or have to switch to it due to breastfeeding difficulties, know that you’re still doing what is best for you and your little one.

- ***Take care of your perineum and core.***

Considering benefiting from the healing properties of aloe and witch hazel by adding them to your postpartum pads. You can also purchase tuck pads infused with these to place against the skin of your perineum (area between vagina & anus) to help with healing of any birth tears. Use a squirt bottle as you pee to avoid stinging over any birth tears.

Use a stool softener, good toileting posture, and additional guidance from a Pelvic Floor Therapist to decrease straining when emptying your bowels.

Consider wearing a belly binder approximately 5 days after a vaginal birth, and 7-8 after a cesarean birth. When putting the binder on focus on providing a gentle lifting force starting from over your pubic bone, working up towards your bottom ribs. Wear a binder for 3-5 hours at a time, with breaks in between to allow your core to function normally, without additional support. The purpose with belly binder use is always to bring together and support your belly muscles, and never to squish your belly in to help it slim down faster. Improper belly binder use can lead to long term leaking and prolapse issues.

- **Cesarean Birth considerations.**

First things first - you still *gave birth* if your baby had to exit through your belly instead of your vagina. However, you still underwent a major surgical procedure, so remember to give yourself as much rest & nurturing as is given to anyone else having an abdominal surgery. Don't fall into the trap of thinking you're "taking it easy" or being "lazy" if you decide to prioritize your physical and emotional recovery. Give yourself due credit for doing as much "work" as moms who birthed their baby vaginally, and reach out to health & fitness experts to guide your recovery.

Once you receive clearance from your provider at 6-8 weeks, work with a Pelvic Floor Therapist to learn scar massage techniques and core strengthening exercises to ensure successful recovery. It is very important to your long term pelvic health to learn active recruitment of the deep core muscles before jumping into a running or exercise routine.

- **Take care of your emotional health.**

Feeling sad for a few hours at a time for the first 2 weeks after giving birth is called the Baby Blues and happens as your body's hormone levels are adjusting to their new normal. Feelings like those listed below that continue beyond the first 2 weeks, or start after a few weeks or months after birth can be linked to postpartum mood disorders.

Postpartum depression, postpartum anxiety, postpartum psychosis, and postpartum OCD are some common types and can be managed well with counseling and medication.

If you recognize any of the below, know that you're not alone, and these conditions are more common than most people realize. With support from medical professionals, you can return to feeling like yourself, with a healthy, loving relationship with your little one(s).

Signs of postpartum mood disorders can include -

- Feeling hopeless, sad, or worthless, with frequent crying spells.
- Feeling like you're a bad mother and that your baby is better off without you.
- Having difficulty bonding with your baby.
- Experiencing difficulty with taking care of the baby and yourself without overwhelming despair or hopelessness.
- Experiencing frequent anxiety and panic attacks.
- "Needing" to perform repeated checks on baby or repetitive tasks like washing your hands, washing baby's bottles, checking the locks on the house, or your own personal ritual.

Contact **Postpartum Support International** by calling **1-800-944-4773** from the US, or going to postpartum.net for support in the US and globally.

If you're experiencing an emotional emergency with thoughts of harming yourself or your baby, please call your maternity or primary care provider for immediate assistance. Alternatively, you could go to the Emergency Department of your nearest hospital.

ADDITIONAL RESOURCES

All pregnant and postpartum mothers should work with a pelvic floor therapist to prepare for the tremendous changes to the core & pelvic floor muscles during this time. Your pelvic floor therapist can also practice techniques to increase your chances of birthing vaginally, healing better postpartum, and returning to an exercise routine while avoiding damage to your core & pelvic floor.

Taking proactive care of your core & pelvic floor needs decreases the risk of later dysfunctions like incontinence, pelvic pain, and prolapse. If a pelvic floor therapist is not available locally, consider contacting one for telehealth consultations.

The following are additional resources to make your pregnancy and postpartum more comfortable. We wish you the very best in your Birthing and Postpartum Journey.

Included below are:

- Perineal massage guide
- Tips to overcome hyperactive bladder or “mom bladder”
- Pelvic floor checklist to identify your need for additional support from a Pelvic Floor Therapist.

Get the most from Perineal Massage

Most childbirth prep material covers Perineal Massage, so here are some added tips to get the most benefit.

- Try self and partner massage – use two thumbs with fingers resting on buttocks for comfort & stabilization when massaging yourself. Your partner may be most comfortable using his/her index fingers.
- Use a good lube and go deep – Starting at least 1 knuckle deep, work

your way up to between the 2nd & 3rd knuckle for your partner and till the base of your thumb. Coconut (or other edible) oil or intimate lubricants work well for ensuring comfort with massage.

- Use good technique - Starting with stationary stretching, work up to gentle gliding between 3 & 9 o'clock on your perineal clock. For any areas that feel tender/tight, a gentle stretch for 30-60 secs may help ease discomfort.

Slight stinging is acceptable, while shooting or burning pain is not. The stinging sensation usually decreases as you massage your perineum regularly.

- Coordinate massage with a *Birthing Breath*- coordinate the downward pressure of the massage with a long, relaxed exhale as you perform a Reverse Kegel. We call this a *Birthing Breath*.

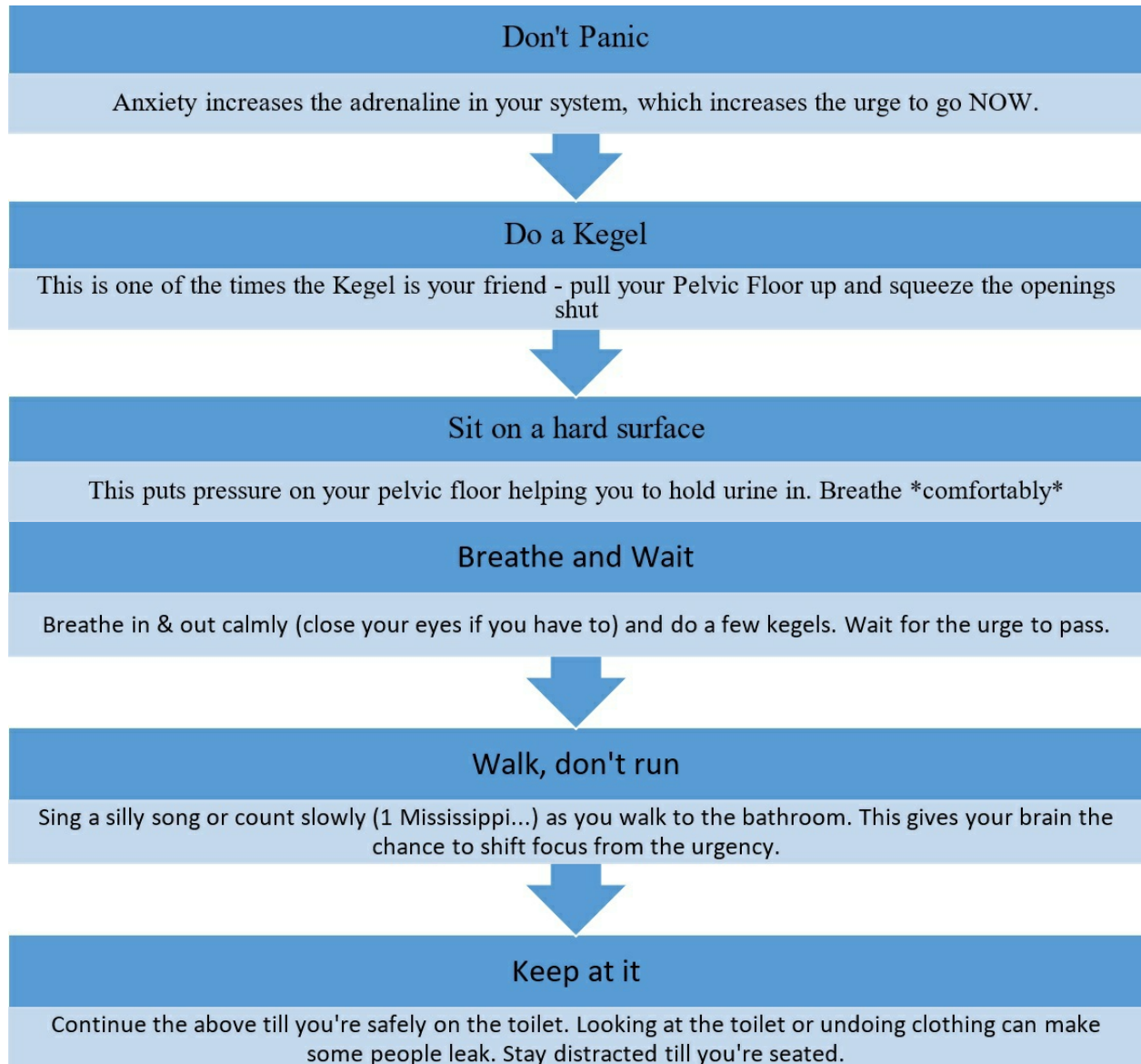
Keeping your eyes closed, dimming the lights and practicing your *Birthing Breath* will help you better relax your perineum when experiencing the stretch from baby's head crowning. This relaxation can help decrease your risk of birth tears.

- Stay consistent – try to massage your perineum 3-5 times a week. Guidelines on starting perineal massage vary between 30 – 36 weeks, seek clarification from your provider.
- Scar Massage – If you had perineal tearing or an episiotomy from a previous birth, learn how to massage your scar for improved tissue mobility to decrease the likelihood of re-tearing. For video instruction, please refer to “Scar Care after Vaginal Birth” on the Concierge Pelvic Floor [YouTube channel](#).

Check in with your Pelvic Floor Therapist if you have pre-existing pelvic floor dysfunction, and perineal massage increases your symptoms.

Overcoming the hyperactive bladder

Here are some easy techniques to control the urge to empty your bladder, and avoid/minimize leakage till you can get to the toilet. These techniques may work with varying effectiveness based on the unique characteristics of your pelvic floor.



Additional Pelvic Health Tips

Here are some easy ways to keep your Pelvic Floor happy during pregnancy, birth, and postpartum.

- Use a supportive belt during pregnancy and postpartum.

Giving your belly & pelvic floor muscles some additional support for a few hours everyday will help decrease common pregnancy aches & pains.

You can purchase one from an online retailer based on customer reviews. Alternately, you can use a script from your medical care provider at a surgical supply store to get the support belt covered by medical insurance.

When choosing a postpartum support belt, avoid 1-piece binders or belly trainers. Instead, choose a belt that allows for different levels of support at your hips, midriff and upper belly. You could also use a fabric binder like a sari, bengkung wrap, or a fabric baby carrier – all of which have helpful online tutorials.

Be mindful, that the intention with a support belt should always be to support with a gentle, upward lift. When postpartum, be sure to never squish down your belly, choosing instead to wrap the belly with an intention of gently bringing together the 2 sides while providing an upward lift. Excess downward force on a healing belly can lead to pelvic floor issues like leaking or prolapse.

- Avoid Constipation. Your Pelvic Floor is already bearing a lot of weight during pregnancy (baby + placenta + amniotic fluids), and recovering actively during postpartum. By avoiding constipation, you can decrease the increased stress from bearing down during bowel movements.

You can do this by drinking about twelve 8 oz glasses of water a day, and increasing dietary fiber. If you're not a fan of high fiber food, including a fiber supplement like metamusil is usually better than needing to use a laxative or stool softener.

For a more natural alternative, follow the bowel regularity recipe below.



***Bowel Regularity
Recipe***
@conciergepelvicfloor

Unprocessed Oat/Wheat Bran	1 Cup
Prune Juice	1 Cup
Apple Sauce	1 Cup

1. Mix above and store in fridge, or in 1-2 tbsp portions in freezer
2. Eat 2 tbsp an hour before bed
3. Follow with 8 oz warm water or tea
4. Follow with bowel massage as instructed by your Pelvic Floor Therapist

Follow-up with your pelvic floor therapist if no change in a week

After consulting with your medical care provider, you could also add a magnesium supplement which has the benefit of decreasing 3rd trimester leg cramps, in addition to decreasing constipation. Aloe vera juice, prunes, and figs are all foods that are nutritious and promote bowel health.

- ***Birthing Smarter.*** Even if the plan is to birth vaginally, consider the following options regarding cesarean birth.

- * If your partner can be in the operating room with you.
- * If a clear surgical drape can be used to have you see baby's birth.
- * If your provider offers mother-assisted or family-centered cesarean birth.
- * Skin-to-skin policies after birth.

For a planned vaginal birth -

- * In early labor, prioritize rest and conserving your energy. You will have lots of time to squat, lunge and move around later. Try to nap if possible, if not, then distract yourself by doing non-strenuous tasks around the house.

*During early active labor, deep squats will help widen the pelvic inlet, the entry to your pelvis, allowing baby to descend easier.

* If you can't move out of bed during labor, ask hospital staff to help you lay on one side with a peanut ball between your legs to keep your pelvis open. Alternating sides every 30-60 minutes will help with baby's passage through your pelvis. This is especially recommended for mothers laboring with epidurals.

* Spontaneous or mother-led pushing is recommended to decrease risk of injury to your pelvic floor. Even on reaching full dilation, with your care provider's approval, wait till you feel a strong urge to start pushing. Breath-holding "purple pushing" for 10 seconds with each contraction is not recommended.

* Instead squeeze & push downwards with your abdominal muscles for 4-6 seconds while exhaling and focusing on your reverse kegel.

Focus on keeping your face & jaw relaxed while vocalizing with low-pitch "aaaaaa" and "ooooohhhh" sounds during pushing. This is more beneficial than the high-pitched "eeeeeee" pushing popularized in movies & TV, which leads to increased pelvic floor tension.

Practice this "Birthing Breath" during the last weeks of pregnancy and visualize pushing with a relaxed face & jaw while relaxing your pelvic floor with a Reverse Kegel.

* No pushing position is the "best" to minimize injury to your pelvic floor. Listen to your body's cues and move into a position that feels most comfortable to you.

Contrary to popular belief, a deep squat can actually increase your risk of perineal tears, second only to the traditional legs-in-stirrups lithotomy pushing position.

Work with your care providers to try pushing in upright positions like hands & knees, half kneel, or supported squat to allow gravity to help with baby sliding down & out.

Side-lying pushing doesn't have the benefit of gravity, but is superior to laying on your back due to the greater freedom of movement to your tailbone.

Pelvic Floor Checklist

Use the checklist below to assess your own pelvic floor health.

Bladder

- Do you leak urine with any activity or exercise?
- Do you experience a strong urge to go to the bathroom and have difficulty holding on?
- Do you have difficulty starting or stopping the stream of urine? (Please note that we do NOT encourage this as an exercise but can be a helpful once-off test)
- Are you unable to completely empty your bladder?

Bowel

- Do you experience difficulty holding stool in?
- Do you have any trouble getting everything out?
- Do you experience constipation and strain to empty your bowels?

Sexual

- Do you have ANY pain with sex? Keep in mind that 'pain' can range from mild discomfort to intense, sharp burning pain.
- Do you struggle to reach orgasm?

Pain

- Do you have any discomfort or pain around the vulva (or labia) with tight clothing or light touch to the area?
- Do you experience any pain with the use of tampons or during a pap smear?
- Do you have any pain with urinating or bowel movements?
- Do you have pain in your pubic bone, sacro-iliac joint (SI Joint), lower back, hip or groin that doesn't respond to regular treatment?
- Do you have extremely painful periods or a condition like endometriosis, PCOS, painful bladder, IBS, or Crohn's?

Prolapse

- Do you feel any heaviness or pressure in the vagina or rectum?
- Have you noticed a bulge into the vagina or the feeling of something 'falling out'?

If you experience any of the above, you may benefit from Pelvic Floor

Therapy.

CONCLUSION

Pregnancy and Postpartum are a time in a woman's life that create major shifts in self-identity, often introducing women to a new self.

Not Just Kegels is an attempt to enable women to proactively care for the physical and emotional changes that they can expect during this time.

In addition to preparation, finding a supportive community of new and experienced mothers to support you through this transition is invaluable. Look to online forums for support and camaraderie if you don't have such support where you live.

We hope you find new depths of strength, creativity and self-appreciation as you step into your new role as mother and nurturer.

STAY IN TOUCH

Find more information on pregnancy, postpartum, and pelvic health at -
<https://pelvicfloorbuffalo.com/pelvic-floor-blog/>

To book Sujata Martin for speaking engagements, please contact us at -
sujata@pelvicfloorbuffalo.com

To work towards your birth, postpartum, and pelvic health goals with Sujata Martin, contact us at -
<https://pelvicfloorbuffalo.com/contact-us/>