



holora  
HEALTH



# Postnatal Recovery Toolkit

[www.holorahealth.co.uk](http://www.holorahealth.co.uk)

# welcome



**Welcome to the Holora Health postnatal recovery guide** — created by a community of healthcare professionals and wellbeing practitioners committed to improving women’s health after birth.

This guide focuses on the crucial first 0–6 weeks after childbirth, while recognising that recovery continues well beyond this. You do not need to wait for your six-week check to begin supporting your recovery. Gentle movement, breathing and simple daily habits can be introduced safely and effectively much earlier.

Your body is already working hard — caring for your baby, lifting, carrying, pushing prams, managing daily tasks and functioning on limited sleep. This guide helps you build a strong foundation, develop essential skills and create habits that support your healing and long-term health.

**At Holora Health, we believe postnatal care needs more honest conversations.** Childbirth is a major physical event, and recovery deserves the same structure and respect as any injury or surgery. Poor rehabilitation affects not only symptoms and confidence, but also a woman’s ability to return to work and sustain employment in the months that follow. These impacts are real — and they matter.

This guide offers clear, evidence-based support to help you rebuild strength, reduce symptoms and return to movement with confidence, in a way that fits your life and your goals.

# How to use the guide

This guide is designed to support your recovery whether you are days, weeks or months after birth.

Each phase of recovery should last at least two weeks. Progress is not driven by the calendar — it is guided by how well your body is responding. Move forward only when movements feel controlled and symptoms remain settled.

The early stages focus on breathing, core connection and gentle walking. These foundations should not be skipped, even if you are starting later than six weeks postpartum. They create the base for everything that follows.

If you had a caesarean birth and your wound is healing well, you can begin breath and light core work early and progress gradually between 3–6 weeks post-surgery, depending on how your body responds.

Recovery is not linear. Some days will feel easier than others. If symptoms increase, step back, adjust the load and allow time for adaptation.

## **Important Disclaimer**

This guide is intended for educational purposes only and does not replace individual medical advice. Always consult your GP, midwife or healthcare professional before starting or progressing any postnatal exercise programme, particularly if you have ongoing pain, heavy bleeding, infection, wound concerns, dizziness, chest pain, or any other medical complications.

By choosing to follow this programme, you accept responsibility for how you apply the information to your own body. While the guidance is designed to be gentle and low-risk, every body and recovery is different.

# Understanding Your Body After Birth

After birth, it is normal to notice:

- swelling
- soreness
- leaking
- heaviness
- changes in core strength
- fatigue
- reduced confidence with movement

These changes are expected. Your body is not broken — it is healing and adapting.

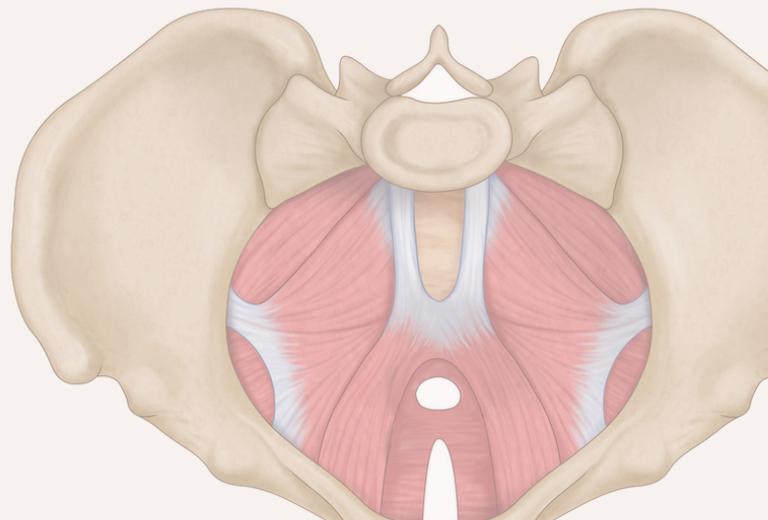
**Incontinence is common but treatable.**

You do not need to accept leaking, heaviness or pain as your new normal.

## Your Pelvic Floor

Your pelvic floor is a group of muscles that supports your pelvic organs and works with your breathing and core to manage pressure during movement. After pregnancy and birth, these muscles have been stretched, heavily loaded and sometimes injured. Regaining awareness and strength in this system is central to postnatal recovery.

High-quality evidence shows that pelvic floor muscle training before and after birth reduces the risk of urinary incontinence. This makes pelvic floor exercises an important part of recovery — but they are only one part of the picture.



For your pelvic floor to function well, it must be able to **contract and relax**.

Relaxation improves blood flow, supports tissue healing, improves sensation, and helps develop a more functional pelvic floor— all of which are essential for supporting your pelvic organs and managing pressure during movement.

**There are three main types of urinary incontinence:**

***Stress incontinence:*** leakage with effort such as coughing, jumping or lifting

***Urgency incontinence:*** sudden strong urge followed by leakage

***Mixed incontinence:*** a combination of both

Leakage occurs when the pressure inside the abdomen becomes greater than the pressure keeping the urethra closed. After pregnancy and birth, this balance is often disrupted.

**Recovery focuses on two things:**

- Improving pelvic floor strength and coordination
- Managing pressure through breathing, bracing and movement

Both matter.

With the right support, most women see significant improvement.

**Leakage is common – but it is not something you have to put up with.**

# A note on heaviness

Many women notice a feeling of heaviness or pressure in the vagina after birth. This can feel worrying, but it is often part of normal tissue recovery and muscular fatigue.

Early postpartum exercise does not increase the risk of prolapse or worsen pelvic floor outcomes. The evidence is clear: early, appropriate movement supports recovery.

Heaviness after activity can reflect:

- muscle fatigue
- reduced tissue support early in healing
- increased pressure from load or duration

## **Heaviness is not automatically prolapse.**

Prolapse symptoms tend to:

- persist or worsen over days
- involve a bulge sensation
- include bladder or bowel emptying difficulties
- not fully settle with rest or position changes

If that's you — that's not something to ignore, but it's also not something to panic about. A pelvic health physio can assess what's going on and guide your recovery.

# Why breathing matters after birth

Breathing is the foundation of postnatal recovery.

During pregnancy, your ribcage and diaphragm are displaced and breathing patterns often become shallow. After birth, restoring efficient breathing is one of the most effective ways to reconnect with your core, support your pelvic floor, manage pressure and reduce symptoms.

This is not about learning a special breathing technique.

It is about restoring normal, functional breathing that supports movement and load.

Your diaphragm, abdominal muscles and pelvic floor work together as a pressure system. When this system is coordinated, everyday tasks and exercise feel easier, more controlled and more comfortable.

When breathing is shallow or poorly timed, pressure is more likely to be pushed downward onto healing tissues — which can contribute to symptoms such as heaviness, leaking and discomfort.

## 360 Breathing

360 breathing simply means allowing your ribcage to expand in all directions as you inhale, and gently recoil as you exhale.

This helps:

- restore diaphragm movement
- re-engage deep abdominal muscles
- coordinate the pelvic floor
- calm the nervous system
- reduce unnecessary tension



In the early weeks, this breathing pattern also supports pain control, emotional regulation and recovery — particularly during periods of poor sleep.

# Pressure Management in Daily Life

In the weeks after birth, you are repeatedly loading your body through tasks such as:

- getting in and out of bed
- lifting and carrying your baby
- pushing prams
- lifting car seats
- bending, squatting and reaching



How you manage pressure during these tasks has a direct impact on your pelvic floor and core recovery.

One simple and effective strategy is:

## **Exhale on effort**

This means breathing out as you lift, stand, push or pull.

It helps distribute pressure through the core system instead of forcing it downward onto healing tissues.

This approach improves comfort, control and confidence during everyday movement.

As your recovery progresses and you begin to add more movement and strength work, continue to use your breath to guide effort.

If you notice:

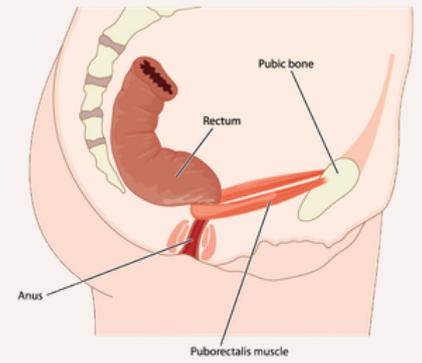
- breath holding
- excessive straining
- increased heaviness or leakage
- loss of control

it is a signal to reduce the load, slow the movement, adjust your position or return to simpler exercises until control improves.

## “Blow before you go!”

# Toileting Mechanics

When we have difficulty letting our pelvic floor relax when we are on the toilet we can use our breath to help relax the puborectalis. A sling like muscle that creates a natural bend in our rectum. Use a stool or toilet step to keep your knees slightly higher than your hips to get yourself into the best position to go. and allow this muscle to lengthen- Think squatted position with a relaxed belly.



I use the ABCD acronym to help me remember the steps to better bowel motions:

## A- Awareness

Become aware of any tension you are holding in your body, how are you sitting, are you hovering? Pelvic floor muscles cannot relax if you are. Are you rushing?

Distracted?

Bring awareness to your pelvic floor and visualise a bowl with a hole at the bottom. Now visualise that hole getting bigger without bearing down.

## B- Breath

Keeping your belly relaxed, breathe in and gently direct your breath to your pelvic floor. Do not force it down or close off your airway.

## C- Co-contraction

If you need a bit of assistance to help empty your bladder or bowels, blow out through your mouth like you are blowing through a straw or making a 'Shhh' sound. This allows for the activation of your deep core muscles without you closing your airway.

## D - Diet

Your diet plays a key role in maintaining healthy bowel habits. Focus on a balance of soluble fibre and insoluble fibre:

- Soluble fibre (found in oats, beans, lentils, fruits, and vegetables) absorbs water, forming a gel-like substance that softens stool and makes it easier to pass.
- Insoluble fibre (found in whole grains, nuts, seeds, and the skins of fruits and vegetables) adds bulk to stool and helps it move through the digestive system.

Stay hydrated! Fibre needs water to do its job effectively.

By practicing ABCD, you can support healthier and more comfortable toileting habits while reducing unnecessary strain on your pelvic floor.



# Nutrition

It's really important to get enough fluid and fibre in your diet for 3 main reasons.

1. The first being that constipation can put extra strain on your pelvic floor so you want to make sure it's as smooth as possible like a Type 3-4 (See Bristol Stool Chart- yep that's a thing!)
2. The second reason is that you need more calories while breastfeeding than you did while you were pregnant.
3. You can get dehydrated which can contribute to early pelvic floor issues such as urinary tract infections and urgency.

**Add more soluble fibre if you are more loose as it draws water to it**

**Add more insoluble fibre if you are constipated as this bulks and increases transit time (make sure to drink plenty of water with it)**



## Soluable



## Insoluable



How often you have a bowel motion can vary from person to person.

**This can range from 3 x per day to 3 x per week**

If you are struggling despite lifestyle changes then let your GP know and they can prescribe you an appropriate laxative. If you are taking pain killers then these can make your more constipated so definitely get a laxative on board.

**Top Tip:** pour clean warm water around your perineum while you are weeing/pooing to help reduce soreness and allow you to relax your pelvic floor.

# Vaginal Health

Vaginal atrophy, a common concern post-pregnancy, often arises due to decreased oestrogen levels. This natural hormonal shift can lead to symptoms such as vaginal dryness, discomfort, and even pain during intercourse. To alleviate these issues, many women turn to vaginal moisturisers. These products, designed to hydrate and nourish the vaginal tissues, can provide relief by restoring moisture and promoting overall vaginal health. By addressing the root cause of discomfort, vaginal moisturisers offer a practical and non-invasive solution to improve post-pregnancy well-being and enhance intimate experiences. However, consulting with a healthcare professional is essential to ensure the appropriate and safe use of such products.



# Recovery After a Vaginal Birth

## A practical guide to your first weeks of healing

Every recovery is different with no two postnatal recoveries look the same — and that's completely normal.

Your healing will depend on things like tearing or stitches, fatigue, sleep, nutrition and the support you have around you.

Feeling sore, bruised, heavy or a bit disconnected from your body in the early weeks is very common. What matters most isn't pushing through, it's listening to your symptoms, pacing yourself, and giving your body the time it needs to heal properly.

### **Why Rest Matters (and it really does)**

Your pelvic floor and perineum have been through a huge physical event.

If this were your calf or shoulder, you wouldn't expect to train it hard straight away, you'd rest, offload, and rebuild. The same applies here. Rest isn't being lazy.

Rest is part of rehabilitation.



# Your Early Recovery Roadmap

## 0–2 Weeks

These first weeks are about protecting healing tissues and setting the foundation for recovery.

### Focus on:

- Gentle pelvic floor squeezes within comfort (no more than 3/10 pain)
- Diaphragmatic breathing to calm your system and reconnect with your core
- Short, easy walks around the house
- Watching for increased bleeding, heaviness, pressure or pain — if these appear, slow down and rest
- Regular horizontal rest
- Using pain relief as prescribed
- Changing pads often and wearing breathable underwear
- Allowing gentle airflow when practical
- Pouring warm water over the perineum when you wee to reduce stinging

### Scar care

- Begin only once stitches are dissolved and the skin is healed (often 8+ weeks)
- Use cushions for sitting if sore
- Contact your GP or health visitor if you notice pain, redness, odour or fever

### Start with:

- 10 gentle pelvic floor squeezes, holding up to 4 seconds, plus 5 quick pulses
- Light core activation (“belly pump”): 10 gentle breaths on hands and knees



## 2–4 Weeks:

- This phase is about gently rebuilding connection, control and confidence in your body.

- Progress pelvic floor work towards
- 10 reps, holding 6 seconds, plus 8 quick pulses
- Progress pelvic floor activation from lying, sitting to standing.

- Continue diaphragmatic breathing and belly pump work daily
- Introduce light, supported core movements (e.g. seated or hands-and-knees)

### Movement

- Gradually increase walking time and distance if symptoms remain settled
- Continue to rest regularly throughout the day
- Use your breath during effort — exhale as you stand, lift or push

### Note:

- If you notice heaviness, pressure, increased bleeding or pain:  
→ reduce activity and give your body more time



## 6+ Weeks:

This stage is about preparing your body for the demands of life, work and exercise.

### Strength & Core

- Begin progressive strength work:
  - squats, hinges, pushes and pulls
- Build core strength using gradual, symptom-led progression
- Practise effective bracing and breathing with movement
- Fit training around real life (sleep, feeding, energy, mental load)

### Cardio & Impact Preparation

- Increase walking pace and endurance
- Begin impact preparation if appropriate:
  - marching → heel drops → higher load tasks
- Monitor for symptoms: heaviness, bulging, leaking or pain

### Support & Next Steps

If you feel unsure, or symptoms persist, this is an excellent time for a postnatal physiotherapy assessment for individual guidance.

# Recovery After a C-Section

Whether your caesarean was planned, unplanned, wanted, or came as a complete shock — your experience matters.

You have been through major abdominal surgery, and your recovery deserves time, structure and proper support. Some women feel empowered by their birth. Others feel disappointed, unsettled or emotional. Many feel all of these at once. That's normal. How you feel about your birth is part of your recovery too. So please seek support.

Recovery does not follow a neat weekly schedule. Some women feel more mobile by week three. Others still need help getting out of bed. Both are completely normal.

What matters is not what week you're in — it's how your body is responding, and how you adjust your activity around that.

Your body has healed through multiple layers: skin, fascia, muscle and uterus. That takes time. Real recovery commonly takes 12+ weeks, and often longer. Gentle movement, good scar care and gradual rebuilding are what get you strong again.

You might hear that C-section births lower the risk of prolapse and stress incontinence compared to vaginal births — and that's true. But pregnancy itself still places huge load through your pelvic floor and core. In real life, I see lots of women focusing only on their tummy muscles, without realising that your core is actually your pelvic floor, deep abdominal muscles and diaphragm working together. All three matter for your recovery.



# Your Early Recovery Roadmap

## 0–2 Weeks

These first weeks are about healing.

- Keep on top of pain relief and rest
- Support your scar during bowel movements
- Eat well and drink plenty — your tissues are rebuilding
- Focus on breathing, posture and gentle circulation
- Start short, frequent walks and build gradually based on pain and energy
- Use pillows to support your tummy when coughing, feeding, or getting out of bed

## 2–4 Weeks:

- Begin gentle core reconnection: breathing + deep tummy muscles + pelvic floor
- Once your skin is fully healed, start gently touching and desensitising your scar
- Keep constipation under control — it increases pressure through your pelvic floor
- Increase walking if your symptoms stay settled
- Keep prioritising food and fluids
- Complete a return-to-exercise readiness check before doing more

## After 6 Weeks:

- Start introducing strength movements: squats, hinges, pushes and pulls
- Build core strength gradually
- Learn how to brace and breathe well when you move
- Fit exercise around your real life — sleep deprivation, mental load, childcare, support
- If appropriate, begin preparing for impact: marching → heel drops → higher load tasks
- Always keep an eye out for heaviness, bulging, leaking or pain

# Self care for your scar

## The importance of moisturising your scar

When a scar is young the skin barrier is still healing and the natural barrier is damaged.

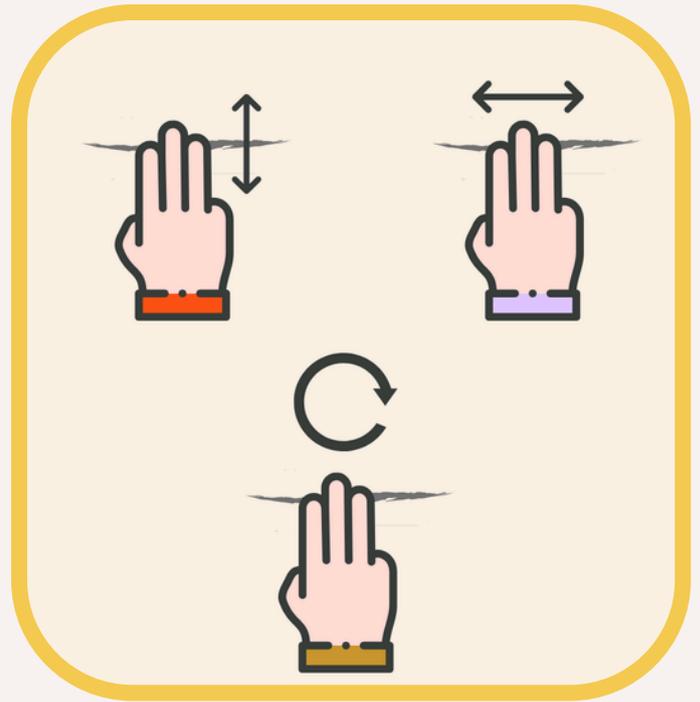
Apply a cream, oil or gel to your scar 2-3 times a day. This can support the skin barrier and can reduce excessive water loss and scar tissue deposition. I recommend **Medi honey barrier cream** as it is naturally antimicrobial or Rosehip oil.

## Gentle skin massage

When your scar no longer has scabs and any complications have resolved such as infection or tenderness, start to gently massage the scar and surrounding tissue with the soft pads of your fingers. You can also lightly rub/ brush or use a clean vibrator on the scar or surrounding skin if you have altered sensations, numbness or nerve type pain.

You only need gentle pressure (As if you were massaging your eyelid), as massaging too hard can cause excessive scar production.

Spend around 3-5 minutes twice daily.



## Keloid or hypertrophic scars

Scars that increase in height or width may be the development of keloid or hypertrophic scarring. The sooner you act, by using silicone sheets, silicone gels and/or compression garments the better.

You may need to use these products for 6+ weeks.

## Use sun protection

Until the scar is fully mature, it is important to wear a factor 50 SPF sunscreen on any exposed scar, as the natural skin barrier is compromised.



# Strength Training: Why it matters

Strength training is one of the most effective tools you have to support your body through pregnancy and into postnatal recovery – when it is introduced and progressed appropriately.

This is not about aesthetics or “getting your body back”. It is about function, confidence and long-term health.

## Benefits During Pregnancy

Strength training can help to:

- build strength and stamina for pregnancy, birth and early motherhood
- reduce common aches in the back, hips and pelvis
- improve posture and movement control
- support pelvic floor function and pressure management
- improve mood, sleep and stress levels
- prepare your body for smoother postnatal recovery

## Benefits After Birth

Postnatally, strength training supports:

- recovery of core and pelvic floor function
- reduction in symptoms such as leaking and heaviness
- rebuilding strength for daily life and work
- protection of back and joint health
- improved energy, mood and confidence
- reduced risk of future injury
- reduce postnatal depression

## Contraindications During Pregnancy

**Absolute:** Avoid exercise if you have conditions like severe heart or lung disease, placental issues, or active preterm labour.

**Relative:** Consult a doctor if you have a history of complications, gestational hypertension, or multiples after 28 weeks.

## Postnatal Red Flags — Pause & Seek Medical Advice

Do not progress exercise and seek medical support if you experience:

- heavy or increasing vaginal bleeding
- wound breakdown, infection or severe pain
- dizziness, fainting, chest pain or shortness of breath
- new or worsening pelvic heaviness, bulging or pain
- persistent leaking of urine or stool
- severe fatigue that does not improve with rest
- signs of low energy availability (e.g. dizziness, poor recovery, low mood, disrupted sleep)

These are signals that your body needs further assessment and support before progressing.

# Returning to Higher Intensity Exercise

After birth, well-planned movement is one of the most powerful tools for recovery.

Higher-intensity exercise — including strength training and running — should be introduced gradually, when your body is ready.

When to Increase Intensity

As a general guide:

- After an uncomplicated vaginal birth, many women can begin increasing load from around 6 weeks, provided symptoms remain settled.
- After a caesarean birth, this is more commonly 10–12 weeks, depending on healing, symptoms and medical guidance.

Progression is not about the calendar.

It is about how your body is responding.

Before increasing intensity, you should be able to:

- complete daily tasks without heaviness, leaking or pain
- coordinate breathing, core and pelvic floor with movement
- tolerate increasing walking volume comfortably

# Running and Impact

Current international guidelines recommend waiting until at least 12 weeks postpartum before returning to running – and only then if strength, control and symptoms allow.

Running is high-impact. Your pelvic floor, abdominal wall and connective tissue need time to rebuild load tolerance before impact is added.

## How to Progress Safely

- Increase one variable at a time (load, volume, speed or impact)
- Use symptoms as feedback, not fear
- Prioritise technique and breathing
- Respect recovery factors: sleep, stress, nutrition and feeding demands

## When to Get Extra Support

If symptoms appear or confidence is low, a pelvic health physiotherapist can assess your recovery and build a personalised return-to-exercise plan. This support often makes the difference between anxiety and confidence.

EXAMPLES OF EXERCISE PROGRESSION IN THE POSTNATAL RUNNER	
Weeks Postnatal	Examples of Exercise Progression
Weeks 0-2	 Pelvic floor muscle strength & endurance  Basic core exercises e.g. pelvic tilt  Walking for Cardiovascular exercise
Weeks 2-4	 Progress walking, pelvic floor muscle/core rehab  Introduce squats, lunges & bridging in line with day-to-day requirements
Weeks 4-6	 Low impact exercise - static cycling  Low impact - cross trainer Individualise according to postnatal recovery, mode of delivery, perineal trauma & saddle comfort
Weeks 6-8	 Scar mobilisation  Power walking  Increase low impact exercise  Add dead lift  Add resistance to lower limb & core
Weeks 8-12	 Introduce swimming  Dependent if lochia stopped & wound healing satisfactory  Spinning if comfortable sitting on a spinning saddle
Week 12 & Beyond	 Graded return to running  Goal specific  Consider running coach  Consider risk factors e.g. obesity  Modify according to signs & symptoms

Source - Goom T, Donnelly G & Brockwell E. Returning to running postnatal - Guidelines for medical, health and fitness professionals managing this population. March 2019

 SIM Sports Medicine

# Exercise Programme

When you are ready to increase your physical activities levels and progress the exercises to give your body a little more challenge. **Remember everyone's recovery is different**, so don't be hard on yourself if you aren't progressing as quickly as you'd hoped, progress is never linear and looking after a small human with it's own needs will make life a bit unpredictable. Be flexible! You can only do your best, which will look different from one day to the next. If you need to, repeat the last phase for another week and then progress when you are ready.

Exercises	Reps	Sets	Rest	Comments/Cues
<a href="#"><u>90:90s</u></a>	10	2	15-30s	Support yourself with your arms behind you
<a href="#"><u>Cat cow</u></a>	5 each side	2	15-30s	Go to a comfortable range. Inhale as you go into cow and exhale as you go into cat.
<a href="#"><u>Glute Bridge</u></a>	10	2	15-30s	Maintain neutral spine, squeeze glutes to lift hips and exhale on the way up and inhale back down to rested position
<a href="#"><u>Banded pull apart</u></a>	10	2	15-30s	Exhale as you pull band apart, exhale as you release
<a href="#"><u>Bodyweight squat with ball or light cushion</u></a>	10	2	15-30s	Squeeze the ball/cushion with your hands and feel your deep core activate. Maintain this activation throughout, Inhale on the way down & exhale as you come back up.
<a href="#"><u>Foot sliders</u></a>	5-8 Each side	2	15-30s	Load onto one side and image you are dragging a piece of paper along the floor with the moving leg.

**Record how your body is feeling? Are you feeling the connection with your core/ pelvic floor? Are you leaking?**

## Notes

# We're here to support you

If you would like personalised support with your recovery, you can access Whole Woman pelvic floor assessments and caesarean scar therapy at the Holora Health Clinic.

Our Whole Woman assessment offers a comprehensive review of your:

- pelvic floor
- core function
- breathing and pressure management
- movement and strength capacity
- symptoms, goals and daily demands

For women recovering from caesarean birth, we also offer specialist scar therapy and scar massage, supporting tissue healing, mobility, comfort and long-term function.

Whether you are weeks, months or years postnatal, support is available. We would be honoured to support you.

## Our team



### Emily Spillman

Nurse | Women's Health & Fitness Coach

- Pelvic health, bladder and bowel dysfunction, and prolapse
- Postnatal recovery and menopause support
- Scar therapy – Restore C-section and oncology scars
- Gynaecological surgery rehabilitation
- Cancer rehabilitation and recovery after illness
- Strength training for long-term health, confidence and function



### Katie Ferraby

Women's Health Physiotherapist

Specialities:

- Pregnancy physiotherapy for pelvic girdle pain & other MSK issues
- Postnatal recovery and safe return to activity
- Pelvic floor physiotherapy for bladder, bowel and prolapse symptoms
- Surgery rehabilitation
- Management of incontinence, urgency and pelvic pain



### Lydia Leighton

Dietitian & Nutrition Consultant

- Lydia Leighton is a registered dietitian specialising in women's health. She is passionate about helping women build a positive, sustainable relationship with food while supporting the physical demands of life, motherhood and recovery.

## Request an appointment

Once we receive your enquiry, we may call you for a short chat to understand your needs and make sure you're booked with the right person.

[Request now](#)

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