Physiotherapy for women in pregnancy

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Macclesfield District General Hospital
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Introduction
This leaflet explains about the role of physiotherapy in pregnancy and is designed to compliment and re-inforce the information in the film which you can access on You Tube or via the Trust’s website (see links at the end of this leaflet).

The service aims to provide information and, where necessary, treatment for both ante-natal and post-natal women.

Ante-natal
Conditions for which women may be referred ante-natally include low back pain, pelvic pain, carpal tunnel syndrome and stress incontinence.

Post-natal
Whilst you are in hospital after your delivery, you will be given a post-natal exercise leaflet and may see a physiotherapist. We would like to see you post-natally if you have a tear (third/fourth degree), pain, bladder symptoms or unresolved separation of your abdominal muscles. Please contact us on 01625 661481 (you need to contact us within 6 weeks of delivery to self-refer).

Back Care and Posture
Your posture will begin to change and adapt due to the growing weight of your baby. You may find that the curves in your upper and lower back increase, therefore putting strain on all the joints that make up your spine.

Over 50% of pregnant women experience back pain so it is very important to look after your back to prevent problems throughout
pregnancy and continue into the future.

- Try to remain symmetrical both in sitting and standing. By this we mean, keep weight equal on both feet in standing, not too far over your toes and not too far back over your heels. Find somewhere that is comfortable in the middle. In sitting, try not to cross your legs, but support them either squarely on the floor or on a stool.

- Avoid rounded shoulders – think of lifting up from your breast bone. As you do this feel your shoulders roll back and upper back straightening as your chest lifts. Try to maintain this new position for as long as you can.

- Try not to slump in sitting – placing firm cushions or a rolled towel behind your waist encourages you to sit up straight and maintains the natural curve in the lower spine.

- Keep your head in line with the rest of your body. Avoid poking your chin forward.

- If carrying bags, distribute the weight evenly between both arms, or even better use a backpack.

- You may find that pelvic tilting will ease some postural back pain. Tilt your pelvis forwards and backwards in sitting or standing.

**Abdominal Muscles**

During pregnancy, it is normal for your abdominal muscles to separate to accommodate the growing baby.

It is important that you do not overstrain these muscles. Therefore, we do not recommend sit-ups as an exercise, and advise that you roll onto your side and then push up with your arms when getting up from lying.

A safe abdominal exercise to practise during your pregnancy is as follows:

- Whilst maintaining a good posture, try to activate your lower abdominal muscles. You can do this by imagining that you are drawing in your lower stomach muscles very gently at bikini-line level. Try to maintain this gentle muscle contraction whilst breathing normally and hold for as long as you can.
Other Discomforts of Pregnancy

Pelvic Girdle Pain (PGP)
PGP describes pain in the joints which make up the pelvic girdle. This includes the symphysis pubis joint at the front and/or the sacroiliac joints at the back. The pain can be felt over the pubic bone at the front or over the lower back and/or buttocks.

You may have difficulty walking, getting in/out of bed/the car, or pain when standing on one leg, eg. climbing stairs or getting dressed.

The degree of discomfort can vary from being intermittent and uncomfortable to being constant and painful.

The cause is usually a combination of factors including hormonal changes, postural changes and previous injuries. PGP affects about 1 in 5 pregnant women. It usually disappears completely after delivery of your baby; however, a small percentage of women may experience symptoms post-natally.

Physiotherapy treatment includes postural advice, muscle strengthening for stability, the supply of a support belt, and may include manual therapy and supply of elbow crutches. Sleeping with a pillow between your knees and keeping your pelvis symmetrical and your knees together will help.

Carpal Tunnel Syndrome (CTS)
CTS is a condition of the hands characterised by tingling and numbness. During pregnancy the body produces extra fluid and when this fluid builds up around the hands or wrist joint it puts pressure on the nerves as they pass into the hand. Often symptoms are more pronounced at night when the circulation slows.
Elevating the hands to reduce the swelling can help as can the wearing of splints to maintain a neutral wrist position. The Physiotherapy Department can supply splints and advice.

**Pelvic Floor Muscle Exercises**

Pregnancy is the ideal time to start practising your pelvic floor exercises each day. Pregnancy and vaginal delivery are known to weaken the pelvic floor muscles and are risk factors for urinary incontinence and pelvic organ prolapse.

When done correctly, pelvic floor exercises can build up the strength and endurance of the muscles and so prevent the problems that occur with pelvic floor weakness.

Bear in mind that towards the end of your pregnancy you may struggle to perform your pelvic floor exercises as well as previously – this is because your baby is growing bigger every day and increasing the pressure on your pelvic floor.

**How does the pelvic floor work?**

[Diagram of pelvic floor muscles]

Your pelvic floor muscles are hidden inside your body.

They form a sling of muscle that supports your bladder, bowel and uterus.

Healthy muscles help to control your bladder and bowel, preventing loss of urine, wind and faeces.

They also safeguard against prolapse of the uterus and vaginal walls.

**The basic pelvic floor exercise**

Make sure you are sitting or lying in a comfortable position. Now, draw up your muscles into your back passage as if stopping wind. At the same time, draw up at the front as if stopping the flow of urine. The
movement is one of lift and squeeze. This is called a pelvic floor contraction.

The pelvic floor exercise programme

Now that you are able to do the basic pelvic floor exercise, you can follow this programme to gradually tone up your muscles.

- Tighten your pelvic floor as strongly as you able and hold for as many seconds as you are able (up to a maximum of 10 seconds)
- Release this contraction and rest for 4 seconds
- Now repeat the pelvic floor contraction as many times as you can (up to maximum of 10 repetitions). Remember to rest for 4 seconds between each lift
- Aim to do at least 4 sets of exercises each day

Build up gradually, increasing how many seconds you can hold for (up to a maximum of 10 seconds) and how many repetitions you can do (up to a maximum of 10 repetitions), so that eventually you can do 10 repetitions with a 10 seconds hold, 4 times a day.

Try not to pull in your stomach excessively, squeeze your legs together, or tighten your buttocks. Do not hold your breath. Remember to start gently and stop if it hurts. This programme is designed to build up the strength and endurance of the pelvic floor muscles, so that they will be able to work harder and longer.

Once you feel confident performing these strong, sustained contractions, you can add some quick contractions. Squeeze and lift your pelvic floor and then let go. Repeat this up to a maximum of 10 times. Quick contractions will help your muscles react quickly when you laugh, cough, sneeze, exercise or lift. Start to add 10 quick contractions after each set of slow contractions.

The pressure generated by a cough, sneeze or lift is huge and can cause the muscles and ligaments to give way, allowing urine to escape. Make a conscious effort to pull up your pelvic floor muscles before you cough, sneeze, laugh, exercise or lift to help protect these muscles and your pelvic organs.
NB Do not practice stopping the flow of urine as this can cause bladder problems.

Tips to help you

- Get into the habit of doing your exercises regularly each day. Try to identify times when you can spend 5 minutes on your exercises, for example, first thing in the morning or last thing at night; when feeding your baby is also a good time.

- If you are unsure that you are exercising the right muscle, put one or two fingers in the vagina and try the exercises to check. You should feel a gentle squeeze if you are exercising the pelvic floor muscles.

- Pull up the muscles before you sneeze or lift something heavy. Your control will gradually improve.

- Drink normally, at least 1.5 - 2 litres every day and avoid alcohol. Also try not to get into the habit of going to the toilet ‘just in case,’ go only when you feel that your bladder is full.

- Watch your weight – extra weight puts extra strain on your pelvic floor muscles.

- Try to avoid being constipated – the extra strain needed puts more stress on your pelvic floor. Please ask for advice.

- Try to stop or reduce smoking cigarettes – regular coughing puts a strain on the pelvic floor. If you would like help to stop smoking – please enquire in the Ante-Natal Clinic for further information.

- Once you have regained control of your bladder, don’t forget your pelvic floor. Continue to do your pelvic floor exercises twice each day to ensure that the problem does not return.

You can do pelvic floor exercises wherever you are – nobody need know what you are doing!

Post-natal pelvic floor
After the birth of your baby, your pelvic floor muscles may feel rather weak. Try to start doing the exercises again as soon as possible (within
a day or so of the birth). As long as you are able to feel a gentle lift of your pelvic floor and hold this for at least a few seconds you can start to follow the exercise programme.

You may find the exercises easier to do when lying to begin with; you can progress to sitting and standing as the muscles feel stronger. Gentle exercise can also help speed up the healing process if you have had stitches or the area is swollen.

Progress your exercise programme gradually until your pelvic floor is as strong as before and/or you have no pelvic floor problems. Then continue to do your exercises twice a day, to ensure muscles stay strong.

If you experience any pelvic floor problems, such as urinary leakage or prolapse, you are able to refer yourself to physiotherapy up until 6 weeks after the birth of your baby. We can give advice over the telephone or arrange an outpatient appointment if necessary:

Fiona Harrison or Emma Bowling
Senior Physiotherapists in Women’s Health
Macclesfield District General Hospital
Telephone: 01625 661481.

Relaxation

Looking after a new baby can be exhausting! When baby sleeps, try to sleep yourself, especially in the early days. If you find it difficult to “switch off” and relax, try the following technique. It is an established technique known to relax tense muscles and thereby aid sleep and relaxation. Stress and anxiety may also cause tension in your joints and some of the signs of tension are as follows:

The Head: The head comes forward and is bent down with the chin in or jutting out.

The Arms: The shoulders are hunched upwards towards the ears and held there. The upper arms hug the chest either at the side or front with the elbows bent up.
The Hands: The fingers and thumbs curl up to form a punch and the hands may clench each other. An object may be clenched tightly or hands put into pockets.

The Legs: Legs may be crossed and uncrossed. When sitting, one leg may be wound around the other. Feet may be pulled upwards and held. Feet may be moved up and down in a tapping movement. The person may walk around continuously backwards or forwards or aimlessly.

The Body: Bent forward or held rigid, causing backache.

Breathing: The breath is held on an inward gasp or quickened. The accent is on the inward breath.

The Face: Jaw clasped tightly shut, teeth grind together. Lips held tightly, tongue clings to the roof of the mouth, eyes screwed up, forehead wrinkled.

If you find yourself doing any of the above try to this technique.

Muscles work in groups, when one group works the opposite group relaxes. We contract the groups of muscle working opposite to tense muscles. Always follow the same routine, this is most important.

Working orders for the joints are:

- 1 MOVE AND FEEL
- 2 STOP
- 3 FEEL
Starting positions
1  Back
Pillows under head and perhaps thigh.
Hands resting on abdomen
2  Lying on side
3  Sitting
(a) Chair with back, head and arms
supports. Back to the back of the chair;
arms and hands on supports, feet on
floor OR
(b) Sitting on a hard chair, bottom to back
of chair, rest arms on pillows. Small table,
snuggle down, legs apart.

Working Orders for Joints
1  Arms: Shoulders – pull away from ears – stop – feel
2  Elbows: Open and out – stop – feel
3  Hands: Stretch finger and thumbs – stop – feel heavy thumbs
and long supported fingers
4  Hips: Roll legs outwards – stop – feel
5  Knees: Press knees into floor – make small adjustment – stop
– feel
6  Feet: Push feet away from face – stop – feel your heavy feet
7  Body: Press body into support – stop – feel
8  Head: Press head into support – stop – feel
9  Face: Press lips together, separate top and bottom teeth –
stop – feel
10 Breathing: Take deep breath in, expand ‘V’ between ribs outward
and upward. Breathe out with a deep sigh.

These exercises may be done as a whole or in parts, depending upon
the tense area.
REMEMBER

• 1 MOVE AND FEEL
• 2 STOP
• 3 FEEL

Your body soon gets used to obeying your commands and you can control inner tension. The same patterns of movement are adopted by women, men and children. The degree of tension varies, depending on the person or occupation.

Coping Strategies for the First Stage of Labour

<table>
<thead>
<tr>
<th>Level of pain</th>
<th>Breathing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Strong</td>
<td>Breathe slightly higher, slow and light</td>
</tr>
<tr>
<td>Beginning to fade</td>
<td>Low, slow</td>
</tr>
<tr>
<td>Getting Stronger</td>
<td>Slow, low breathing, remember the pause</td>
</tr>
<tr>
<td>Contraction Gone</td>
<td>Take a deep breath in and out, change position and rest until the next one</td>
</tr>
</tbody>
</table>

Your contractions are painful and they WILL happen, but they are there for a purpose and with each contraction you are one step closer to holding your new baby.

• Remember to breathe slowly and gently throughout the contraction, allowing your abdomen to rise as you breathe in, then fall as you breathe out.
• Remember to focus on a longer breath out and pause briefly at the end to prevent you becoming dizzy. This is called diaphragmatic breathing and is a more efficient way to breathe as our bodies receive more oxygen thus benefiting both mother and baby as well as preserving your energy for pushing your baby out.
Begin each contraction with 5-10 seconds of your favourite relaxation stretch then into diaphragmatic breathing releasing any areas of tension as you breathe out.

- When the contractions become so strong, and you feel unable to do the diaphragmatic breathing, remember to bring the breathing higher into your chest. This may be needed throughout the contraction or mainly at the peak.
- As the contraction recedes, move around a little if needed, or just relax to prepare for the next one.

Please do not worry as there will be time to discuss this with your midwife.

If after viewing the film and reading this leaflet, you have a further query, the Women’s Health Physiotherapists at Macclesfield District General Hospital are available to answer your queries on 01625 661481.

You can view the film on You Tube:
https://youtu.be/A5Ej_q1Besw?list=PLI-3XqgodW_6ahAGG7cpLj0rKYreVx2x5

or via the Trust website:
http://www.eastcheshire.nhs.uk/News-Events/Multimedia.htm
For further information on the references and sources used for this leaflet, please contact 01625 661184.

Comments, compliments or complaints
We welcome any suggestions you have about the quality of our care and our services. Contact us: Freephone: 0800 1613997
Phone: 01625 661449
Textphone: 01625 663723 Customer Care, Reception, Macclesfield District General Hospital, Victoria Road, SK10 3BL
For large print, audio, Braille version or translation, contact Communications and Engagement on 0800 195 4194.

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For advice on stopping smoking please contact our Stop Smoking Service on 0800 085 8818.

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