

POSTNATAL EXERCISES

(Early Inpatient postnatal days until six weeks post delivery)



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OUTPATIENT CLINIC

Units of **FERNANDEZ** FOUNDATION

Exercise Regularly

This brochure is intended to educate women about mobility and exercises while as an Inpatient and until six weeks post delivery.

It supports the information given by the physiotherapist who sees you when you are an Inpatient at Fernandez Hospital.

This information is useful for all new mothers including those who have undergone a Caesarean section.

The first 6 weeks after the birth of your baby is a time of great change for you. Your body will feel tired and worn out, but be assured that your body will slowly get back to normal.

If you have episiotomy or Caesarean scars, they will continue to remind you of their presence although this will gradually reduce with time.

Energy levels will remain low and you may tire easily. This is because your body has had a lot to cope with and needs rest to recover. Allow yourself to do as much as your body allows you to without exertion. You can also help your body heal by doing some gentle exercises regularly. You must particularly concentrate on looking after your back in this early postnatal period.

The following exercises should be gradually built to 10 repetitions starting once a day, and aim at doing them at least 3 times a day over a period of 6 weeks.

Pelvic Tilts

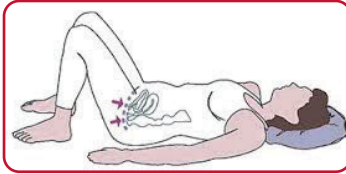
Why? This exercise helps you find a neutral position for the pelvis and so helps relieve pain in the lower back.



How? While squeezing your buttocks together flatten the back against your hand. Hold for 5 counts and relax.

Kegel's Exercises

Why? Kegel's exercises make your pelvic floor muscles stronger. Stronger pelvic floor muscles help to avoid any urine leaks and support vital organs in the pelvis.

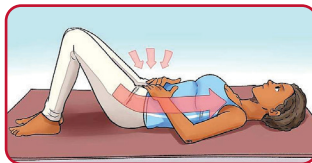


How? Squeeze your vaginal opening or the front passage tight like you are trying to stop the flow of urine. Build on holding this position gradually to 10 counts of hold and then relax. Repeat 10 times in each attempt of doing the exercises at least 3 times a day.

Abdominal Exercises

Static Lower Abdominals:

Why? This exercise helps as an internal binder to stabilize your lower back and pelvic girdle. It prevents back pain.



How? As you breathe out, gently tighten your tummy muscles as if to mimic flattening your tummy. Gradually build to hold for 10 seconds while breathing normally.

Half Curl:



How? Cross your arms across the chest and lift head and shoulders. Gradually build to holding upto 10 counts while breathing normally. (This exercise should be attempted only after 6 weeks post C-section).

Bridging

Why? Bridging builds muscle strength and flexibility. It engages the abdominal muscles while strengthening your hips, buttocks and back.



How? Keeping your feet apart such that the heels are in line with the hips and arms by your sides, try to take equal weight on your feet and lift your hips up. Bring down gently. Build gradually to 10 repetitions. (Post C-section, this is done after 6 weeks; in normal delivery, after 2 weeks).

Shoulder Blade Squeezes

Why? This movement exercises your upper back muscles that help in being more aware of sitting erect and avoid slouching forward.



How? Push your shoulders and elbows back as if pushing into a wall, squeezing the shoulder blades together and relax.

Neck Stretch

Why? This stretch relaxes and improves the strain in your muscle that gets overused and tired in holding your baby during feed time.



How? Put one hand behind your back and with the other tilt your head to the side bringing the ear and shoulder closer. Hold for 20 seconds and relax.

Chest Stretch

Why? You may experience tightness and tension in the chest area due to the fullness of the lactating breasts. Doing this stretch relieves that strain and keeps you comfortable.



How? Bring both hands behind your head and push your elbows back. Hold for 20 seconds and relax.

Watch Your Posture

You must look after your back in this early postnatal period and maintain a healthy posture at all times.

Healthy posture means:

- Stand tall
- Bottom tucked in
- Tummy in
- Relaxed knees
- Keep your head and shoulders back over your hips



Avoid sitting on soft chairs. Sit in a firm, straight-back chair. Do not slouch or arch your lower back. A cushion can be used for extra lower back support. Remember to bring the baby to you for feeding rather than bending over to bring the breast to the baby.

To get up from the bed, do not sit up by bending at the waist. Slowly roll to one side and swing your legs over the edge one at a time. Push up your upper body with the elbow on the side you are on. Use your other hand to help yourself.

When bending over, keep one foot in front of the other. Bend your knees and lower your body. Your legs should take most of the weight.



Walking

Exercise and early mobilization help healing by increasing circulation.

Typically, you will be asked to get up to walk as soon as you are comfortable after a normal vaginal delivery or Caesarean Section to improve digestion, decrease muscle stiffness, and prevent blood clots.

Support your incision as you walk. Walking and gentle exercise will not pull apart your incision. Gradually add activities every day once your strength and endurance improves.

In the immediate days post delivery, walk briskly as often as you can. Regular brisk walking can be attempted for upto 30 minutes any time after the 3 weeks post normal delivery and after 6 weeks post a C-section.

Any strenuous activity such as weight training, jogging and running is advised after 12 weeks following a C-section.

Walking everyday in the postnatal period will help improve your metabolism, keep your weight in check, normalize your hormones better and help improve bone density.

Negotiate stairs in the first two weeks post delivery when necessary only.

Avoid sitting on the floor, adopting the Indian squat position and kneeling on the floor for the first six weeks post delivery.

If you are interested in learning further exercises or want to consult our
Physiotherapist **Dr. Latha D. Balasundaram**,

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