



Advice and exercises during pregnancy

During pregnancy, your body goes through many changes. This leaflet is designed to help you reduce the strain on your body and make you more comfortable.

If you need further advice, contact your local women's health physiotherapist.

Pelvic joints and spine

Your pelvis consists of three bones and three joints; one of these joints is at the front (pubic symphysis joint) and two are at the back (sacro-iliac joints). The bones form a protective cavity for your bladder, womb and bowel. The spine consists of many small bones or vertebrae. The joints of the spine and pelvis are supported by ligaments and muscle, which provide stability and help us maintain good posture.

Pregnancy can put a strain on these joints usually from around 4 to 7 months. Hormonal changes soften down these ligaments therefore the joints become less stable. The resulting increases in movement can sometimes

lead to aches and pains in the back and pelvis.

Your increasing size and weight will stretch your tummy muscles and alter your centre of gravity therefore your posture will change and thus put further strain on your back.

Therefore, it is vital to begin looking after your back from early pregnancy.

Sleeping position – usually this will be side lying. Try placing a pillow between your legs and a pillow under your bump. When turning in bed, bend the knees up and keep them together as you roll onto the other side.



Getting out of bed: once on your side, push up with your arms and drop your legs over the side.



Sitting: Sit with your bottom well back in the chair and use a rolled up towel or a small cushion in the small of your back. Sit rather than stand when performing various tasks eg. when ironing, preparing vegetables or when dressing. Make sure your work surface is at the correct height- both at home and at work.



Lifting: When shopping, carry evenly weighted loads in each hand.



Try to avoid carrying a toddler on one hip – if you must do this, alternate the hip you use. Bend your knees and make your legs do the work. Do not twist your back. Always lift and carry close to your body.

Walking: You may find that you need to take smaller steps rather than striding out and you will find that your pace slows down.

Getting in/out of car: try to slide your legs out together before standing up. When getting in, lower yourself onto the seat first before bringing your legs in.

PELVIC FLOOR MUSCLES

The pelvic floor is the name given to the muscles which lie at the base of your pelvis – forming a “floor”. They stretch like a hammock from the pubic bone in front to the bottom of the spine at the back. They encircle the openings of the bladder, vagina and back passage. Your baby may be born through these muscles if you have a vaginal delivery.

Pelvic floor muscles work steadily all day to stop leakage of urine when we cough, laugh, sneeze, lift something or exercise. They also help with bladder and bowel control eg. stopping urine leakage until we reach the loo. In addition they help enhance sexual intercourse. Pelvic floor muscles become weak during pregnancy because of hormonal changes and the extra weight we carry. Like our tummy muscles, they must be strengthened so that after the birth bladder / bowel control is good and sexual satisfaction returns to normal. To strengthen your pelvic floor you need to start exercising these muscles early in pregnancy. This will not make your delivery more difficult.

Lie, sit, or stand with your knees slightly apart. Tighten the ring of muscles around your back passage as if you are trying to stop passing wind. Also tighten and pull up the ring of muscles around your vagina as if trying to stop passing urine. Then relax. This is a **fast** contraction.

Tighten the same muscles and hold the tightness for several seconds - as long as you can.

This is a **slow** contraction.

The actual exercise routine then is to do as many fast contractions and then as many slow contractions as you can, until the muscles tires eg. up to 10 of each. As the muscles get stronger do *more* fast and slow contractions.

Do a set of exercises *at least 5 times each day*. A good time is when you are washing the dishes, watching TV, sitting at red traffic lights but not while you are emptying your bladder.

Remember these exercises are for life!

Physical activity

Mild to moderate exercise is good for you and your developing baby. See 'Exercise in Pregnancy' leaflet.

Remember – Move More, Sit Less!

Relaxation

Remember to use relaxation both during pregnancy and afterwards. Relaxation helps to aid sleep, to cope with labour and to reduce the stress of daily living. See 'Breathing for labour' leaflet.

COPING IN LABOUR

First stage of labour

This is the stage from when the neck of the womb (cervix) begins to open (dilate), until it is fully dilated and your baby is ready to be born. It is quite normal to feel uncomfortable or painful during this stage.

Early first stage

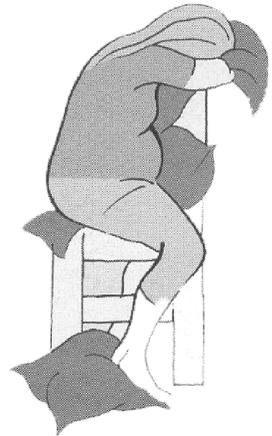
Be it at home or in hospital, you can help yourself by staying upright and walking around.

When you are resting, lean forward so that gravity will encourage labour to progress.

To help you cope with contractions or when you are resting, you may want to adopt one of the following positions.

- Sitting at table, relaxing forward onto it or reverse sitting on a chair (provided you don't suffer from too much pubic pain)
- Kneeling against a chair piled with pillows or a beanbag, relaxing forward.

If you feel the labour pains more in your back, rocking or circling your hips and pelvis rhythmically in one of these positions may help.



Your birthing partner can help by:

- Encouraging you to relax and breathe calmly
- Massaging your lower back
- Massaging your neck and shoulders
- Suggesting a change in position
- Cooling your face with a wet flannel
- Offering sips of water
- Giving you emotional support and encouragement.

Initially your contractions may last 30 – 40 seconds, beginning gently then gradually reaching a peak before easing off. Think of them as hills which you have to ride over on your journey towards the birth of your baby.

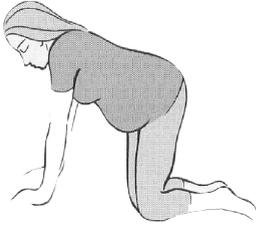
Breathing deeply through your contractions will increase the oxygen supply to you and the baby thereby aiding relaxation and enabling you to cope better.

When your contraction starts:

- Sigh out
- Take a deep breath in, feeling your ribcage expanding out
- Pause for a second
- Then sigh out slowly but not prolonged.

Repeat 3 or 4 times with each contraction.

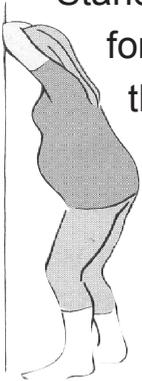
On all fours



Leaning
against
your
partner



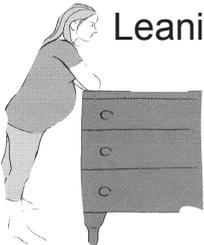
Standing, leaning
forward against
the wall, or
leaning your
back against
the wall with
feet well
forward



Sitting
on a step
or a
chair



Leaning forward
over a
surface or
furniture



Sitting, using
your
partner
for
support



Late first stage

Choose a comfortable position and try to relax to help you keep calm and conserve your energy. The contractions will now be much stronger and more painful and your breathing becomes faster and shallower.

If you feel you are about to tense up, especially at the peak of a contraction, switch to **'S.O.S' breathing**.

Concentrate on ending each contraction with a long sighing breath out.

With the help of your partner, try to get rid of tension in the body by doing some relaxation stretches so that when your next contraction comes you are completely relaxed.

You may find it helpful to change position also.

At this stage you may want to accept further pain relief, in consultation with your midwife.

As you progress from late first stage to second stage, your mood may alter; you may feel emotional, weepy, angry or tired. This is quite normal – your partner will be able to support and encourage you through this stage.

Second stage of labour

Your cervix has now fully dilated to the so-called '10 cms' and you are now ready to help push your baby out into the world.

When you feel the normal desire to push you should work with this feeling, adopting a position which is both practical and comfortable for you.

Your midwife will guide you in pushing with your contractions and will usually be happy for you to adopt the position of your choice.

'Listen' to your body and be ready to change position if you feel the need.

Sometimes the urge to push is felt before the cervix has become fully dilated (this is known as the transitional stage). Your midwife may ask you to pant or change position in order to relieve this.

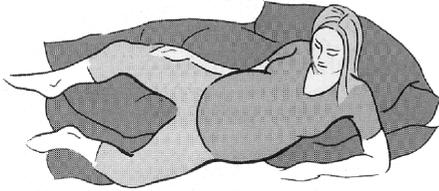
Panting is similar to doing 'S.O.S' breathing.

- Think of your fingers as candles and that you are blowing out the flame from each. Each pant should be loud and strong.
- Some people find it easier to do this sort of panting in a rhythm eg. Pant, pant, p – a – n – t (the third pant being a little more prolonged than the first two)

Or

- The 'hot dog' - imagine the way a dog pants on a hot day.

The following illustrations show some positions for the second stage.



Breathe gently in and out as the contraction starts and when the urge to push overwhelms you, tuck your chin in and bear down towards your bottom, keeping your pelvic floor muscles relaxed.

Try to keep your mouth and face slack and if possible don't hold your breath; instead, as you push, let your breath escape through your lips – sometimes a groan or a grunt helps!

There will be several pushes in one contraction.

As your baby's head is about to emerge, work with your midwife to control the speed of delivery; you will do this by alternating pushing and panting or by doing your 'S.O.S' breathing as she directs you.

NB. If you have had any pelvic joint pain during pregnancy or in labour, tell your midwife who is delivering the baby.

Pelvic pain may be experienced at the front and/or back

of your pelvis. Your obstetric physiotherapist would recommend that, if at all possible, you avoid sitting in bed leaning against the backrest with your legs wide apart to push. This position could make pelvic pain worse after your baby is born – try lying on your side or kneeling, leaning forward onto pillows instead.

Third stage of labour

During the third stage, the placenta (afterbirth) has to be delivered.

You may be asked to help by pushing but usually this stage does not last long and hopefully a few pushes will be all that is required.

After your baby is born

Your obstetric physiotherapist will come to see you on the ward usually within a day or so of delivery. If for some reason you fail to see a physiotherapist, your midwife will ensure you receive a physiotherapy postnatal advice leaflet.

If problems occur contact your obstetric physiotherapist as soon as possible after your delivery if:

- You are unable to perform a pelvic floor contraction, or are unsure if you are doing it correctly
- You have no desire of needing to empty your bladder/ bowel

- You leak urine or motion, or cannot control wind
- Your tummy muscles are gapping up the middle and/or causing you pain or are very weak
- You experience significant pelvic joint or back pain
- You experience discomfort during sexual intercourse.

If you need any advice about exercises, or you have any worries, please feel free to contact:

Royal Jubilee Maternity Hospital

Physiotherapy Department

Tel: 028 9615 1184 (answer service)