

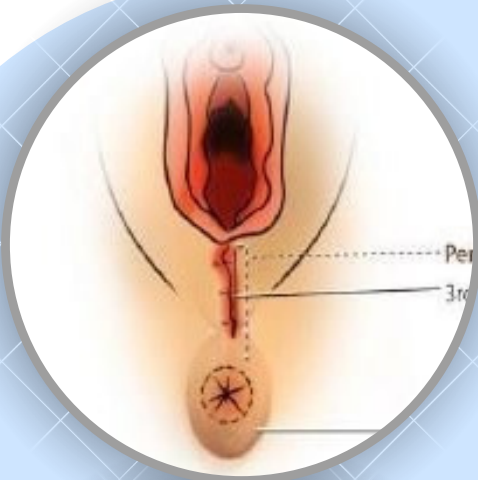


# The National Maternity Hospital

Vita Gloriosa Vita ~ Life Glorious Life

## Physiotherapy Department

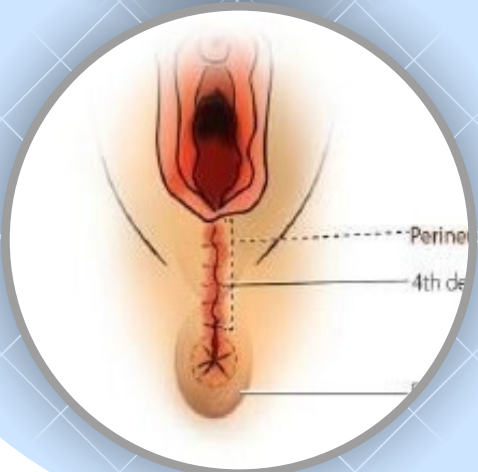
### Advice & Exercise Following Third and Fourth Degree Tear



Sometimes during a vaginal delivery the area between the vagina and anus may tear.

A 3<sup>rd</sup> degree tear involves partial tearing of the anal sphincter (muscles that control opening of the anal canal).

A 4<sup>th</sup> degree tear involves injury to the anal sphincter and into the anal canal.



Most women with a 3<sup>rd</sup>/4<sup>th</sup> degree tear will have no long lasting complications once the healing process is complete.

A small percentage of women may experience problems controlling their bowels or holding onto wind, which specialist physiotherapy can help to improve



Visit our website: [www.nmh.ie](http://www.nmh.ie)

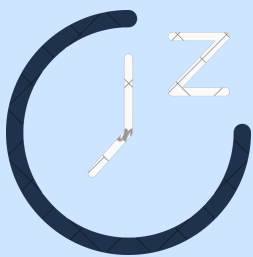
# Your Care After a Tear

## Initial Treatment

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You will have dissolvable stitches between your vagina and anus and also underneath the skin.

They do not need to be removed. Stitches can irritate as they heal, but this is normal. Most stitches will dissolve by 6 weeks. You may continue to feel some stitches, especially around the anus for up to 3 months.



### Rest

Rest will help your body recover and heal from the birth by reducing swelling and discomfort. Try to rest when baby sleeps or as able throughout the day. You may not be able to sleep throughout the day but even taking a few moments to relax and allow your body to rest can help.

You can take the pressure off the perineum by sitting on two rolled up towels placed parallel to each other under your sit bones. To help reduce irritation of your perineal stitches, allow some moments to lie down and rest without underwear throughout the day. This can help with healing.

If breastfeeding, try feeding baby in side lying, to ease pressure on your perineum.



### Preventing Infection

Keep the area clean by washing daily with just water (avoid scented or perfumed products). Change maternity pads frequently. Pat the area dry to protect stitches.

Signs of infection could be:

- Red, or darker, swollen skin around the wound
- Persistent pain/ worsening pain
- Unpleasant or foul smelling discharge
- Pus or liquid coming from the wound.

Contact your midwife, Public Health Nurse or GP if you notice signs of infection.



### Diet

Drink 2-3 litres of fluid each day and eat a healthy balanced diet (fruit, vegetables, cereals, wholemeal bread and pasta) to avoid constipation.

# Your Care After a Tear

## Initial Treatment

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### Managing Pain

**Antibiotics:** You will be given 3 doses of intravenous antibiotics to reduce the risk of infection.

**Laxatives:** Will make it easier and more comfortable to open your bowels.

Pain-relieving drugs will help to manage any discomfort

None of the above treatments will prevent you from breastfeeding

Ice may help if your perineum is bruised and/or swollen. Wrap a small ice pack in a damp cloth, or place in a sanitary pad. Ensure it is not in direct contact with your skin. Apply for 15-20 mins 3 times a day while swelling is still present. Never fall asleep with an ice pack in place.

Shapewear or compression underwear can support the area and help reduce swelling.

### Intercourse

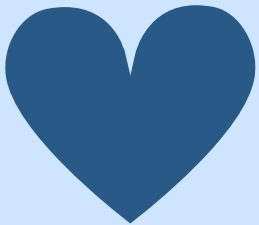
The thought of returning to intercourse can be worrying for some women. Once the stitches have healed and bleeding has stopped, you can return to intercourse but do so when it feels right for you and your partner.

### Appointments

You will be followed up with a 6 week check in the Poppy postnatal clinic, a Physiotherapy telehealth appointment at approx 8-10 weeks and later in the Perineal Clinic

You can also self-refer to postnatal physiotherapy service up to 6 months after your delivery.

Physiotherapy Department at 01-6373499 or [physio@nmh.ie](mailto:physio@nmh.ie)



# Early Days

## Comfort & Movement

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### Bed Mobility

Using the log roll technique can be useful. Bend both knees, feet flat on the bed, roll on to your side. Push your body up by pressing down on to the mattress with your hand, at the same time allow your feet to go down to the floor. Stand by leaning forwards and pushing up with your hands and legs. Try not to stoop; stand tall.



### Positioning in Bed

Following a vaginal delivery it is normal to feel pain and swelling around the vagina and perineum. You may also have pain around stitches in the area. Positioning yourself in side-lying with a pillow between the knees can help offload the area.



### Short Walks

In the early days, short frequent walks are good for circulation, promoting healing and reducing pain.

Short walks allow us to change position and prevent stiffness. Walking will also offer time where there is less direct pressure on your perineum and vaginal area, which may offer relief as these areas are often tender and swollen following a vaginal or assisted vaginal delivery.

You will be encouraged to begin short walks on the postnatal ward. This could be as simple as mobilising to the toilet and back.

Start small and gradually increase the distance, time and intensity as you continue to heal. Think - little and often in the early days.

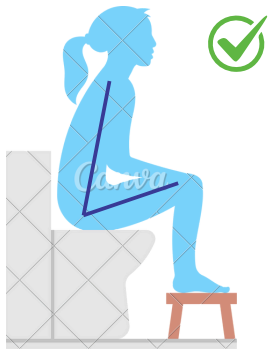
Remember your body is recovering after delivering your baby. Don't expect too much too soon. Take it slow and remember everyone's healing timeline is different, don't compare yourself to others.

# Bowel & Bladder Care

## Bowels

It is very common for women to be nervous about opening their bowels following delivery but there is no need to be fearful. Avoid fighting the urge to open your bowels to avoid constipation.

The following will help you to comfortably pass a bowel motion:



- Use a foot stool to ensure your knees are higher than your hips
- Maintain a straight back avoid slumping
- Lean forward resting forearms on thighs
- Practice your deep breathing to help the pelvic floor relax
- Swell your tummy rather than straining - imagine you are blowing out birthday candles or saying the word "OOooo"
- Relax and don't rush

Avoiding constipation is important following delivery. The following can help soften the consistency of your stool can help with stimulating digestion:

1



Variety of fruit and veg

2



Nuts and seeds in the diet  
(chia seeds, flax seeds)

3



Regular fluids (water)

4



Movement & exercise

## Bladder

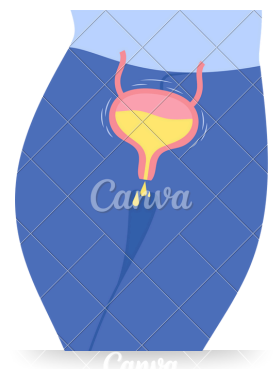
**1 in 3 women experience some degree of bladder leakage following delivery**

Sometimes after birth the sensation of the bladder can be reduced. You may not feel when your bladder is full and if bladder emptying is delayed this may result in bladder leakage. We can manage this by:

- **Scheduled voiding** = going to the toilet every 2hrs even if you have no sensation to pass urine
- **Double voiding** = after the flow of urine stops, stand up and sit down again to ensure the bladder is fully emptying

Bladder leakage is more prevalent following forceps and vacuum assisted births and in women who had a episiotomy or tear due to an increased loss in strength of the pelvic floor muscles.

You can self-refer to the Physiotherapy Department in The National Maternity Hospital for 6 months following your delivery for any pelvic floor concerns: [physio@nmh.ie](mailto:physio@nmh.ie)



**Next we will discuss pelvic floor exercises which can help to prevent these issues.**

# Pelvic Floor

Your Pelvic Floor is a sling of muscles under your pelvis. It includes your anal sphincter muscles. They help to close the bladder and bowel to prevent leaking. They also help support your pelvic organs, lower back and pelvis, and assist in sexual activity and pleasure.

After a vaginal birth, your pelvic floor undergoes a major change and needs time to heal. You may not be symptomatic of leaking or discomfort but you still need to work on strengthening your pelvic floor muscles! It is common to have some mild pelvic floor symptoms in the initial days to weeks, these should resolve with time.

Pelvic floor dysfunction is not limited to leaking. This may include bladder or bowel control issues, feelings of pressure or heaviness in your vagina or persistent pain with sex.

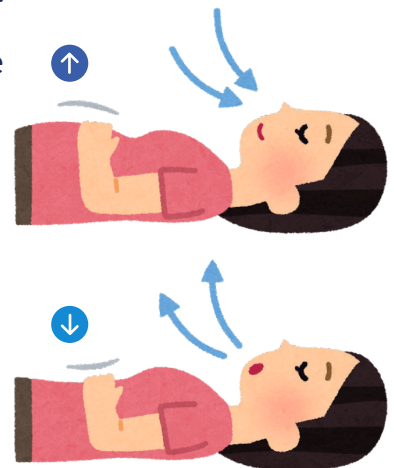
## Stage One - Diaphragmatic Breathing

Your diaphragm and pelvic floor move up and down like a piston while you inhale and exhale. This is called diaphragmatic breathing.

By slowly breathing all the way into the lower lungs and letting the tummy flop out, this helps to relax the pelvic floor. In turn, the pelvic floor is activated by exhalation.

Correct breathing also lays the foundation for healing and strengthening through your pelvic floor muscles

- Lie on your back with knees bent, or on your side.
- Place your hands on your tummy and one hand on your chest. Become aware of your breath.
- When you inhale, your belly will rise and expand as your lungs fill with air and your diaphragm moves down to accommodate your full lungs. Your pelvic floor mimics the movement of your diaphragm. As the diaphragm moves down, the pelvic floor lets go of tension and relaxes. Draw your attention to your perineum and back passage and direct your 'letting go' to this area as if letting go of wind.
- As you exhale, feel your belly fall and contract as your diaphragm moves back upwards.
- Practice 10-15 breaths throughout the day, lying or sitting



## Stage Two - Breathing and Your Pelvic Floor

- Continue your relaxed breathing.
- After 2-3 breaths, try to gently squeeze and lift the muscle around your back passage, as if you are trying to stop yourself passing wind. You should be aware of the skin around the back passage tightening.
- Hold the muscle tight for up to three seconds then slowly release.
- Relax for 2-3 breaths, feeling the muscles "let go fully", then repeat up to ten times.
- Your buttocks, tummy and legs should not tighten. Try not to hold your breath!

Aim to do this set of exercises three a day to strengthen the pelvic floor and anal sphincter muscles.



# Pelvic Floor

## Stage Three - Progressing Your Exercises

When you feel more confident finding the muscles and as your pain settles, you can progress the exercises to a seated position. Continue this for the first 6 weeks until you have your review with the physiotherapist.

### 'Magnificent 10'

Your physiotherapist will guide you through further progressions of the exercises at your follow up appointment.

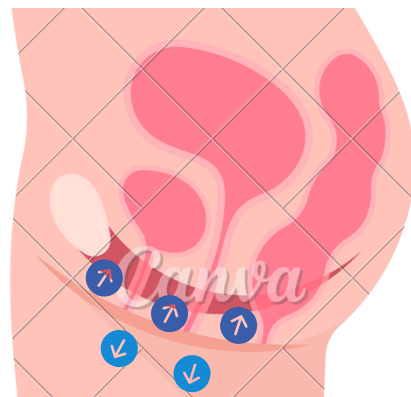
Your aim is to be able to do 10 holds of 10 seconds each and 10 fast contractions. Three times a day. Start in lying and as able progress to sitting or standing

Begin by holding for a couple of seconds and gradually each week build-up to the 'magnificent 10'.

It is important that you keep breathing naturally whilst doing the exercises.

Give yourself time between squeezes to let go of the pelvic floor muscles completely.

Squeezy is a useful app by the NHS to help with your exercises.



# Abdominal Retraining

## Tummy Muscles

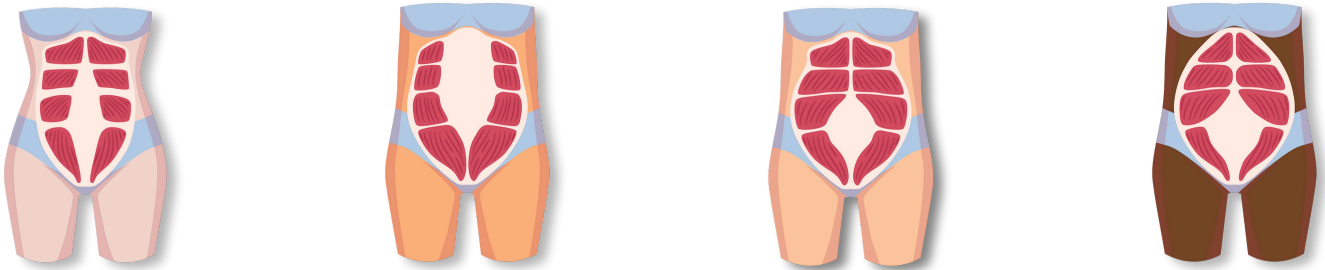
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A diastasis recti is simply the name given to the stretch of your tummy muscles during pregnancy. There are different variations outlined below. A diastasis is a very normal and natural process during pregnancy and happens to all pregnant women, it is also normal for this to remain while you are healing postnatally.

A lot of the natural healing happens within the first 12 weeks after birth, however you may still feel weak in your tummy muscles after this time. There are changes happening in your body for months after your delivery, and regaining strength in your tummy can depend on your activity levels.

Your tummy muscles may never return to pre-birth appearance and this is normal.

**Remember It is amazing what your body has achieved to accommodate your growing baby over 9 months, it needs equal time to heal.**



### Steps to help protect & strengthen your tummy muscles:

- Minimise excessive pressures on your tummy and pelvic floor such as heavy lifting or constipation, especially in the first few weeks
- Supportive clothing can be helpful to support your tummy muscles throughout the day, it can also be beneficial to wear supportive clothing during exercising
- Follow postnatal return to exercise advice.
- Here are some beginner exercises outlined in the links below (click on the symbol to bring you to the link).



**NMH Diastasis Rehab Series**



**Keep Well Video Series for New Mums**



# Positioning

## Looking after your back

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It is important that you take care of your back in the weeks following delivery. Being a new mum means there are lots of things to lift and carry that you may not of had before and you need a strong back to protect yourself against injury.

This back is more vulnerable to injury for the 5-6 months after delivery. Starting with good habits and implementing the following strategies for simple tasks like feeding, changing and lifting your baby as they grow can help to prevent back pain. Don't worry, back pain is very treatable if it does occur.

### Feeding



- Sit in a comfortable chair with your back and thighs well supported.
- Placing your feet on a foot stool can help you sit back into the chair and support your back
- A chair with arms may provide you with more support.
- Place pillows on your lap to bring the baby up to the level of your breasts/bottle to avoid slouching.
- Try to rest back when you're feeding and relax your shoulders.
- Lying on your side can also be a comfortable position for feeding.

### Changing & Bathing

- Adapt working surfaces to waist height to prevent you from stooping over and developing backache, e.g using changing tables.
- Bathe your baby on a surface at the right height for you.
- It will be easier to lift your baby from this height rather than having to lean down and lift.

### Lifting - early days & as they grow

- Try to avoid lifting anything heavier than your baby during the first 6 weeks.
- Bend from the knees and breathe out as you lift your baby
- Keep your baby close to your body as you lift up.
- Accept help from others. Perhaps they can lift the baby to you in the early days.
- Minimise picking up younger children/toddlers in the early stages; rather encourage them to climb up to you while you are sitting.

# Return to Exercise

## 0-12 weeks advice

The following is not a prescriptive plan but provides advice around returning to activity safely after delivery and ideas to help you get started. **Whatever stage you choose to return to activity postnatally, you should always begin at Week 0.**

### Week 0 to 2

- Gentle pelvic floor activation (once catheter is removed) focus on gentle squeeze and release for healing
- Basic abdominal exercises - [Diastasis rehab series video 2](#) - foundations of movement
- Walking - gentle cardio exercise, increase distance and speed incrementally

### Week 2 to 6

- Progress pelvic floor activation - gradually increase length of holds / reps, continue throughout programme
- Progress adominal exercises - [Diastasis rehab series video 3](#) - progressions of movement
- Increase walking distance / duration / intensity
- Consider introduction of body weight movements e.g., squats, lunges and bridging

### Week 6

- Gentle Perineal scar massage - following 6 week GP check and fully healed.
- Introduce low impact exercise e.g., Pilates, yoga, cross trainer or stationary bike (consider perineal pain)

### Week 6 to 8

- Increase walking intensity e.g., power walking
- Increase duration / intensity of low impact exercise
- Introduce functional strengthening exercises e.g., deadlifts to help with performance of day-day tasks

### Week 8 to 12

- Introduce swimming (providing bleeding has stopped & perineal wound healing complete).
- Able to introduce higher intensity static aerobic activity e.g., spinning
- Gradually increase resistance (bands or free weights) during core / lower limb exercises - start light, no heavier than your baby and increase as able

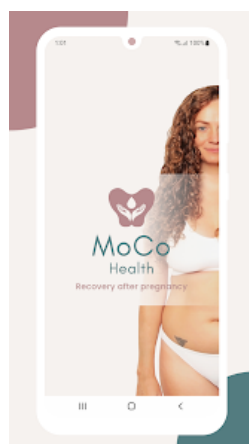
### From week 12

Before returning to running / high intensity exercise you must be able to complete the following without any pelvic heaviness, bleeding, incontinence or moderate pain (3/10 or less).

Walking	30 mins	<input type="checkbox"/>
Single leg balance	10 sec (each side)	<input type="checkbox"/>
Single leg squat	x10 (each side)	<input type="checkbox"/>
Jog on spot	1 minute	<input type="checkbox"/>
Forward bound	x10 repetitions	<input type="checkbox"/>
Single leg hop	x10 (each side)	<input type="checkbox"/>
Running man	X10 repetitions	<input type="checkbox"/>

### Useful Apps

Click the icons below to access:



**\*\* You should be performing your pelvic floor exercises in standing - 10x 10sec, 10 fast. 3x day**

Healthy Bodies after Birth Playlist





The National Maternity Hospital

# HEALTHY BODIES AFTER BIRTH

An information session on caring and reconnecting with your body as it recovers after birth

Topics include:

- Bladder & Bowel Care
- Abdominal Care
- Pelvic Floor Advice
- Returning to Movement
- and more!

Every Friday at 11am

Online



Physiotherapist led information session  
Email [njordan@nmh.ie](mailto:njordan@nmh.ie) to book your place

[www.nmh.ie](http://www.nmh.ie)