FORGEWICK / STUDIO EDITION

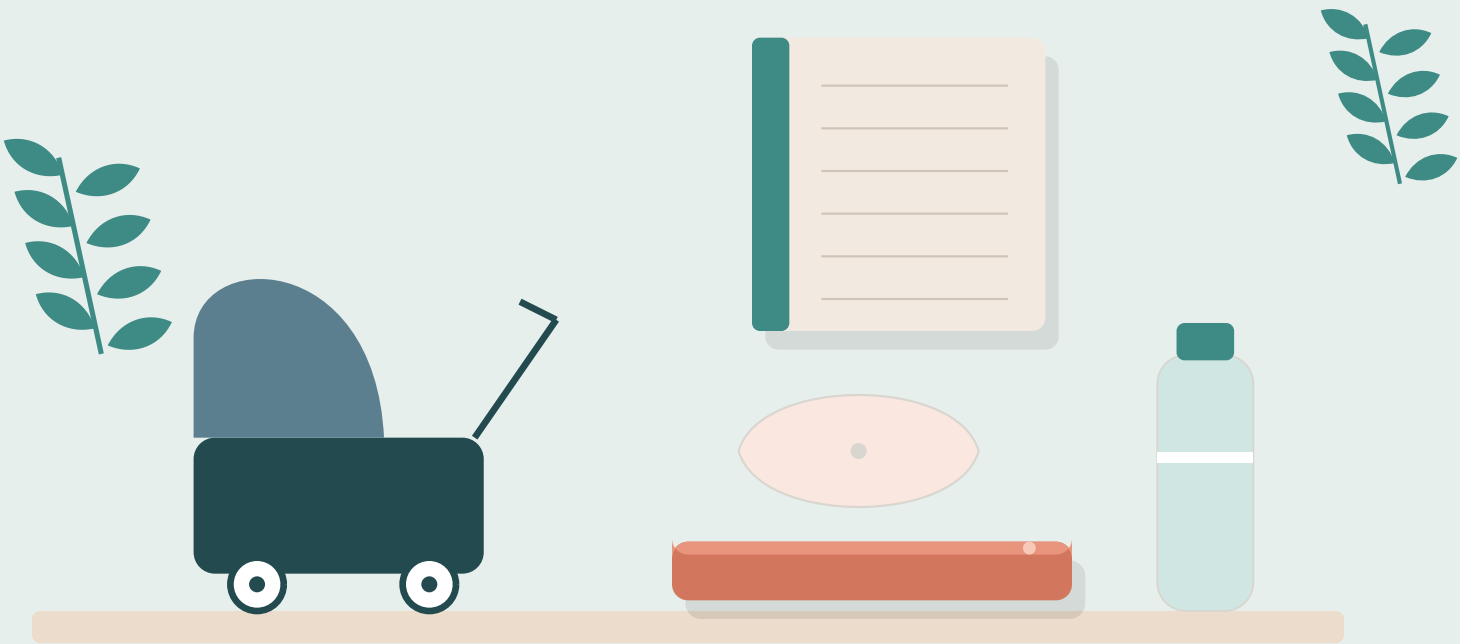
The Postnatal Recovery & Pelvic Floor Planner

A gentle, week-by-week return to movement after birth, a pelvic floor habit you can keep, and the questions worth asking.

REST · SQUEEZE · WALK · ASK

A 12-week planner + six printable worksheets

STUDIO SAMPLE · NOT MEDICAL ADVICE



Your body did something enormous. Recovery deserves a plan, not pressure.

The weeks after birth are full of advice, most of it about the baby. This planner is about you: what is normal, what to do gently, and when to ask for help.

Having a baby changes your body, and physical problems afterwards are common: a leaky bladder, a heavy feeling low down, separated stomach muscles, an aching back. For many of these you can do a lot to help yourself, starting with pelvic floor exercises, and you can ask a GP, midwife or health visitor at any time. [1] After a straightforward birth, gentle movement can begin as soon as you feel up to it. [2] NICE asks every postnatal contact to cover the pelvic floor: this is standard care, not a niche concern. [4]

By the end, you will have...

A pelvic floor habit logged three times a day, a symptom diary a physio can read at a glance, a gentle week-by-week movement plan that fits around a baby, and a question list ready for your postnatal check.

How to use this edition

Read pages 4-8 to understand what is happening and the warning signs. Learn the pelvic floor and core basics on pages 9-14. Follow the gentle movement plan on pages 15-21. Prepare for appointments on pages 22-23. Print the worksheets on pages 24-29 and keep the summary on page 30.

A STUDIO SAMPLE, READ THIS FIRST

Created by Forgewick in September 2026 to show the quality of our ebook work. General information from NHS and NICE sources, not medical advice; not reviewed by a physiotherapist, midwife or doctor; it does not diagnose anything or replace your postnatal check. A partner edition is built from the clinician-creator's expertise and reviewed by them before release.

YOUR ROUTE THROUGH THE GUIDE

Four sections. One gentle plan.

Follow the whole guide, or tap a section to go straight to what you need today.

The goal is not to get your old body back by a deadline. It is to heal well, move a little more each week, and ask early when something is not right.

What is common after birth.

The NHS lists these as physical problems that can follow pregnancy, birth, or the lifting and bending of life with a baby. [1]

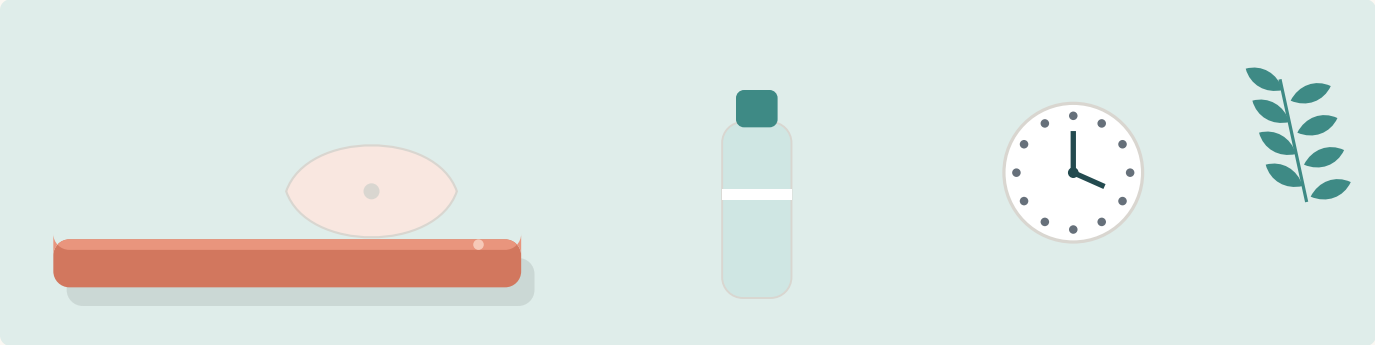
You may notice	What the NHS says
A leaky bladder	You may need to strengthen the muscles around the bladder with pelvic floor exercises. [1]
A heavy feeling between the vagina and anus	The same advice: pelvic floor exercises, and ask a GP or health visitor for help at any time. [1]
A gap down the middle of the stomach	Common in pregnancy, usually about two finger widths, and usually back to normal by the time the baby is 8 weeks old. [1]
An aching back	Learn how to look after your back and do some strengthening exercises; see page 13. [1]
Weaker core and looser joints	Lower back and core muscles may be weaker, and ligaments and joints more supple for a few months, so there is more risk of injury from over-stretching. [2]
Tiredness and low mood	Regular activity can relax you, help recovery and may help prevent postnatal depression. [2] If your mood is low, tell your midwife, health visitor or GP.

NOT A SELF-DIAGNOSIS TOOL

This page helps you name what you notice. Only a midwife, GP or physiotherapist can tell you what is behind it. If a physical problem is bothering you, ask for help at any time; you do not have to wait for the postnatal check. [1]

The pelvic floor, in plain words.

A sling of muscle around the bladder, vagina and bottom. Strengthening it helps with leaks, heaviness and sex. [1]



The NHS describes pelvic floor exercises as strengthening the muscles around your bladder, vagina and bottom, which can help stop incontinence, improve prolapse and make sex better too. You can do them lying down, sitting or standing, and with practice anywhere and at any time. [1] NICE encourages women who are pregnant or have recently given birth to do pelvic floor muscle training, explains that it helps prevent symptoms, and encourages it for life. [4]

01 Find the muscles

Squeeze and draw in your bottom as if you are holding in wind, then squeeze around the vagina and bladder as if stopping the flow of urine. [1]

02 Two kinds of squeeze

Long squeezes: hold as long as you can, up to 10 seconds, then relax. Short squeezes: quick squeeze and let go, until the muscles tire. [1]

03 Build up gently

Aim for 10 of each, at least 3 times a day. Keep breathing normally and do not pull in your stomach. [1]

The tummy gap, and how to check it.

Separated stomach muscles (diastasis recti) are common and usually close on their own. Here is the NHS check. [1]

01 **Lie down**

On your back, knees bent, feet flat on the floor. [1]

02 **Lift slightly**

Raise your shoulders a little off the floor and look down at your tummy. [1]

03 **Feel the gap**

With your fingertips, feel between the edges of the muscles above and below your belly button, and count how many fingers fit. [1]

04 **Check regularly**

Log it on Worksheet 3 and watch the gap gradually get smaller. [1]

05 **If it is still obvious at 8 weeks**

Contact the GP, as you may be at risk of back problems; they can refer you to a physiotherapist for specific exercises. [1]

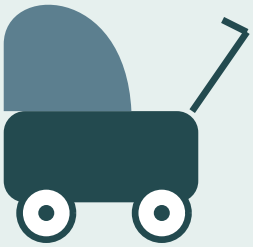
WHAT HELPS, AND WHAT TO AVOID AT FIRST

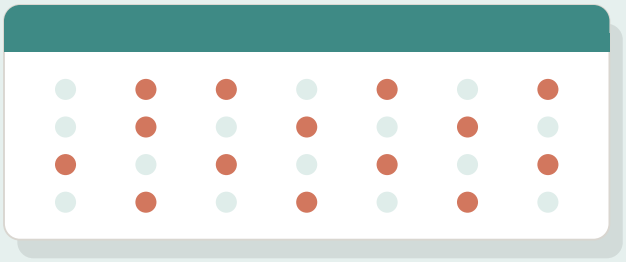
Regular pelvic floor and deep stomach exercises can help reduce the separation, along with standing tall. Avoid sit-ups, planks and high-impact exercise to start with, and avoid straining on the toilet and heavy lifting. [1]

When can I start moving?

The honest answer is: gently, soon, and with advice before anything hard. [2]

Your situation	What the NHS says
Straightforward birth	Start gentle exercise as soon as you feel up to it: walking, gentle stretches and pelvic floor exercises. [2]
Before high-impact exercise	Get advice at your 6-week postnatal check before aerobics, running or similar. [2]
Caesarean or complicated delivery	Recovery takes longer; talk to your midwife, health visitor or GP before starting anything strenuous. [2]
Swimming	Wait until 7 days after your postnatal bleeding has stopped. [2]
Before you go	Get measured for a new sports bra and possibly new shoes; both may have changed size. [2]





The UK activity guidelines apply to new mothers too: match activity to what you did before pregnancy, include strength work, and after the 6- to 8-week check you can do more if you feel able. Vigorous activity is not recommended if you were inactive before pregnancy. [5]

Warning signs: seek advice without delay.

NICE lists these as symptoms of potentially serious conditions after birth. Do not wait for your next appointment. [3]

Bleeding

Sudden or very heavy vaginal bleeding, or bleeding that persists or increases. [3]

Pain, fever or discharge

Abdominal, pelvic or perineal pain, fever, shivering, or vaginal discharge with an unpleasant smell. [3]

Legs, breathing or chest

Leg swelling and tenderness, shortness of breath, or chest pain. [3]

Head

A persistent or severe headache. [3]

Breasts

Worsening reddening and swelling that lasts more than 24 hours despite self-care. [3]

Your mind

Low mood, anxiety or feelings that frighten you. Tell your midwife, health visitor or GP; if you feel unsafe, contact urgent services now.

Keep the number for your maternity unit or out-of-hours service on Worksheet 6. Anything on this list is a phone call, not a note in a planner.

Three times a day, without thinking about it.

The exercise is simple. The habit is the hard part, so this section is about anchors.

The NHS target is to build up to 10 long squeezes and 10 short squeezes, at least 3 times a day. [1] Nobody remembers that from willpower alone, so tie each set to something you already do with a baby.

Anchor	Why it works
Every feed	You are sitting still anyway, several times a day.
After the toilet	The NHS suggests the toilet as a reminder, as long as you do the squeezes after you have finished. [1]
Kettle or bottle warming	Ninety seconds of standing is enough for a set.
Waiting for the pram to be unfolded	Standing squeezes count too. [1]

Tick each set on Worksheet 1. Missed sets are information, not failure.

Getting the squeeze right.

A few common mistakes make the exercise less useful. The NHS instructions fix all of them. [1]

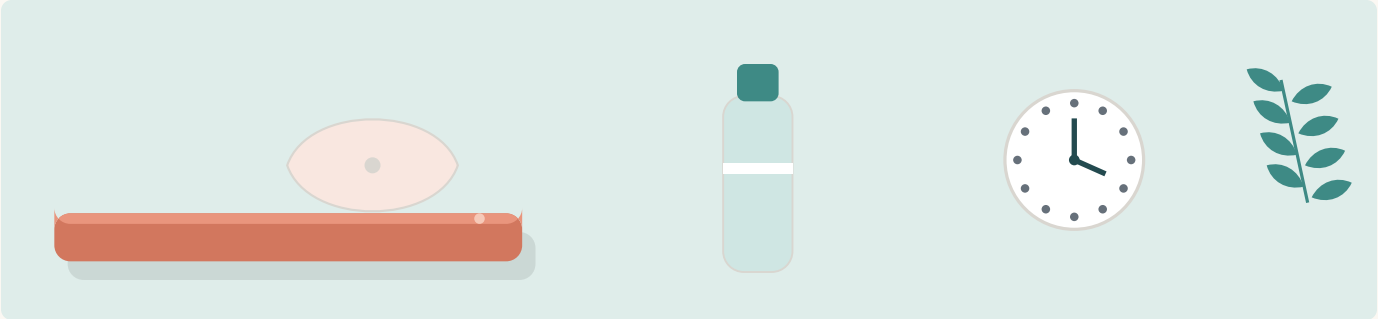
If you notice…	Try this instead
You are holding your breath	Keep breathing normally throughout. [1]
Your stomach pulls in	Do not pull in your stomach when you squeeze; the movement is low down, around the bladder, vagina and bottom. [1]
You squeeze your buttocks or thighs	Picture holding in wind and stopping the flow of urine, nothing above the pelvis. [1]
You cannot hold for 10 seconds	Hold for as long as you can and build up; long squeezes go up to 10 seconds, no longer. [1]
You cannot feel anything	Try a different position, lying, sitting or standing, and ask your midwife, GP or a pelvic physio to check. [1]
It hurts	Stop and tell a clinician; the exercise should not be painful.

GET IT CHECKED

If you are not sure you are doing it right, or you have leaks or heaviness that do not improve, ask a GP or health visitor; they can refer you to a specialist. [1] NICE says the pelvic floor should be discussed at every postnatal contact, so raise it. [4]

The deep stomach exercise.

The NHS side-lying exercise for the deep abdominal muscles, which also helps the tummy gap. [1]



01 **Lie on your side**

Knees slightly bent. Let your tummy relax and breathe in gently. [1]

02 **Draw in as you breathe out**

Gently draw in the lower part of your stomach like a corset, narrowing your waistline, and squeeze your pelvic floor at the same time. [1]

03 **Hold for a count of 10**

Keep breathing normally, then gently release. [1]

04 **Repeat up to 10 times**

Once a day is a good start. Log it on Worksheet 1 with your pelvic floor sets. [1]

NOT SIT-UPS

The NHS advises avoiding sit-ups, planks and high-impact exercise at first, especially with a tummy gap. This exercise is the gentle alternative. [1]

Bladder and bowel habits that protect the pelvic floor.

Small daily habits matter as much as the exercises. [1][4]

Habit	Why
Do not strain on the toilet	The NHS lists straining as something to avoid while the stomach muscles recover. [1]
Eat enough fibre	NICE advises enough fibre to improve stool consistency, which helps prevent bowel symptoms. [4]
Keep an appropriate fluid intake	Part of NICE's advice for preventing pelvic floor dysfunction. [4]
Pelvic floor before you cough, sneeze or lift	A squeeze first supports the bladder; the NHS notes the exercises can help stop incontinence. [1]
Do not rush the toilet	Give yourself time to empty fully; sitting on the toilet is also a good reminder for a set afterwards. [1]

Log the leaks, kindly

Worksheet 2 has space for leaks, heaviness and pain. A physio can do far more with two weeks of honest notes than with "it happens sometimes".

Physical activity and a healthy diet can help prevent pelvic floor dysfunction. [4]

Look after your back.

Feeding, changing and lifting all day is hard on a recovering back. The NHS tips, made into habits. [1]

Moment	Habit
Feeding	Sit with your back well supported and straight; a small cushion behind your waist; feet on the floor. [1]
Changing a nappy	Use a raised surface, or kneel on the floor next to a sofa or bed. Never leave the baby unattended on a raised surface. [1]
Bath time and toys on the floor	Kneel or squat rather than bending your back. [1]
Lifting anything	Keep your back straight and bend your knees; hold heavy objects close to your body. [1][2]
Pushing the pram	Back straight, arms bent, handles at elbow height. [1][2]
Carrying the baby	A well-fitting sling keeps the load close and your back straight. [1]

IF BACK PAIN PERSISTS

Ask a GP or health visitor; you may need to learn how to look after your back and do some exercises to strengthen it. [1]

A worked twelve weeks.

A fictional example of how the planner fits together. Adapt it; do not copy it.

Weeks	What happens	Worksheet
Weeks 1-2	Rests, walks to the corner and back, pelvic floor sets at every feed. Logs a few leaks when sneezing.	1, 2
Weeks 3-4	Walks lengthen with the pram. Tummy-gap check: three fingers, then two and a half.	3, 4
Weeks 5-6	Deep stomach exercise daily. Leaks now rare. Writes questions for the postnatal check.	1, 6
Weeks 7-8	Postnatal check: mentions the gap and heaviness; GP refers to a pelvic physio. Adds a gentle postnatal class.	4, 6
Weeks 9-12	Physio confirms technique. Strength on two days, brisk pram walks most days. Keeps the three-a-day habit.	1, 4

Fictional teaching example. It does not describe a real person, a diagnosis, a treatment or a guaranteed result.

Weeks one and two: rest, walk, squeeze.

The first fortnight is for healing. Movement means walking and pelvic floor, and nothing that makes you hold your breath. [1][2]

01 **Walk a little most days**

Even to the end of the road and back. Walking is great exercise, and you can start gentle activity as soon as you feel up to it after a straightforward birth. [2]

02 **Pelvic floor at every feed**

Build towards 10 long and 10 short squeezes, three times a day. [1]

03 **Protect your back**

Bent knees to lift, back straight, baby close. [1][2]

04 **Rest when the baby rests**

Recovery needs rest as much as movement. Tiredness makes everything harder. [2]

05 **Caesarean or complicated birth**

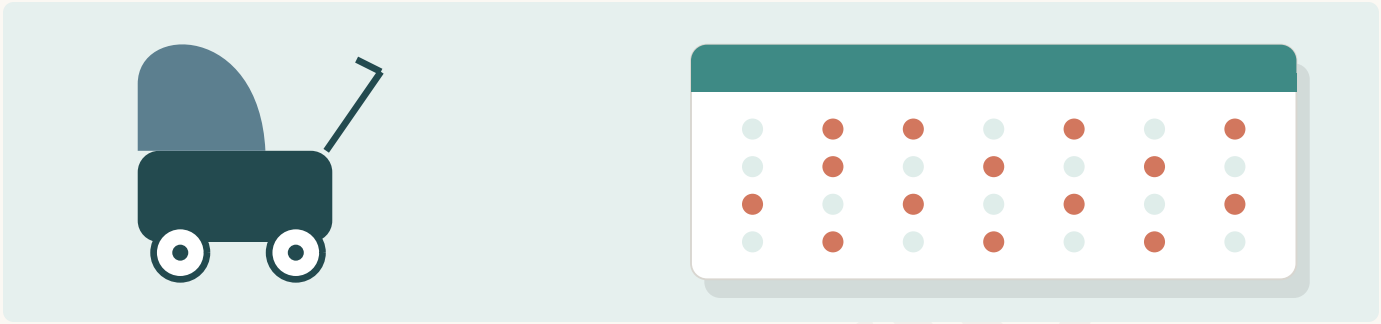
Recovery takes longer; talk to your midwife, health visitor or GP before anything strenuous. [2]

THE WARNING SIGNS STILL APPLY

If anything on page 8 appears, seek advice without delay. [3]

Weeks three to six: a little more each week.

Keep it gentle, keep it regular, and let the pelvic floor and deep stomach work lead. [1][2]



01 **Longer pram walks**

Push briskly with bent arms and a straight back; handles at elbow height. [2]

02 **Daily deep stomach exercise**

The side-lying corset exercise on page 11, up to 10 repeats. [1]

03 **Gentle stretches**

Gentle stretches are on the NHS list for early weeks; avoid over-stretching or twisting while joints are more supple. [2]

04 **Still no sit-ups, planks or impact**

The NHS advises avoiding these to start with. [1]

05 **Note what you feel**

Heaviness, leaks or pain after activity go on Worksheet 2 so you can raise them at the check.

After the postnatal check.

The 6- to 8-week check is the moment to get advice before anything harder. [1][2][5]

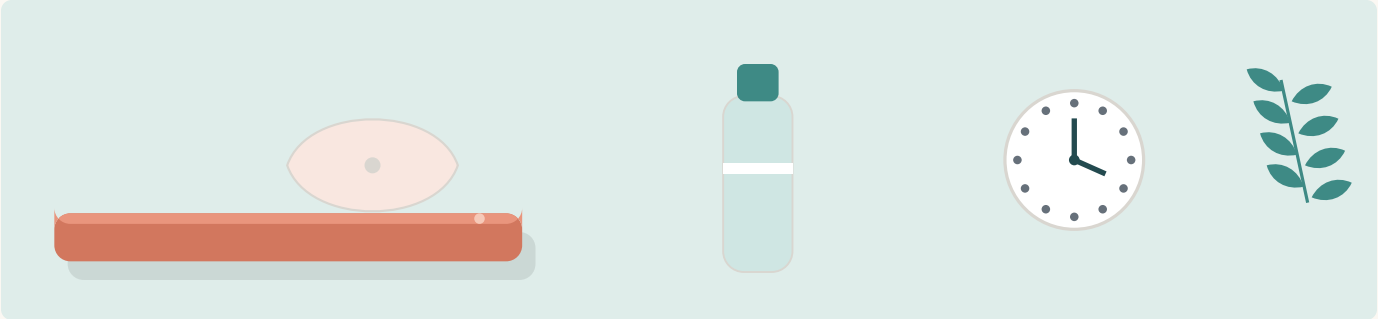
The NHS advises getting advice at your 6-week postnatal check before high-impact exercise such as aerobics or running. [2] The UK activity guidelines say that after the 6- to 8-week check you can do more intense activity if you feel able, and that new mothers should include strength training; vigorous activity is not recommended if you were inactive before pregnancy. [5]

Building block	How
Strength on two days a week	Bodyweight squats, wall push-ups, carrying the shopping, resistance bands; the UK target for adults is strengthening on at least two days. [5]
Moderate activity most days	Brisk walking, pram walking, postnatal classes, swimming once bleeding has stopped for 7 days; build towards 150 minutes a week. [2][5]
Impact, only after advice	Running and aerobics after the check and only if it feels right; stop and ask if you notice leaks or heaviness. [2]
Keep the pelvic floor	Three sets a day, for life. [1][4]

Tell any class instructor that you have recently had a baby, or choose a postnatal class where the baby can come too. [2]

Movement that fits a day with a baby.

You do not need a gym. The NHS list of ideas is built around real life. [2]



Push the pram briskly

Arms bent, back straight, handles at the right height. [2]

Use the stairs and walk short journeys

Build activity into the day rather than finding an extra hour. [2]

Play energetically with older children

Running around with them counts. [2]

Join a postnatal class

Many let the baby be beside you or make the pram part of the workout; your health visitor may know of local ones. [2]

Try swimming

Good exercise and relaxing, once 7 days have passed since postnatal bleeding stopped; have someone mind the baby. [2]

Follow a video at home

Borrow, buy or watch exercise videos online when leaving the house is too much. [2]

Energy, sleep and mood.

A plan that ignores exhaustion will not survive the first bad night. [2]

When you are feeling tired, being active may seem like the last thing you want to do, but the NHS notes that regular activity can relax you, keep you fit, help you feel more energetic, help your body recover and may help prevent postnatal depression. [2] The trick is to make the small version official.

01 **Set a minimum**

On the worst days: pelvic floor at one feed and a walk to the door. That counts.

02 **Move in the good window**

Notice which part of the day you have the most energy and put the walk there.

03 **Sleep when you can**

Rest is part of recovery, not a failure of it.

04 **Say how you feel**

Postnatal contacts are meant to give you the chance to talk, including about the birth itself. [3] If your mood is low or anxious, tell your midwife, health visitor or GP.

FEELING UNSAFE

If you have thoughts of harming yourself or the baby, contact a doctor, your maternity unit or urgent support services now.

What to avoid at first, and why.

Not forever. Just until the tissues have caught up. [1][2]

Avoid for now	Why
Sit-ups and planks	The NHS advises avoiding these to start with, especially with a tummy gap. [1]
High-impact exercise	Get advice at the postnatal check first; running and aerobics come later. [1][2]
Heavy lifting and straining on the toilet	Both are on the NHS list to avoid while the stomach muscles recover. [1]
Over-stretching or twisting	Ligaments and joints are more supple for a few months, so there is more risk of injury. [2]
Your old sports bra and shoes	Sizes may have changed; get measured. [2]
Ignoring leaks or heaviness	These are worth a conversation, not something to push through. Ask for help at any time. [1]

When in doubt, ask. A midwife, health visitor, GP or pelvic physio would rather hear from you early. [1][4]

A weekly rhythm you can keep.

Two strength days, a walk most days, pelvic floor every day. Adjust for a rough week without guilt. [1][5]

Day	Movement	Pelvic floor
Mon	Pram walk (20-30 min)	3 sets
Tue	Strength at home: squats, wall push-ups, band work (after the check)	3 sets
Wed	Walk or postnatal class	3 sets
Thu	Rest day: stretches only	3 sets
Fri	Strength at home	3 sets
Sat	Longer walk or swim	3 sets
Sun	Rest, or play with older children	3 sets

BEFORE THE CHECK, DROP THE STRENGTH DAYS

Weeks 1-6 are walking, stretches, pelvic floor and the deep stomach exercise only. Add strength after advice at your postnatal check. [1][2][5]

Your postnatal check, and who else can help.

Around 6 to 8 weeks after birth is the moment to raise anything physical or emotional. [1]

Who	What they can do
Midwife or health visitor	Early advice on recovery, pelvic floor, back care and mood; they can refer you on. [1] The pelvic floor should come up at every contact. [4]
GP at the postnatal check	Talks through physical and mental health since the birth; can refer you to a physiotherapist, for example if the tummy gap is still obvious at 8 weeks. [1]
Pelvic health physiotherapist	Checks your pelvic floor technique, treats leaks, heaviness and pain, and gives specific exercises. NICE also describes supervised pelvic floor training programmes for women at higher risk. [4]
Pharmacist	Practical advice on pain relief, constipation and products, alongside your other medicines.
Urgent services	Anything on the warning-signs page, without delay. [3]

You are allowed to ask for a referral. If something is affecting your daily life, say so plainly.

Make the most of an appointment.

A little preparation turns a short check into a useful one.

Worth bringing	Questions you might ask
Worksheets 1-3: your sets, symptoms and gap checks	Is my pelvic floor technique right? Should I see a pelvic physio?
How the birth went, in your words	Is anything about my recovery worth checking further?
Leaks, heaviness, pain, bowel changes	What can I do now, and what should improve by when?
Your back and feeding set-up	Is there anything in how I lift or feed that is making things worse?
What exercise you want to get back to	When can I start running or classes, and how should I build up?
How you are feeling	Is there support for my mood, sleep or the birth experience? [3]

IF YOU ARE NOT HEARD

It is reasonable to ask for a longer appointment, another clinician, or a referral to a pelvic health physiotherapist. [1][4]

Pelvic floor habit tracker

Tick each set: aim for 10 long + 10 short, three times a day, plus the deep stomach exercise once. [1]

Week ___	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning set							
Midday set							
Evening set							
Deep stomach (side-lying)							
Longest hold (seconds)							
Notes							

TIP Print twelve copies. A set at every feed usually covers all three.

Symptom log

Leaks, heaviness, pain and bowel changes. One line per day or per event. Bring it to your check.

Date	Leak? (cough, sneeze, lift, urge)	Heaviness 0-3	Pain (where) 0-3	Bowel	What I was doing / what helped

0 none, 1 mild, 2 noticeable, 3 hard to ignore. Anything on the warning-signs page (page 8) is a phone call, not a log entry. [3]

Tummy-gap check log

The NHS finger check (page 6), once a week. Contact the GP if the gap is still obvious at 8 weeks. [1]

Week	Date	Above belly button (fingers)	Below belly button (fingers)	Doming when lifting head?	Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Regular pelvic floor and deep stomach exercises can help reduce the separation; avoid sit-ups and planks for now. [1]

Weekly movement planner

Walking and pelvic floor from the start; strength after your postnatal check; impact only after advice. [1][2][5]

Day	Walk (mins)	Strength (after check)	Class / swim / other	Energy 0-3	How it felt
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

MINIMUM VERSION FOR A ROUGH WEEK

Tell any instructor you have recently had a baby; get measured for a new sports bra first. [2]

Back-care checklist

Tick the habits you have set up. Revisit when your baby gets heavier. [1][2]

- [ ] Feeding chair: back supported, cushion behind the waist, feet on the floor
- [ ] Nappy changes on a raised surface, or kneeling by the sofa or bed
- [ ] Kneel or squat for floor tasks and bath time
- [ ] Lift with a straight back and bent knees; hold the baby and objects close
- [ ] Pram handles at elbow height; arms bent, back straight when pushing
- [ ] Sling fitted so the baby sits high and close
- [ ] A place to sit and rest during the day
- [ ] Someone I can ask to lift the heavy things this month

WHAT I WILL CHANGE THIS WEEK

If back pain persists, ask a GP or health visitor about back-care advice and strengthening exercises. [1]

WORKSHEET 06 / PRINT AT ACTUAL SIZE

Questions for my postnatal check or physio

Write it down before you go, so nothing important is forgotten.

DATE / WHO I AM SEEING / EMERGENCY NUMBER FOR MY MATERNITY UNIT

HOW MY BIRTH WENT, IN MY WORDS

WHAT I WANT HELP WITH MOST (LEAKS, HEAVINESS, GAP, BACK, MOOD)

MY SYMPTOM AND GAP LOGS SAY…

MY TOP THREE QUESTIONS

WHAT WE AGREED / REFERRAL / NEXT STEPS

Bring Worksheets 1, 2 and 3 with this page.

YOUR ONE-PAGE SUMMARY

The postnatal recovery planner, at a glance.

Tear this out, or save it to your phone.

- **Pelvic floor, three times a day**
  10 long (up to 10 s) + 10 short; keep breathing; do not pull in your stomach. For life. [1][4]
- **Deep stomach exercise daily**
  Side-lying corset draw-in, hold for 10, up to 10 repeats. [1]
- **Walk from the start**
  Gentle movement as soon as you feel up to it after a straightforward birth; longer after a caesarean, with advice. [2]
- **Check the gap weekly**
  Finger check; GP if still obvious at 8 weeks. [1]
- **Avoid for now**
  Sit-ups, planks, impact, heavy lifting, straining, over-stretching. [1][2]
- **After the check**
  Strength on two days, 150 active minutes, impact only after advice. [2][5]
- **Warning signs**
  Heavy bleeding, pain or fever, leg swelling, breathlessness, chest pain, severe headache: seek advice without delay. [3]

The useful fine print

Sources behind the specific statements in this studio sample, and what this edition is and is not.

[1] NHS: Your post-pregnancy body (page reviewed 20 July 2026) Open the source

Physical problems after birth are common; for a leaky bladder or a heavy feeling between the vagina and anus you may need to strengthen the muscles around the bladder with pelvic floor exercises; ask a GP or health visitor for help at any time. The postnatal check at around 6 to 8 weeks is a good time to raise physical or mental health problems. Separated stomach muscles (diastasis recti) are common, usually about two finger widths, and usually return to normal by the time the baby is 8 weeks old; a simple lying-down finger check is described; if the gap is still obvious at 8 weeks contact the GP, who can refer to a physiotherapist; regular pelvic floor and deep stomach muscle exercises can help; avoid sit-ups, planks and high-impact exercise at first, straining on the toilet and heavy lifting. Pelvic floor exercises: squeeze and draw in as if holding in wind and stopping the flow of urine; long squeezes up to 10 seconds, short squeezes until tired; build up to 10 repeats of each at least 3 times a day; keep breathing; do not pull in the stomach. A side-lying deep stomach exercise is described. Back-care tips for feeding, nappy changing, lifting and pushing a pram.

[2] NHS: Keeping fit and healthy with a baby (page reviewed 20 April 2026) Open the source

After a straightforward birth you can start gentle exercise as soon as you feel up to it: walking, gentle stretches and pelvic floor exercises. Get advice at the 6-week postnatal check before high-impact exercise such as aerobics or running. After a more complicated delivery or a caesarean, recovery takes longer; talk to a midwife, health visitor or GP before anything strenuous. Lower back and core muscles may be weaker and ligaments and joints more supple for a few months, so there is more risk of injury from over-stretching or twisting. Ideas: postnatal exercises and classes, brisk pram walking with bent arms and a straight back, walking, building activity into the day, bending the knees to lift, holding objects close, swimming once 7 days after postnatal bleeding has stopped. Regular activity can help recovery and may help prevent postnatal depression.

[3] NICE guideline NG194: Postnatal care (published 20 April 2021, last updated 9 June 2026) Open the source

Give women information about the postnatal period, the importance of pelvic floor exercises, what support is available and who to contact if concerns arise. Symptoms or signs to seek medical advice for without delay: sudden or very heavy vaginal bleeding, or persistent or increased bleeding; abdominal, pelvic or perineal pain, fever, shivering or unpleasant-smelling discharge; leg swelling and tenderness or shortness of breath; chest pain; persistent or severe headache; worsening reddening and swelling of the breasts for more than 24 hours despite self-management; symptoms that do not respond to treatment. At each postnatal contact, give the opportunity to talk about the birth experience and signpost support.

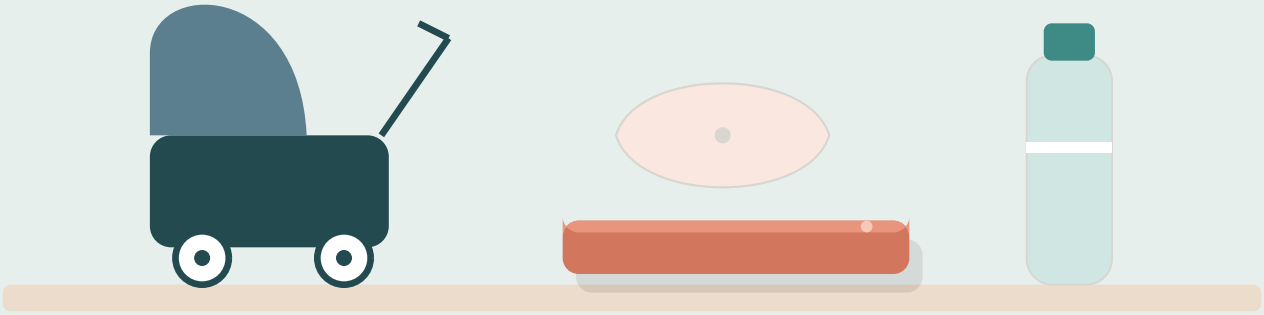
[4] NICE guideline NG210: Pelvic floor dysfunction, prevention and non-surgical management (published 9 December 2021) Open the source

Health visitors, midwives and GPs should discuss pelvic floor dysfunction with women at each postnatal contact. Physical activity and a healthy diet can help prevent pelvic floor dysfunction; eat enough fibre and keep an appropriate fluid intake. Encourage women who are pregnant or have recently given birth to do pelvic floor muscle training and explain that it helps prevent symptoms; encourage lifelong pelvic floor muscle training; consider a 3-month supervised programme during postnatal care for women at higher risk.

[5] NHS: Physical activity guidelines for adults aged 19 to 64 (page reviewed 22 May 2024) Open the source

Adults should aim for strengthening activities on at least 2 days a week and at least 150 minutes of moderate activity a week, and reduce time spent sitting. The guidelines are also suitable for pregnant women and new mothers: after pregnancy, match activity to your pre-pregnancy levels, include strength training, and after the 6- to 8-week postnatal check you can do more intense activity if you feel able; vigorous activity is not recommended if you were inactive before pregnancy.

About this edition. Written, illustrated and designed by Forgewick, operated by Haris Sohail. Studio Edition 1.0, September 2026. All text, illustrations and worksheets are original. General health information for adults; not medical advice; not reviewed by a physiotherapist, midwife or doctor; it does not diagnose or treat any condition or replace your postnatal check.



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