



Calvary

ELECTIVE CAESAREAN
SECTION WORKSHOP:
PHYSIOTHERAPY
EDUCATION

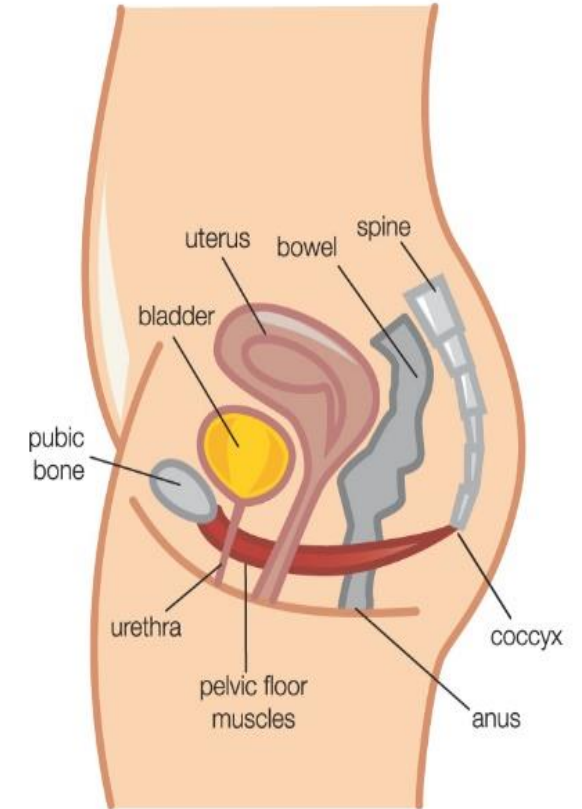
Continuing the Mission of the Sisters of the Little Company of Mary

Disclaimer

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What is the pelvic floor?

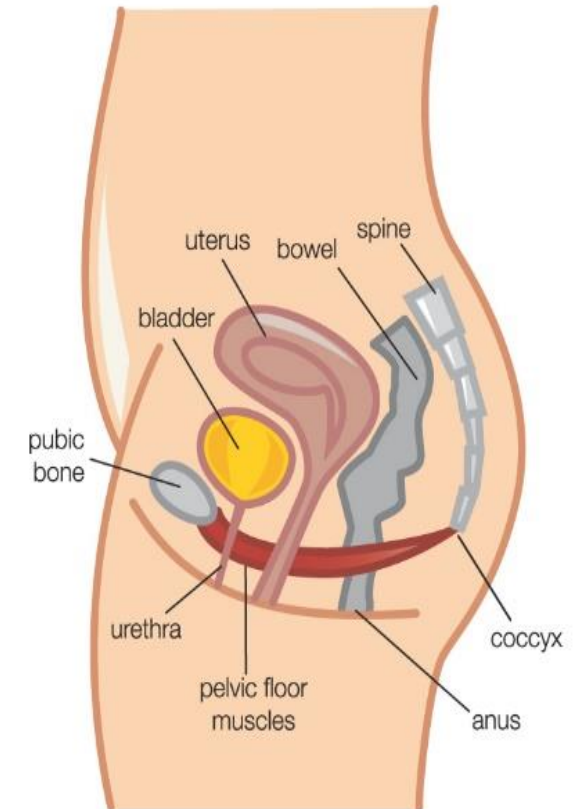
- The pelvic floor is a group of muscles and ligaments which support the bladder, uterus (womb) and bowel. The openings from these organs, the urethra from the bladder, the vagina from the uterus and the anus from the bowel pass through the pelvic floor.
- The pelvic floor muscles attach to your pubic bone at the front and the tail bone at the back and from the base of your pelvis.
- It is important to note that a c/section does not protect the pelvic floor. The weight of carrying a baby (or babies) for 9 months places the same pressure on the pelvic floor as if the woman is having a vaginal delivery.



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What do the pelvic floor muscles do?

- When the pelvic floor is strong, it supports your pelvic organs (the bladder, bowel and uterus) to prevent problems such as:
- Incontinence (the involuntary loss of urine or faeces)
- Prolapse (lack of support) of the bladder, uterus and bowel.
- The pelvic floor muscles also help you to control bladder and bowel function, such as allowing you to 'hold on' until an appropriate time and place.

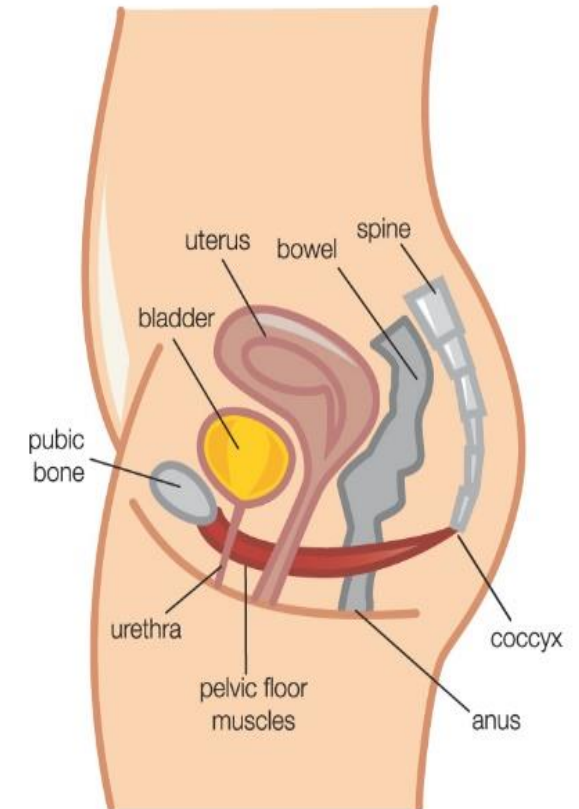


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What causes pelvic floor muscle weakness?

- Pregnancy and childbirth
- Constipation (excessive straining to empty your bowel)
- Persistent heavy lifting
- Excessive coughing – causing repetitive straining
- Being overweight
- Changes in hormonal levels at menopause
- Growing older

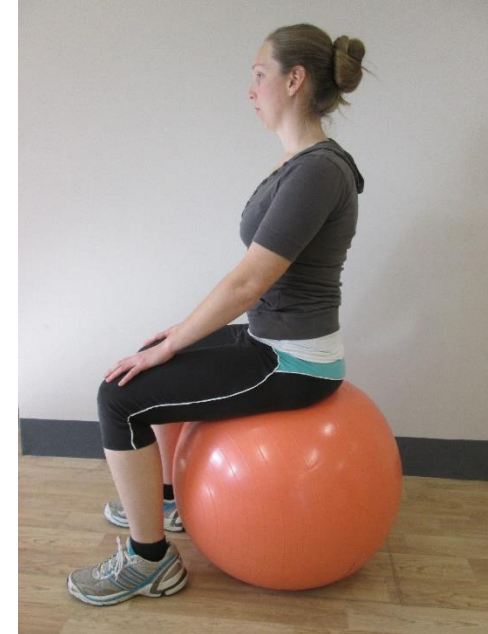
Pelvic floor muscle training for women, Continence Foundation Australia (2020, February 6).



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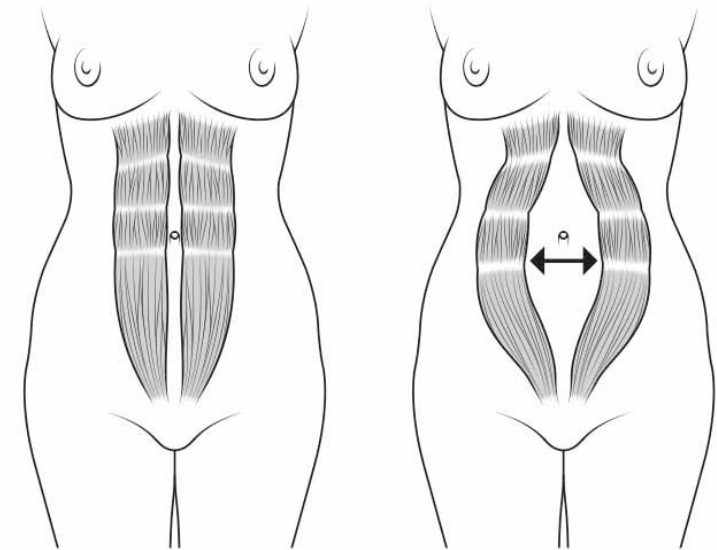
What exercises can I do?

- Pelvic floor exercises 3x 8-12 per day, aiming to hold for 5-8 seconds per contraction
- You can do your pelvic floor exercises in sitting, standing, lying on your back or on your hands and knees
- During these exercises you should:
 - Feel your pelvic floor muscles 'lift up' inside you, rather than feel a downward movement
 - Relax your thighs and buttocks
 - Keep breathing normally
 - Stop if your muscles fatigue and you can no longer feel a lift.



Looking after your abdominal muscles in pregnancy:

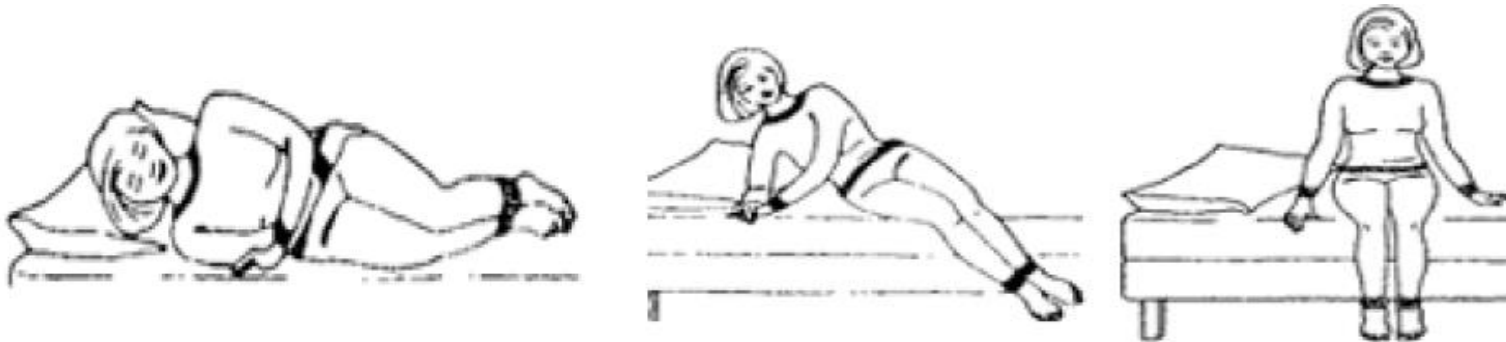
- The primary purpose of the deep abdominal muscles are to support the back and pelvis, both at rest and during all activity.
- These muscles correlate closely with the pelvic floor muscles and the strengthening exercises can be done together.
- Rectus diastasis (the separation of the “6 pack” stomach muscles) occurs in 90-100% of pregnancies and is not related to the fitness or strength of the woman prior to or during pregnancy. This separation leaves you with less strength post birth which means that you need to be extra careful with everything above such as heavy lifting and exercise.



Modified Log Roll :

When sitting up in bed, roll onto your side.

When getting out of bed roll onto your side, swing legs over & push up sideways; to get back onto bed, lower onto elbow and roll back onto your back from your side (as you should be doing now)



Bowel Motions :

- When performing bowel motions use a small foot support to bring your knees higher than your hips and leaning forwards. This relaxes your pelvic floor. Use a clean towel for wound support.

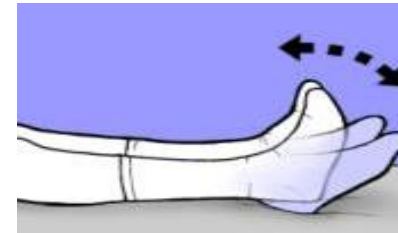


Posture in Pregnancy:

- As your body changes throughout pregnancy, so too does your posture. It is important during this time to be mindful of your posture when sitting, standing and lifting.
- Aim to keep your ear, shoulder, hip, knee and ankle in-line while standing
- Keep your bottom tucked in
- Avoid locking your knees, as this can strain your lower back
- For sitting, sit up with your back straight and your shoulders back. Your bottom should touch the back of the chair
- Sit with back support (such as a small, rolled up towel or lumber roll) in the curve of your back.

Post caesarean tips:

- Commence foot and leg exercises as soon as the numbness has worn off:
- Ankle rolls, Knee Bends and Gluteal (butt) squeezes 2x10 each hour.
- With both knees bent up, try gentle pelvic rocking and knee rolling 2x10 each hour.
- Hourly breathing routine: gentle full breath to expand whole of lungs including bases, hold for 3 seconds, exhale fully, x 5.



Pelvic rocking



Pelvic rolling

Post caesarean tips continued:

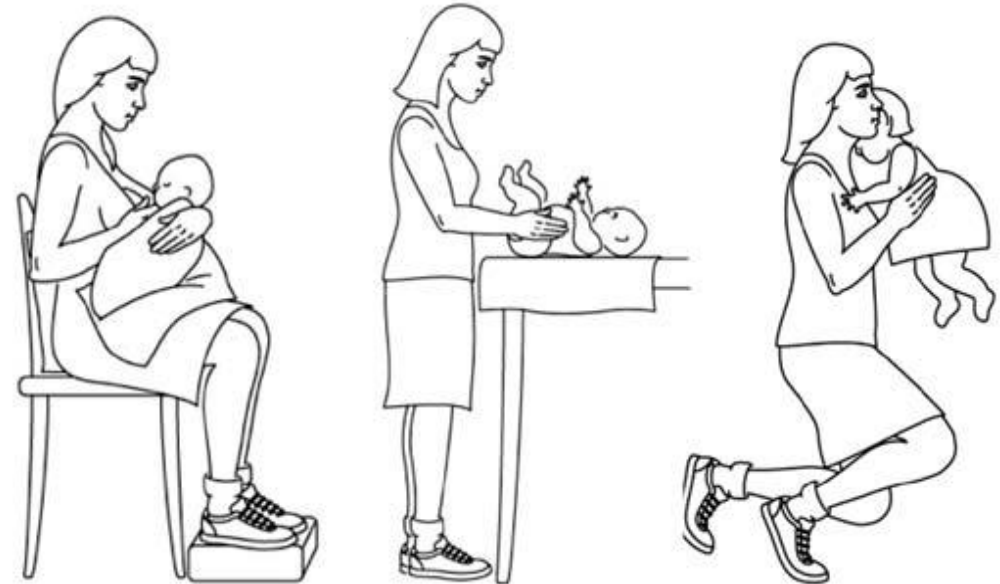
- Compression stockings need to be worn for at least 2 weeks (ensure heel of stocking is correctly placed to provide appropriate compression in appropriate place; any clotting history advised to retain stockings for 6 weeks)
- If you need to cough or sneeze, bend your knees & support the tummy / wound.
- Avoid sitting straight up from bed, instead use the bed mechanics to sit, or roll onto your side and push up sideways (as you were doing during pregnancy). Avoid sitting straight up for minimum 3 months post-delivery.
- Use this same technique for getting in and out of bed. Roll to the side, swing legs over & push up sideways; to get back onto bed, lower onto elbow and roll back onto your back from your side (continue for 3 months post-delivery).

Post caesarean tips continued:

- **Avoid sit ups or abdominal crunches for 4-6 months post birth!**
- When standing up and walking, remember to straighten back and shoulders & avoid stooping forward. If pain is high, support the wound with your hand or a pillow
- Usually you are allowed to get out of bed the day after the birth – the sooner you begin walking the better!
- Keep on top of your pain relief – talk to the midwives. Often you need some form of pain relief for 1-2 weeks.
- You will usually have a drip in one arm which can make it difficult to reach over to pick up your baby so try to have a partner or family / friend stay with you at all times (and overnight) to help if the baby starts crying or needs to be fed.
- Most obstetricians won't allow you to drive for 6 weeks. Check with both your obstetrician and car insurance provider.
- Lift nothing heavier than your baby for the first 6 weeks.

Looking After Your Posture:

- Ensure you sit with your lower back well supported
- When feeding the baby (both in sitting and lying), watch there is no strain on the lower back or on the neck (particularly if you are looking down at the baby for correct attachment)
- Try to ensure you can change the babies nappy at waist height
- Take care getting the baby in and out of the car seat (try to lunge with the legs)
- Be mindful that carrying a baby car capsule is very awkward and not advised for the first 6 weeks



Thanks!

Any questions ?

Please phone the maternity physio team on 02
6281730 or email us on
maternity.physio@calvarycare.org.au

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