

MATER HOSPITAL
 A FACILITY OF
ST VINCENT'S
 HEALTH AUSTRALIA

leading the way in maternity care



post natal
 exercises

A Welcome from the Mater Maternity Physiotherapists

Congratulations on the birth of your baby.

Pregnancy, delivery and having a newborn is an amazing journey for your body, but can be physically demanding as well. The Physiotherapists at Mater Maternity would like to assist you in your recovery process.

In this booklet you will find information on a wide variety of post-natal topics. They are designed to equip you with the knowledge and skills to move well. These include the changes that have taken place in your body, how to maximise your recovery in the initial weeks and months post birth, expert advice on appropriate exercise, correct movement patterns and avoiding common mistakes with positioning and physical activity after delivery.

This booklet contains information relevant for both mothers who have delivered vaginally or via Caesarean Section.

Six week post-natal physiotherapy check

We recommend every mother undergoes a post-natal check at 6 weeks where physiotherapists experienced in post-natal rehabilitation can assess your pelvic floor, abdominal separation, posture, body tension and pain. Physiotherapists can also be available to treat mastitis with therapeutic ultrasound.

Disclaimer: No exercise should cause pain. This health information is for general education purposes only. Always consult with your Doctor or other health professional to make sure this information is right for you.

Seeking Help: In a medical emergency, go to your nearest Emergency Department or call 000.



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Changes to your body in Pregnancy

During pregnancy and childbirth the female body undergoes a series of significant physical and hormonal changes. This includes postural changes due to forward movement of the centre of gravity, widening of the rib cage, lengthening of the abdominal muscles, softening of the pelvic floor, compression of the digestive and pelvic organs and reduced tone in the blood vessels.

BACK PAIN is a common discomfort of pregnancy and after the birth.

A surge in the levels of some hormones causes considerable relaxation of supporting ligaments and tissues during pregnancy. After delivery, these hormones decline, causing the joints to return to the pre-pregnant state. This takes 6-8 weeks. The sudden decrease in hormone levels may cause:

- A general feeling of tiredness
- Activity intolerance
- Pain in the lower back and/or hips

Most back and neck pain can be prevented by exercise, good posture and taking care to bend, lift and carry correctly.



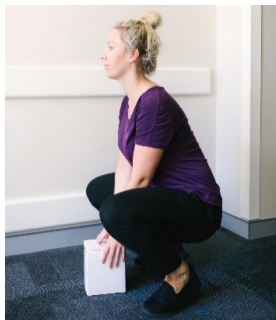
If you are experiencing any problems it is important to contact your Women's Health Physiotherapist.

Our staff pride themselves on providing supportive, high quality care before, during and after the birth of your baby.



Tips for taking care of your back

- Maintain the natural curves of your spine while you lift, care for your baby and sleep. You can sleep on your side with a pillow in between your knees to align your hips.
- Minimise heavy lifting – try to only lift the weight of your baby for the first few weeks. Avoid lifting prams and car capsules the first few weeks after birth.
- If you have older children at home try get them to come to you when you are in a seated position.
- Avoid prolonged bending over. Ensure your change table and baby bath are at waist height.
- Keep any loads close to the body
- Bend your knees, keep your back straight. Use your bottom and leg muscles (glutes and quads) to push back up to a standing position.
- Do not twist if you have had a caesarean for the first few weeks to avoid added pressure through your scar.
- Roll into and out of bed for several weeks



- Always draw in and brace your lower abdominals when you lift. (Engage your core muscles – see Page 19).





Feeding and settling posture tips



There are many positions in which you can feed or settle your baby. You may need to try several to find what works for you. It can be good to use a few positions for variety.

Your body does need to be in a supported and relaxed posture.

Prolonged poor feeding postures will contribute to neck, upper and lower back pain.

This one example of a feeding position with postural correction.

- Support your spinal curves while sitting.
- You can place a small pillow or rolled up towel in your lower back for support.
- You may need a box or book to lift your feet up.
- Your bottom should be towards the back of the chair.
- You may choose to use a feeding pillow or normal pillows to support the weight of the baby.
- Tuck your chin in before looking down at your baby.
- If you wish to have your feet out stretched when feeding make sure your legs have a slight bend in them as this will prevent possible back discomfort.
- Once in position relax your shoulders and arms. Keep wrists straight and thumbs relaxed.

If you experience muscular back, shoulder or neck pain; heat, massage and gentle stretches can help. See Page 16.



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Caesarean Births

Your body is recovering from abdominal surgery. Below are a few pointers to help you begin your recovery well.

Breathing: Due to wound discomfort, pain medication and reduced ability to move around, you may be breathing more shallowly than usual. This may lead to breathing problems especially if you have had a recent chest infection or have asthma. Doing some deep breathing exercises can help –

Slowly take a deep breath in through your nose. Feel your lower ribs expand and your tummy rise and count to five. Counting gives time for air to travel down to the lower parts of your lung. Remember to keep your shoulders relaxed. At the end of your count allow your breath to be naturally expelled as you breathe out. As you do this, your belly should fall.

Repeat this 5 times every hour.

Coughing and Sneezing: These two activities can cause pain and discomfort to your stitches.

To minimise this, you can support the area by placing a small folded up towel over the caesarean site and applying a gentle but firm pressure.

If you have a chesty cough and need to clear mucous, support your stitches as above and try 3 “huffs” (a small breath in and forced breath out through an

open mouth, like fogging up a mirror) This should be followed by one or two supported coughs.

Posture: Maintaining good posture during the early phase will prevent your scar becoming tight, and also help to protect your back. If holding an upright posture in your spine when you sit or stand feels sore, it may be a sign that your post-operative pain relief is not sufficient and/or you are due for your next dose of pain medication. If you are doing the occasional breastfeed sitting in bed, ensure you position yourself to bring baby up to your breast, rather than slouching to bring your breast to baby.

Sleeping positions

- Lie on your back – you may need a pillow under your knees.
- In side lying you may find a pillow between the knees supportive.
- Lying on your tummy is not recommended for two weeks after your Caesarean section.





Caesarean Births (cont.)

Circulation

It is recommended to wear your compression stockings throughout your stay in hospital. This is to prevent blood clots from forming and to help reduce leg swelling. You can also maintain good circulation in the following two ways. Perform hourly as able,

- Move your feet up and down at the ankles 10 times
- Slide your foot up and down the bed by bending and straightening your leg 5 times each leg

While in hospital you may sit in the chair to eat, feed your baby and attend your classes. Other than these situations it is best to rest in bed and/or be doing some gentle walking. This is again to minimise swelling in your legs. Aim to increase your walking gradually every day.

Getting in and out of bed

To get up, it is best to roll over to your side first. Then from side lying, slowly lower your legs over the side of the bed and the same time pushing through your arms to sit up.

Lifting

After your Caesar, try to avoid lifting anything heavier than your baby for the first few weeks.

Avoid activities that strain your wound E.g.; lifting, reaching height, vacuuming, heavy weights for at least six weeks. Lift with correct technique (see Page 5).

Driving

Best to check with your obstetrician and insurance company when it is safe to return to driving.



To lie down, sit down first, then proceed to lie down on to your side by pressing through your arms and lifting your legs onto the bed. From here you can log roll over onto your back.

The Pelvic Floor

The pelvic floor (PF) is a group of muscles that form the base of your “core”. It is made up of muscles, connective tissue, and ligaments that stretch like a hammock from the pubic bone in the front, the coccyx at the back and from side to side of the lower pelvic ring. The muscles support the connective tissue to ensure it doesn't stretch too much.

The PF functions to:

- support the pelvic organs
- maintain bladder and bowel continence, sexual function and sensation
- work with your deep abdominal, back muscles and diaphragm to stabilise and support your spine.

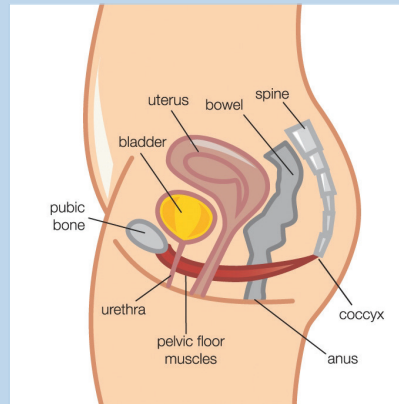
Pregnancy and vaginal delivery can have a significant impact on the PF structure and function.

During pregnancy there is increased pressure on the PF due to weight gain and hormonal-induced collagen changes which causes softening and stretching of the tissues of the PF.

During vaginal delivery the pelvic floor muscles stretch to allow your baby to be born.

Seek help if you:

- cannot feel your muscles squeeze and lift
- feel any downward pressure on your pelvic floor during or after your exercises
- feel you are not making progress in your hold time or the number of holds you can do
- see no improvement in your bladder or bowel control after 3 weeks of doing regular PF exercises
- have back or pelvic pain, as this can interfere with your pelvic floor function
- notice your symptoms getting worse



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The Pelvic Floor (cont.)

Following pregnancy and birth, it is an important part of the recovery process to do pelvic floor exercises.

Gentle activation of the pelvic floor muscles are safe to perform and aids in the healing process of the perineum by increasing circulation to the area.

It is still ok to do pelvic floor exercises if you have some stitches or haemorrhoids.

Pelvic Floor Activation:

- sit, stand tall or lie down
- breathe in first. As you breathe out - squeeze and lift the muscles like you are stopping the flow of urine or stopping yourself from passing wind
- hold this for one breath then lower and release the muscles
- you should feel a definitive “squeeze and lift” and a “lower and release” of your pelvic floor muscles
- if you can’t feel a definitive tightening or feel a download movement instead, ask for some help from a women’s health physiotherapist.

During the PF exercised you should:

- feel your pelvic floor muscles “squeeze and lift” rather than bearing/pushing down
- relax your thighs and buttocks
- keep breathing normally

Mental imagery to help the pelvic floor muscles to engage:

- imagine you are in an elevator on the ground floor. As you squeeze your pelvic floor, visualise the lift going up to the third floor, before going back down to ground level to relax the muscles.
- imagine the way a pebble drops into water, causing ripples outwards. Now visualise the reverse as you squeeze your pelvic floor. The superficial muscles are like the ripples squeezing into one spot. The deep pelvic floor is like the pebble lifting up, pulling the entire unit back up into the pelvis.





The Pelvic Floor (cont.)

Below is a guide to the number of reps and sets you should perform at each stage of your recovery:

Stage	Type & duration of hold
0 - 48 hours	gentle squeezes, no holds - 1 every time you feed the baby
2 days-1 week	1 second hold 1 repetition, 3 times per day
2 weeks	2 x 2 sec holds, 3 times per day
3 weeks	3 x 3 second holds, 3 times per day
4 weeks	4 x 4 second holds, 3 times per day...and so on.

Rest for 5 seconds between each contraction.

Continue to add 1 second hold time and 1 repetition to your sets every week until 10 weeks.

NOTE: Progression of your pelvic floor exercises may not be a linear, steady improvement. As you become more active and walk more your pelvic floor muscles may fatigue quicker. If this is the case go back and hold what you are able to and slowly add another second each week.

The goal is to be able to squeeze and hold for 10 seconds, do 10 repetitions and 3 times a day.

It is not necessary to hold for longer than 10 seconds. These pelvic floor exercises should now be a maintenance exercise, to keep your muscles strong for years to come.

Maximal Contraction

At the 6 week mark it is also recommended to practice a maximal contraction. Squeeze your pelvic floor as hard as you can. There is no need to hold for any length of time.

Do 5-10 repetitions once a day.

The Knack

From 6 weeks you can also practice this maximal contraction and hold when you cough (the "Knack"). Repeat twice. This is a co-ordination exercise to prevent leaking with a cough or sneeze.

Early Pelvic Floor Advice - Vaginal Delivery

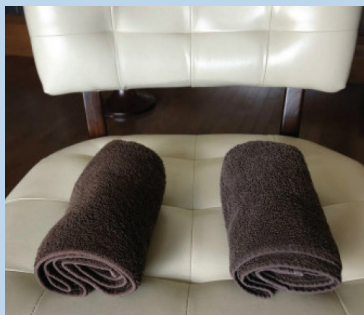
Rest

Rest is part of acute pelvic floor recovery so try to lie down on the bed at least 30 minutes in the morning and afternoon in the early weeks. Side lying may be the position of comfort.

If your pelvic floor feels heavy after performing the exercises, it may mean they are fatigued. They may be too tired to lift up against gravity. In the early days you can perform the exercises lying or sitting rather than standing. Progress into upright positions when you can. You may need to perform pelvic floor exercises at the end of the day so they can rest overnight.

Towel sitting

If sitting is uncomfortable. Try rolling up 2 towels placing them long ways on the chair. This will elevate your perineum and tailbone off the chair seat, reducing pressure. Sitting on a doughnut ring is not recommended.



Toileting positioning

The sitting positioning on western toilets causes a narrow 'ano-rectal angle' at the back passage, which is believed to be obstructive and cause difficulty in emptying bowels. To avoid straining on the toilet it is recommended to sit in the position shown. Use a foot stool to have knees higher than hips (which straightens the ano-rectal angle), and rest your elbows on your knees. Bulge or relax the belly outwards – this helps to relax the anal sphincter muscles.

To avoid constipation, ensure you are having adequate dietary fibre and fluid. It may be necessary to take regular stool softeners for several weeks to help pass a bowel motion easily.

Aim to get back to your normal bowel habits: frequency and consistency.



Knees **higher** than hips. **Lean forward** and put elbows on knees. Bulge abdomen. **Straighten** spine.



Early Pelvic Floor Advice - Vaginal Delivery (cont.)

How to avoid pressure on your Pelvic Floor

- Avoid heavy lifting
- Avoid constipation and straining to go to the toilet

Perineal Support when opening bowels

When emptying your bowel, the perineal area (between the vagina and anus), may stretch. You can support this area during a bowel motion. This is particularly helpful if you have stitches. Using a gloved hand or fingers with toilet paper wrapped around it, gently press upwards and hold your hand at the perineum. This can provide pain relief, protect the stitches and reduce fear associated with bowel movements after childbirth.

Caring for your stitches

You may have stitches after the birth of your baby and the perineum may be swollen or bruised. Using ice fingers in the first 72 hours and for longer as needed can help reduce the pain and swelling. The ice finger should be placed inside a sanitary pad (not directly onto the skin) for 20 minutes. After 20 minutes, discard the pad, clean and dry the area completely, and use a firm fitting underwear with 1-2 pads to apply compression to the swollen perineum. Starting your pelvic floor exercises will help your stitches to heal, as well as helping your pelvic floor muscles recover more quickly.





Abdominal Muscle Separation

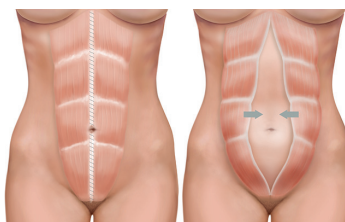
This is very common during the later stages of pregnancy and early post pregnancy. Your tummy muscles have lengthened to give your baby space to grow, and there is an increased distance between the left and right abdominal muscles. There is also connective tissue in the middle which has been stretched.

- This means your abdominal muscles may not be properly supporting the trunk and lower back.
- It can contribute to pelvic floor dysfunction, back and pelvic pain.
- You may notice that your tummy bulges out at the front during activities.
- Abdominal Muscle separation will decrease after delivery.
- However some can persist, 1/3 can remain abnormally wide when tested between 1-3 months.

Treatment

- You may have been assessed by the Maternity Physiotherapist on the ward post-delivery or in the post-natal exercise class.
- You may have been advised to wear an abdominal binder or a large tubi-grip support. This is to help to encourage abdominal muscle healing. It should also make you aware of your posture and remind you to do your abdominal exercises.

- Posture: It is important to maintain a good back posture whilst performing your daily activities, this allows your abdominal muscles to work properly. Take care to sit in a good position when feeding or holding your newborn. Ensure to implement good back care when performing activities bending forwards.
- Try to avoid lifting anything heavier than the baby for the first few weeks after delivery.
- Avoid any activities which encourage your tummy muscle to bulge/dome outwards. Eg: when getting out of bed, ensure to roll onto your side and then use your hands to sit yourself upright. The reverse when getting back into bed. (Please see picture of rolling in and out of bed. Page 5)



If you have been identified as having a large abdominal separation while in hospital it is advisable that you only complete the exercise program from 0-3 weeks. It is recommended that you have a follow up check with a physiotherapist at 4-6 weeks, for reassessment, individual exercise progression and further advice.



Stretching Exercises

These exercises and stretches will help to stretch common areas of the body that can become tense, stiff or sore whilst performing repetitive activities caring for your baby.

Try to perform at least 1-2 sets daily. Repetitions are detailed below.

1. Chin Tuck

Looking straight ahead, draw your chin in and your shoulder blades down towards your bra strap. Hold 5 seconds. Repeat 5 times.

2. Shoulder Circles

Place your finger tips on your shoulders. Circle the shoulders backwards 10 times.

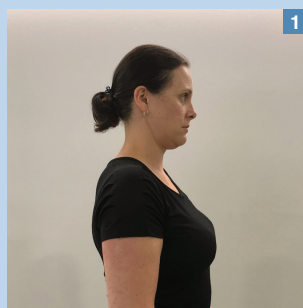
3. Neck Stretch

Place one hand up the middle of your back. Take your opposite ear over towards the opposite shoulder. Overpress with your hand. Feel a stretch down one side of your neck. Hold for 20 seconds. Repeat 3 times each side.

4. Chest Stretch

Clasp both hands behind your back, feel a stretch across the front of your chest. Hold for 3 slow breaths. Repeat 3 times.

It is important to breathe normally when exercising. Do not push into pain. If it doesn't feel right, leave that exercise and try it again in a few days' time. Note there are some precautions for Caesarean birth.



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5. Cat Stretch

Kneel on all fours. Curve the spine up towards the ceiling, like an angry cat. Opening through the lower back. Hold 3 slow breaths. Relax back to the neutral start position. Repeat 5 times.
(Caesarean – do not do this if your wound is uncomfortable)

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6. Pelvic Tilts - can be done in lying, sitting or standing

Hands on your pelvis, relax and flatten you back, tucking your tailbone under. Hold 5 seconds.

Then roll the pelvis forwards, arching your back. Hold 5 seconds. Repeat 5 times.

(Caesarean – you may not be comfortable rolling forwards for a few weeks)

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7. Child Pose Stretch

Knees straight, sit your buttocks back onto your heels, allow your middle back to release, breathe deeply and stretch arms out. Hold 10 breaths, repeat 3 times.

Full range stretch down to the floor may take several weeks to achieve.

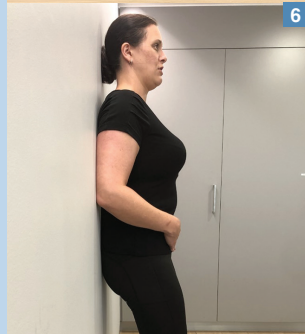
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8. Deep Diaphragmatic Breathing

Lying down, place your hands on your lower ribs. Breathe deeply into the lower ribs and feel them flare out against your hands. Exhale fully, counting down from 5 to 0. Feel your ribs come downwards and inwards. Repeat 10 times.



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Strengthening Exercises: 0-3 weeks, Basic Post-Natal

Try to do 2 sets of each exercise, 15 repetitions, once a day.

1. Abdominal Brace

Place your fingers on your lower tummy. As you breathe out, slowly draw your belly button towards your spine. Feel the tummy pull inwards, away from your fingers. Keep lower back still. Hold this contraction on for 3 breaths, then relax and repeat.

2. Functional Abdominal Brace

The above exercise needs to be performed also whilst doing your daily activities. This retrains correct muscle activation patterns.

Draw the lower tummy muscles gently in, belly button to the spine when e.g.; lifting your baby out of the cot, bending down, rolling in and out of bed, and getting out of a chair.

3. Seated Arm Raise

Sit tall in a chair, with good spinal posture. Draw in your lower abdominals and hold. Exhale lift both arms out in front of you and up over head height. Inhale back to the start.

4. All fours - arm lift

Get into a hands and knees position. Hands stacked under your shoulders, knees stacked under your hips. Try to have a neutral spine (mid spinal position). Draw your belly button into your spine and hold. Exhale, lift one arm out to the front, in line with your shoulder. Hold for a few breaths, lower, then repeat on the other side.





Strengthening Exercises: 4-6 weeks, Advanced Post-Natal

You can progress to these advanced exercises as long as you are feeling comfortable.

Try to do 2 sets of each exercise, 15 repetitions, once a day. Do not push into any pain.

1. Resisted trunk rotation

Sit tall in a chair. Place your hand on the inside of the opposite knee. Draw in your lower abdominal muscles and hold. Apply pressure to the inside of your knee and turn your body towards that knee. Hold for 3 seconds, then relax. Change sides and repeat.

2. All fours - leg lift

Get into a hands and knees position. Draw your belly button into your spine and hold. Exhale, stretch one leg behind you. The toe can remain on the floor or for more challenge lift the leg straight behind. Keep the pelvis level. Hold for a few breaths, lower, repeat on the other side.

3. All Fours - Superman

Progress to this exercise once number 2 is easy. Hands and knees position. Draw belly button to spine and hold. Exhale, stretch one arm and the opposite leg at the same time. Keep your lower back and pelvis level. Do not twist. Hold for a few breaths, lower and change sides.

If you are experiencing lower back pain, sciatica (pain down one leg), pelvic pain or pubic pain (front of the pelvis), do not continue these exercises and consult a Physiotherapist.



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4. Knee fall out

Lying on your back with knees bent up, neutral spine (have 2 fingers space between lower back and the mat or floor. Draw belly button to spine. Exhale, let one knee fall out to the side. Keep your pelvis level, do not allow it to twist to the side. Keep the other knee still. Inhale return to the start. Alternate legs. Focus on control rather than how far out the knee drops.

5. Functional Squat

Stand with your feet shoulder width apart. Engage your deep abdominal muscles. Bend your knees, sticking your bottom out behind you, weight on your heels. Maintain good spinal posture. As you return to standing focus on squeezing your bottom muscles to push you back up again. You can go deeper into this movement as your legs and bottom get stronger.

6. Head Curl

Place your hands to support the base of the skull. Tuck your chin down. Brace your deep abdominals in, gently draw your belly button to your spine. Exhale, lifting your head, up to the mid shoulder blade off the floor. Inhale return to the start.

During this exercise your stomach should stay flat.

If there is a doming or bulge of the stomach outwards. Leave this for now and re-assess at 6 weeks or seek help from a physiotherapist.



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Post Natal Exercise Guidelines

This is a general guideline for returning to exercise post-delivery.

It is important to resume exercise at your own pace and within your limits of comfort and fatigue.

0-3 Weeks Postnatal

- Walking
- Abdominal bracing exercises Page 19
- Pelvic floor exercises Page 11-12
- Gentle stretching Page 16 and 17

6 Weeks Postnatal

- Continue the exercises as above from weeks 0-3
- Progress onto Advanced strengthening exercises Page 20, 21
- Progress walking distance as able.

6-12 Weeks Postnatal

- It is recommended you wait until your six week post-natal doctor check before starting a group exercise program or going back to a gym.
- Walking – progress distance and speed.
- Continue to progress pelvic floor muscle strengthening as per program on Page 12.
- Commence practicing maximal pelvic floor squeezes and 'The Knack' techniques.
- Low impact exercise, aerobics or post- natal classes, such as Yoga/ Pilates.

- Low intensity water aerobics class and swimming (bleeding must have stopped).
- Low intensity gym program. Take care with posture, light weights and no breath holding. Gradually increase your intensity and weights.
- Progress abdominal muscle bracing. Ensuring no doming during exercise activities.

12 Weeks Postnatal

It is recommended that all women, regardless of how they deliver, consider an assessment with a Women's Health Physiotherapist. It is important to evaluate strength, function and co-ordination of the abdominal and pelvic floor muscles before returning to high impact exercise, running, jumping sports or abdominal exercise programs.

After 16 weeks Postnatal

- You can usually return to previous activity levels provided your pelvic floor muscles have returned to normal and you are not experiencing any back pain, pelvic pain, vaginal heaviness, or urine loss during or after exercise.
- Seek further help from a Women's Health Physiotherapist if your symptoms persist.



Protecting your baby's head shape

Plagiocephaly Prevention

What is Plagiocephaly?

Positional plagiocephaly is when there is flattening of one side of your baby's head. This can occur if your baby favours lying with its head turned to one side.

Causes of Plagiocephaly

A new born baby's head is soft and may change shape easily, therefore it is important to take steps early on to prevent this from happening. Due to the SIDS "Safe Sleeping" recommendations, babies spend a large amount of time lying on their back. Newborn babies do not yet have the strength to keep their heads in the midline for prolonged periods of time. Therefore, it is important to ensure they do not have a preference to turn one way more so than the other.

Preventing Plagiocephaly

This condition generally improves with appropriate re-positioning. There is no evidence that suggests plagiocephaly affects brain development. In most cases plagiocephaly is preventable:

- Always sleep your baby on their back, not on tummy or side.
- Frequently vary your baby's head position in their cot by sleeping them

at varying ends to prevent them from always looking in one direction towards the door or a favourite toy.

- Ensure you talk to your baby, offer toys and bottle/dummy equally from alternating sides. Additionally alternate holding positions when feeding baby (left arm to right arm)
- Vary your baby's head positions when they are awake.
- Commence tummy-time from birth when your baby is awake and while an adult is watching. Make sure your baby is actively trying to lift their head up.
- Include side lying as part of your child's play routine using a rolled up towel behind their hip and shoulder.
- Vary your carry and cuddling positions.
- Ensure your baby spends some time each day in supported sitting. Use toys to encourage them to look both ways.
- When picking up your baby, roll them onto their left or right side first. This encourages them to switch on muscles on the side of their neck to help them to get stronger.

If you have any questions or concerns, contact your Early Childhood Nurse or Doctor.

(Information on this page kindly provided by RNSH Paediatric Unit.)

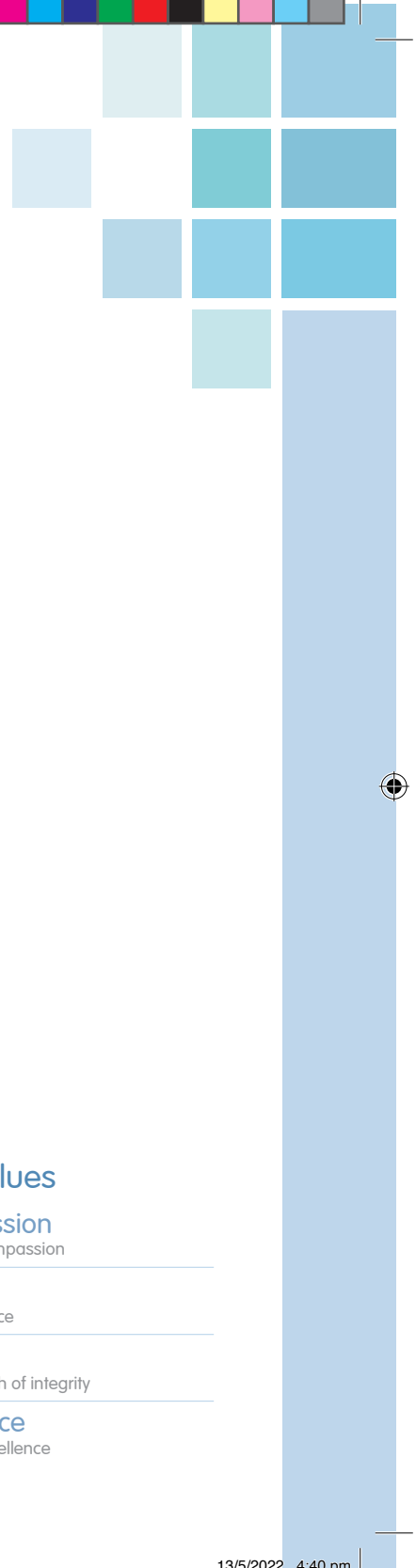




Useful Contacts

- National Continence Helpline (1800 33 00 66) is staffed 8am – 8pm (AEST) Monday to Friday by continence nurse advisors who provide information, resources and referrals to local continence clinics. For more information go to: www.continence.org.au
- www.pelvicfloorfirst.org.au
Advice on pelvic floor safe exercises





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Our Values

Compassion

Feel with compassion

Justice

Act with justice

Integrity

Walk the path of integrity

Excellence

Strive for excellence

