Marathon Physical Therapy and Sports Medicine
Center for Women's Health

Postpartum Abdominal Binder Use

Wear schedule:

Day 1: Binder use can begin on the day of delivery. The binder is worn over the top of the hips and will come up approximately to the navel. It should be fastened gently, but snugly, without wrinkles in the fabric. Wear the binder to move in bed and get in/out of bed (typical for vaginal delivery, may or may not be possible with c-section on day 1). It can be unfastened during times of rest.

Day 2-3: You will become more mobile and should continue to use the binder during these mobile times, including turning and scooting in bed and during toileting. You should also get in the habit of wearing the binder during times when you are still, but are holding the baby.

Day 4-7: The ability to get around in your environment will continue to improve and you will continue to use the binder during waking/mobile/physically active times and activities. Continue to unfasten the binder during times of rest, such as naps and sleeping at night.

Weeks 2-6: Generally, activity level will increase during this time and binder use can decline.

- Since the binder is intended in large part as a "bridge" from immediately postpartum to a time when your abdominals are again able to function properly to provide support for your trunk and pelvis, you will feel less benefit from using the binder as your abdominal function improves.
- The binder is recommended during times of increased physical activity: both when returning to more challenging activities (ie. going out for a walk vs walking from the living room to the kitchen) or activities of longer duration (ie. going out on an errand where prolonged standing and position changes may be required).

The binder also helps to reduce abdominal swelling as it recovers from childbirth, so be mindful that the more swelling you have postpartum, the longer you may find use of the binder to be helpful.

Bed mobility:

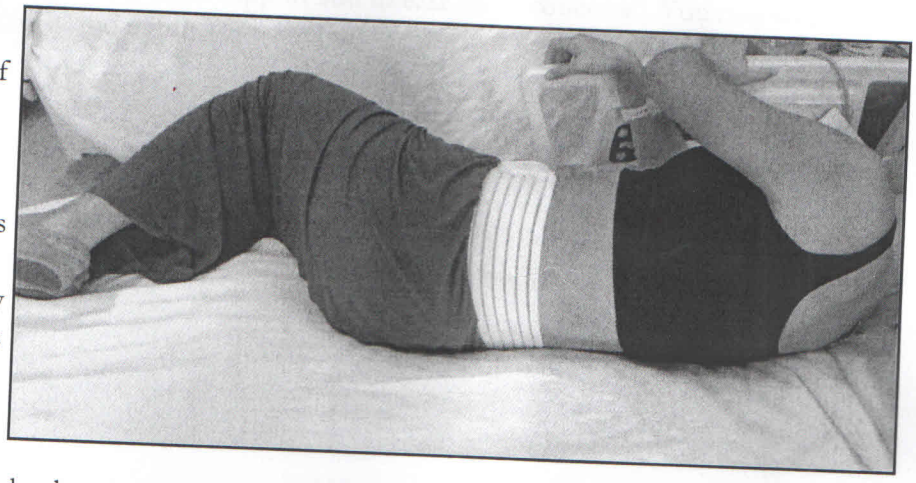
Moving in bed can be a challenge during the last weeks of pregnancy, and often remains a challenge in the early days of postpartum recovery. Under "normal" circumstances, we frequently use the abdominal muscles to drive our position changes in bed - whether rolling over, scooting, or trying to sit up. Wearing the binder during these position changes will provide to the body the support it needs for the task, but that it is unable to provide because of the ways the abdominal muscles have been compromised.

In addition to wearing the binder, follow these general principles:

With all techniques described, do not hold your breath as you move. Try to let out a soft, long exhale during the movement.

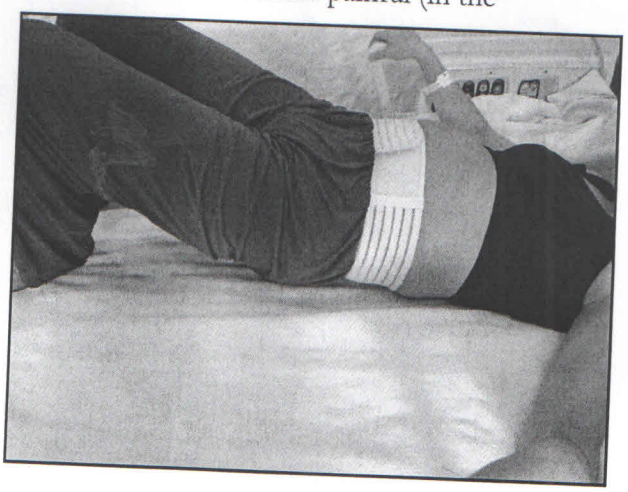
Log-rolling: This technique uses the arms and legs to roll the body onto one side or the other. When getting out of bed, it is important to first use log-rolling technique to get the body on its side and near the edge of the bed.

Press up to sit:



From the side-lying position at the end of the log roll, drop the legs off the edge of the bed at the same time you use the arms to press up from the bed. Pulling the body up by using hand rails or another person will often recruit the abdominals excessively and can make the movement more difficult, and even more painful (in the case of c-section).

Scooting: Scooting from one side to another in bed, or scooting up toward the head of the bed (often helpful when planning to sit in an adjustable hospital bed) again uses the arms and legs in place of the abdominals. Lay on your back with both knees bent. Using your arms to press into the bed for extra support or to steady yourself, use your legs to lift your buttocks up from the bed (a bridge position). Then use the muscles in your legs to help you set your hips down in the desired position - either further up toward the head of the bed or closer to the edge of the bed.



Toileting:

Toileting after childbirth can often be challenging and sometimes painful, regardless of vaginal or c-section delivery.

Urinating: In the early days, you will be wearing a binder when you are out of bed. You can wear it when you urinate unless you find it uncomfortable for some reason. You are encouraged to sit and relax on the toilet, using deep regular breathing and an image of "opening" your pelvis to initiate the urine stream. Do not push to urinate.

Bowel movements: Bowel movements after childbirth can often be a struggle, particularly when use of pain medications and/or cesarean exacerbate postpartum constipation. Additionally, the abdominal pressure generated when bearing down can create pain and feelings of stress at any areas of healing (c-section scar, episiotomy, perineal tear). Wear the binder during bowel movements to provide extra support and to ease these concerns. You may want to fasten it a bit more securely and tightly for bowel movements, at least initially.

Breathing:

Breathing is essential to life, yet we often don't consider its importance or make any conscious efforts to regulate our breath. Our breathing habits are often compromised by pregnancy (too hard to take a deep breath when baby is in the way!!) and the laxity in the abdominal wall postpartum can make automatic restoration of normal breathing difficult to achieve. This makes "mindful and intentional breathing" all the more important!

Day 1: Lay comfortably in bed with your hands resting on your lower belly and lower rib cage. Take a breath in, trying to breathe into your hands. Breath should come in low - causing movement in the lower ribs and rising in the lower abdomen. Your exhale should be very passive; let the air "fall out" as you exhale. Try 5 intentional breaths at a time, no more than 5 times in the first 24 hours.

Days 2-3: Continue to practice this intentional breathing into the lower ribs and lower belly. The binder should not be so tight that it restricts breathing; rather, it should be snug enough to provide support to the trunk and abdomen as you practice your breathing. As you are becoming more mobile, try practicing this breathing in different positions: sitting up in bed, sitting in a chair.

Days 4-7: The breathing practice remains the same. As you are ready, try to increase the number of times per day that you practice (from 5 up to 10) and the number of breaths each time (from 5 up to 10). It can be helpful to associate this with an activity to help you remember: while nursing your baby, before/after toileting, etc.

Early Abdominal Exercises:

Activating the deepest abdominal muscles can be more difficult soon after delivery than it was even during the latest days of pregnancy. You may feel that you can picture the correct exercise in your head and send the right signals to your muscles, but still not have the strong and recognizable muscle activation that you once felt. Stick with it and it will return! If you have a cesarean section, you may progress more slowly than the timelines below, and that's ok. Respect the signals your body sends and pace yourself accordingly. The important thing to keep in mind is that these exercises are meant to restore the coordination of the deep abdominals, not necessarily increase the strength or force with which you perform the exercise. As you practice, they will seem easier to activate and will start to "turn on" more instinctively when you are physically active.

The binder provides support that mimics the deep abdominals. As your abdominal muscle coordination returns you will require the binder less and less. A huge reason you are using the binder is to help your deep abdominal muscles remember how they are supposed to provide support and to use the binder to provide the support you need UNTIL your abdominals are functioning well enough to do their job again.

Day 1: In a comfortable position, try to "find" the deep abdominal contraction. Try imagining using the muscles to gently draw together the front of your pelvic bones and exhale softly during your effort. Practice up to 5 times in a row, up to 5 times a day.

Days 2-3: You may be able to start feeling a hint of the connection of the deep abdominals again. Continue to practice as described above. Start to find the connection with your deep abdominals before you attempt any movement (before scooting or log-rolling in bed, before sitting up, before moving from sit to stand). **Remember: you will be wearing the binder when you practice the exercises and the movements. Use the compression and support provided by the binder to reinforce the abdominal connection. The binder will be providing more support at this time than you will have from the abdominal muscles.

Early Abdominal Exercises, cont.:

Days 4-7: Using all the same cues, images, and gentle efforts at turning on your abdominals, gradually increase how many times you perform the exercise. Work up to turning the muscle on 10 times in a row, up to 10 times a day. Continue to wear the binder when you are working on these exercises.

Weeks 2-6: Continue to intentionally find your deep abdominal connection to prepare you for movement and support you during your movements. As you start to wean from binder use, be aware of your body's ability to use the deep abdominals to provide support when the binder is off. Start to practice the endurance of your deep abdominal connection: turn it on, maintain it "on" as you take a few breaths. Build up to 10 times in a row, holding each for 10 seconds, as you breathe normally.

Return to PT: If at any point you feel that you are not able to establish this connection or to continue to progress, it may be helpful to have a PT consult to review the exercise and to evaluate any potential barriers to your body finding this connection and continuing the process of recovery.

Pelvic Floor Exercises, cont.:

Pelvic floor muscle exercise: The pelvic floor muscles are engaged by squeezing up and in as if you are trying to slow or stop the flow of urine. Additional helpful cues are:

Squeeze as if you are trying to hold back gas
Pull your vagina up and into your body
Imagine squeezing around something in the vagina (finger, tampon, etc)

Do not: Do not hold your breath or bear down (as if you are having a bowel movement).

Week 1: This is a time of rest and recovery. Follow all guidelines described elsewhere in this booklet to protect your healing pelvic floor, but specific muscle re-training is not indicated yet.

Weeks 2-5: Gentle PME can begin. Start by simply trying to "find the connection" to these muscles again. It is likely that efforts at even a few repetitions will be very tiresome and difficult to coordinate at first. Be patient with yourself and respect your body as it heals. Anything that causes pain and/or increases vaginal bleeding is generally "too much" for you at this time and indicates that more rest is needed.

Begin: Gently engaging your PFM as you exhale, holding a few seconds, and then allowing yourself to relax fully. Allow twice as much time to relax as you spend engaging the muscle (ex: if you squeeze for 3 seconds, relax fully at least 6 seconds before trying to engage again). Try 2-5 repetitions 2-5x/day.

Progress to: Holding 5 seconds as you continue to breathe. 6-8 repetitions, 4-6x/day.

Weeks 3-8: During this timeframe, physical activity is gradually increasing and you may have returned to light exercise.

Start to incorporate an intentional "pre-contraction" of the pelvic floor before you engage in your movement or activity (before getting up from a chair, before picking up baby, before you climb stairs).

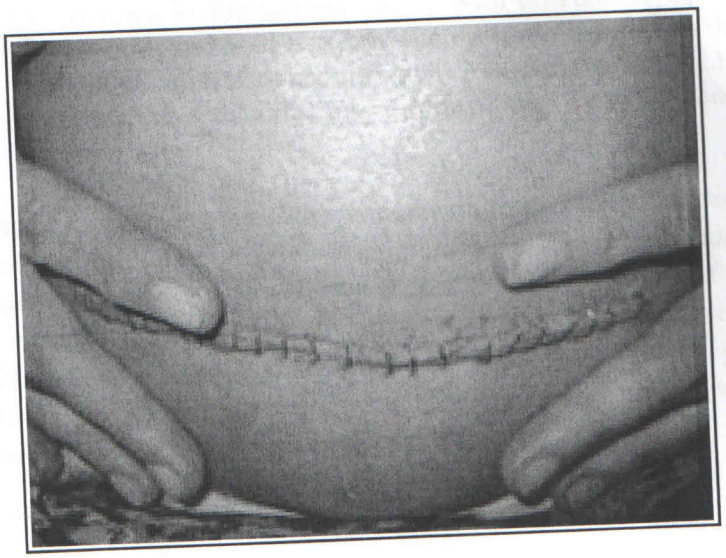
IF YOU HAVE A TEAR OR EPISIOTOMY: it is during this timeframe that you will likely start to be comfortable to begin any intentional PME. Start with the recommendations outlined in "Weeks 2-5" before attempting anything more vigorous. If the wound is healing more slowly, do not progress to this phase - it must be "closed" in order to tolerate the stresses that are necessary next in healing (including the stress in the tissue from activating and contracting the pelvic floor).

rolling up towels and placing them under
the perineum.

Desensitization can begin for the abdominal wound (as it can be easily reached by
of the following techniques:

Resting your hand gently on top of the wound.

When showering, allowing the water to run down the front of your body and over the wound. If this is not tolerable, try wrapping a thin towel around your chest while you are in the shower. This can filter the water, making the sensation more tolerable.



Scar Mobilization and Desensitization:

This section will not apply to every new mom. The following information is specific to the healing process when there is a wound or scar following childbirth: cesarean section, episiotomy, or perineal tear.

It can be frightening or disconcerting to have a new scar, especially if it was unexpected. However, there is much you can do to help the healing process along so that your recovery from this bit of trauma is as good as recovery from trauma in any other area of the body (we wouldn't expect a scar after shoulder surgery to be a problem, right?).

Week 1: Care is taken during this time to protect the healing wound.

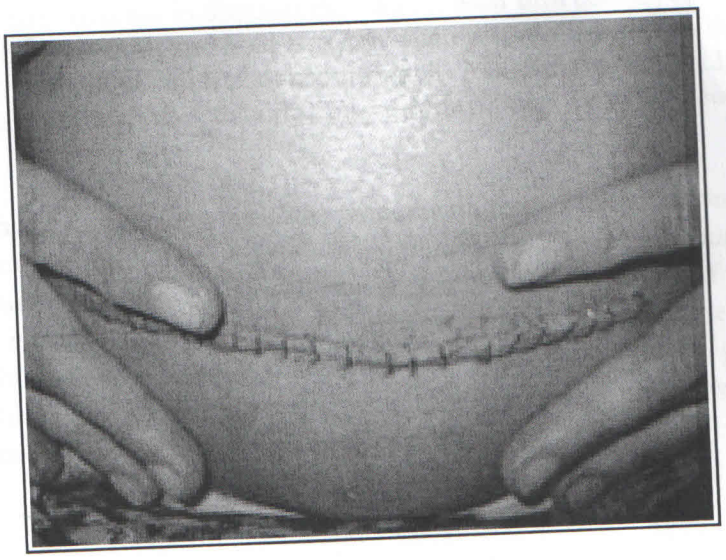
Abdominal wounds especially benefit from the binder to protect them during movement and toileting.

For perineal wounds, you may find sitting more comfortable using a donut cushion, or even rolling up towels and placing them under each buttock so that you avoid direct pressure on the perineum.

Desensitization can begin for the abdominal wound (as it can be easily reached) by using any of the following techniques:

Resting your hand gently on top of the wound.

When showering, allowing the water to run down the front of your body and over the wound. If this is not tolerable, try wrapping a thin towel around your chest while you are in the shower. This can filter the water, making the sensation more tolerable.



Scar Mobilization and Desensitization:

Weeks 2-5: Gentle manual techniques are essential during this timeframe to facilitate proper scar tissue formation. You should never feel as if you are pulling the wound edges away from each other, but you can start to gradually move the tissues together. When done properly, this does not pose any risk to the healing tissue - in fact, it is essential for the healed wound to be strong and pain-free!

Desensitization work continues on abdominal or perineal wounds.

Use of light touch and gentle brushing with your fingers helps to alleviate the sensitivity that your body initially has to touch in these healing areas.

For abdominal wounds, specific patterns of stroking using a soft bristle brush or washcloth help with both desensitization and local swelling. (See photo and diagram for instructions)

Weeks 3-8: The wound margins will have healed together by this time and more vigorous mobilization techniques can begin. If the wound is healing more slowly, do not progress to this phase - it must be "closed" in order to tolerate the stresses that are necessary next in healing.

Using your hands/fingers, apply a stretch to the tissue in one direction and hold it for 15-30 seconds. Repeat in another direction. Repeat again, so that you are providing a stretch in all the directions that the tissue must move: up, down, side-to-side, etc.

Gradually increase how long you hold the stretch, up to 60 seconds.

Start to incorporate stretches in diagonal directions. With firm contact on the scar, you can move in circular motions and hold a stretch when you feel a barrier in the tissue.

The stretch will be mildly-moderately uncomfortable: less than that is not likely to stress the tissue in the right way; more than that may risk disrupting the wound and its healing process.

Week 6 - Month 12: Continue to stress the wound with regular mobilization and stretches in all directions. At this time, the wound should be no more than minimally painful unless stretched vigorously. You may notice a change in sensitivity of the wound if you engage in a new activity (for example, jogging or sexual activity). Continued work on the scar should alleviate this within a few weeks. If you are limited in any activity by pain in your scar, you should discuss this with your healthcare providers. You may benefit from working with a PT or other skilled provider to facilitate your healing process.