Mamavela

Pelvic Floor and Tummy After Baby

Twelve weeks, three phases, sessions of 10 to 20 minutes: find your pelvic floor again, strengthen your tummy and return to effort without leaks.



Free sample

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Welcome

You have just done something enormous. For nine months your body made room for a baby, and then it gave birth, by the vagina or by caesarean. Some weeks later, you may notice that you leak a little when you sneeze, that your tummy still bulges when you sit up, or simply that your body feels like someone else's. All of this is common. None of it is your fault. And a lot of it responds to patient, well-built practice.

This programme turns what the NHS, the American College of Obstetricians and Gynecologists (ACOG), the World Health Organization (WHO) and the National Institute for Health and Care Excellence (NICE) say about the pelvic floor, the tummy muscles and exercise after birth into a concrete plan: twelve weeks, three phases, a short session almost every day, and clear signs that tell you when to move on, when to stay where you are and when to ask a professional.

What this programme is, and what it is not

It is a structured home practice. It is not a diagnosis, not a treatment and not a replacement for your midwife, your doctor, your obstetrician or a pelvic health physiotherapist. In France, postnatal pelvic floor rehabilitation with a midwife or a physiotherapist is offered after every birth and covered by health insurance; in the UK, your GP can refer you to a pelvic health physiotherapist; in the US, ask your OB-GYN for a referral to a pelvic floor physical therapist. If you have access to one of them, this programme complements their work: show them the sessions and adapt them together.

> Do not start, or stop and call your midwife, doctor or emergency number, if you have heavy bleeding (soaking a pad in an hour or less), fever, a wound that is red, hot, oozing or opening, calf pain or swelling, chest pain or breathlessness, a severe headache, or pain that gets worse rather than better. These are not exercise questions.

Two honest sentences about the tummy gap

Exercises do not "close" a gap like a zip. A review of the trials published in 2023 (Benjamin and colleagues, in the journal Physiotherapy) found that exercise programmes may have little effect on the width of the gap itself, and a well-run Norwegian trial (Gluppe and colleagues, 2018) found that a 16-week postnatal training class did not reduce how many women still had a gap six months after birth. What the evidence does support is training the pelvic floor, which reduces leaks, and building strength and confidence so that your tummy works well, gap or no gap. That is the goal of these twelve weeks: function, comfort and confidence, not a measurement on a ruler.

How the programme works

Phase	Weeks	What you build	Session length
1. Reconnect	1 to 4	Breathing, finding the pelvic floor, gentle deep tummy work, walking	10 minutes
2. Strengthen	5 to 8	Longer holds, quick squeezes, bridges, side work, carrying your baby well	15 minutes
3. Load and return	9 to 12	Strength in standing, lifting, impact preparation, your plan for later	15 to 20 minutes

Week 1 of the programme is not week 1 after the birth. Most women can start Phase 1 within the first weeks after an uncomplicated vaginal birth; the NHS says gentle exercise such as walking, gentle stretches and pelvic floor exercises can start as soon as you feel up to it. After a caesarean, a difficult tear, an assisted birth (forceps or vacuum) or any complication, start Phase 1 only when your midwife or doctor agrees, and stay longer in each phase. If your baby is already one year old, this programme still works: start at week 1 anyway, and you will move faster through the first weeks.

What you need

- A mat, a rug or a bed that is firm enough
- A cushion or folded towel
- A chair without wheels, and a wall
- A timer (your phone is fine)
- This book, or the printed journal at the end
- Ten minutes when the baby is asleep, fed, or lying safely next to you on the floor

You do not need weights, a gym, a belt or any special equipment. A heavy shopping bag or a bottle of water will do when Phase 3 asks for a load.

Chapter 1. Understanding your body after birth

You will train better if you can picture what you are training. This chapter takes ten minutes to read and saves weeks of squeezing the wrong muscles.

The pelvic floor: a hammock with three jobs

The pelvic floor is a group of muscles and connective tissue that closes the bottom of your pelvis, from the pubic bone at the front to the tailbone at the back, and from one sitting bone to the other. Picture a hammock, or a trampoline that can lift and lower. Three openings pass through it: the urethra (urine), the vagina and the anus.

Job	What it means in daily life
Support	It holds up the bladder, the womb and the bowel, especially when you stand, lift or jump
Continence	It squeezes around the urethra and the anus so that you stay dry when pressure rises: a cough, a sneeze, a laugh, a lift
Sexual function	It contributes to sensation and to comfort during sex

Like any muscle, it needs two qualities. Strength and endurance to hold (the long squeezes) and speed to react in a split second (the quick squeezes and the knack). It also needs to relax fully: a pelvic floor that stays tight all the time can be as uncomfortable as a weak one.

Your core is a team

The pelvic floor does not work alone. Physiotherapists often describe the deep core as a canister:

- the lid is the diaphragm, your main breathing muscle, under the ribs;
- the walls are the deep tummy muscles (the transversus abdominis, which wraps around you like a corset) and the small deep muscles of the back;
- the floor is the pelvic floor.

When you breathe in, the diaphragm lowers and the pelvic floor gently lowers with it; when you breathe out, both rise. When you lift, cough or push, pressure inside the canister rises, and the walls and the floor must answer. That is why this programme links every effort to the out-breath and to a gentle lift of the pelvic floor, and why holding your breath and bearing down are the habits to unlearn.

What pregnancy and birth change

- **Weight and pressure.** For months, the pelvic floor carried a growing baby, placenta and fluid.
- **Stretch.** In a vaginal birth, the pelvic floor muscles stretch a great deal to let the baby through; tears, cuts and stitches add healing time. Nerves can be stretched too, which is why the squeeze may feel faint in the first weeks and come back gradually.
- **The tummy wall.** The growing womb pushes the two long muscles at the front apart. The NHS says a separation of about two finger widths during pregnancy is common, and that it usually goes back to normal by the time the baby is 8 weeks old.
- **Posture and habits.** Months of carrying a bump, then hours of feeding, rocking and lifting, change how you stand and breathe.
- **After a caesarean.** Your pelvic floor still carried the pregnancy, and your tummy wall has a scar through several layers that needs time to heal.

What is common, and what is not "just normal"

Leaking a little when you cough or laugh in the weeks after birth is common, and the NHS says it is worth strengthening the pelvic floor and raising it with your GP or health visitor. Common does not mean you have to live with it. The Cochrane review of 46 trials and 10,832 women (Woodley and colleagues, 2020) found that women without leaks who did structured pelvic floor training during pregnancy were probably less likely to report leaks in late pregnancy, and somewhat less likely 3 to 6 months after birth. For training started only after the birth, the effect on leaks later was less certain, which is why supervised training is recommended for women who still have symptoms.

Pelvic organ prolapse is when the womb, bladder or bowel bulge into the vagina. The NHS lists a feeling of heaviness, discomfort or pressure in the lower tummy or vagina, a bulge you can feel or see, and problems peeing or pooing among the possible symptoms, and lists physiotherapy and pelvic floor training among the treatments. If you recognise these signs, see a GP or your midwife: it is common, it can be examined simply, and the earlier it is assessed, the better the plan.

What this programme can and cannot do

Can	Cannot
Help you find, strengthen and relax your pelvic floor	Repair a tear, a muscle injury or a nerve injury
Reduce leaks for many women, especially with regular practice	Replace an assessment when symptoms persist
Build strength and confidence in your tummy, back and hips	Promise that a tummy gap will close to a given width
Prepare you to discuss running and sport with a professional	Give you permission to run on a given date

End of the sample

Thank you for reading this far. We hope these first pages already feel useful, and that you can see how the rest of the book is built: clear steps, pages to fill in, sources you can check.

The full book has 36 pages.

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