

Body after Birth

POSTPARTUM RECOVERY PROGRAM

HANDBOOK

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For my husband, Brett, and my three sons, Jackson, Landon and Hudson, for putting my pelvic health through the ringer so I may be inspired to help women save their pelvic floors. I want to thank my family and friends for all the love and support they have given me to follow my dreams.

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WHY I WROTE THIS BOOK

Hey there, new mom!

I'm Amanda, doctor of physical therapy and owner at Empower Your Pelvis - Physical Therapy, Health & Wellness.

With each of my pregnancies — three in total — I have had my fair share of prenatal and postpartum issues: hip pain, lower back pain, urinary incontinence, constipation, abdominal separation, pain in pelvis, varicose veins (in my legs and labia — fun stuff!), pelvic pressure, cesarean recovery, cesarean scar, pelvic pain with sex, and hip pain with exercise.

That's quite a list, don't you think?

Before all that, I'd developed pelvic floor issues while in grad school. That led me to find my calling in this wonderful niche of pelvic floor physical therapy.

Experiencing my own issues and specializing in pelvic health, I understand what is missing in our prenatal fitness and postpartum recovery.

I know that moms can find shame in peeing their pants when laughing, sneezing, coughing, exercising or having pain with sex.

If this is you, you're far from alone. These moms are the women I love to work with, because I know there's work to be done restoring your sense of hope and empowerment, while you regain your strength and confidence.

The best way to do that? Improve your knowledge and your body's function. Because education is power.

First and foremost though, my family is my life. I'm wife to Brett, and mother to three amazing sons, Jackson, Landon and Hudson. I love owning a own business where I can have the best of both worlds: spending time with my family and helping moms, just like me and you, get back their pelvic health.

That's a bit about me. Let's talk about where you're at right now.

INTRO

So, you just had a baby. This could be your first delivery, or it might be your third, or even your sixth.

However many times you've given birth, it's likely you've been told not to lift more than the weight of your baby, not to exercise for the first 6 weeks, to lay low, rest and take care of you and your newborn.

Then after two or three weeks of this, you've had enough! Maybe you decide you're well enough to get back to your normal Supermom self. You feel like you can do anything. After all, you've been healing for 15 days.

That's plenty, right?

Wrong!

You think it's time to "get your body back" after delivering your baby, because social media tells you it's time.

Ha!

You feel you need to start exercising, even though you can't sit down without pain in your vagina from delivering your 10 pound baby.

Nope!

You decide it's time to lift the heavy vacuum up the steps (ahem... me after my first baby), to clean the house, to start your sit-ups routine, or better yet, to go for a run.

Seriously!

Then, after doing these crazy activities, you feel pressure or discomfort "down there" or in your lower belly.

Yikes!

You might think you are falling apart, but in reality, you simply started doing too much too soon. It's time to go slow with your postpartum recovery. Allow me to show you how in this 8-week Body After Birth program.



WHAT IS BODY AFTER BIRTH?

Welcome to your postpartum recovery program!

As a pelvic floor physical therapist, postnatal fitness specialist and advocate for getting the pelvic floor and core back to functioning for all women, I'm here to tell you that you're in the right place if you're looking for improved physical health in the weeks after giving birth.

Prior to having children, I suffered from pelvic floor dysfunction. Leaking urine while running and pain during sex set me on a pelvic health journey in my career as well as personally. Then I became a mom to three beautiful boys.

Although I had three very different deliveries, they were all cesarean. And you guessed it. My pelvic floor dysfunction symptoms returned: again with the leaking urine, but added to that I had pelvic organ prolapse, bloating accompanied with abdominal pain, abdominal separation (which you'll see referred to also as diastasis recti), and pain during sex.

Ah yes, pain during sex. The icing on the cake. Not something we ever want to associate with something so enjoyable. I mean, it didn't even bear thinking about trying to insert a penis after giving birth. But then to actually experience pain with it made it so much worse and confirmed all the fears that it was going to hurt. That one really sucked!

As if pain wasn't bad enough, having to pee my pants in public was even worse! When I would leak urine on my black pants in front of other moms at the park while laughing with my kids, I often wondered, "Am I the only one peeing myself here? Why is no one talking about the pee running down our legs?"

I joke, but lack of knowledge is a serious issue. Having treated hundreds of moms with pelvic floor issues, I've come to realize the total void of education regarding pelvic floor health in our country's healthcare.

There's a great need for a postpartum recovery program designed for women to get their pelvic health back after having a baby. Even the most basic activities like lifting your baby, then your toddler, taking groceries out of the car and so on can be impacted by a weak pelvic floor. I don't know about you, but this seemed to click much more for me after my second pregnancy. I mean think about it... I was no longer carrying just a 10 pound baby, but also my 30+ pound toddler, so he wouldn't run out in the street. I needed to rehab my postpartum body so I could continue to be a mom without losing "my goodies" in the process!

There didn't seem to be an appropriate postpartum exercise program out there, so I created one myself, using my extensive knowledge of physical therapy for the pelvis in women who have just given birth.

...an exercise recovery program that guides new moms through the postpartum period with a focus on their pelvic floor.

We improve pelvic floor and abdominal muscles to help decrease your risk for pelvic floor dysfunction, diastasis recti, back pain and hip pain. In plain English, that means we tackle:

- urinary/fecal incontinence
- pelvic pain
- hip pain
- back pain
- pelvic organ prolapse
- abdominal separation

After the program, you can expect to laugh easily with your kids without fear of peeing your pants. Better yet, you can have amazing sex with your partner without feeling sharp knives in your vagina or abdomen. (Because that's the least we can ask for after all that effort, right ladies?!) You'll be able to carry your children without feeling pressure or bulging in your vagina.

That, my friend, is a world of wonderfully supported pelvic floors. I aim to make sure our postpartum mummies are healing well so they can tackle life as a mom. Without the worry of wearing the right pants in case you want to jump around with your kids. We've got enough other stuff to worry about as new mums, don't we?!

There is so much pressure in the media today to "get your body back" after birth. Getting your body back is a silly concept to me. Your body never left. It has changed over the last 9 months or so, and grown a beautiful baby. Your body was there all along, going through the changes.

News flash! Your body shouldn't be expected to "go back" to the way it was before pregnancy in 8 weeks, 4 months or even 6 months. Your body stretched in the front and tightened in the back to help support the growing belly. As if that wasn't enough, it was and still is dealing with a change in hormones, which don't just normalize as soon as you deliver. In fact, if you're breastfeeding, those hormones will be responsible for your body making milk. Within 24 hours or so after delivering baby, you are caring for the baby, and your stretched out and tightened muscles have to compensate for the changes so you can move. When most of my patients come into the clinic to see me, they are still in that "pregnancy stance": shoulders back and butt tucked under, which causes many issues.

I am thrilled to have you along for this postpartum recovery phase or what some people call the Fourth Trimester.

The fourth trimester is a time for you to make caring for your baby and yourself a priority. You deserve this time! Ask for help with meals, carrying and lifting baby, and cleaning the house. Tiny steps towards recovery are key in this process so that you don't overwork your body and so you can let it heal. Birth is like an injury to the body. Doing too much too soon during the healing stage can cause issues with your pelvic floor and core muscles. I see this in the clinic daily. And believe me, you want to keep your goodies in. It's a lot easier to prevent future issues than deal with problems after the damage is done. For example, doing all the activities you did before your pregnancy can cause embarrassing and painful long-term health issues. You don't want to pee yourself when lifting a car seat out of the car, or deal with your organs falling out when you're working out years later. Mother yourself like you do your newborn in these first few months and your pelvic floor will thank you for it!

WHEN CAN I BEGIN BODY AFTER BIRTH?

If you feel like you're recovering well without issues after you just gave birth, you can begin the program within the first 2 weeks postpartum. If you are later postpartum, you can begin the program as soon as you like. The most important thing is to really listen to your body during this time.

If you have questions about the program, or if you are developing pain or discomfort, contact your physician to discuss symptoms and hold off on the exercises.

WHAT AND WHERE ARE MY PELVIC FLOOR MUSCLES?

Prior to getting pregnant or giving birth, most women have never heard of pelvic floor muscles. And if you're one of the moms still thinking, yep, no idea what you're talking about, that's totally okay! That's why this program is here. At some point during pregnancy, you may have come across the word Kegels, because some women are told to "do their Kegels" while pregnant to strengthen their pelvic floor muscles. Again, if you have not heard of Kegels, no big deal. I'm about to explain what all the fuss is about.

The pelvic floor muscles aid in support of our pelvic and abdominal organs, control the letting of fluid in and out of our openings, stabilize the pelvis and torso during movement, and promote circulation and sexual function.

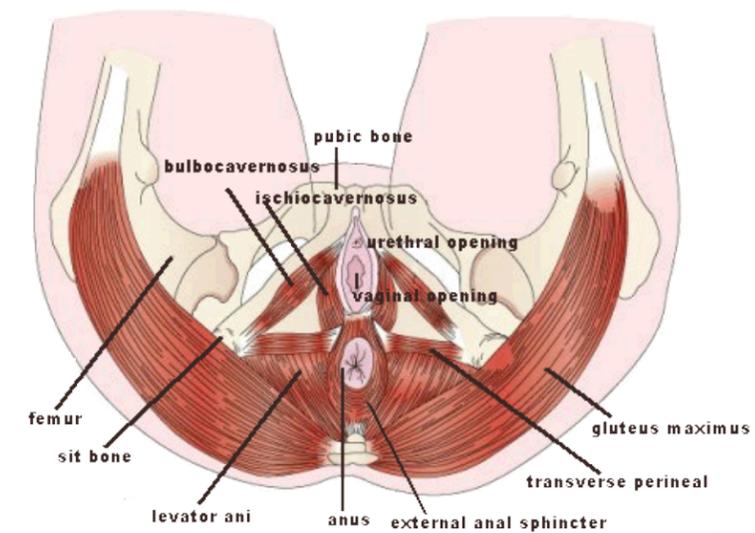
Pelvic floor muscles attach to the front of the pelvis at the pubic symphysis, wrapping around back to the ischial tuberosities (sitz bones) and sacral area (tailbone). The muscles lengthen when you inhale and shorten when you exhale. The pelvic floor muscles move similar to a trampoline, lengthening and shortening. The pelvic bones are like the outer metal rim. The muscles are like the mesh on the inside. Ideally, you want your muscles to lengthen and pop back up while breathing in and out.

During pregnancy, your uterus and pelvic floor muscles are compromised and stretched significantly with the weight of your growing baby. The same thing happens during delivery. The pelvic floor muscles are pretty fantastic. They take on a lot. (Kind of similar to motherhood if you ask me. This is probably why they are my favorite muscle group in the body.)

Pelvic floor muscles can tear, causing trauma when an episiotomy is performed, or when forceps or vacuum are used during the birth. Changes in posture with pregnancy can also affect these muscles, allowing them to be more lax or tight than normal. For example, standing with your butt tucked under to accommodate a growing belly can cause tightness and change in tone of your pelvic floor muscles. This can lead to pelvic floor dysfunction (urgency to pee, increased frequency of needing to pee, leaking of urine and pelvic pain). Labor, delivery, cesarean birth, tearing tissue, poor posture or alignment, and poor exercise routines can also take a toll on how these muscles function.

After 9 months of this, it's clearly beneficial to improve the function of the pelvic floor muscles.

Inferior View of Selected Pelvic Floor Muscles
(Female Perineum)



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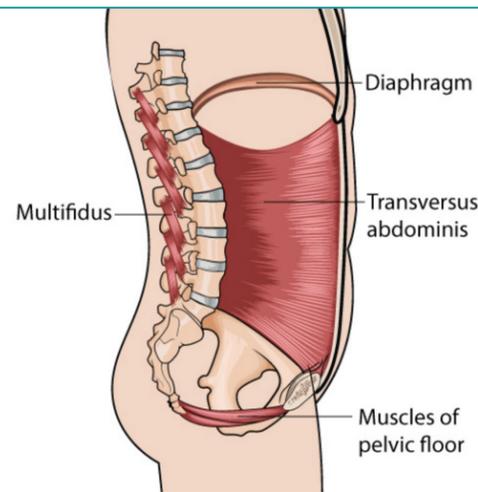
WHAT IS MY "CORE?"

The media has portrayed moms getting their 6-pack muscles back after baby, but your core is not your 6-pack muscles. This is a common misconception. Traditional sit-ups will not improve the function of the core and doing them too soon after delivery can increase your risk of prolapse, if done incorrectly.

Your core is a group of muscles that supports your stabilization and function of movement. The core is made of the following:

- Diaphragm: Your breathing muscle.
- Pelvic floor muscles: The muscles that run from the front of the pelvis at the pubic bone back to the sacrum/tailbone area to support your function and organs.
- Transversus abdominis: Your lower horizontal abdominal muscle, the deepest abdominal muscle that helps heal diastasis and pelvic floor dysfunction. This muscle can co-contract with pelvic floor muscles, which means when you squeeze your pelvic floor muscles, you may feel your lower belly contract as well.
- Multifidus: Muscles on each side of the spine to help support the pelvis and lower back.

Together these muscles work to improve your stability and help you move properly. It's important to increase the strength of your glutes, as well, to help your pelvis, lower back and hips stay nice and stable.



Google Images

WHAT IS AN ABDOMINAL SEPARATION?

I first noticed my abdominal separation while lying on my back and flexing forward to sit up. The midline of my stomach came up like a mountain and it freaked me out. I had never seen my body do that prior to giving birth or before I was pregnant.

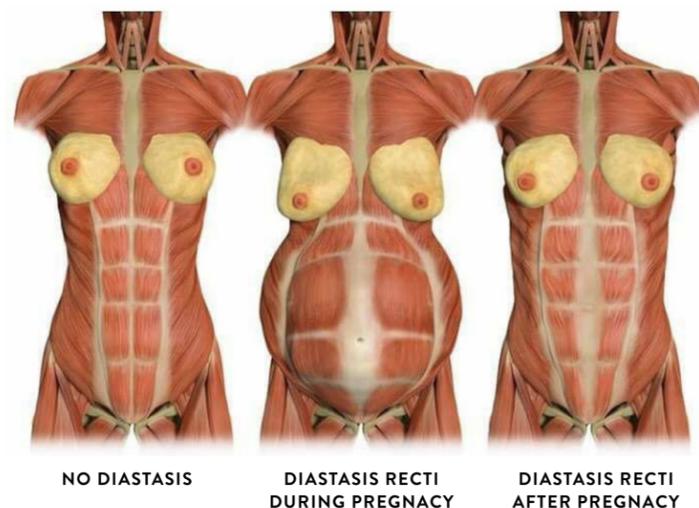
I checked myself, and sure enough, I was the proud owner of an abdominal separation.

According to the research, an abdominal separation, or diastasis recti, happens to 100% of pregnant women by the 35th week of gestation. The separation happens to the rectus abdominis muscles (AKA the 6-pack), down the midline of the belly, to accommodate a growing baby and uterus. It's common to have this separation still postpartum.

Fortunately, the Body After Birth program can help you heal it.

When healing abdominal separations, I am more concerned with the depth of the gap than the width. Think of your 6-pack muscles like two opposing cliffs and your gap like a bridge connecting them. Would you want a weak, wooden bridge that couldn't hold you up as you crossed between the cliffs or a strong, sturdy bridge supporting you? A strong, sturdy one, right? This is exactly what we want for your abdomen with your functional movements, like lifting your child or carrying groceries. You can still have a gap. As long as it is a tight bridge with movements, it can be a healed diastasis.

During the Body After Birth program, you'll be testing the split along your midline every two weeks to see if it is getting stronger. (See the exercise section later in this book for how to do this.)



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WHY SHOULD I BOTHER WITH PHYSICAL THERAPY FOR MY PELVIC FLOOR?

In the US, pelvic floor physical therapy is not commonly known, just like postpartum recovery as a whole isn't commonly known. But it really should be! It is so beneficial for you to get your core, pelvic floor and functional movement examined by a pelvic floor physical therapist after you've had your baby. Pelvic floor physical therapists are great at letting you know what would be safe to do in regards to exercise, but also teach you ways to make sure you stay in good shape "down there" (which decreases your risk of pain and prolapse) and help you feel more recovered more quickly, as you adjust to your new normal. Are you breathing a sigh of relief yet?!

More postpartum women should be seeing a pelvic floor physical therapist. Pelvic floor physical therapists are able to assess an abdominal separation, pelvic floor strength, coordination, endurance and tone, functional movement patterns and much more. It is best to have a scheduled visit with a pelvic floor physical therapist at 6-8 weeks postpartum, or earlier if you are having issues. A pelvic floor physical therapist can also make sure you are doing your Body After Birth exercises correctly.

To find a physical therapist in your area within the US:

<http://www.womenshealthapta.org/pt-locator>

<https://hermanwallace.com/practitioner-directory>

When scheduling your appointment with your pelvic floor physical therapist at around the 6-week mark, it's important to ask them if you need a referral to be seen. This differs state to state here in the US. It is also important to call as soon as you can, as it can take weeks to get an appointment. Most women are not given a referral to pelvic floor physical therapy as a matter of procedure, so it's wise to ask your doctor or midwife for one. I hope to see more women being advised to seek a pelvic floor physical therapist after they've had their baby, since physical therapy is a direct referral for a lot of other muscle and joint injuries, and it should be seen as a natural next step for a new mother too.

WHY DO I NEED TO TAKE TIME TO HEAL AFTER GIVING BIRTH?

Pelvic floor and core muscles keep your goodies in and make sure everything is functioning properly. Sometimes I think of the pelvic floor muscles like a grocery sack. Who else has been loading their Target groceries in the car only to have their apples or (God forbid) their bottle of red wine fall out of the bottom because of a weak bag?

No thanks!

After birth, your pelvic floor operates the same way. These are muscles that have been injured during your pregnancy and childbirth, and sometimes even require stitches to be put back together. This is no different from a surgery to repair a knee or shoulder. And it requires rehab to function properly. The pelvic floor and core muscles will benefit from physical therapy by regaining coordination, strength, stability, flexibility, mobility and proper control.

These muscles do a fantastic job at supporting your body's function, but as I've suggested, when giving birth, they experience trauma: vaginal stretching to accommodate baby, and possible tearing and stitches with a vaginal birth, or muscles being compromised with a cesarean birth.

With most injuries and surgeries, it is perfectly normal to expect to rehabilitate our bodies to regain proper function and stability of tissue. For example, if someone has whiplash (quick stretch of tissue), they would rehabilitate their neck afterwards by stretching tight tissue and strengthening weak tissue. This would be similar with a fast vaginal delivery without tearing. If someone tore a knee ligament or needed a rotator cuff repair, they would be referred to physical therapy to rehabilitate the injured tissue after the surgery. Again, these are similar to tearing with a vaginal birth or having tissue compromised with a cesarean birth. Your pelvic floor and core needs rehab after giving birth, just like any other part of the body does.

Poor function throughout the pelvic floor, torso or abdomen may increase aches and pains felt postpartum or lead to real problems, but you can do a lot to help yourself and reduce your risk. The aim of this program is for moms to heal their bodies postpartum, to decrease risk of pelvic floor dysfunction in the future, because all too often women experience symptoms that they can do something about sooner.

Below is a list of common but not normal symptoms. If you are experiencing any of these at your 6-week postpartum checkup, you should tell your doctor and ask them to give you a script for pelvic floor physical therapy.

One of my patients delivered a 10-pound baby vaginally and suffered a 3rd degree tear. At her 6-week check-up, she was told she had pelvic organ prolapse. Horrifyingly, she was also told that this was normal and no treatment was needed. Unfortunately, it's incredibly common for new moms to have these concerns brushed under the rug as "normal" and continue to experience the symptoms for years to come. It doesn't have to be this way! Be an advocate for yourself and demand treatment if you feel there is an issue or if you would like a checkup to make sure all is well.

Take a look at the list below and make sure you're fully informed and looked after.

Signs and symptoms of **pelvic floor dysfunction**:

- **Urinary and/or fecal incontinence:** Leaking any fluid or gas (with exertion: coughing, sneezing, laughing, jumping, exercising, squatting etc). This can happen when muscles are tight, uncoordinated, weak or have poor mobility.
 - In the past, I've had numerous patients who avoid jumping on trampolines due to fear of peeing themselves in front of friends, family, or even (wait for it...) their own kids. This is probably the most common symptom of pelvic floor dysfunction that is spoken about publicly. Women laugh it off, making comments like, "Oh stop! I'm going to pee my pants!" Truth is the majority of us have been there and actually "let it go." As a mom, it's common to think, *I've had children so it's normal now for me to leak a little*. But it's not. Yes, leaking is common, even if it's just a few times a year, **but it's not normal**. Leaking worsens over time when not treated. Isn't it time to get your pelvic floor muscles working for you again so you can exercise without a panty liner or only being able to wear black pants?

- **Pain:** Pelvic pain, pain with intercourse, pain with changing positions (climbing stairs, moving from sit to stand, getting in and out of the car, loose joints causing a "popping" or "clicking" sound), tailbone pain, SI joint pain, lower back pain, hip pain or pain with bowel movements. Pelvic pain can happen when muscles are imbalanced, tight, uncoordinated, when they have poor mobility or decreased relaxation.
 - Pelvic pain with sex is one of the worst signs of pelvic floor dysfunction I have ever experienced. The feeling of sharp stabbing knives during intimate moments (penetration and thrusting) with my husband made sex unbearable to even consider. After my cesarean birth, my anxiety over sex being painful increased with the gentle touch of my husband's hand on my inner thigh. My body would freeze and freak out, because I had this fear of the pain that was coming. Pain with sex takes your breath away and can literally make you cry. This is the stuff Cosmopolitan doesn't go into details about, right? I mean, sex is all rainbows and butterflies for everyone, isn't it?! Not at all. A lot more women have pain with intercourse, but are too timid to discuss it, even with their closest friends, so they live with it for years. Pelvic pain is something you want to seek help for as soon as possible when experiencing symptoms. It is much easier to improve the pain, the earlier it is treated. Sometimes, it could be as easy as having a pelvic floor physical therapist improve scar tissue mobility (vaginally or cesarean incision) so your tissue moves more freely with penetration or while in certain positions.
- **Urgency or frequency of needing to urinate:** Feeling of needing to go right now or you might pee your pants, or the feeling of needing to pee all the time. This can happen because of high tone, decreased relaxation, poor coordination, or decreased mobility or strength.
 - Car rides can be a postpartum woman's worst nightmare when dealing with urgency/frequency. Most often, my patients with these symptoms tend to know where every clean bathroom is from their house to everywhere they go in a car for longer than 10 minutes. They are often going to the bathroom "just in case" so they don't have an accident. Some of these women will have the sensation of needing to pee when hearing water flowing or when trying to open the door to get inside their house.
- **Pelvic organ prolapse:** A feeling of heaviness or pressure in the vaginal canal (may feel like a tampon is inside) or something is going to fall out of your vagina. The bladder, uterus, urethra and/or the rectum can push against weakened pelvic floor muscles and cause the feeling of increased pressure in the vagina. This can develop due to an imbalance, poor alignment/posture, decreased mobility, decreased strength, weakness, poor coordination and poor body mechanics/habits.
 - There are different variations of prolapse. With each childbirth, your risk increases. I was a hardcore runner prior to children and developed a mild case of prolapse. After giving birth to my first child, I got back into running and doing exercises that I now know to avoid for the first 4 to 6 months, or even more, after birth. The running and jumping I was doing so early after delivering my baby, as well as baby-wearing (carrying baby on me) for long extended periods, caused my prolapse to get worse. Many women can feel pressure in their vagina when their rectum is full and a pushing sensation on the bladder. For me, if I was constipated, strained with bowel movement or while urinating (usually rushing because of the kids screaming for my attention), I could feel the pressure "down there" increase. I remember traveling with the family and having to baby-wear my 10-month-old through the airport. Afterwards, I had increased pressure down below that felt like a tampon ready to come out.

TIPS TO IMPROVE YOUR CORE AND PELVIC FLOOR

This is probably one of the most frequently asked questions in my clinic. How do I improve my core? And what you do to improve your core strength and pelvic floor health depends on so many factors: commitment, focus on posture and alignment with movement and activities, your delivery, where you are in your postpartum recovery etc. I'll cover a few important basics here.

When it comes to having proper alignment, prior to movement, or lifting or carrying, set your body up for success by lining up your diaphragm (breathing muscle) and pelvic floor, stacking your ribs over your pelvis. This creates a good foundation for movement to take place, because when we exhale during the hardest part of the movement or exercise, the diaphragm will connect with pelvic floor muscles to help with stability. Focus on keeping your butt untucked and not leaning back while holding your children, groceries, lifting etc.

In standing, have your feet flat on the ground with weight at mid-foot and facing forward. Your knees should not be locked and should be able to wiggle a bit. Butt should be untucked and not clenching. Your ribs should be stacked over your pelvis and you should be standing tall as if someone is pulling a string up from your head. Think of where your breasts are pointing. You want "your girls" facing forward (not pointing up or down).

Some women feel like they are "falling forward" in this stance. This can happen when abdominals are weak and lengthened and back muscles are tight. These tissues need to be retrained on how to hold the body in proper posture again. This is best practiced lying on your back, sitting or standing.

This creates a good foundation for movement to take place as you exhale on exertion (hardest part of the exercise, the diaphragm will connect with pelvic floor muscles to help with stability). Focus on keeping your butt untucked and not leaning back while holding your children, carrying groceries, lifting etc. Exhale and perform a pelvic floor contraction as you move from sit to stand, lift or carry baby. More on this in the exercises section.

This creates a good foundation for movement to take place, because when we exhale during the hardest part of the movement or exercise...



POSTURE FOR HOME ACTIVITIES

Posture plays a big role in how our muscles work after giving birth. During pregnancy, your posture changes, so that your shoulders sit behind or even in line with your butt. This can cause tightness in your back and stretching of the abdomen. When you deliver your baby, it is like popping a balloon in your belly where baby was sitting, and on top of that, you also have to care for your baby, carry them around, and get on with daily household tasks.

Your muscles have been used to doing one thing for 9 months, and they continue to function and compensate in the same way, unless addressed and retrained to function properly again. It's super important for your health that you do this. I often see women coming into the clinic with poor posture, shoulders behind butt, ribs flared up, breasts pointing up to the ceiling, and trying to keep up with a fast growing baby. They're experiencing problems at this stage, mostly because the back and core muscles have a difficult time keeping up with the rapid growth of baby, unless addressed early on.

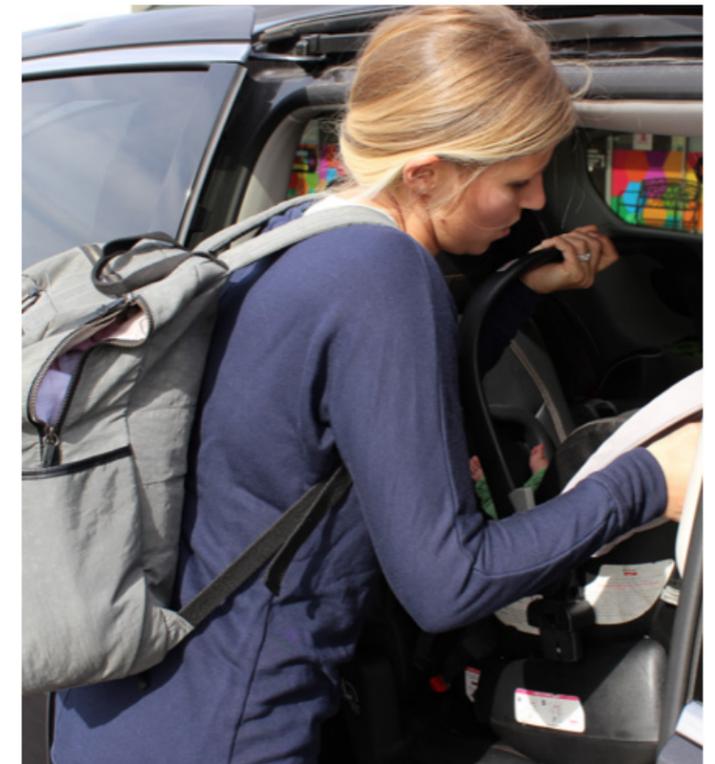
Carrying your baby:

- Stand with your ribs over your pelvis, carrying baby as close to your chest and stomach as possible. If you carry on one side, it is smart to alternate sides each time to decrease muscle compensations/dysfunctions from developing.
- When holding your baby and moving from sit to stand or stand to sit, start by sitting in proper posture (stacked ribs-over-pelvis posture). Exhale and perform a pelvic floor contraction or zip-up exercise (see exercise section) to support your back and pelvis.



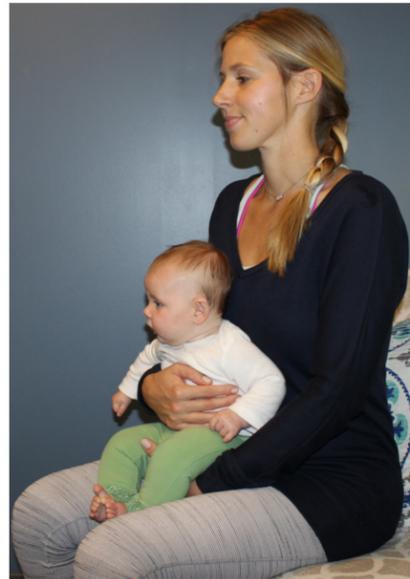
Carrying the car seat:

- Hold the car seat near the middle of your body, similar to holding a laundry basket.
- If you need to carry the car seat on your side, carry with an elbow bent, keeping the seat near the center of your body for best support.
- Keep your alignment in ribs-over-pelvis posture, avoiding an arch in your back.
- Lifting the car seat is best done with an exhale and pelvic contraction (zip-up) for best stability and support, both for you and your baby.



Lifting your baby:

- Best done with ribs stacked over pelvis.
- Avoid bending at the waist. Bend your knees to lower yourself instead. This sets up your pelvic floor for proper function, especially when in ribs-over-pelvis alignment.
- Keep baby close to your chest and stomach as you exhale with a pelvic floor contraction as you move from sitting to standing.

**Nursing or bottle-feeding baby:**

- When feeding, use pillows to prop yourself up in proper posture (pillows behind your back) and underneath your arm so you and baby are resting on the pillows.
- Try to be relaxed and not strain your muscles while feeding baby.

Changing your baby's diaper:

- If you are changing on a low surface, perform the zip-up exercise to provide support to your back.
- As much as you can, try to change baby on something a little higher than your waist to avoid straining muscles.

**I WAS TOLD I'M READY TO GO BACK TO SEX AND EXERCISE... NOW WHAT?**

As we've established, and as you may well know from personal experience, birth is traumatic to your pelvic floor muscles. With your recovery up to the 4-month mark, you need to make yourself a priority in healing and resting, while taking care of the baby. Be patient in your healing process.

Please, please, be patient!

This is really and truly not the time to start running, doing plyometrics, jumping, returning to your HIIT exercises, doing crossfit, crunches or lifting heavy objects. Focus more on what is in the Body After Birth recovery program. That is physical therapy and gentle walking.

Our bodies are great at making compensations when things are out of place. With pregnancy, your body stretches out your abdominals and tightens your lower back muscles. Your pelvic floor muscles are stretched and lengthened too. At birth, you lose your abdominal support, because the baby that was once in your belly is no longer there, so your body has to learn quickly how it is to function without baby in there. It develops compensations to deal with this. You may continue to stand, carry and lift baby with the same alignment and posture that you did when pregnant, which will mean you develop poor habits.

Sitting is the most important "sport" to master. Typically, how you sit is how you stand, perform activities and exercise. Poor habits can create dysfunctions. Which can equal pain.

Remember where we compared giving birth to a rotator cuff repair surgery? Well, what shocks a lot of people is that the total rehabilitation process for surgeries like that is 6-12 months. Take time to heal. And remember, just because you were "cleared" doesn't mean your body isn't still recovering in the deep layers of scar tissue. You will be healing for some time to come.

Keep in mind your hormones too. If you're breastfeeding, hormones will still be heightened and it would be beneficial to keep your exercises similar to those you did in your third trimester.

Moving on to talk about sex after baby arrives... Frankly, sex freaked me out after delivering my kids. I dreaded my 6-week check-up appointment because I did not want to hear that I could have sex again. I didn't feel ready at all. I was bargaining in my mind: *Are you sure my scar is healed? Are you sure I'm ready for such aerobic activity? I can barely make it up the stairs without losing my breath and you're telling me I'm ready for this crazy activity already?*

I had this increased fear of sharp pain with sex and worried my husband wouldn't find me attractive. This can be a scary thing for women after they've had a child, especially if you tore or had a cesarean birth. I felt like I had just been opened up and exposed to the world a few short weeks ago. I was not ready. No, no, no. Completely, not ready. And it's *fine* if you're not ready at this point either. Just because you were released **does not mean** you need to go home and have sex right away.

For one, some women find it hard to look at their scar or have a difficult time letting their partner look at their body after all it's been through. Also, the scar tissue in the vagina with 3rd or 4th degree tears or the scar tissue from a cesarean birth is still healing at your 6-week check-up. It will continue to heal for 6 to 12 months or more, even if you are released for your incision being healed.

Sex should not be painful, but if it is, make sure you see a pelvic floor physical therapist to assess your scar tissue in case it's causing some of your pain and to help improve your symptoms. A pelvic floor physical therapist can evaluate your pelvic floor muscles for tightness and poor coordination too. Most OBGYNs and midwives recommend waiting until after your 6-week appointment to start engaging in sex again. If your doctor has cleared you for intercourse, it is fine to start. However, there are many factors during pregnancy and delivery that can cause pain with sex.

Always remember, painful sex is common but not normal.

If you are experiencing pain with sex, here are some things you can try:

Water-based lubricant: Hormone fluctuations from lack of sleep, breastfeeding and stress after having your baby can decrease the amount of lubricant your body produces, especially if you are breastfeeding. Trying a lubricant that is water-based is likely to last longer than a petroleum-jelly-based lubricant. Here are some options in no particular order:

- YES lubricants
- Good Clean Love lubricants
- Sylk lubricants

PRODUCT	INGREDIENTS	pH	OSMOLALITY
YES	aqua, aloe barbadensis leaf juice*, flax seed extract*, guar gum*, locust bean gum*, xanthan gum, sodium chloride, potassium sorbate citric acid, , sodium benzoate	4.08pH	154 mOsm/kg
Good Clean Love	organic aloe barbadensis leaf juice, xanthan gum, agar, potassium sorbate, sodium benzoate, sodium lactate, lactic acid, natural food grade flavors (lemon and vanilla)	4.8pH	269 mOsm/kg
Sylk	water, extracts of kiwifruit plant and citrus seed, xanthan gum, vegetable glycerin, citric acid, potassium sorbate, sodium citrate	4.47pH	877 mOsm/kg

Longer foreplay with deep belly breathing: Due to fatigue and exhaustion, it may take a little longer to become aroused. Adding in some belly breathing with foreplay can help calm down the tissues and get them ready for the fun!

Switch it up!: A position that used to be comfortable may not be anymore. Try a new position out and see if that does the trick. For example, on your back might be uncomfortable, but on top might cause less discomfort.

Not interested in sex? It happens! It can be the case that you're not feeling ready for the deed, because of lack of sleep, painful sex, demands of a newborn, breastfeeding (decreased estrogen can cause vaginal dryness), nipple sensitivity, issues with your body (scar, being out of shape, loss of muscle tone, change in appearance) and all sorts of reasons. It is okay to start with touch and not insertion. Skin to skin with your partner is just as important as it is with your baby. Small steps!

If pain continues, please seek the help of a pelvic floor physical therapist and your healthcare provider.

WHAT ACTUALLY HAPPENED DURING YOUR CESAREAN

If you had a cesarean delivery, it's common for women to find they know little about what actually went on. Okay, so we know we gave birth by an incision in our lower abdomen, but often we have no idea what took place beyond the basics. So here goes...

During the cesarean delivery, the doctor makes an incision into your skin, through your fat cells, connective tissue and into the abdominal cavity. The abdominal muscles are spread apart and the bladder is moved so the doctor can get to the uterus. An incision is made into the uterus and the baby is guided out. After the placenta is removed, the uterus is stitched up, the bladder is put back, the connective tissue and abdominals are stitched up, followed by the skin. There are several layers of sutures within the tissues, which means scar tissue develops as you heal. It's important to know that your abdominal muscles are not cut through during a cesarean birth, but your connective tissue is. This level of impact is why we need recovery programs after birth.

Cesarean delivery is major abdominal surgery. Pushing yourself too hard too soon can increase internal scar tissue formation. This can cause problems and discomfort with bladder and bowel function in the future. In my own life, I experienced bladder pain from scar tissue after my first-born and it was uncomfortable to say the least. Doing my own scar massage and being assessed by a pelvic floor physical therapist for scar tissue work did wonders for me personally.

To help with your recovery, it is important to ask your doctor or midwife for specific discharge instructions about what you can and cannot do at home. The following general guidelines are also helpful.

- Avoid lifting more than the weight of your baby. Lifting more can delay healing and increase scar tissue formation.
- Log-roll when getting in and out of bed. This puts less strain and stress on your healing abdominal muscles. (See exercise section.)
- Minimal walking in the beginning. (See weekly journal section.)
- Keep items like diapers, wipes and changes of outfits close by so you are not on your feet too much.
- Ask for help! This is not the time to be Supermom.

EVEN YOUR SCAR NEEDS TLC

One of the best recommendations I can make to you is taking care of scar tissue after giving birth. It's one of the most missed ways of taking care of yourself in the fourth trimester. Most women who come into the clinic are too scared to even look at their cesarean scar, let alone touch it. But touching your scar can increase circulation and healing to the area.

With my patients, I always discuss the importance of adding scar massage into their exercise program, usually beginning around 6 weeks postpartum. The fact is I suffered from lower abdominal and pelvic pain myself after my first cesarean, due to increased scar tissue formation, and I know how uncomfortable it can be. The good news is I also know what can be done to improve symptoms.

Just like any surgery to the body, scar tissue prevention is needed post-surgery. We do this using massage. Prior to beginning scar massage, the incision needs to heal properly, as with any other scar on the body.

Remember, the incision has many layers of tissue and can affect how the body functions. I have seen many patients, including myself, who have experienced burning, nerve pain, urethra burning sensation, urgency/frequency of needing to urinate, numbness and tenderness around the scar, abdominal pain and bloating, pelvic pain with and without intercourse, and much more, due to poor tissue mobility at the cesarean scar. Working on the scar, improving tissue mobility and decreasing tension have improved discomfort and symptoms for patients and myself.

Do not begin scar tissue massage without discussing it with your doctor first.

When your doctor tells you it's okay to begin, start your scar massage by lying on your back with your knees bent. Early postpartum (from 6 weeks onwards), gentle, very gentle, scar massage or circles above and below the incision can promote blood flow and improve tissue mobility to the area. As that area decreases with sensitivity and increases with mobility, move closer to the scar with your massage.

You can try different techniques as well, such as stroking or petting tissue towards the center of abdomen, up and down or from the center and out to your sides. If you feel tension with either technique, you can gently hold the tissue in the area for approximately 20 seconds to release tightness. To help with scar sensitivity, practice these techniques with your hands or fingers and other fabrics: cotton ball, dry cloth, wet cloth, or a sheet. Please know it is never too late to start scar massage to a cesarean or any other scar.

CAUTION: If you feel any increased pain or discomfort, stop immediately and seek advice from a medical provider.

The good news is I also know what can be done to improve symptoms.

HELPFUL PRODUCTS POST-BIRTH

You don't have to do this alone! Women just like you have been through this before with the help of some specially designed products. Here are some of my favorites that I recommend to my patients.

Abdominal binder: Great for women to wear postpartum. The binder helps reduce swelling/inflammation, decreases excess fluid and assists your muscles/connective tissue to restore to normal as quickly as possible. I have found with my cesareans that you want to ask for these while in the hospital, because they don't hand them out unless you request them.

UpSpring C-Panty underwear: I loved these after pregnancy as much as I adored my period underwear Thinx beforehand. It was great having the support and I did not mind one bit wearing grandma panties. I couldn't wash these fast enough to be able to wear them all the time. They are high enough so they are comfortable on the incision and also large enough for the pads you'll be wearing for the postpartum bleeding.

Bao Bei Sculpt & Recovery leggings: A fantastic pair of postpartum leggings that cover your belly. Great for nursing or exercise and shouldn't bother your incision or vaginal soreness. This company has other fabulous products online!

Blanqi support leggings: I love a good pair of postpartum leggings that cover your belly while nursing, and don't cut into your cesarean incision or vaginal soreness.

Thinx period underwear: When periods returned, these rocked my world. They hold up to two tampons worth of blood!! Amazing!

EXERCISES

Hopefully, I've convinced you that the following program is crucial to your pelvic health as a new mom. So what are all these exercises that are going to help you take care of your postpartum body and get back into shape, heal and strengthen your pelvic floor and torso. Here are the explanations of all the moves you'll need to do.

For a week-by-week breakdown of the number of repetitions and sets, see the Weekly Journal sheets at the back of this book.

Log-rolling into and out of bed

Continue for the next 8-12 weeks for proper healing of abdominals and to ease discomfort on a cesarean incision if applicable.

This was one of the most painful and challenging tasks postpartum. Yet log-rolling will make your life *so much better!* This type of movement engages your core at a minimum, putting less stress on your sore abdomen.

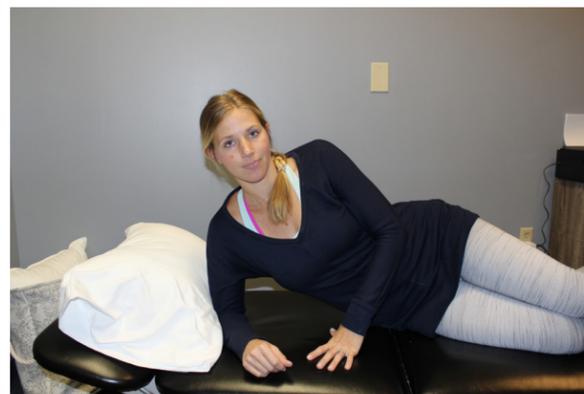
Great to practice prior to a planned cesarean or before leaving the hospital.

Getting out of bed:

1. Bend your knees up while lying on your back.
2. Roll your knees, hips and shoulders simultaneously to your right or left towards the edge of the bed.
3. Your bottom arm will be under you and your top arm at your side.
4. Move your feet close to the edge of the bed.
5. Use your arms to push your body up to a seated position as your lower your legs off the edge.

Getting into bed:

1. Sit on the edge of the bed with your hips in the spot you want them when you lie down. You most likely want to sit at the top third of the bed. Scoot your bottom back so you're not on the edge.
2. Still facing the outer edge of the bed, slowly lower to your side using your forearm.
3. Lying on your side, pull your legs up onto the bed and keep them bent.
4. Then with your knees bent, roll onto your back keeping your knees, hips and shoulders aligned.



Stretch for upper body:

1. Stand with your back up against the wall. Place arms on wall in a "touchdown"-like position.
2. Good position to get into to stretch the front of your chest from feeding baby and resting in a rounded position.



Lying on belly:

Gently stretch out abdominals and hip flexors, taking care not to disrupt your incision site.



Thoracic rotation:

1. Lie on your right side with knees bent up to 90 degrees at your hips and arms together in front of you.
2. Open your left arm straight out and back as your inhale, rotating your shoulders back.
3. Fold back to the starting position as you exhale.
4. You can also try this sitting (without holding baby) by turning your upper body to look over your shoulder.



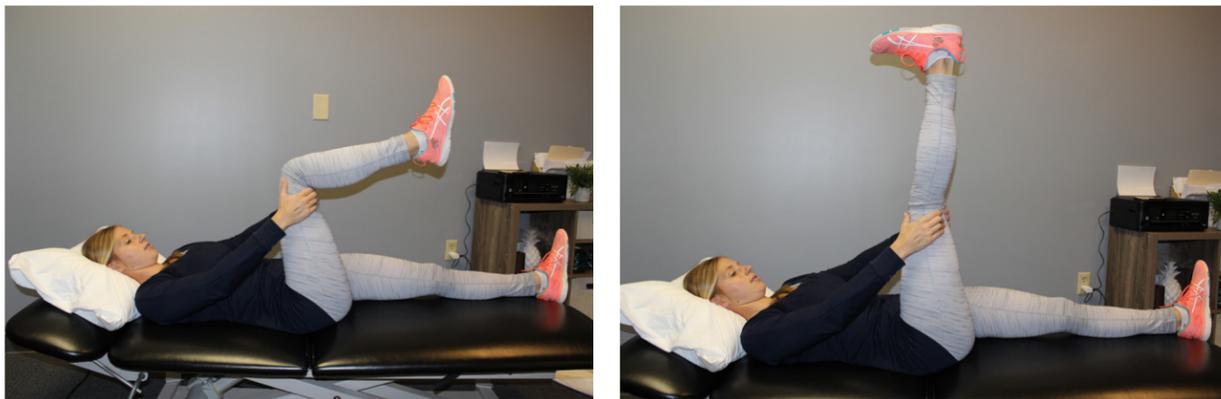
Lumbar rotation

1. Lying on your back with your knees bent, slowly slowly slowly rock your knees side to side to feel a stretch in the lower back and hips. Did I mention slowly?
2. Repeat on the other side.



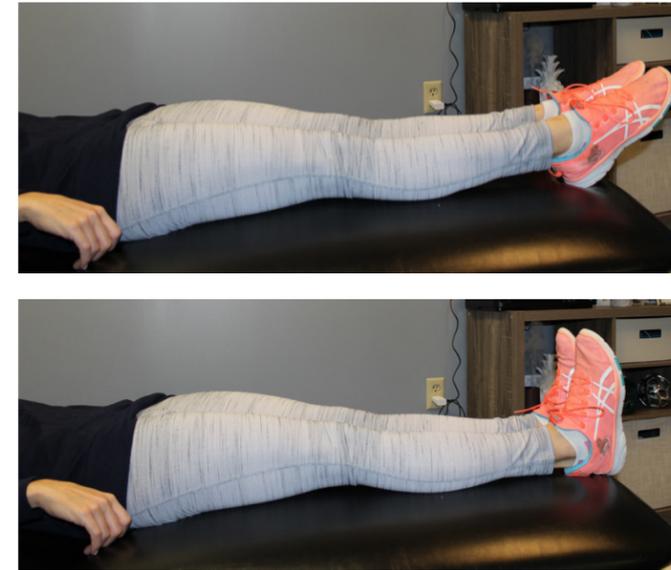
Hamstring glides

1. Lie on your back. Grab behind your right knee.
2. Straighten the leg towards the ceiling while flexing the toes towards you. Bend the knee back down to resting.
3. Repeat on the other side.



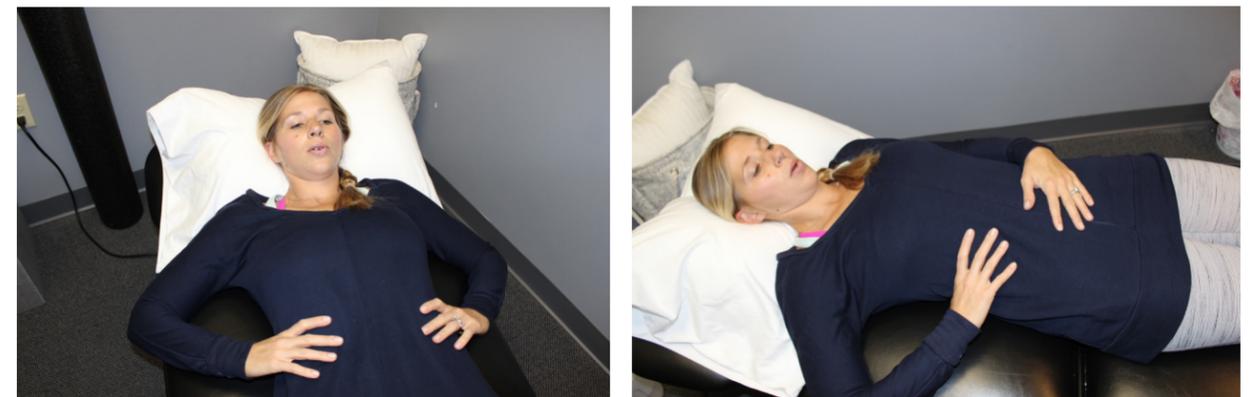
Ankle pumps

While nursing and lying in bed, pump your toes forward and back to improve circulation, tissue mobility and muscle contraction.



Rib breathing or diaphragmatic breathing

1. Lie on your back or side.
2. Place your hands on the side of your body over the ribs.
3. Focus on breathing into your hands with your hands moving away from each other as you inhale, then coming closer together as your exhale.
4. This is great for improving circulation and blood flow to your pelvic floor and lower belly to promote tissue healing. You can also focus on breathing into your belly with this exercise. You can do this while you are feeding baby without your hands on your ribs.



Bringing awareness to pelvic floor muscles

Gentle tightening of pelvic floor muscles throughout the day.

1. Lie on your back or on your left side. Inhale into your ribs and relax. Exhale and gently squeeze pelvic floor muscles as if you were picking up a blueberry with your vaginal opening.
2. Release it back down.
3. If you need help locating your pelvic floor muscles, they're the muscles that help you stop the flow of urine. Or you can think of your pelvic floor as an elevator. As you exhale, close the elevator doors (vaginal opening) and lift the elevator up two floors. Then inhale and let the elevator come back down to the lobby.
4. Some moms try this while breastfeeding.
5. When lifting baby or moving from sitting to standing, this is what you want to do to help stabilize your pelvis and decrease the pressure in your pelvic floor. Exhale while you gently lift your elevator and lift baby. Exhale while you gently lift your elevator and move to standing.



Good posture or alignment

Beginning from day 1, practice good alignment when sitting, standing, and moving with and without baby.

1. **During sitting:** Sit on your sitz bones instead of tucking them under. It is best to sit with your shoulders and ribs stacked over your pelvis. Think about where your nipples are pointing. Point them forward rather than up to the ceiling. Your pelvic floor and incision will thank you. While nursing/feeding baby, sit in supported positions with props (pillows/boppy) so you can relax.
2. **In standing:** Keep shoulders and ribs stacked over your pelvis, nipples forward. Glutes should be relaxed. Avoid clenching your butt. Alignment provides the best communication for your pelvic floor to engage properly with your core to help you restore function. The more you are in this posture and alignment throughout your recovery, the more your brain will start reconnecting with your core muscles again.

Exhale while moving or with hardest part of exercise

From a seated position to a standing position, when moving with and without baby, getting up off the floor and pushing yourself up from lying on your side in bed, exhale at the strenuous part of the movement. This promotes proper function of diaphragm (breathing muscles) and pelvic floor when you move.



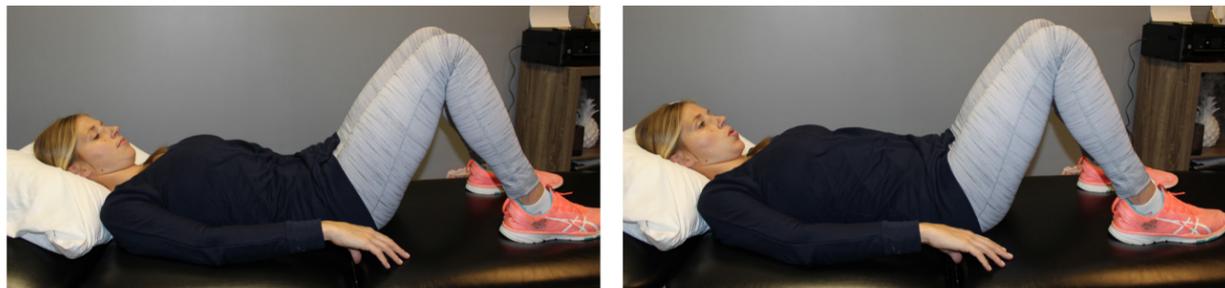
Short walks

1. Minimal, around the house, slowly increasing if you feel up to it. Keep the first week to walking around the house, avoiding stairs. Example: bedroom to the bathroom, baby-related needs. Walking increases circulation to the body and aids healing. From week 1 to 2, walk slowly around the house. Increase in the second week if you feel up to it with **focus on posture and not pushing a stroller or baby-wearing**. Pay attention to how you feel the day you walk and the next day, especially at your cesarean incision.
2. Try to keep diapers, wipes, changes of clothes for baby and snacks close by so you do not have to be on your feet too much in the beginning. Remember your rest and recovery, plus caring for baby, are the priority.



Pelvic tilts

Lying on your back, slowly and with *minimal motion*, rock your pelvis under (like a dog butt) and then forward (like a duck butt). Make the motion come from your vaginal opening and not your back. Again I repeat... *very small, gentle motions*.



Lying on belly propped up on elbows

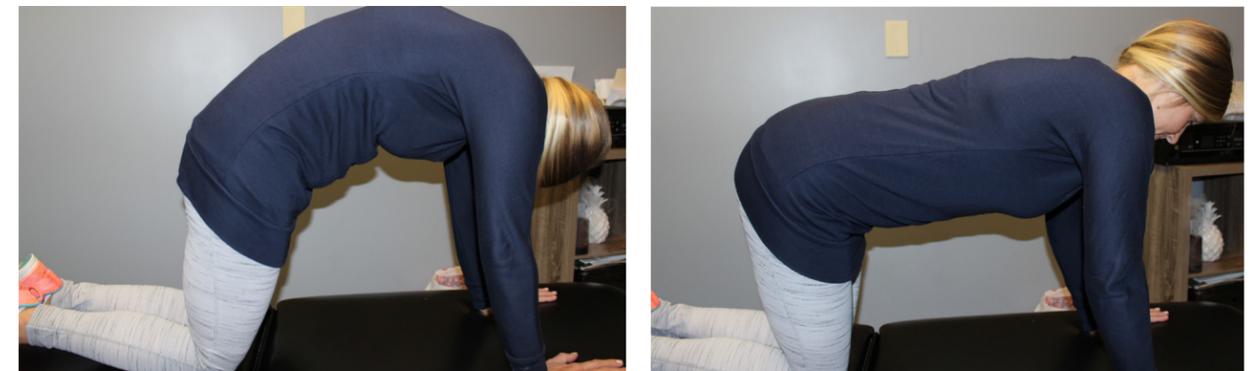
Gently lie on your belly and prop up onto your elbows while exhaling.



Cat/Camel

Tummy time for mommy. With this exercise, you can even have baby playing on the floor by you.

1. Get onto your hands and knees. Avoid letting your belly sink forward towards the floor. Keep a neutral spine.
2. Arch the back through the mid- and lower back creating the letter “C” with your spine as you exhale.
3. Inhale and let back drop back to neutral (straight spine).
4. Repeat sequence.



Butterfly stretch

1. Lie on your back with your knees out or apart from each other. You can place pillows or blankets under the knees for support or to lessen the stretch on the inner thighs.
2. Practice diaphragmatic breathing in this position.



Zip-ups

1. Lie on your back. Pretend there is a zipper at your pubic bone that runs up to your breast bone. Practice connecting the zipper and zipping it up.
2. Focus on getting pelvic floor to fire first (as if stopping the flow of urine). Think about an elevator going up to the second or third floor as you contract your pelvic floor muscles. Then “zip up” to your lower abs. As you zip up, you will start your exhale.

Feel the difference of this exercise while lying on your back, in sitting and standing.

It is best to do lying down if you wish to focus on repetitions. However, this is a great technique to do to set your core prior to lifting baby, moving the car seat, carrying laundry etc. Remember to exhale through movement of “spreading the load” from pelvic floor to lower abs.



Bridge

1. Lie flat on your back with knees bent.
2. Begin an exhale and gently perform a pelvic floor elevator contraction, as you squeeze your glutes to lift your pelvis up off the ground. You are exhaling through the entire lift.
3. Hold for an exhale, then release pelvic floor contraction. Inhale as you lower back down.



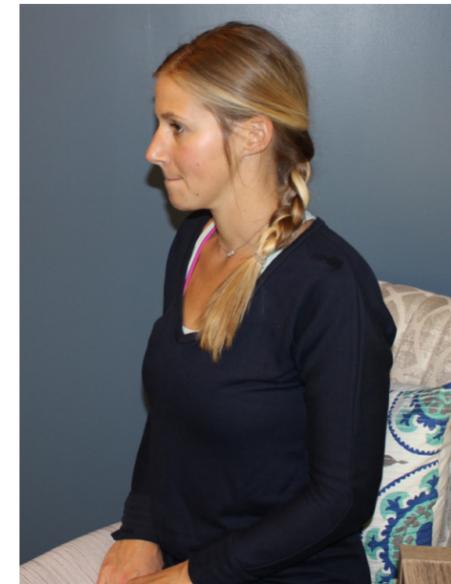
Clams

1. Lie on your left side with knees bent.
2. Keeping your pelvis neutral, lift your top (right) knee up as far as you can without rotating your pelvis.
3. Lower back down.
4. Continue lifting on the exhale and lowering on the inhale.
5. Repeat on the other side.



Sit to stand, stand to sit

1. Sitting tall with stacked ribs-over-pelvis posture, exhale and perform a gentle zip-up from pelvic floor up to lower abdomen as you move from sit to stand. You can also perform this exercise with a pelvic floor “elevator” instead of a “zip-up”. Practice both throughout the day.
2. Inhale at the top, then exhale as you lower back down to sitting.



Single leg balance

1. Stand on both legs in ribs-stacked-over-pelvis posture, with your breasts pointing forward, not up or down.
2. Exhale as you shift your weight to the left leg and pick up the foot off the ground.
3. Go back to both feet. Then switch to the other side.



Bird/Dog

1. On all fours, find a neutral spine. Best done after cat/camel.
2. Exhale with a zip-up as you extend one arm in front, keeping pelvis neutral.
3. Alternate sides finding neutral spine in between each arm lift.
4. At week 5, you can begin extending the leg instead of the arm.



Heel slides

1. Lying on your back with legs flat on the ground, zip up on an exhale.
2. Bend right leg up and then straighten back down, keeping pelvis neutral.
3. Repeat on the other side.



Step-ups

1. Exhale and zip up, engaging the core from pelvic floor up as you step up onto step.
2. Exhale to lower back down.



ASSESSING FOR ABDOMINAL SEPARATION

This is one method for assessing for abdominal separation (diastasis recti). There are other variations on how to assess this tissue.

1. Start assessing at 2 weeks postpartum. Reassess every 2 weeks (2 weeks, 4 weeks, 6 weeks and 8 weeks).
2. Lie flat on your back, knees bent and feet flat on the ground.
3. Lift up your shirt so you can see your belly.
4. Place your pointer and middle fingers slightly above your navel and gently touch your midline tissue, the tissue between the two 6-pack muscles (rectus abdominis), from your breastbone to pubic bone. You are focusing on the tension or the “bridge” mentioned earlier in this handbook when assessing this tissue.
5. Make note of the areas that are more squishy than others.
6. Then place your fingers just below the breastbone and assess down to your pubic bone.
7. With an exhale and gentle head lift (keeping shoulders on the ground), you will feel the tension between your rectus abdominis muscles by gently pressing down to into midline to assess the tension of tissue.
8. Repeat a couple of times, so you are not holding your breath while trying to assess the tissue. You should feel the gap thoroughly so that know approximately how many fingers you can fit between the muscles, but also pay close attention to the depth. How deep down can you go? To your finger nail? To your second knuckle?
9. Take measurements at the following places with your exhale breath:
 - a) 1 finger above your navel
 - b) 1 finger below your navel
 - i. Take a measurement with an exhale and gentle lift of your head.
 - ii. Take a measurement with exhale, lift of your head and gentle contraction of pelvic floor. Notice if the tension improves.





PROGRAM HOW-TO'S

Listen to your body. At any time, if you experience increased discomfort or pain, please take a rest day. If the pain or discomfort continue, contact your medical provider and discuss your options with them.

Weeks 1-4:

1. Perform the exercises 4-7 days per week. Use the Weekly Journal to mark off when you have completed the exercises.
2. Focus on your body's alignment with each of the exercises and daily activities such as: lifting baby, carrying baby, moving from sit to stand and stand to sit, standing while holding baby etc.
3. If you feel comfortable, take a picture of your posture in standing while holding baby and not holding anything. Keep track of where you're at each week. Take a picture of what feels normal and the proper alignment you should be in. This is something we do in clinic so we can monitor improvements.
4. During weeks 2 and 4, test your abdominal separation and mark your findings on your Weekly Journal.

Weeks 5-8:

1. You will perform the exercises 4-7 days per week. Use the Weekly Journal to mark off when you have completed the exercises.
2. Focus on your body's alignment with each of the exercises and daily activities: such as lifting baby, carrying baby, moving from sit to stand and stand to sit, standing while holding baby etc.
3. Keep tracking your pictures each week of what feels normal and the proper alignment for you.
4. During weeks 6 and 8, you can test your abdominal separation and mark your findings on your Weekly Journal.
5. You can start gentle scar massage (cesarean deliveries) at week 6, if released from your medical provider.

WEEKLY JOURNAL

With pregnancy and birth comes pregnancy brain. It's a real thing! Just ask any mom! Your brain really does shrink in size. With this shrinking, comes more to worry about with a newborn, less sleep and more things to forget.

That's why this weekly journal is a great addition to the Body After Birth program for you to keep track of what exercises you have done for the week and how many times you have completed them. It also allows you to keep track of your abdominal separation and exercise progress. One less thing to remember. Just write it down.

WEEK 1	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Walking: 0-5 minutes							
Rest and snuggle							
Log-rolling							
STRETCHES							
Stretch for upper body: 30 seconds, 1-3 times, 4-7 times a week							
Ankle pumps: 10 times, 3 times a day at least, 4-7 days							
STRENGTHENING							
Rib breathing: 10 repetitions, 3 times a day, 4-7 days							
Pelvic floor: 3 repetitions, 3-4 times a day, 4-7days							
Posture/alignment: daily							
Exhale while moving: daily							

Notes:

WEEK 2	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Walking: 5-10 minutes, gentle, no stroller							
Rest and snuggle							
Check abdominal separation (diastasis recti)							
STRETCHES							
Log-rolling							
Stretch for upper body: 30 seconds, 4-7 days							
Thoracic rotation: 10 times, 4-7 days							
Hamstring glides: 10 times, 4-7 days							
Ankle pumps: 10 times, 3 times a day at least, 4-7 days							
STRENGTHENING							
Rib breathing: 10 repetitions, 3 times a day, 4-7 days							
Pelvic floor: 3 repetitions, 3-4 times a day, 4-7 days							
Posture/alignment: daily							
Exhale while moving: daily							

Notes:

WEEK 3	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Walking: 10 minutes, gentle, no stroller							
Rest and snuggle							
Posture/alignment: daily							
Exhale while moving: daily							
STRETCHES							
Log-rolling							
Stretch for upper body: 30 seconds, 4-7 days							
Lying on belly: 1 minute, 4-7 days							
Thoracic rotation: 10 times, 4-7 days							
Lumbar rotation: 10 times, 4-7 days							
Butterfly stretch: 30 seconds, 3 times, 4-7 days							
Hamstring glides: 10 times, 4-7 days							
Ankle pumps: 10 times, 3 times a day at least, 4-7 days							
STRENGTHENING							
Rib breathing: 10 repetitions, 3 times a day, 4-7 days							
Pelvic floor: 3 repetitions, 3-4 times a day, 4-7 days							
Zip-ups: hold 5 seconds, rest 5 seconds, 5 times, 4-7 days a week							
Clams: 5 repetitions, 1-2 sets, 4-7 days							
Sit to stand, stand to sit: 5 repetitions, 2 times a day, 7 days							

Notes:

WEEK 4	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Walking: 10-15 minutes, gentle.							
Rest and snuggle							
Check abdominal separation (diastasis recti)							
Posture/alignment: daily							
Exhale while moving: daily							
STRETCHES							
Log-rolling							
Stretch for upper body: 30 seconds, 4-7 days							
Lying on belly propped up on elbows: 1 minute, 4-7 days							
Thoracic rotation: 10 times, 4-7 days							
Lumbar rotation: 10 times, 4-7 days							
Cat/camel: 10 repetitions, 4-7 days							
Butterfly stretch: 30 seconds, 3 times, 4-7 days							
Hamstring glides: 10 times, 4-7 days							
Ankle pumps: 10 times, 3 times a day at least, 4-7 days							
STRENGTHENING							
Rib breathing: 10 repetitions. 3 times a day, 4-7 days							
Pelvic floor: 5 repetitions, 3-4 times a day, 4-7 days							
Zip-ups: hold 10 seconds, rest 10 seconds, 5 times, 4-7 days							
Bridge: 5 repetitions, 1-2 sets, 4-7 days							
Clams: 10 repetitions, 1-2 sets, 4-7 days							
Sit to stand, stand to sit: 10 repetitions, 1-2 times a day, 7 days Heel slides: 5 reps on each side, 1 set, 4-7 days							

WEEK 5	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Walking: 10-15 minutes, gentle							
Rest and snuggle							
Posture/alignment: daily							
Exhale while moving: daily							
STRETCHES							
Log-rolling							
Stretch for upper body: 30 seconds, 4-7 days							
Lying on belly propped up on elbows: 1 minute, 4-7 days							
Thoracic rotation: 10 times, 4-7 days							
Lumbar rotation: 10 times, 4-7 days							
Minimal pelvic tilts: 5 times, 4-7 days							
Cat/camel: 10 repetitions, 4-7 days							
Butterfly stretch: 30 seconds, 3 times, 4-7 days							
Hamstring glides: 10 times, 4-7 days							
Ankle pumps: 10 times, 3 times a day at least, 4-7 days							

STRENGTHENING							
Rib breathing: 10 repetitions, 3 times a day, 4-7 days							
Pelvic floor: 5 repetitions, 3-4 times a day, 4-7 days							
Zip-ups: hold 10 seconds, rest 10 seconds, 5 times, 4-7 days							
Bridge: 10 repetitions, 1-2 sets, 4-7 days							
Clams: 15 repetitions, 1-2 sets, 4-7 days							
Sit to stand, stand to sit: 10 repetitions, 1-2 times a day, 7 days							
Heel slides: 10 reps each side, 1 set, 4-7 days							
Bird/dog (arms only): 5 repetitions each side, 1 set, 4-7 days							

Notes:

WEEK 6	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Walking: 10-15 minutes, gentle							
Rest and snuggle							
Check abdominal separation (diastasis recti)							
Posture/alignment: daily							
Exhale while moving: daily							
STRETCHES							
Log-rolling							
Stretch for upper body: 30 seconds, 4-7 days							
Lying on belly propped up on elbows: 1 minute, 4-7 days							
Thoracic rotation: 10 times, 4-7 days							
Lumbar rotation: 10 times, 4-7 days							
Minimal pelvic tilts: 5 times, 4-7 days							
Cat/camel: 10 repetitions, 4-7 days							
Butterfly stretch: 30 seconds, 3 times, 4-7 days							
Hamstring glides: 10 times, 4-7 days							
Ankle pumps: 10 times, 3 times a day at least, 4-7 days							

STRENGTHENING							
Rib breathing: 10 repetitions, 3 times a day, 4-7 days							
Pelvic floor: 5 repetitions, 3-4 times a day, 4-7 days							
Zip-ups: hold 10 seconds, rest 10 seconds, 5 times, 4-7 days							
Bridge: 10 repetitions, 1-2 sets, 4-7 days							
Clams: 15 repetitions, 1-2 sets, 4-7 days							
Sit to stand, stand to sit: 10 repetitions, 1-2 times a day, 7 days							
Heel slides: 10 reps each side, 1-2 sets, 4-7 days							
Bird/dog (legs only): 5 repetitions each side, 1 set, 4-7 days							

Notes:

WEEK 7	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Walking: 10-15 minutes, gentle.							
Rest and snuggle							
Posture/alignment: daily							
Exhale while moving: daily							
Log-rolling							
STRETCHES							
Stretch for upper body: 30 seconds, 4-7 days							
Lying on belly propped up on elbows: 1 minute, 4-7 days							
Thoracic rotation: 10 times, 4-7 days							
Lumbar rotation: 10 times, 4-7 days							
Minimal pelvic tilts: 10 times, 4-7 days							
Cat/camel: 10 repetitions, 4-7 days							
Butterfly stretch: 30 seconds, 3 times, 4-7 days							
Hamstring glides: 10 times, 4-7 days							
Ankle pumps: 10 times, 3 times a day at least, 4-7 days							

STRENGTHENING							
Rib breathing: 10 repetitions, 3 times a day, 4-7 days							
Pelvic floor: 5 repetitions, 3-4 times a day, 4-7days							
Zip-ups: hold 10 seconds, rest 10 seconds, 5 times, 4-7 days							
Bridge: 10 repetitions, 1-2 sets, 4-7 days							
Clams: 20 repetitions, 1-2 sets, 4-7 days							
Sit to stand, stand to sit: 10 repetitions, 1-2 times a day, 7 days							
Heel slides: 10 reps each side, 1-2 set, 4-7 days							
Bird/dog (legs only): 10 repetitions each side, 1 set, 4-7 days							

Notes:

WEEK 8	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Walking: 10-15 minutes gentle							
Rest and snuggle							
Check abdominal separation (diastasis recti)							
Posture/alignment: daily							
Exhale while moving: daily							
STRETCHES							
Log-rolling							
Stretch for upper body: 30 seconds, 4-7 days							
Lying on belly propped up on elbows: 1 minute, 4-7 days							
Thoracic rotation: 10 times, 4-7 days							
Lumbar rotation: 10 times, 4-7 days							
Minimal pelvic tilts: 10 times, 4-7 days							
Cat/camel: 10 repetitions, 4-7 days							
Butterfly stretch: 30 seconds, 3 times, 4-7 days							
Hamstring glides: 10 times, 4-7 days							

