

BLOOM & BIRTH: PELVIC FLOOR BIRTH PREP COURSE



A prenatal education course by:

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Bloom Pelvic Health & Wellness



WELCOME & CONGRATULATIONS!



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EDUCATION

Doctorate In Physical Therapy - Bay Shore NY 2015

Masters Of Kinesiology, Riverside CA 2011

Advance Training In Obstetric Physical Therapy &
Pelvic Floor Rehab

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Specialist

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Mother of 2 Children



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Thank You!



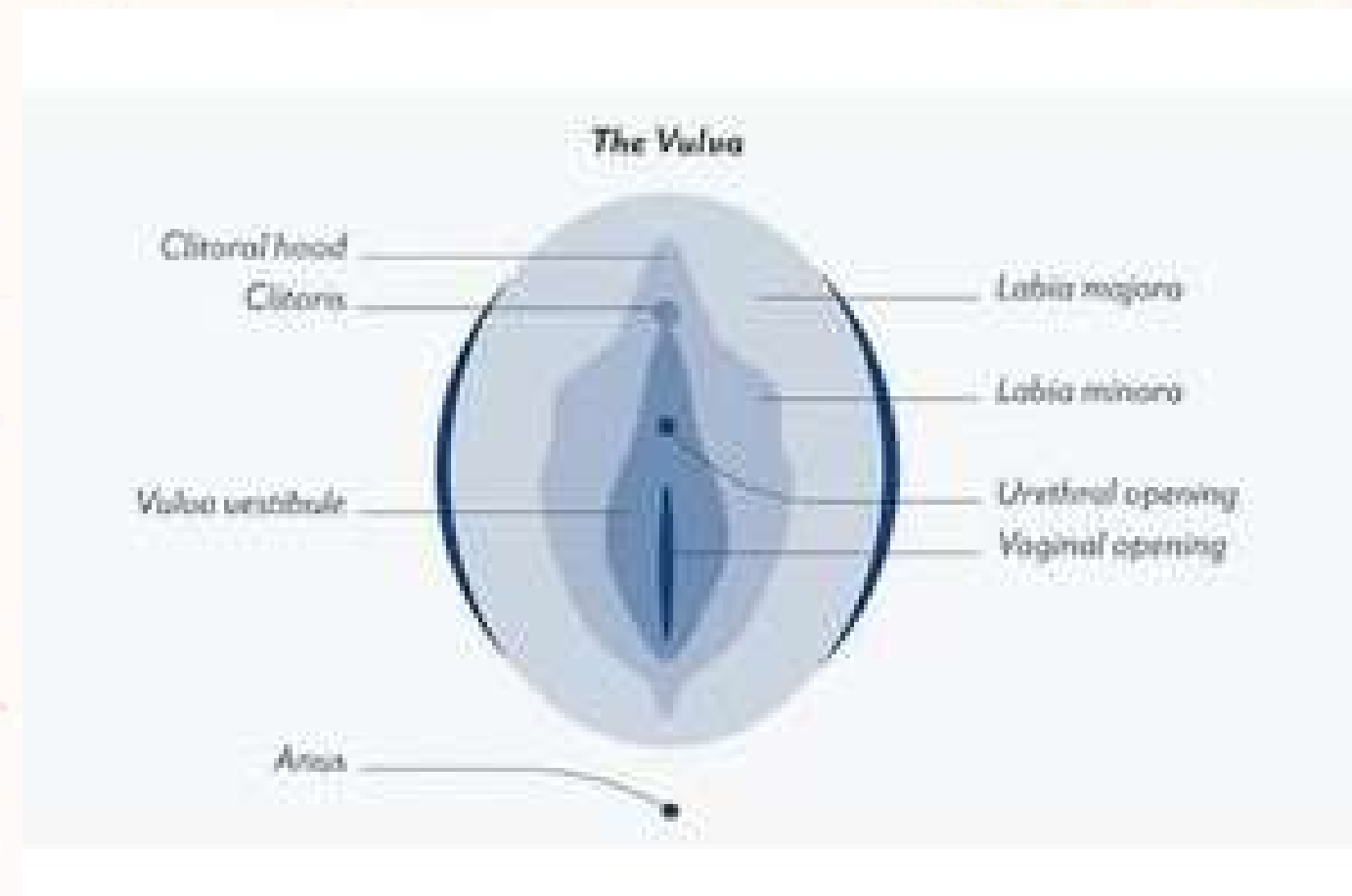
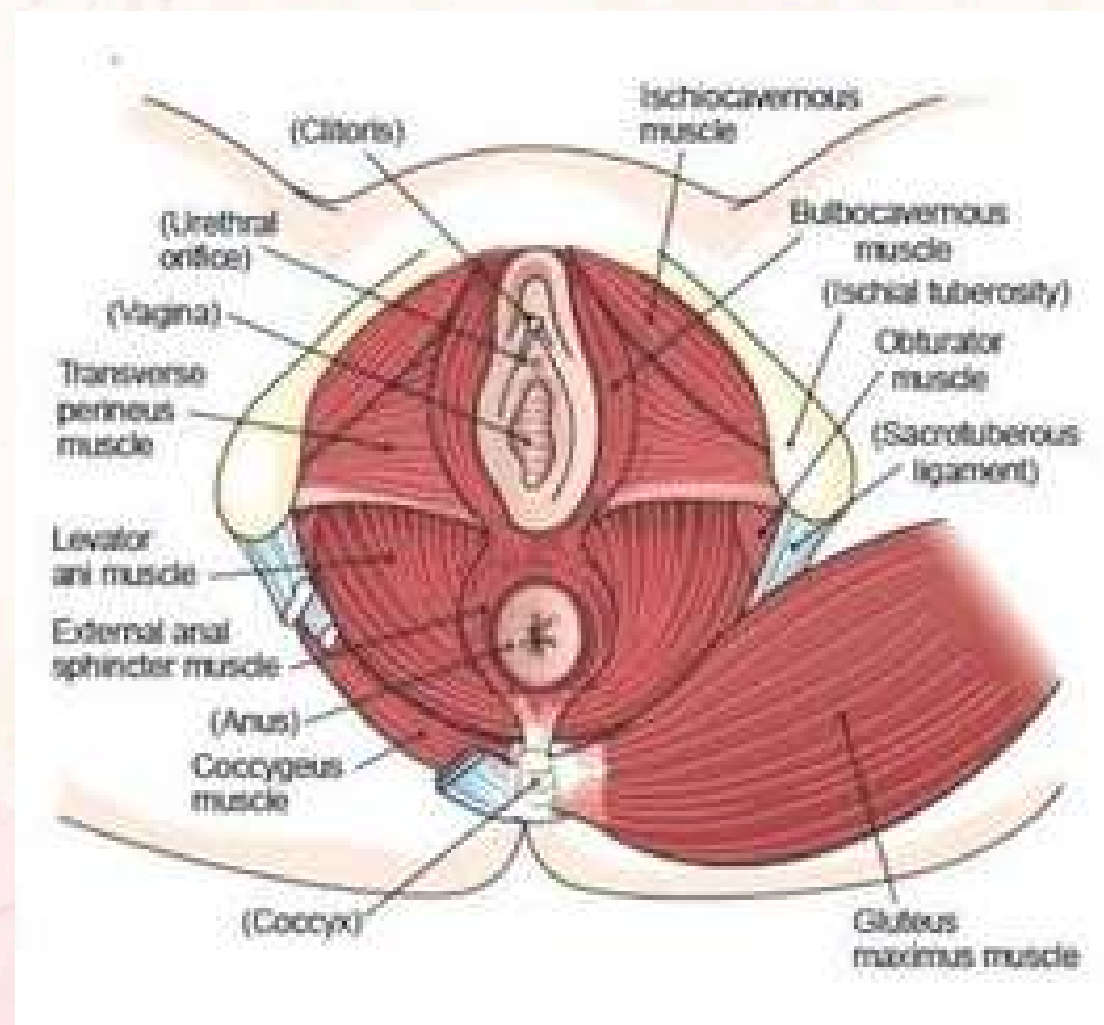
COURSE ROAD MAP

- Anatomy of Pelvic Floor
- Pelvic Floor preparation for labor and delivery
- Understanding Inlet & Outlet
- Birth Prep Exercises
- Induction Method
- Pain Management for Labor
- Exercises to induce Labor
- Optimal positions for labor
- How to prevent perineal tearing
- What is C-Section & Tips
- C-section Scar Management
- Postpartum Plan
- Lactation & Skin to Skin Contact
- 4th Trimester

WHAT IS THE PELVIC FLOOR?

Your pelvic floor lies across the bottom of your pelvis and is made up of muscles ligaments and tissues

Think of the pelvis as being the home to organs like bladder, uterus or (prostate in men) & rectum, the pelvic floor muscle are the home's foundation.



WHAT DOES PELVIC FLOOR DO?

Your pelvic floor supports the organ of your pelvis which includes bladder uterus and bowel

Important Functions!

Pee, Pooping, Passing Gas, Sexual Function & Supporting weight of growing baby.



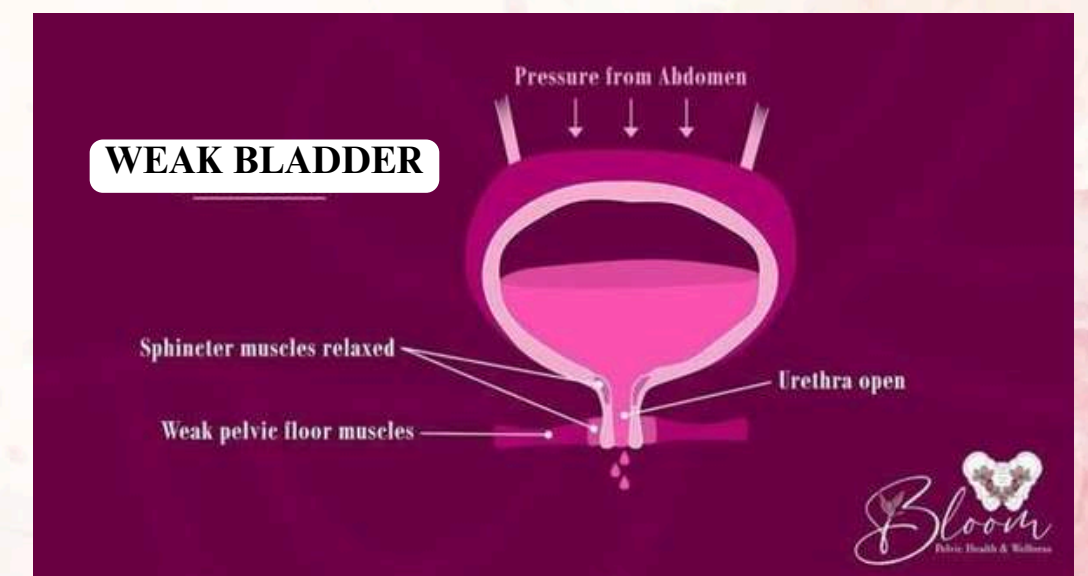
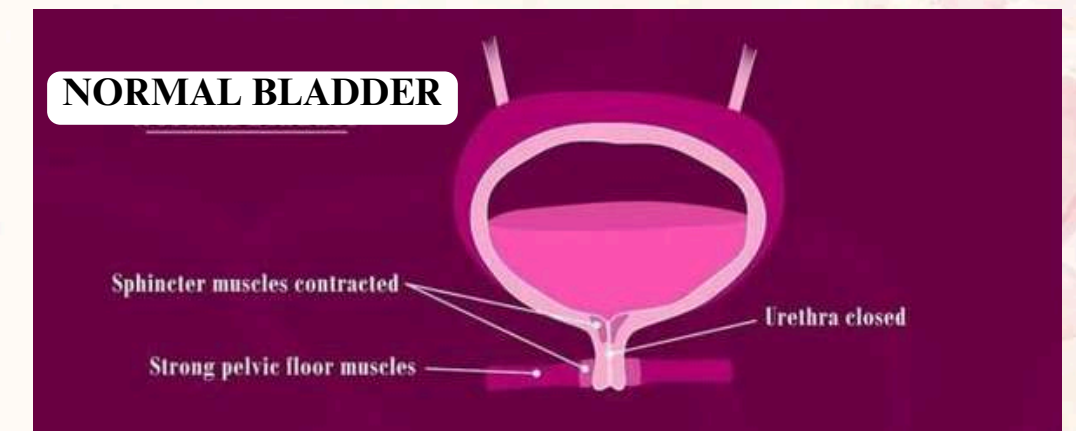
During pregnancy, pelvic floor muscles work harder and are softened by hormones. Whether giving birth vaginally or by cesarean, your pelvic floor muscles will be affected.



WHAT HAPPENED TO MY PELVIC FLOOR DURING PREGNANCY AND CHILDBIRTH

Pregnancy can weaken the pelvic floor muscles, leading to incontinence problems ranging from small leaks to total loss of control over bowel and bladder functions.

During vaginal childbirth, the pelvic floor muscles stretch and move aside to allow the baby to pass through the birth canal. This stretching can sometimes result in tears, which may lead to potential issues such as weakness, incontinence, and prolapse.



PELVIC FLOOR DYNAMICS DURING LABOUR

- Your Pelvic floor muscles provide support for the uterus during contractions.
- They help to guide the baby through the birth canal.
- Pelvic floor muscles stretch to accommodate the baby's passage.
- These muscles assist in controlling the urge to push at the appropriate time.
- The pelvic floor aids in preventing pelvic organ prolapse during delivery.
- After delivery, the pelvic floor muscles contract to aid in postpartum recovery.
- Proper pelvic floor function is essential for minimizing the risk of pelvic floor disorders postpartum

PREPARING YOURSELF FOR LABOR

WHERE TO START:

- Education - Birth Prep Classes, Books
- Building Your Support System - Partner, Family, Duloa
- Coping Strategies for Labor
- Seeing a pelvic floor/obstetric physical therapist
- Preparing your household for a baby
- Visiting hospital of birth or birth center
- Preparing Your Home - If planning home birth
- Making a Birth Plan
- Packing your labor bag
- Lactation Support & Feeding Plan
- Postpartum Preparation



BIRTH PLAN

A written birth plan communicates your priorities and preferences to the caregivers involved in the birthing process.

INCLUDES:

- Your key priorities
- Any particular concerns
- Your preferences for care during labor, delivery, and postpartum period

The birthing plan covers aspects such as pain management, positioning and pushing techniques, immediate infant care, feeding, and various other considerations.

PREPARING YOUR LABOR BAG

Items you might find beneficial during your stay at the birthing facility.

SUPPLIES DURING LABOR

- Personal hygiene supplies
- Toothbrush, hair brush, soap, shampoo, hair ties, lip balm, etc
- Socks and/ or slippers
- Comfortable clothing
- PJs, nursing bra, underwear
- Robe
- Massage devices or oils
- Personal comfort items
- Pillows, pictures, music, warm blanket
- Supplies for you partner
- Favorite snacks & hydrating beverages
- **BIRTH PLAN!!!**

SUPPLIES FOR POSTPARTUM

- Supplies for Postpartum
- Comfortable clothes
- Pjs, underwear, robe
- Gown that opens for breastfeeding and/ or a nursing bra
- Personal hygiene supplies
- Slipper and/ or socks
- Favorite snacks & beverages
- Baby clothes and hat
- Properly installed car seat
- Going home clothes for you, your partner, and baby



STAGES OF LABOUR

STAGE 1: EARLY LABOR

- Contractions: Begin as mild, irregular tightenings of the uterus.
- Cervical Changes: Effacement (thinning) and early dilation (0-3 cm).
- Duration: Can last hours to days.
- Comfort Measures: Rest, hydration, light activity, relaxation techniques.

STAGE 2: ACTIVE LABOR

- Contractions: Become stronger, longer, and more regular (every 3-5 minutes).
- Cervical Changes: Progressive dilation (4-7 cm).
- Transition Phase: Intense contractions as cervix reaches full dilation (8-10 cm).
- Signs: Increased pressure in the pelvis, possible shaking or nausea.
- Coping Strategies: Breathing techniques, position changes, support from birth team.

STAGES OF LABOUR

STAGE 3: TRANSITION TO PUSHING

- Contractions: Strong and frequent, often with the urge to push.
- Cervical Changes: Fully dilated (10 cm).
- Pushing: Directed pushing with contractions to help baby descend through the birth canal.
- Physical Sensations: Burning or stretching sensations as baby's head crowns.
- Support: Encouragement from birth team, guidance on effective pushing.

STAGE 4: DELIVERY OF PLACENTA

- Contractions: Uterine contractions continue after baby's birth.
- Placental Separation: Uterus contracts, detaching placenta from uterine wall.
- Delivery: Healthcare provider assists in delivering the placenta.
- Monitoring: Observation for signs of excessive bleeding or retained placenta.
- Mother-Baby Bonding: Skin-to-skin contact, initiation of breastfeeding, family bonding time.





5 MINUTE WATER/RESTROOM BREAK

TWIN PREGNANCY

50 -50 VAGINALLY

VERTEX VERTEX HEAD DOWN BOTH GREAT

**VERTEX N BREECH - ONE V ONE C SECTION UNLESS THE
DOC IS COMFORTABLE DELIVERING BREECH BABY
ULTRASOUND CAN BE DONE TO SEE OTHER BABY
POSITION**

MOST LAPSE TIME 17 MINTS

IF CONTRACTION STOPS THEY WILL GIVE MEDICINE

**EPIDURAL MUST MOST HOSPITAL AS IF NEEDED C
SECTION CAN DO IT**

HOME BIRTH

UNDERSTANDING INLET & OUTLET

THE PELVIC INLET



In early labor, opening the pelvic inlet helps bring the baby into the pelvis. Positions that place the knees wide apart, the feet together, and tilt the pelvis posteriorly (towards the back) help to open the inlet of the pelvis.

THE PELVIC OUTLET



In active labor, opening the pelvic outlet creates more room for baby to crown + be born. Positions knees, the feet wide apart, and tilt the pelvis anteriorly (towards the front) help to open the outlet of the pelvis.

PELVIC POSITIONING TECHNIQUES FOR LABOR

PELVIC INLET (UPPER OPENING):

Goal: Help baby engage into the pelvis during early labor.

- Standing & Leaning Forward: Uses gravity to assist baby's descent.
- Hands & Knees (Knees Apart): Promotes mobility and optimal positioning.
- Birth Ball Sitting: Gentle bouncing/hip circles, knees below hips.
- Side-Lying (Top Leg Elevated): Opens pelvis while resting.
- "Flying Cowgirl" (with Epidural): Side-lying, top leg extended and supported (peanut ball).

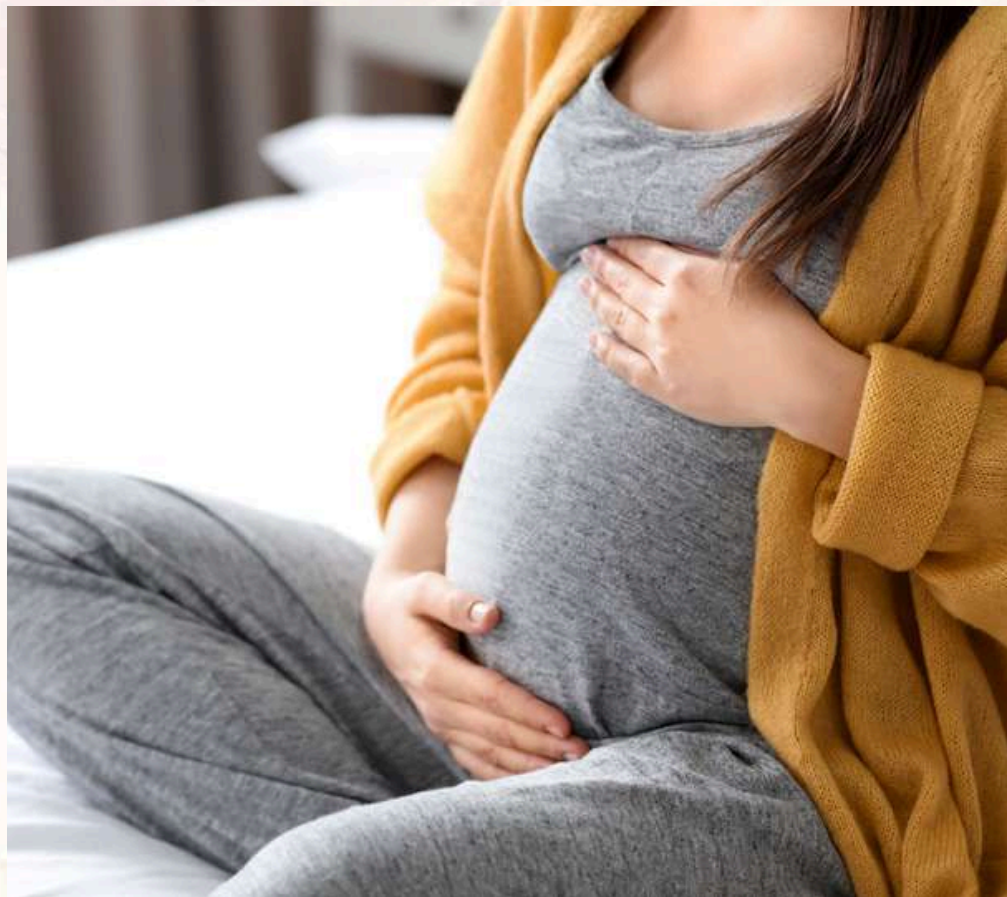
PELVIC OUTLET (LOWER OPENING):

Goal: Support baby's exit during the pushing stage.

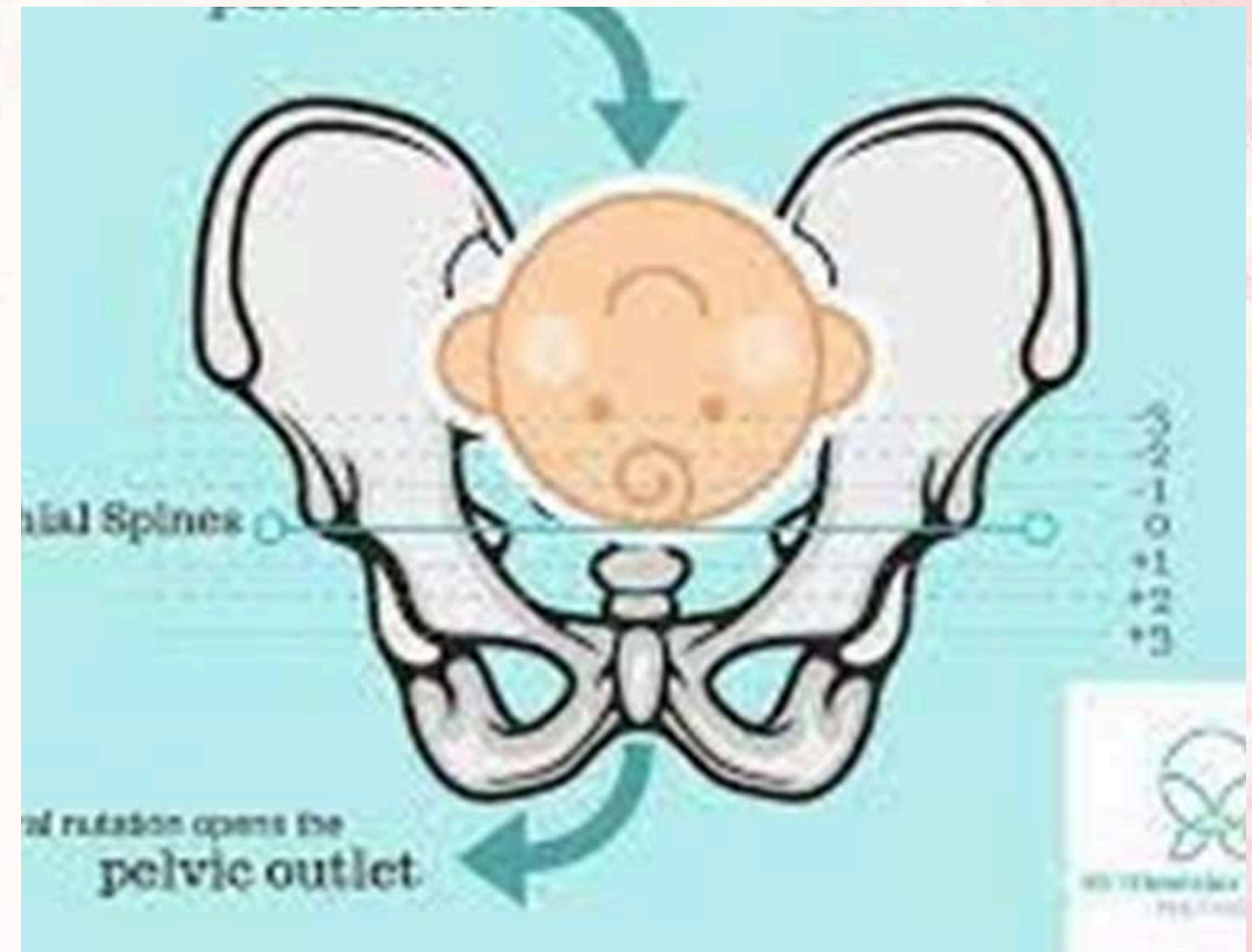
- Squatting: Widens outlet; can be supported by partner or furniture.
- Hands & Knees (Knees Together, Ankles Apart): Opens sitz bones.
- Semi-Reclined (Knees Apart): Uses gravity with support.
- Side-Lying (Knees Together, Ankles Apart): Gentle, restful outlet-opening option.

BIRTH PREP EXERCISE

These positions enable the lower part of your pelvis to open wider & help baby have room to move to the perineum & birth canal



- Diaphragmatic Breathing -
Reverse Kegels



BUTTERFLY STRETCH



CAT & COW STRETCH



PELVIC TILT ON BIRTH BALL



EXERCISES TO PREP FOR BIRTH

**SIT TALL ON
YOUR
SITZ BONES**

SQUAT AND LIFT



EXERCISES TO PREP FOR BIRTH

BLOCK THE CLOCK

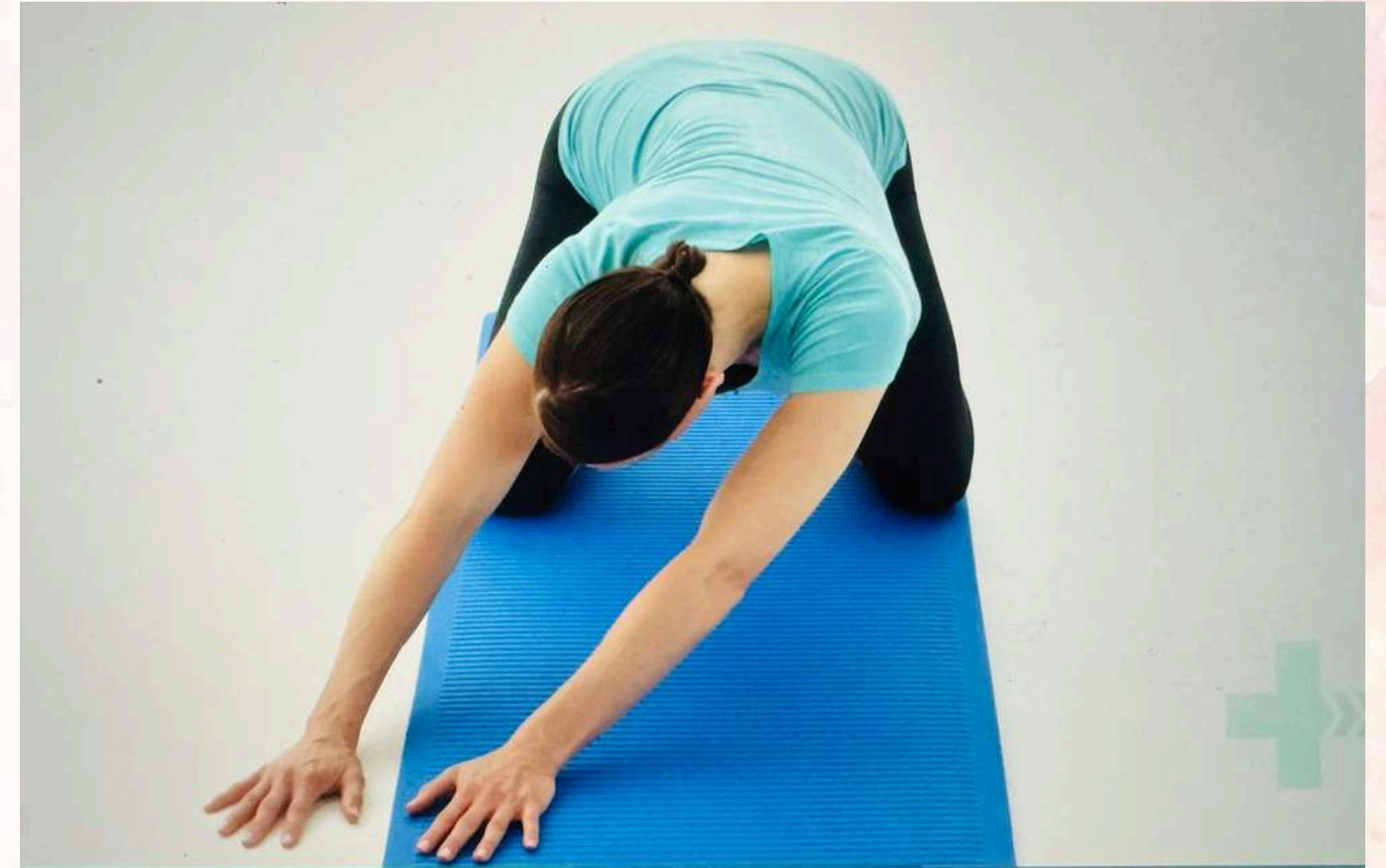


WALL SITS





**PELVIC TILT TABLE
TOP POSITIONS**

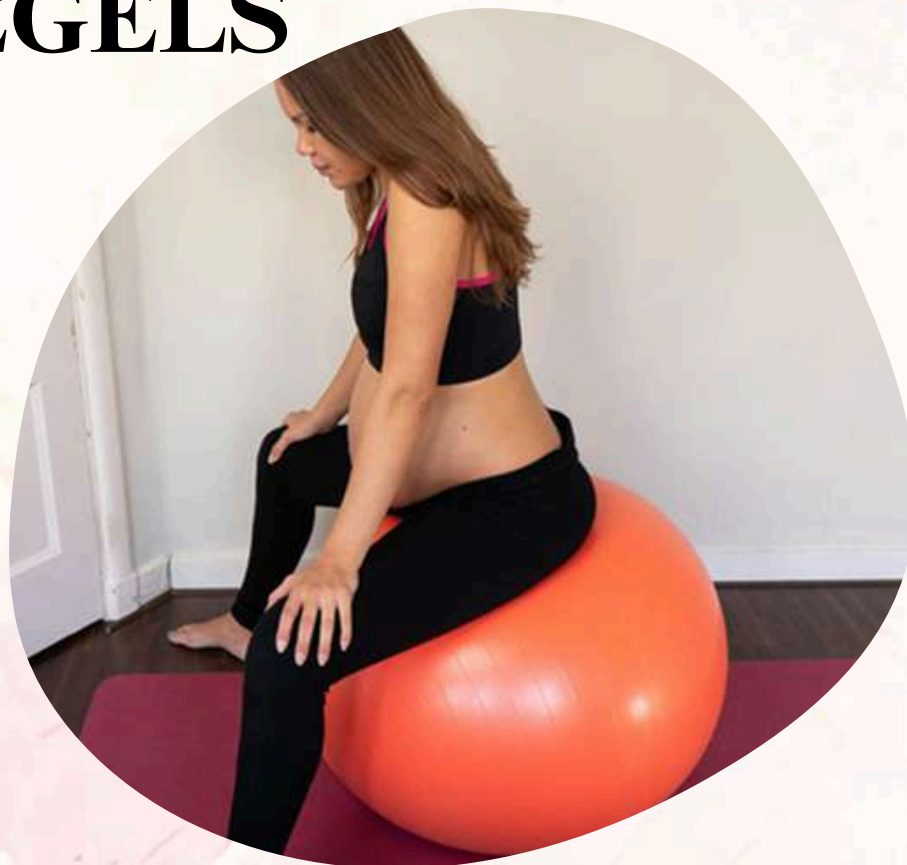


**SIDEWAYS CHILD
POSE STRETCH**

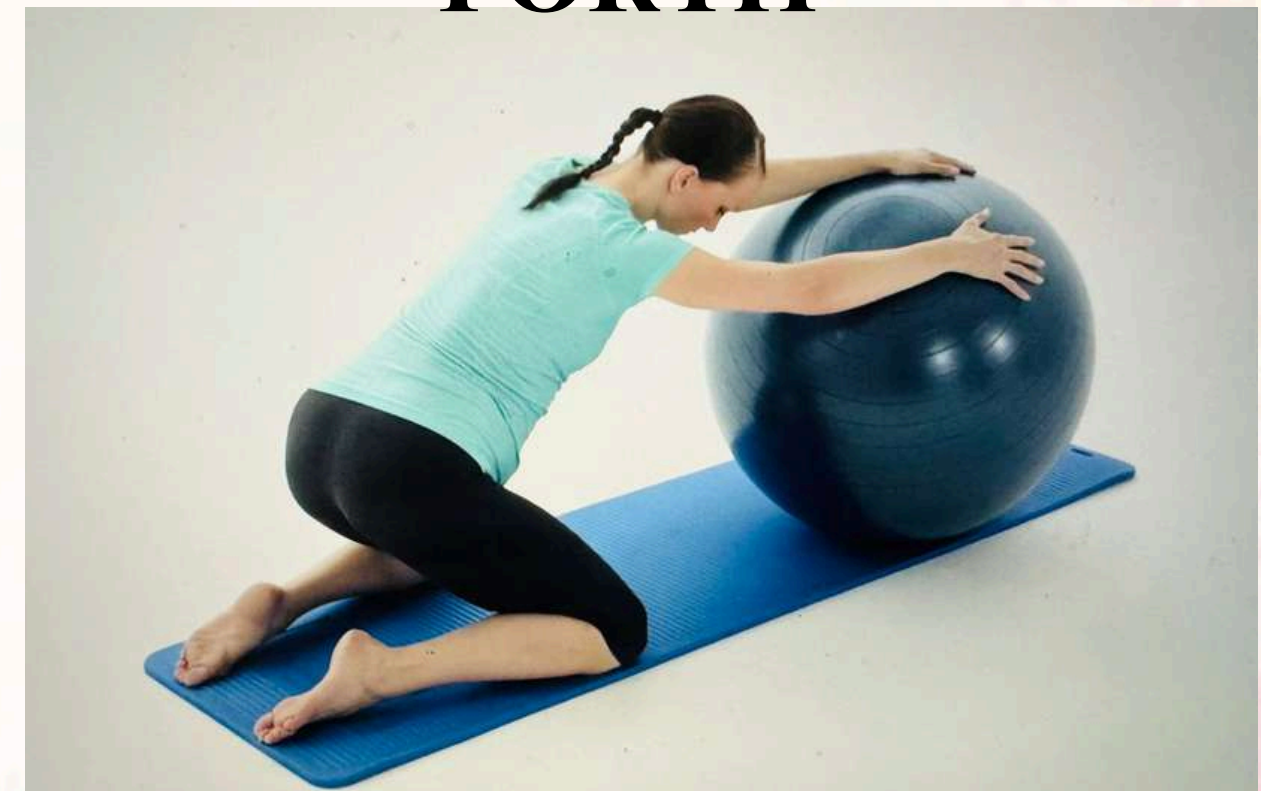


DEEP
SQUAT
PARTNER
SUPPORT

REVERSE KEGELS



ROCKING WITH BALL BACK & FORTH



BIRTH PREP EXERCISES

Preparing your Body through Movement

SQUATS



LUNGES



CHILD POSE



BIRTH PREP EXERCISES

Preparing your Body through Movement

SQUATS



WALKING



GROUNDING YOURSELF



INDUCTION METHODS

WHAT IS INDUCTION METHOD?

Induction is a medical procedure to artificially start or speed up labor when it doesn't begin naturally, often using medications or other methods.



- **Cervical Ripening: misoprostol/cytotec** - Misoprostol, also known as Cytotec, is a medication used for cervical ripening to prepare the cervix for labor.
- **Cook/foley balloon** - is a medical device used for cervical ripening and induction of labor. It consists of a small balloon that is inserted into the cervix and inflated with sterile water.
- **Cervidil** - is a medication used for cervical ripening in preparation for labor induction. It contains dinoprostone, a synthetic prostaglandin that helps soften and dilate the cervix. Administered as a vaginal insert
- **Pitocin** - is a synthetic form of oxytocin, a hormone that stimulates uterine contractions. Commonly used in medical settings to induce or augment labor, Pitocin helps initiate and strengthen contractions during childbirth. It is administered intravenously
- **AROM (Artificial Rupture Of Membranes)** - intentionally breaks the amniotic sac or amniotic membranes surrounding the fetus. This is done using a sterile tool, often a plastic hook, to create an opening in the amniotic sac.

PAIN MANAGEMENT FOR LABOR

NON-MEDICATED

- Tens Unit
- Massage & Counterpressure
- Hydrotherapy (shower or bath)
- Thermal stimulation (hot & cold compresses)
- Position changes
- Movements
- Relaxation and breathing techniques
- Swaying and dancing with partner
- Using birth ball and sitting bouncing
- Music therapy
- Hypnobirthing



MEDICATED

- Systemic medications
- Opioids/ Narcotics
- Nitrous Oxide analgesia
- Epidural Anesthesia

COPING WITH LABOR PAIN: EFFECTIVE TECHNIQUES

- Touch & Massage
 - Partner holding hands or gentle stroking of arms, legs, abdomen
 - Helps release endorphins (natural pain relievers)
 - Promotes relaxation and reduces pain perception
 - Techniques: back massage, forehead stroking, light touch
- Firm Pressure
 - Counterpressure with closed fists, heels of hands, or massage balls
 - Sacral pressure & double hip squeeze help relieve lower back pain
- Changing Positions & Movement (Every 5–10 Minutes)
 - Standing, leaning, sitting on a birth ball, edge of bed, or toilet
 - Rocking, swaying, or gently dancing with your partner
 - Movement encourages baby's descent and eases discomfort
- Partner can assist with massage or support



COPING WITH LABOR PAIN: EFFECTIVE TECHNIQUES

- Breathing Techniques
 - Deep, diaphragmatic breathing
 - Rhythmic in/out breaths (nose or mouth—whatever feels right)
 - Focused breathing supports calmness during contractions
- Warmth
 - Warm showers or baths (if water hasn't broken)
 - Warm compress or heating pad on lower back (with nurse approval)
- Birthing Ball
 - Sit and gently rock back & forth or in circles
 - Lean over ball from standing, kneeling, or bed positions
 - Supports pelvic mobility and relaxation
- Aromatherapy
 - Essential oils like lavender, peppermint, clary sage, mandarin



COPING WITH LABOR PAIN: EFFECTIVE TECHNIQUES

- Calms anxiety and promotes comfort
- Dim lights and soft music create a peaceful environment
- Rebozo Technique
- Traditional Mexican scarf used for comfort & support
- Helps reposition baby, relax muscles, and provide counterpressure
- Can be wrapped around hips or used over eyes for sensory relief
- Hypnobirthing
- Combines breathing, visualization, and relaxation
- Encourages mental calm and pain management
- TENS Machine
- Electrode pads applied to lower back only
- Sends gentle electrical pulses for pain distraction
- Not to be used in water or on the abdomen
- Always consult your provider before use



PREGNANCY EXERCISE

Prepare Hips for Birth - 5 Prenatal Stretches

1. Supported Low Lunges

- Opens Midpelvis



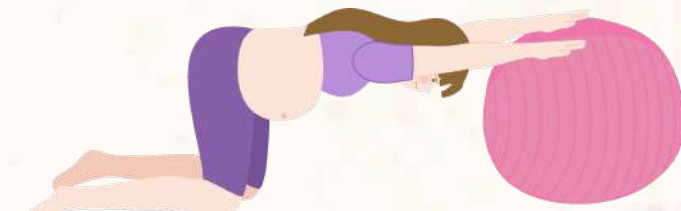
2. Childs Pose Rocks with feet out

- Opens Pelvic Outlet



2.1 Puppy Pose

- Opens Upper back
- Relieves Lower Back



3. Half Straddle Rock backs

- Opens Pelvic Inlet



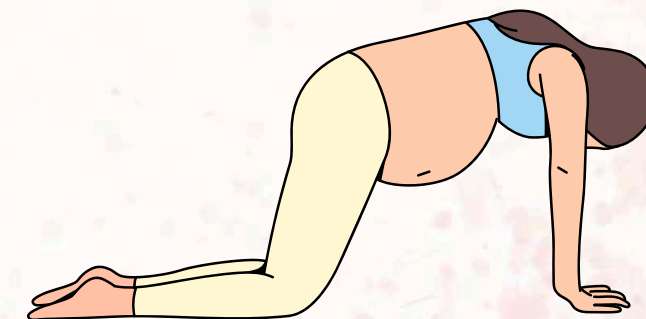
4. Seated Cat Cow

- Opens Pelvic Inlet/Top of Pelvis



5. Hips Dips on Block

- Opens Mid Pelvis



EXERCISE TO INDUCE LABOR

**Climbing
Stairs**



**Pelvic
Tilts**



Walking



**Birthing
Ball**



Lunges



**Butterfly
Pose**



Squats



Curb Walking



POSITIONS TO FACILITATE ACTIVE LABOR

WALKING

- Uses gravity to encourage descent
- Helps encourage baby into a good position
- Provides distraction
- Helps increase comfort



SQUATTING

- Uses gravity to encourage descent
- May help rotate baby into delivery position
- May help dilation
- Allows freedom to shift weight for comfort



LUNGING

- Helps open mid-pelvis
- May help rotate baby into delivery position
- Helps relieve back pressure
- Can help if labor stalls



SWAYING & SLOW DANCING

- Moving your hips can help with comfort and allowing baby to descend
- Provides distraction
- Allows your partner to provide support



KNEELING ON HANDS & KNEES

- May relieve pressure on your back
- May help rotate baby into delivery position
- Allows rocking hip motion
- Allows support to provide massage, counterpressure, & heat or cold compress



SITTING

- Uses gravity to encourage descent
- Good for resting
- Allows support to provide massage or counterpressure
- Sitting on a toilet can help relieve perineum muscles
- Can encourage rhythmic movement



WHAT IS THE OPTIMAL WAY TO BREATHE DURING LABOR AND DELIVERY?

Breathing should be altered based on three main phases of your delivery:

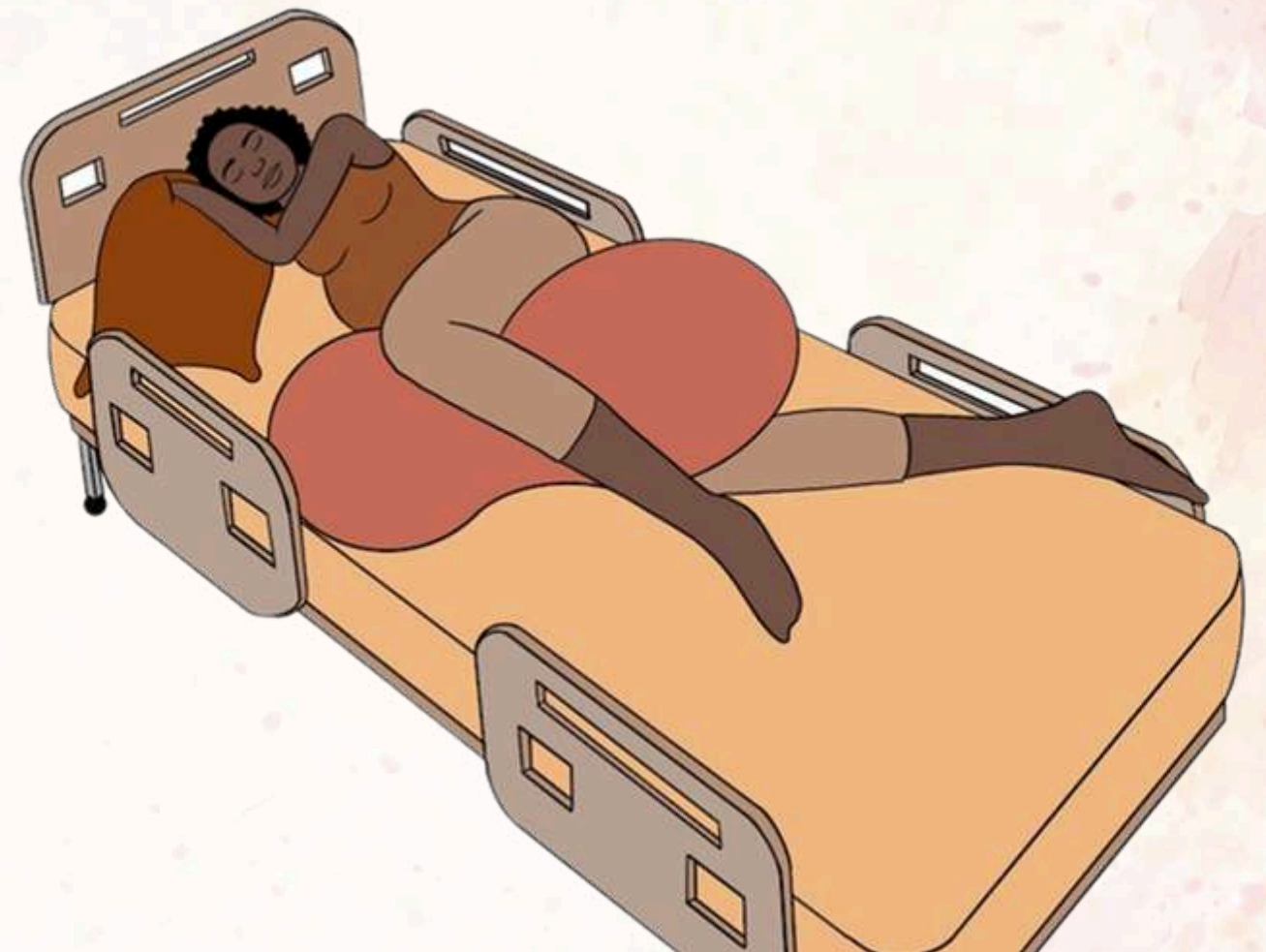
- **During Contractions/Early Labor-** focus on big inhales and feel your pelvic floor drop/relax during the inhale.
- **While Pushing-** as in the mechanism described above, inhale and drop your pelvic floor, then maintain the drop as you exhale and engage your transverse abdominis. Exhale over 6-8 seconds. Relax and reset. Repeat 3-4 per contraction.
- **Crowning-** to minimize tearing, stop active pushing and transition to short half-second breaths/pants. It can help to actually stick out your tongue like a panting dog.



PUSHING POSITIONS DURING LABOR

SIDE-LYING:

When you're flat on your back, it puts pressure on your tailbone, which makes pushing harder, but all that changes by just tilting your body to the side. If you place a peanut ball—an exercise ball shaped just like its name—in between your legs, it opens up your pelvis, making it that much easier to push.



PUSHING POSITIONS DURING LABOR

HANDS AND KNEES:

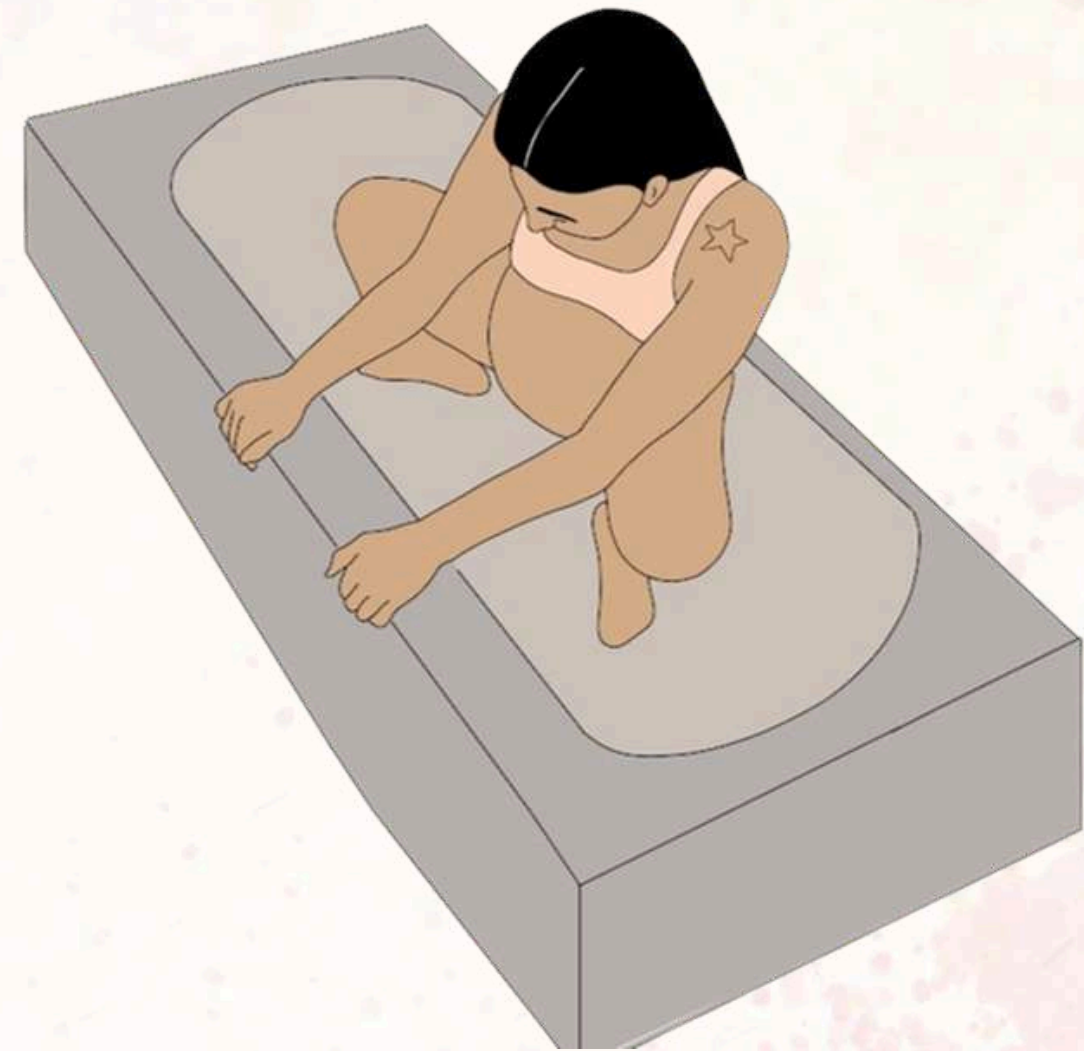
This is another position that helps open the pelvis, which makes pushing more effective. For a more supported version of this position, drape your upper body over a birthing ball.

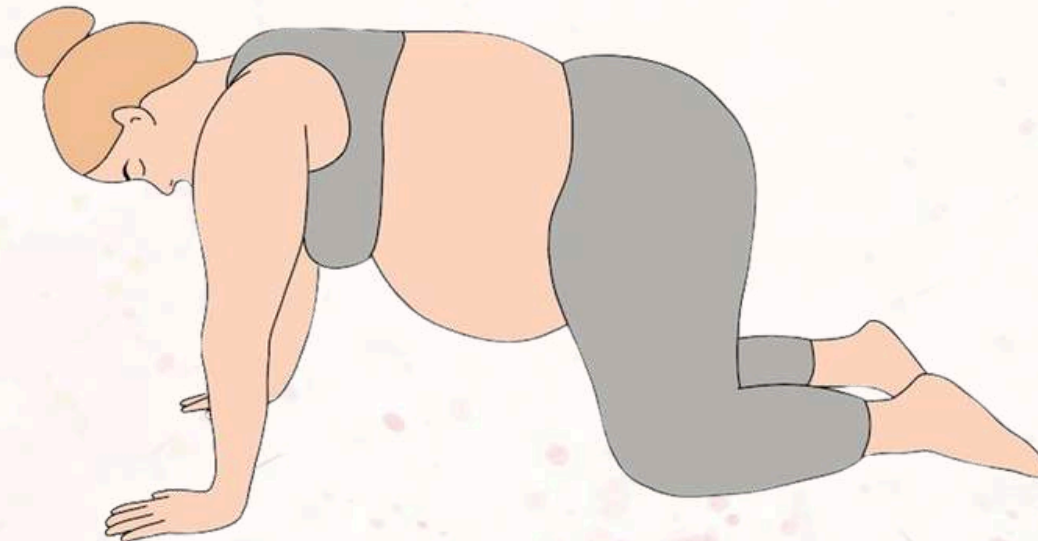
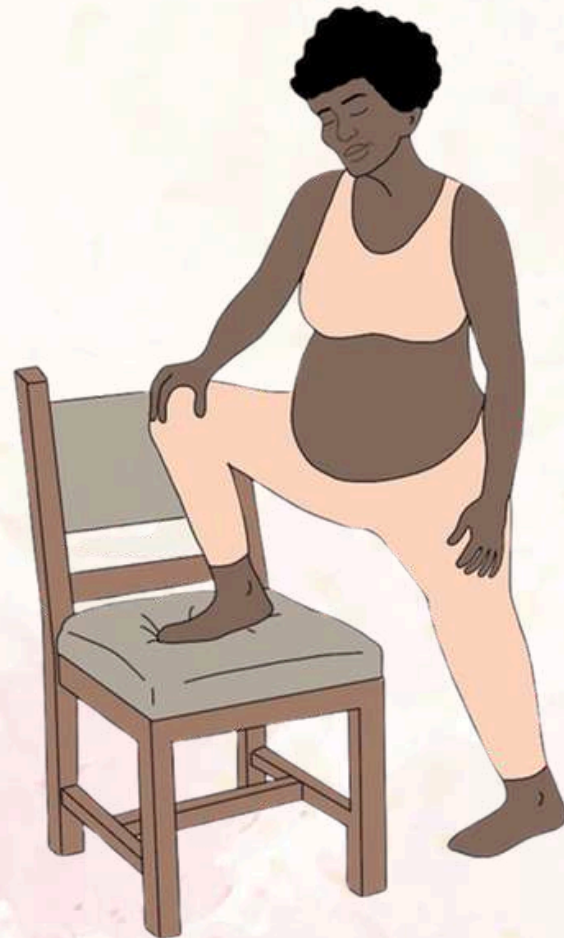
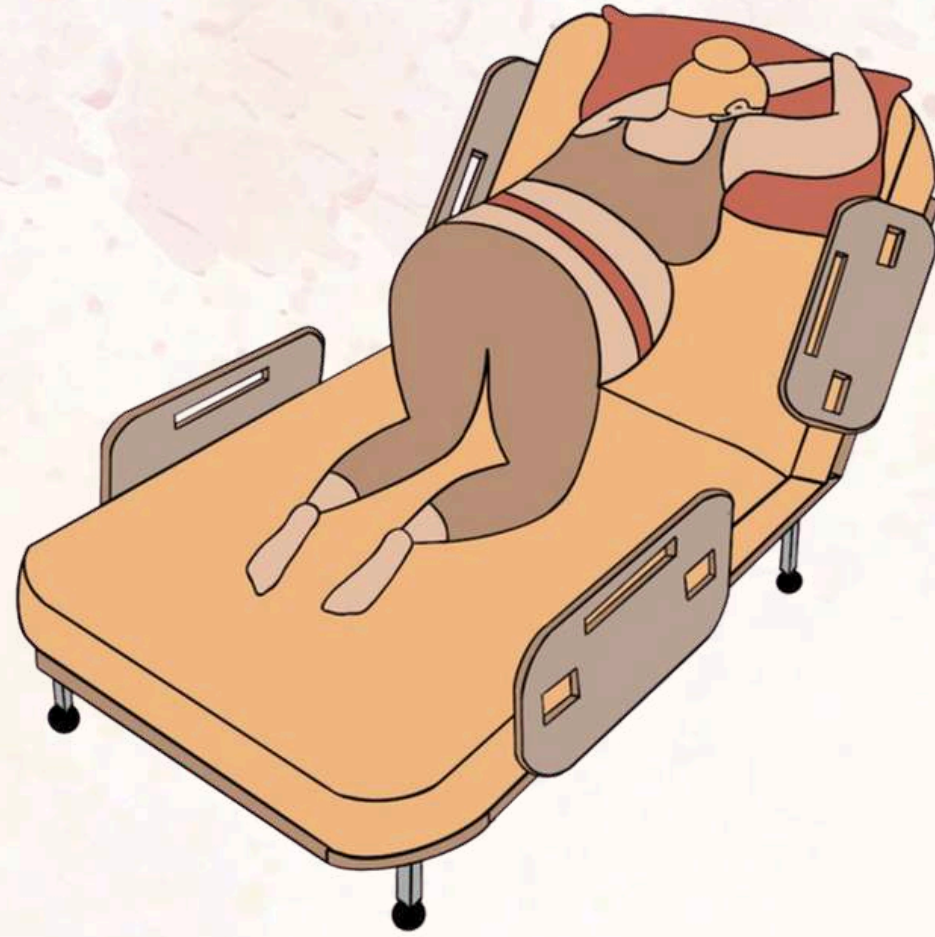
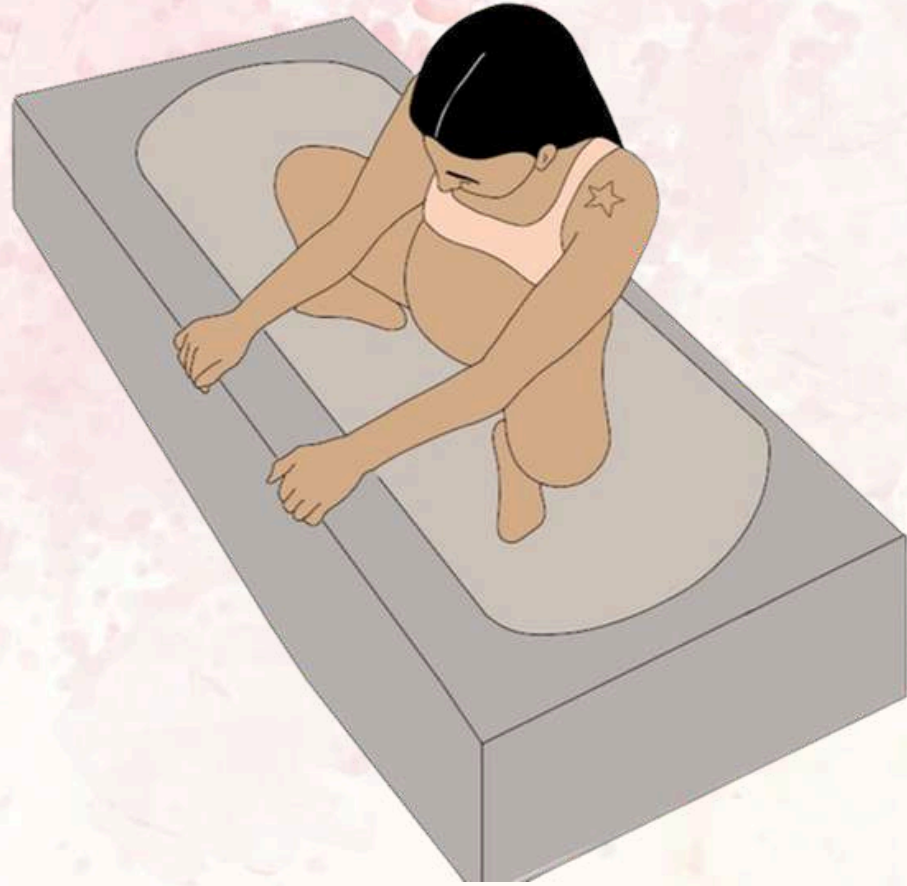


PUSHING POSITIONS DURING LABOR

SQUATTING:

When you push in a squatted position, you get extra help from gravity. You push and gravity pulls. This way, you're not doing all the work.





Lying down (upright positions are more likely to reduce discomfort)

Supported Standing



Sitting on Ball: Supported (in shower)



Sitting on Ball: Unsupported



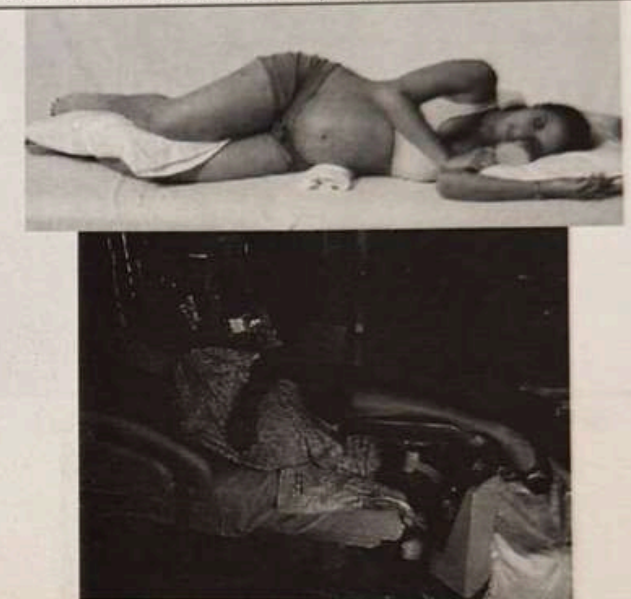
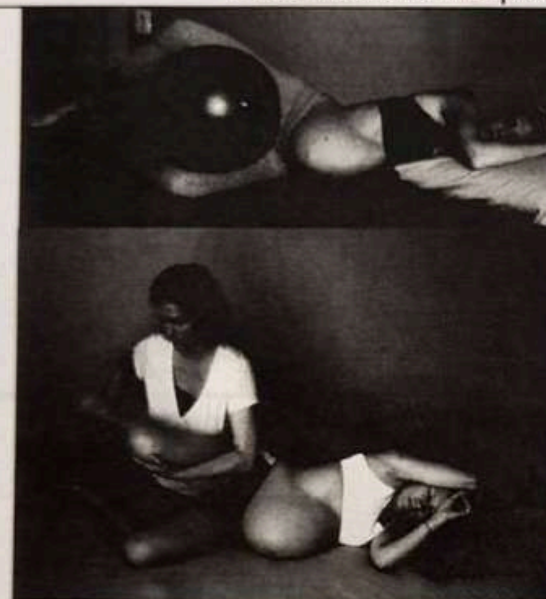
Tall Kneel Supported on Bed

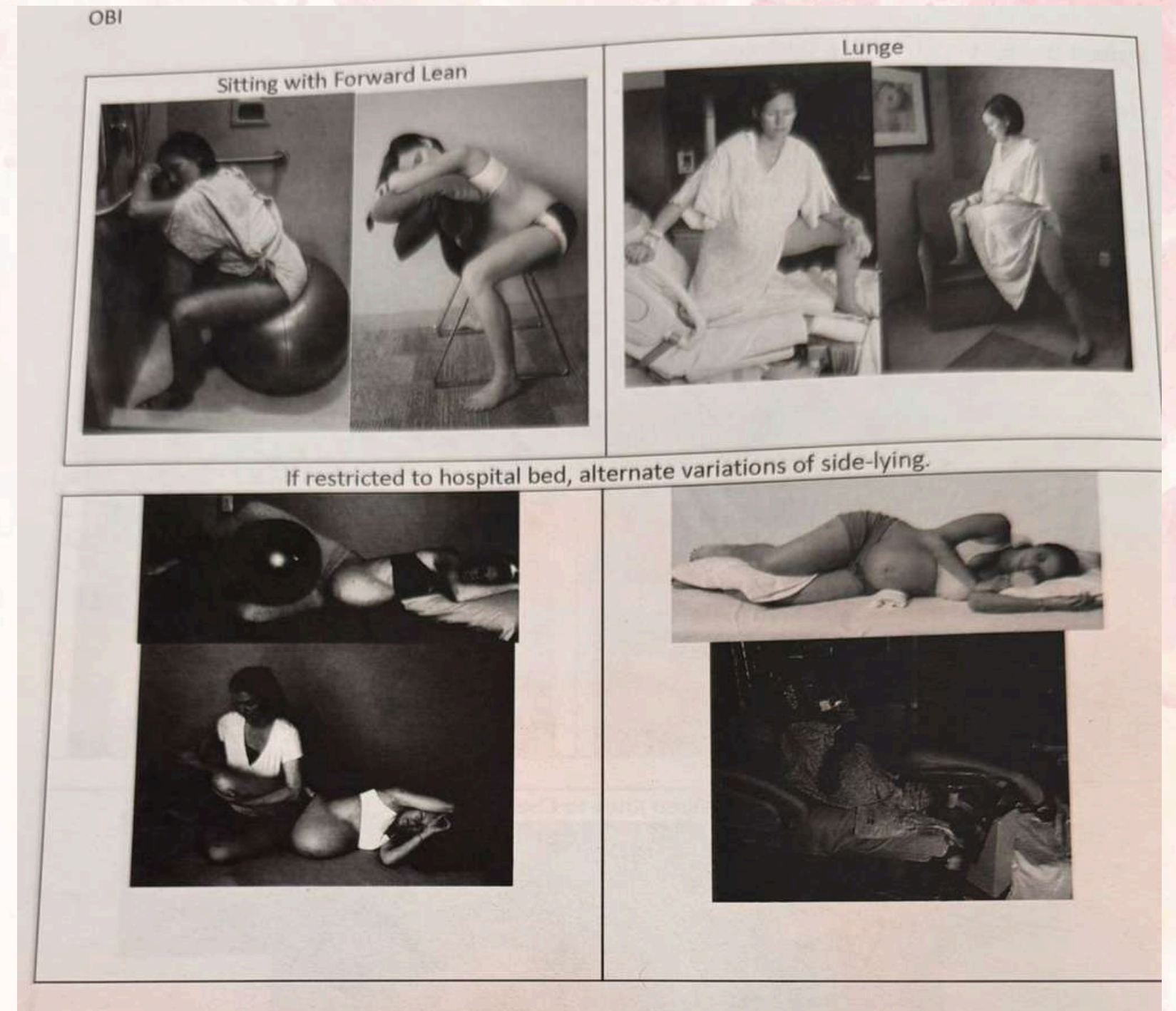
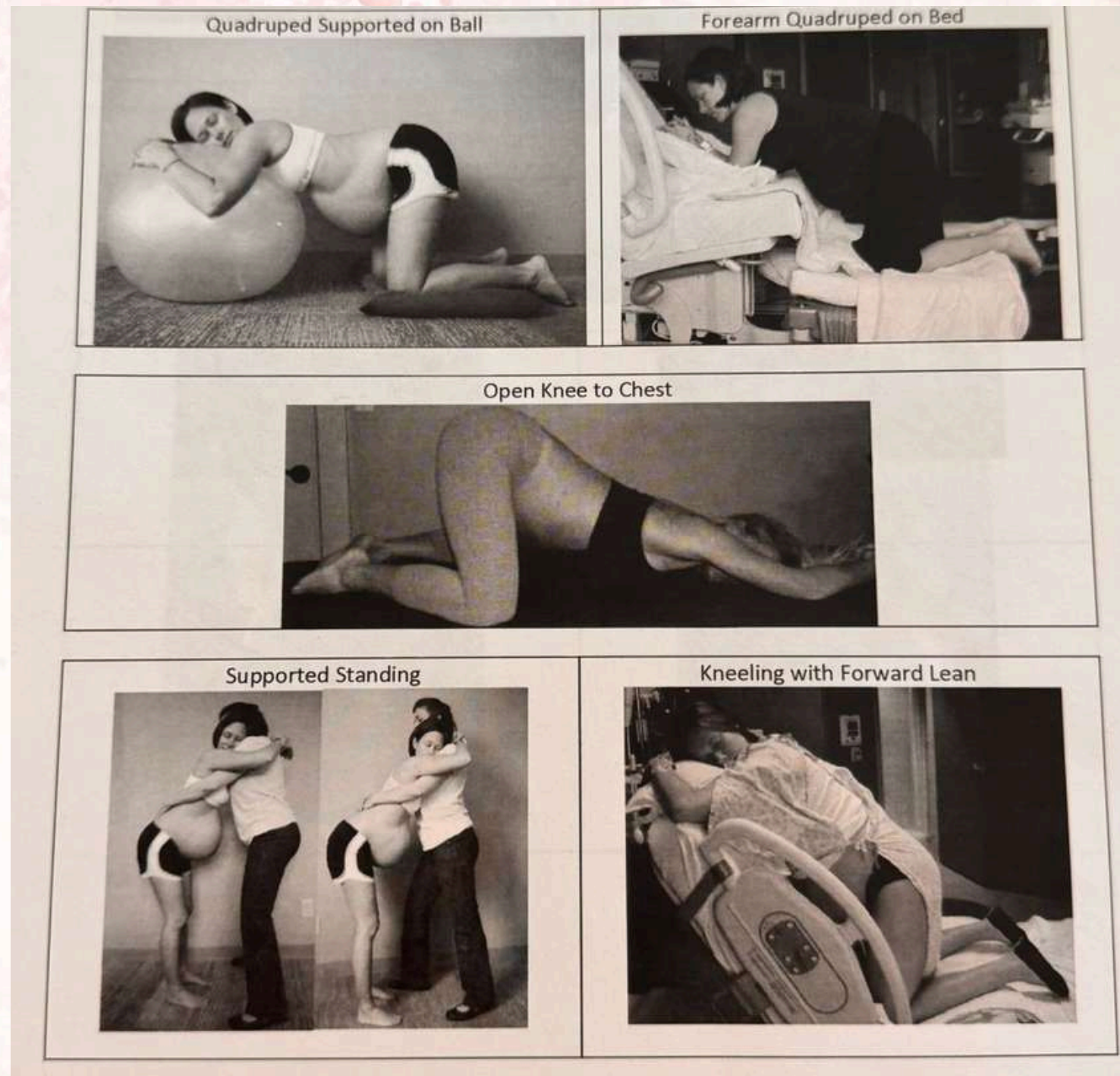


Tall Kneel Supported on Ball



If restricted to hospital bed, alternate variations of side-lying.





POSITIONS OF POTENTIAL BENEFIT

Standing, walking, squatting

Supported Standing



Supported Squat



Supported Full Squat (full range shown)



Lap Squat



Dangle (upper arm supported on thighs)



If restricted to being in hospital bed, alternate variations of side-lying. Elevate head of bed to increase the influence of gravity on fetal descent.



AVOID IF POSSIBLE

Semi-recumbent

Kneeling with Upper Body Supported on Ball



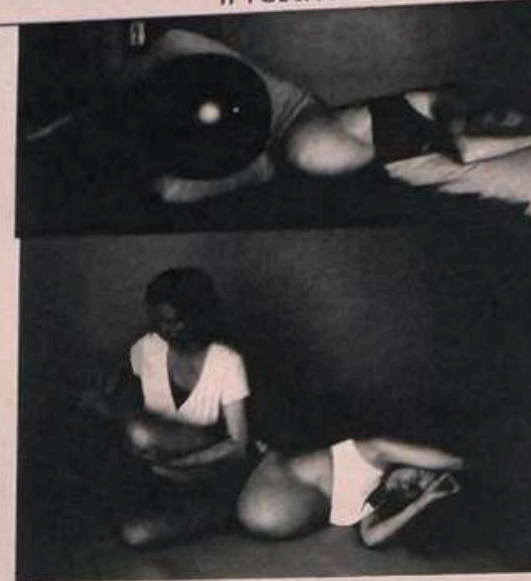
Kneeling Supported on Forearms



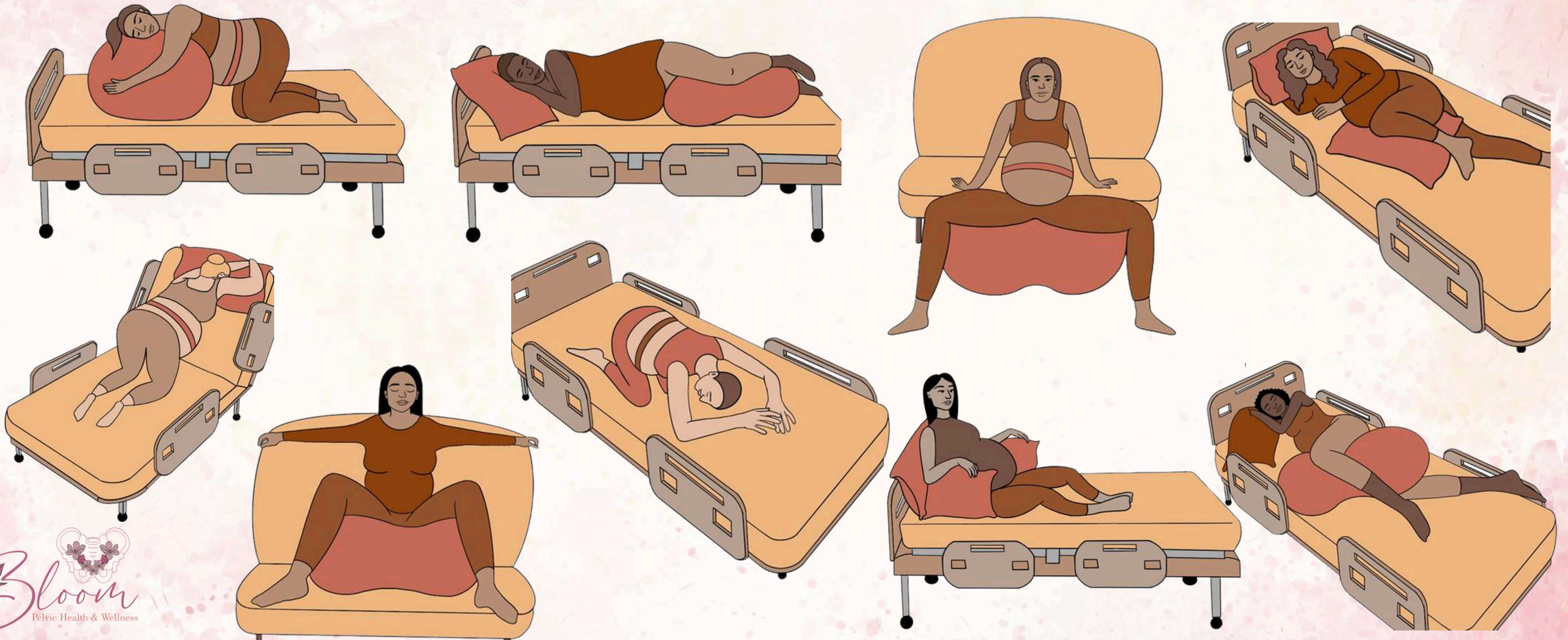
Tall Kneel Supported on Ball (pillow or pad under knees)



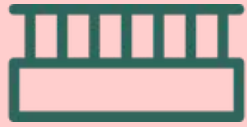
If restricted to hospital bed, alternate variations of side-lying.



Using Birthing Ball / Peanut Ball Positions To Open The Outlet During Active Labor



REDUCING PERINEAL TEARS



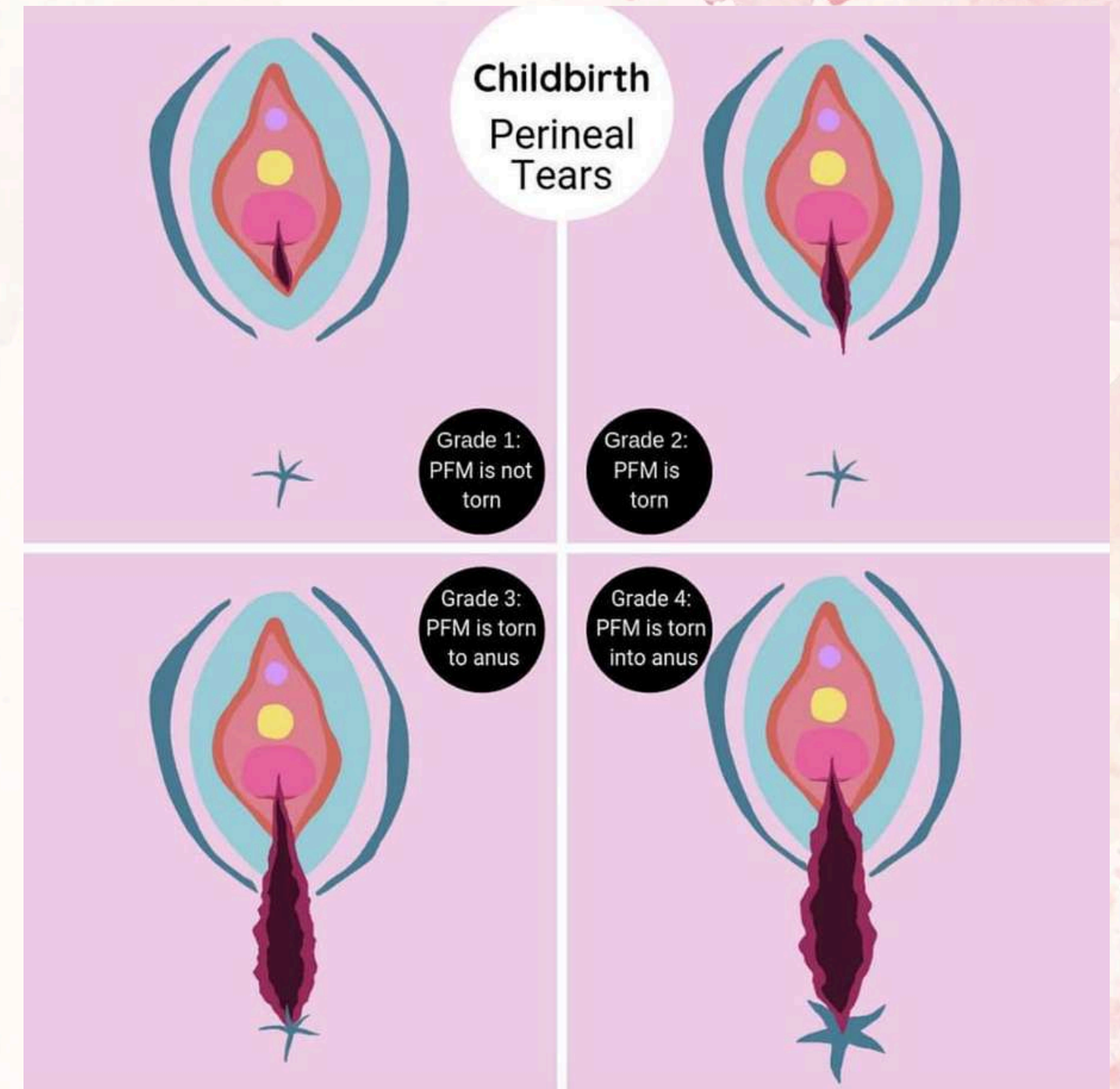
- Use of Pushing Bars/ Bed Side rails



- Birth Position- Your health care professionals will work with you so that you can birth in your chosen position. Squatting, kneeling/hands and knees or lying on your side may be beneficial & reducing the severity of tearing
- Using Peanut Ball & changing position every 30 minutes

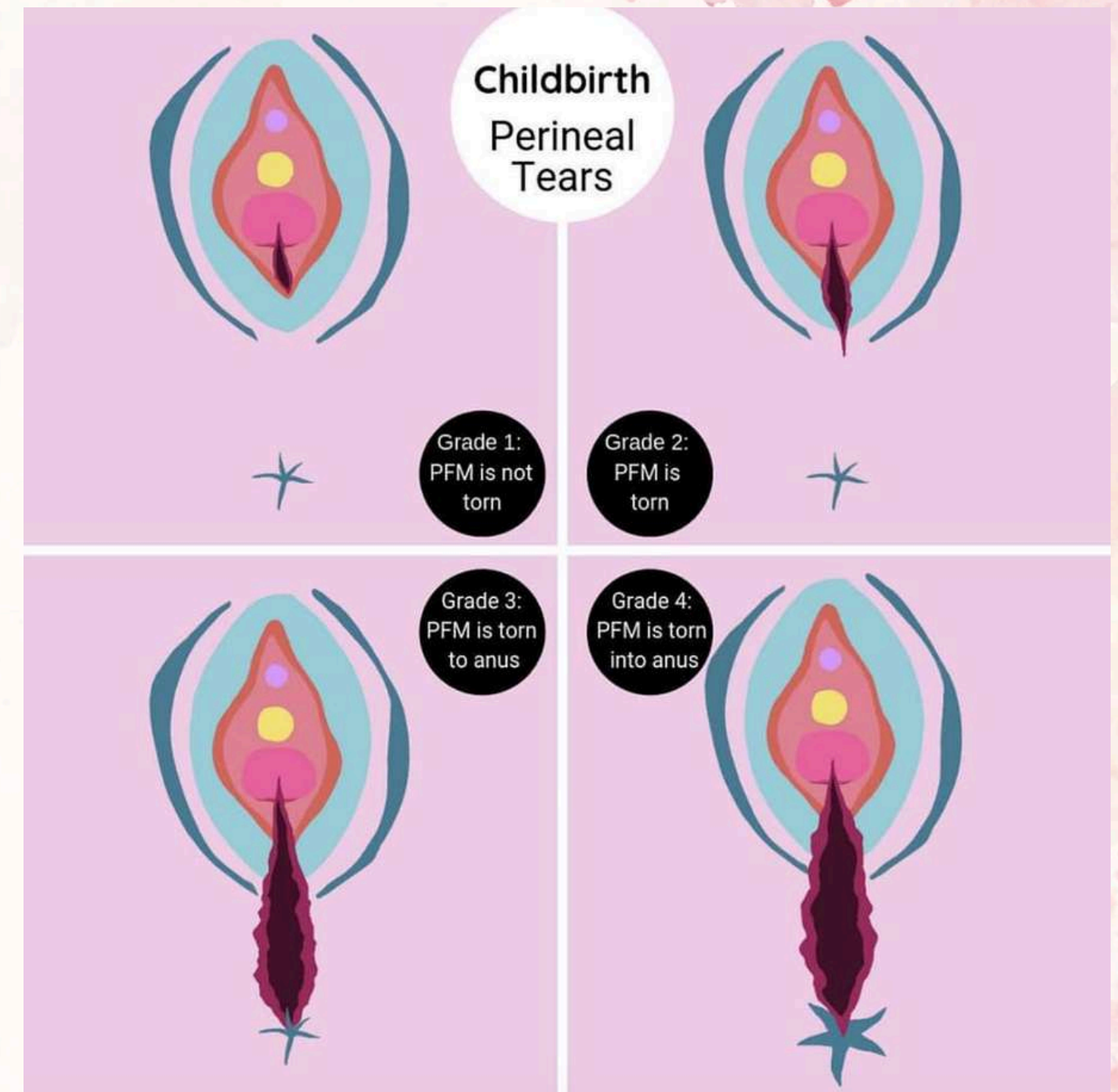


- Push with an urge and breathe through pushes
- Rest in between contractions
- Do not hold the breath while pushing
- Blow out during pushing



DEGRESS OF PERINEAL TEARS

- First-Degree: Involves skin and tissue beneath the perineum skin. Mild pain may occur. Usually, no stitches are needed, healing takes a few weeks.
- Second-Degree: The most common type, deeper than first-degree, requiring stitches. Healing generally takes a few weeks.
- Third-Degree: Extends to the muscle around the anus, requiring stitches. Healing may take longer and can lead to complications.
- Forth-Degree: The most severe and also the most rare, involving muscles around the anus and rectal lining. Specialized repair and longer healing time are needed.



WHAT SHOULD WE DO:

- **Perineal Massage:** Starting at 34 weeks, a daily perineal massage can prepare your body for birth and may help reduce the severity of tearing and level of pain.
- **Birthing Positions:** Opt for a side-lying position during birth if that feel comfortable and talk with your medical provider about different options for positioning.
- **Warm Compress:** Using a warm compress during crowning can relax the tissues and reduce the severity of tearing. Ask your medical provider if your partner, nurse, or doula can apply this.

AVOID CONSTIPIATION

- Postpartum constipation can affect healing if you strain to poop. Stay hydrated, eat fiber-rich foods, consider a stool softener, and support your perineum with pooping.



MANAGING PAIN & DISCOMFORT

- Use ice packs, sitz baths, over-the-counter sprays, balm or medication to manage pain and discomfort during healing.

Labor & Pushing Positions



WHAT IS C-SECTION?

A Cesarean section, commonly known as a C-section, is a surgical procedure used to deliver a baby through incisions made in the abdomen and uterus of the mother. This procedure may be planned in advance or performed as an emergency measure during labor.

REASONS FOR C-SECTION:

- Fetal Distress
- Breech Presentation
- Placenta Previa
- Previous Cesarean Section
- Maternal Health Condition

TIPS

RECOVERING AFTER A CESAREAN SECTION:

- Follow postoperative care instructions carefully, including pain management and wound care.
- Take it slow and allow yourself time to rest and recover.
- Using Abdominal Binder Breastfeeding After a Cesarean Section:
- Seek guidance from lactation consultants or breastfeeding support groups.
- Find comfortable breastfeeding positions that minimize discomfort.
- Practice skin-to-skin contact with your baby to promote bonding and breastfeeding.
- Stay hydrated and eat a balanced diet to support milk production.
- Controlling pain and bleeding



YOUR BENEFITS OF WEARING AN ABDOMINAL BINDER AFTER A C-SECTION:

- Provides support and stability to weakened abdominal muscles.
- Alleviates pain and discomfort around the incision site.
- Encourages better posture, reducing strain on the back and abdomen.
- Reduces swelling by promoting circulation and fluid drainage.
- Stabilizes the wound, aiding in proper healing and reducing complications

C-SECTION SCAR MANAGEMENT

- Take it Easy! No heavy lifting
- Don't Scratch
- Keep area clean & dry
- Air it out -Wear loose clothing
- Keep Your Appointment- especially if your incision was closed with stitches that don't dissolve
- Seeing Pelvic floor Specialist for pain management & desensitization Techniques for your scar

WELCOME TO 4TH TRIMESTER



PLAN FOR THE POSTPARTUM PERIOD: WHY STOP JUST AT BIRTH PLAN?



POSTPARTUM CHECK-UPS AND SUPPORT
PARTNER SUPPORT AND COMMUNICATION
BONDING AND ATTACHMENT - RULES/EXPECTATION OF VISITORS
PLAN FOR FEEDING
SELF CARE PRACTICE
COMMUNITY AND SOCIAL SUPPORT
CHECK ON MENTAL HEALTH - SEEK HELP IF NEEDED
CARING FOR SIBLINGS
PELVIC FLOOR HEALTH
PHYSICAL ACTIVITY AND EXERCISE

LACTATION

- Breastfeeding within the first hour if possible
- Proper latch and positioning
- Skin-to-skin contact to promote breastfeeding
- Seeking assistance from lactation consultants if needed
- Establishing a breastfeeding routine
- Ensuring proper nutrition and hydration for the mother
- Recognizing signs of hunger and feeding cues in the baby

SKIN TO SKIN CONTACT

- Immediate skin-to-skin contact after birth
- Regulating baby's temperature, heart rate, and breathing
- Promoting bonding between parent and baby
- Supporting breastfeeding initiation and success
- Reducing stress and promoting relaxation for both parent and baby
- Encouraging family involvement in skin-to-skin care
- Continuing skin-to-skin contact beyond the immediate postpartum period for ongoing benefits

OPTIMAL POSTURE FOR BREASTFEEDING: ESSENTIAL TIPS FOR COMFORT AND HEALTH"

- Choose a comfortable seating surface
- Sit upright with back support
- Elevate your feet
- Support your arms and elbows
- Bring baby to breast, not breast to baby
- Use nursing pillows or supports
- Take breaks and stretch regularly
- Stay hydrated and well-nourished
- Seek professional support if needed



- **Laid-back breastfeeding or reclined position:** This position allows both you and your baby to relax, with your body reclined comfortably. It encourages a more natural latch and reduces strain on your back and neck.



- **Side-lying position:** Nursing while lying on your side can be especially helpful for mothers recovering from childbirth, as it allows you to rest while breastfeeding. It also promotes relaxation and reduces pressure on your back and neck.



- **Upright breastfeeding or koala hold:** In this position, you hold your baby upright against your chest, similar to a koala bear clinging to a tree. This position can alleviate strain on your back and neck, as it allows you to maintain a more natural posture.



- **Nursing in a sling:** Using a baby sling or carrier while breastfeeding can help distribute your baby's weight evenly across your body, reducing strain on your back and neck muscles. It also allows for hands-free breastfeeding, giving you more freedom of movement.



- **Double rugby ball hold:** This position involves holding your baby under each arm, with their body positioned along your side. It can be particularly helpful for mothers with large breasts or those who have had a cesarean section, as it reduces pressure on the abdomen and minimizes strain on the back and neck.

4TH TRIMESTER

- Squatty Potty - decrease pressure on your pelvic floor while carrying out bowel movements.
- Sitz Bath - helps soothe and calm tender, aching perineal areas after birth. As well decreases perineal pain.
- Perineal Ice Packs - ease the pain and swelling after childbirth and pain caused by hemorrhoids post delivery.
- Perineal Wash Bottle - will help your perineum heal faster, feel better, and help prevent infection. Peri wash bottle dilutes the stinging effect of urine on your sore or stitched perineum after vaginal birth, and helps direct water only to the areas that need it.
- Witch Hazel Pads - pads are used to relieve itching, burning, and irritation caused post delivery around your perineal/rectal area.

- C-section Scar Massage Cream - Scar massaging cream helps minimize the appearance of scars and nourishes the skin On how to do a scar massage please consult pelvic floor physical therapist.
- Nipple Cream / Butter / Lotion / Balm - nipple cream eases pain and provides moisture to help heal or prevent dry, cracked, itchy, or bleeding nipples during the first few weeks of breastfeeding.
- Post Partum Belts - helps relieve postpartum pain, helps muscle and incision to heal as well helps with posture.
- Heating Pad - afterbirth pains, or simply afterpains, are caused by contractions of your uterus as it returns to its pre-pregnancy size after you have your baby. Using heating pad helps ease those cramps.

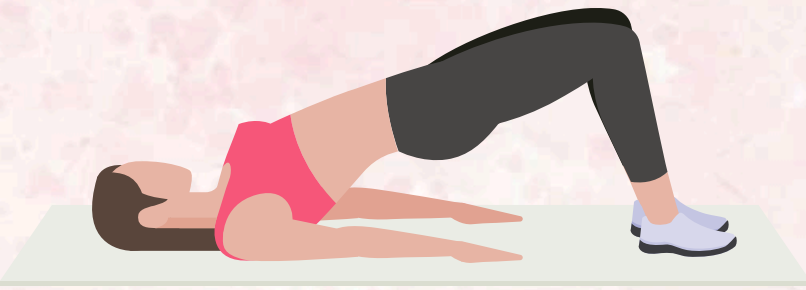
SIGNS OF POSTPARTUM HEMORRHAGE INCLUDE:

- Heavy or continuous bleeding from the vagina that saturates a pad within an hour.
- Passing large blood clots (larger than a golf ball).
- Feeling dizzy or lightheaded.
- Rapid heart rate (tachycardia) or low blood pressure.
- Pale or clammy skin.
- Weakness or fatigue.
- Fainting or feeling faint.

SIGNS OF POSTPARTUM DEPRESSION:

- Persistent feelings of sadness, hopelessness, or emptiness
- Loss of interest in activities you once enjoyed
- Difficulty bonding with your baby
- Changes in appetite or weight
- Difficulty sleeping or sleeping too much
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Difficulty concentrating or making decisions
- Thoughts of harming yourself or your baby

POST PARTUM EXERCISES



- **Bridge Exercise:** Lie on your back with your knees bent and feet flat on the floor, then lift your hips off the floor to form a straight line from your shoulders to your knees, engaging your core and glutes.

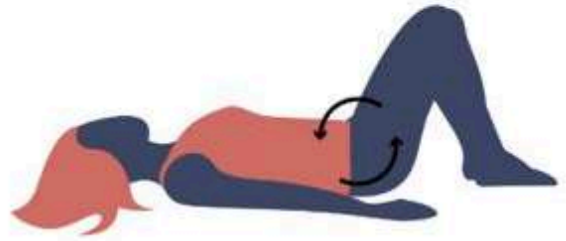


- **Walking:** Start with short walks and gradually increase the duration as you feel more comfortable. Walking is a great way to improve circulation, boost mood, and gently strengthen your lower body.



- **Deep breathing exercises:** Deep breathing can help relax your body and mind. Practice deep breathing by inhaling slowly through your nose, filling your lungs, and then exhaling slowly through your mouth.

POST PARTUM EXERCISES



- **Pelvic tilts:** Lie on your back with your knees bent and feet flat on the floor. Tighten your abdominal muscles and push your lower back into the floor, holding for a few seconds before releasing. Repeat several times.



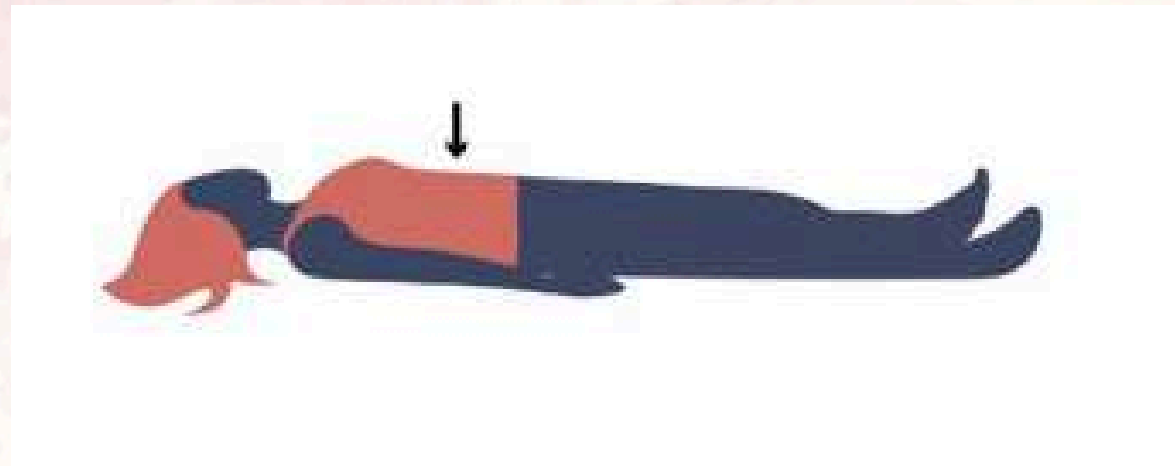
- **Seated spinal twists:** Sit on the floor with your legs extended in front of you. Cross one leg over the other and place the opposite elbow on the outside of the crossed knee. Twist gently to the side, holding the stretch for a few seconds before switching sides.



- **Gentle stretching:** Focus on stretching your neck, shoulders, back, and hips to relieve tension and improve flexibility. Avoid overstretching, especially in the early postpartum period.

POST PARTUM EXERCISES

ABDOMINAL BRACING



CAT & COW STRETCHING



BIRD DOG



REVITALIZING ROMANCE POSTPARTUM: EMBRACING INTIMACY AND REJUVENATION

- Using lubrication for comfort and pleasure during intimacy
- Checking in with your pelvic floor therapist to ensure comfort and address any concerns
- Practicing patience and understanding as you navigate changes in your body and emotions
- Building trust and connection with your partner through open communication
- Prioritizing intimacy as a way to strengthen your bond after childbirth.
- Seeking professional help or counseling if experiencing challenges or concerns related to intimacy

Congratulations !!

and

thank you 

CONTACT US TO BOOK SERVICES!

FOR CONTINUING ONE-ON-ONE SERVICES, PLEASE EMAIL US
DIRECTLY TO SCHEDULE & VISIT OUR WEBSITE AND SOCIAL
MEDIA ACCOUNTS!



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**We also Offer in-house evaluation postpartum
as well as virtual pelvic floor coaching
program postpartum
Thank You!**



