

## What to expect postpartum and what you are often not told

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One of the most important factors to recognize is that the muscles and ligaments affected by pregnancy will take 4-5 months, possibly more, for full recovery. Therefore, rushing back to the gym is not advised.

Abdominal muscles will be stretched, elongated and a mild separation between two abdominal muscles (rectus abdominus) can occur, this is called a diastasis rectus abdominus (DRA). The core muscles of the trunk are lengthened and weak and this can result in poor control of the pelvis, lumbar spine and/or thorax. Perineal (pelvic floor) pain intensity and frequency will vary depending on the trauma incurred during a vaginal delivery. The trauma is related to pushing time, tearing, episiotomy, or variables with a C-section such as emergency vs planned.

The 'puerperium', or final phase of childbearing, lasts 6-8 weeks post delivery, after which the genital tract returns to a non-pregnant state. During this phase, you may have difficulty contracting your pelvic floor muscles because of discomfort. This may result in a disturbance of your continence mechanism resulting in leakage, urgency, pain, stress incontinence, retention and/or faecal incontinence. Therefore, experiencing the following during the first 6-8 weeks postpartum can be normal:

- You may feel like your bottom is falling out and not know how you should be standing or sitting
- Pain with sitting
- Following C-section, abdominal and incision pain with laughing, coughing, moving
- Pain in your back, hips, pubic region
- Pain in your neck, shoulders, arms as you adjust to taking care of a baby/breast feeding
- Difficulty controlling urine, gas, stool
- Weakness, especially in abdominal muscles

Pelvic floor muscle retraining exercises can be commenced shortly after delivery; they have been shown to reduce pain, reduce/eliminate low back and pelvic pain and assist in eliminating continence issues. However, if you are uncertain how to connect properly you must seek the expertise of a trained Pelvic Floor Physiotherapist because although you may think you are doing a proper contraction (aka Kegel), you may actually be compensating with other muscles that could do harm not good.

What most post partum women are not educated on is what is NOT normal after those initial 6-8 weeks. After the puerperium phase, any of the following below that continues past those 6-8 weeks post delivery is **abnormal** and needs to be addressed:

- Any pain in the body (pelvic, low back, neck etc)
- Continued bleeding
- Issues with any incision (C section, episiotomy, scarring from perineal tear from delivery)
- Any leaking of urine/stool/gas with activities (e.g. running, jumping, laughing)
- Loss of control of urine when there is strong urge to go
- Pressure, bulging in the vagina or rectum
- Pain with intercourse
- Difficulty with any daily activity/task
- Remaining diastasis recti (DRA) (split in the middle) of the abdomen that is doming with any activity/task/exercise

If you have any of these issues after the initial 6-8 weeks postpartum, you need to seek assistance from a pelvic floor physiotherapist or your family physician who will likely refer you on to a pelvic floor physiotherapist. Many of these issues are treatable; however, when ignored they do not resolve on their own and can cause long term issues. It is not a good idea to start a core strengthening program at this time, because it is essential to ensure proper functioning of the deep core muscles (pelvic floor, transverse abdominals, multifidus etc.) prior to starting any strengthening program.

It is important to seek out a physiotherapist who is specialized in Pelvic Floor and Pre/Post Partum to address these