

PINE INTEGRATED HEALTH

INTO THE FOREST

Postpartum Edition

The Fourth Trimester: How to Survive & Thrive in Those First Three Months

Featuring Articles By Postnatal Experts:
Psychology. Pelvic Health Physiotherapy. Nutrition. Chiropractic.
Acupuncture. Massage Therapy. Osteopathy.



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WELCOME

to Pine Integrated Health



As mothers themselves, Mallory Becker and Jillian Palmer are intimately aware of the joys and challenges that accompany the journey to motherhood. Both dedicated professionals, they have devoted their lives to helping others, but it was only after having their own children that they recognized the significant gaps in care for new moms and their families. Enter Pine Integrated Health, a truly integrated health care clinic and the first of its kind in Edmonton Alberta. At Pine, you will find an incredible team of evidence-based health specialists who are passionate about supporting women and their families during pregnancy, postpartum, parenthood, and beyond.

Over the past few years, Pine has been honoured to support thousands of clients in South/Central Edmonton and in its new location in Sherwood Park. Pine Integrated Health has grown to be the largest specialized multidisciplinary perinatal health centre in North America. It is their dream one day for every family to have the support of a specialized perinatal health centre in their neighbourhood

Welcome to our Pine family.

PINE INTEGRATED HEALTH TEAM

PSYCHOLOGISTS
PELVIC FLOOR PHYSIOTHERAPISTS
DIETITIANS
SPEECH LANGUAGE PATHOLOGISTS
LACTATION CONSULTANTS

CHIROPRACTORS
PEDIATRIC PHYSIOTHERAPISTS
MASSAGE THERAPISTS
ACUPUNCTURISTS
MANUAL OSTEOPATHIC THERAPISTS

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EDITOR IN CHIEF: Dr. Shenaigh Newman

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¹ Mahsa Jessri, Anna P. Farmer, Katerina Maximova et al. (2013). Predictors of exclusive breastfeeding: observation from the Alberta pregnancy outcomes and nutrition (APrON) study. BMC Pediatrics. 13(7).

² Optimizing postpartum care. ACOG Committee Opinion No. 736. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018, 131: e140-150.

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Multidisciplinary Care in the Fourth Trimester



The fourth trimester is the time between birth and 12 weeks postpartum. It is a time of incredible change and marked vulnerability for mothers and their newborn babies. During pregnancy, a woman is followed closely by her birth care provider with a standard four appointments in the last month of pregnancy, alone. After birth, this intense following is continued for the new baby, with close monitoring for them during the first days, weeks, and months of life. Unfortunately, care for the new mother drops off, and rather than being checked in with about how she is managing physically, mentally, emotionally, or otherwise, she is left to manage on her own until her six week check up.

The fourth trimester is the time when a woman is physically recovering from pregnancy, labor, and birth. The amount of cellular energy it takes to grow a human, a placenta, and all other fetal structures is incredible. Pregnancy also impacts every single system in the mother's body including: blood volume, lung function, metabolism, digestion, even memory. Still, no other system is more impacted by pregnancy than the musculoskeletal system. Pregnancy changes

the shape of the abdominals and strain the pelvic floor. It also changes a woman's posture and loads her body with extra weight.

In addition to recovering from pregnancy, a woman must also recover from labor and birth, which can be physically exhausting. If she birthed vaginally, a woman's pelvic floor and perineum are recovering from an incredible amount of stretch, and possible tearing or episiotomy. She may be experiencing pain, swelling, hemorrhoids, and pelvic floor dysfunction. If she birthed by Cesarean section, she is recovering from major abdominal surgery and the effects of anaesthetic medication.

Depending on how you delivered and the injuries you may have sustained, recovery times can vastly differ. Incredibly though, the standard six-week clearance for exercise and sex is given to almost all postpartum women, regardless of how they are actually feeling.

The fourth trimester is also the time when a new mother is climbing the steep learning curve of breastfeeding. She may be experiencing nipple pain and may certainly be experiencing the self-doubt that comes along with breastfeeding difficulties. With very little prenatal education on breastfeeding and resources on what to do when it does not go well, many new mothers who have every intention of exclusively breastfeeding their babies discontinue in the fourth trimester. In fact, in Alberta, 96% of pregnant women plan to exclusively breastfeed their babies. By three months only 54% are and by six months only 15% are.¹



Pregnancy, birth, and postpartum health care is divided into primary care and allied care. Primary care team members are: doctors, nurses, and midwives. Allied care team members can include: pelvic floor physiotherapists, registered psychologists, registered dietitians, lactation consultants, acupuncturists, chiropractors, and more. Usually, births are attended by either a doctor or a midwife. Very often, this primary care provider may not follow up with her until six weeks postpartum- or halfway through the fourth trimester. Six weeks is a long time to go for someone who is struggling to breastfeed, or whose mental health is deteriorating, or who cannot control their bladder, or who is in a lot of pain.

The American College of Obstetricians and Gynaecologists released new guidelines in 2018 to reinforce the importance of the fourth trimester. Rather than a single encounter at six weeks, they recommend that the first postpartum followup should be no later than three weeks and should continue as an ongoing process that eventually transitions to wellness.² This is a paradigm shift that has the potential to make a significant difference to the experiences of women postpartum- especially if there is a referral system to key allied health providers that help to support the mental and physical health of mothers.

The expectation that a single health care provider could be an expert in the assessment and treatment of postpartum concerns related to pelvic health, mental health, breastfeeding health, nutritional health, etc is illogical. There are professionals dedicated to each of these areas.



The first step in ensuring that a woman is adequately supported through the fourth trimester starts with her gathering a team of support during pregnancy. At minimum, each woman should have on her team someone to support her mental health, someone to support her physical and pelvic health, and someone to support her in breastfeeding. Establishing a list will ensure that if a new mom runs into issues, she does not have to try and find help in a period of time when problems are already present, stress is high, and sleep is interrupted.

There is stigma around maternal mental health, pelvic health, and breastfeeding. Many women do not seek help because they equate having difficulties to being a 'bad mom.' However, many great moms have a perinatal mood or anxiety disorder, pelvic floor dysfunction, or difficulties breastfeeding. The more these issues are talked about and the more women know about who they can go for help in these areas, the less stigma there will be.

Knowing that the best predictor of family health and well-being is the health and well-being of the mother,³ appropriate postpartum care in the fourth trimester should be prioritized just as highly as care for our newborns. With the right supports in place, a multidisciplinary team of primary and allied healthcare professionals can really change the trajectory of a whole family's journey.

~ Jillian Palmer
Physiotherapist
Co-Founder





Eating for Postpartum Recovery and Renewal

The postpartum phase can welcome a spectrum of emotion ranging from exhaustion and overwhelm to utter adoration and love for your newest responsibility. It is very common for all energy, efforts, and resources to be directed to the most vulnerable and most important addition: our baby. What often slides into the periphery is the understanding that our body is still healing, recovering, and finding what 'postpartum' means to us. Society often pushes the instantaneous return to a 'pre-baby body' within weeks of entering a vastly new stage of life, almost as if the pregnancy did not even happen. Realistically, if we are looking at our hormones and our physical body, it can take a woman's body nearly 18 months to return to a new normal after having a child and longer if still breastfeeding.

With the changes that happen in the postpartum period, considering good nutrition can support women in a multitude of ways:

- **Help with your recovery-** Regardless of your method of delivery, birth is no cakewalk. Having the right food on board can help replace nutrients lost or depleted during pregnancy and birth.
- **Assist with milk production-** What we eat and drink are linked to our ability to produce both quality and quantity of breastmilk.
- **Support overall wellbeing-** It may be more challenging to find time to make food, but we do know that eating regularly promotes stabilized blood sugar levels which support mood and metabolism.

What does "good nutrition" actually mean?

Nutrients you will want to focus on in the postpartum period are:

- **Protein**- This essential macronutrient is there to support recovery and healing. It is also important for milk production,
- **Fibre**- Having a bowel movement after having a baby can be...well...terrifying. Getting enough fibre in a day supports a healthy digestive system and promotes regularity. Foods high in fibre (whole grains, beans, vegetables and fruits) are also high in antioxidants. Win-win!
- **Iron**- This nutrient decreases significantly during pregnancy and delivery. Eating protein regularly can support good iron intake as they often pair hand-in-hand. Keep in mind that animal protein is usually higher in iron, and is more readily absorbed. Plant-based protein (like tofu, beans & legumes, nuts & seeds) have lower iron content; therefore, we need to eat more of these foods to get enough.
- **Calcium**- Aim for 1000mg or roughly three servings. Besides dairy, other calcium rich foods include: calcium-enriched plant milks, edamame, almonds, almond butter, tofu

- Omega-3 Fatty Acids- This helps decrease inflammation in the body which is key for postpartum recovery. If breastfeeding, there is research to show that omega-3 fatty acids can pass onto baby which can help improve brain and eye development. Aim for two servings of fatty fish (salmon, herring, mackerel) per week. Plant-based sources include: vegetable oils, nuts (especially walnuts), and flax seeds/oil.

A Menu in the Life of a Postpartum Mama

BREAKFAST

[Breakfast Sandwich]

Whole-grain English muffin

Egg

Slice of ham

Slice of tomato

Handful of berries or orange

SNACK

[Trail Mix]

Walnuts/almonds

Sunflower seeds

Dried cranberries/raisins

Dark chocolate chips

LUNCH

[Turkey Wrap]

Whole-grain tortilla

Hummus

Turkey slices

Swiss cheese

Handful of spinach

1/2 avocado

SNACK

[Berry Smoothie]

Milk of your choice

1/2 cup orange juice

Handful of frozen berries

Two handfuls of spinach

1/2 cup Greek yogurt

1-2 tbsp of hemp or chia seeds (optional)

DINNER

[Stir-Fry Bowl]

Panfried chicken/tofu

Two cups of veggies

Whole-grain rice/quinoa

Stir-fry sauce



A healthy postpartum diet is not a cure-all. Overall health and recovery also come from finding new ways to be active, getting enough sleep, and having the option for a bit of baby-free time. However, diet goes a long way in supporting all of these, healing your body and feeding your soul.

~ Megan Wallace
Registered Dietitian



Easy No Bake Protein Bars

[Taken from Pine Integrated Health's upcoming cookbook:

Nourished: From Conception to the Fourth Trimester]



10 min



5 min



15 servings

NUTRITION

279 calories; protein 8.6 g; carbohydrates 38.4 g; fat 11.1g; cholesterol 0.6 mg; sodium 110.8 mg

INGREDIENTS

- 1/2 cup milk of choice
- 1 cup almond butter
- 1/2 cup real maple syrup or honey, plus more to taste
- 1 cup vanilla, chocolate, or plain whey protein powder*
- 2 cups old fashioned rolled oats, uncooked
- Optional: 1 tsp ground cinnamon
- Optional Add-ins (1 cup): chocolate chips, raisins, dried blueberries, chopped dates, or melted chocolate for topping

METHOD

- Lightly grease an 8×8 pan and set aside.
- In a medium pot over low heat, mix milk, almond butter and maple syrup. Mix until all ingredients combine and are just warmed through. Remove from heat.
- Add protein powder, oats, and optional add-ins. Stir to combine.
- Press evenly into pan, using firm pressure to compress mixture. Use wet or lightly greased hands to prevent sticking, or place a sheet of parchment paper overtop and push down with a flipper.
- Allow bars to cool completely. Once cool, cut into squares. Store at room temp for several days, or chilled in fridge for a week.



YOUR NEW IDENTITY

MAMA. MOMMY. MOM. MOTHER.

Many moms-to-be spend hours reading pregnancy books and posts online researching everything about pregnancy, labor, and delivery. While this is a great resource, the information often ends shortly after telling us that being fully dilated is the equivalent to the diameter of a bagel... now what? Moms also need a transparent account of the numerous shifts and transitions a person may encounter in the months following birth, especially in terms of identity.

There is a sudden and acute identity change marked by physical, mental, and emotional changes. This change ripples into relationships and can also involve grieving the loss of autonomy. We need more literature and media to address these shifts so that when moms experience them- to whatever degree-they have some awareness beforehand. This perhaps will allow mothers to have supports in place to help address these difficulties. This would go a long way in alleviating the shame many women experience and help them realize that they can both love their child and still miss the person they were before baby.

The experience of motherhood is uniquely public. Many people have opinions about what "should" and "should not" be done. Others may dismiss the

challenging experience under the guise of well-meaning advice like "enjoy these moments- they'll be gone so soon." Meanwhile, the mom may be questioning who she is:

- now that she is not working
- now that she is not going for brunch with friends
- now that she is too touched out and tired to be intimate with her partner
- now that she has such a heavy mental load that responding to text messages feels burdensome

These thoughts can be difficult to express to others which makes them that much more powerful as they occupy minds in the silent and dark moments of the wee hours of the morning.

In addition to getting to know the new baby, mothers are also getting to know their new self. It will take time to figure out who this new person is. We need to allow them the space to grieve their old self and grow into their new self. Mourning losses and being nostalgic for pre-baby days can go hand-in-hand with being a good parent and appreciating their new way of life.

~ Vanessa Columbia
Registered Psychologist



How to Honour Your Identity

- 1 Reflect on how aspects of your new identity aligns with what you value.
- 2 What are the three things you valued most about your pre-baby identity?
How might this be present in a new way now?
- 3 Be curious about how your support system can help you tap into the aspects of your old self that you want to maintain.
- 4 Give yourself some time to mourn parts of that previous identity.
- 5 Write a letter to your future self reflecting on what you hope for that person.

Things You Wish You Knew...

Postpartum Edition

How hard breastfeeding could be.

You are not meant to do it all. It is okay to ask for help.

What an emotional rollercoaster it can be.

No matter how much you prepare, you don't know all the answers.

Trust in yourself, mother intuition is a real thing.

I would've rested more.

How foreign my body would feel. It took a long time to feel normal.

Normalize therapy!

How common and **FIXABLE** pelvic floor issues are.

Engorgement, night sweats, body odour.

Anonymous contributions from our followers on Instagram



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Being a Mom Sometimes Doesn't Feel Good:

How to tell the difference between typical postpartum struggles vs. postpartum depression and anxiety

A common question asked in the postpartum period is: "what is the difference between everyday postpartum struggles and postpartum anxiety and depression?" Almost all postpartum moms will experience struggles with sleep, decreased energy, worry/overwhelm, and a decrease in sex drive. A "normal" postpartum adjustment also includes anxiety-filled moments, scary thoughts, or feeling lonely or isolated.

Even though postpartum depression and anxiety are common complications of childbirth, symptoms can be easily missed because they overlap with changes we expect after having a baby. This makes it difficult to differentiate between what is normal and what might be problematic.



Here are some tips to help know if your struggles might be more than typical postpartum adjustment:

- **Timing is important:** 70% of new parents experience emotional vulnerability and mood swings called the "baby blues". This is due to hormonal changes after birth; therefore, the baby blues resolve by 14 days after birth. Although there are moments of mood changes, tearfulness, and overwhelm, the predominant mood is still happy. If mood or anxiety struggles last longer than 14 days, it is important to explore help with a professional.
- **Level of distress:** Does the way you feel interfere with your ability to function the way you are used to functioning? Does it feel hard to care for your baby most of the time? Is it difficult to complete everyday tasks? If so, discuss with your healthcare provider how often you feel this way, how bad does it feel (0-10) and how long it has been going on.
- **If something feels wrong, it might be:** Trust your instincts. That does not mean something terrible is happening; it often means you are overwhelmed, burnt out, and need some support to feel like yourself again. These thoughts and feelings can make you feel like you are not handling motherhood very well or like you are doing something wrong.

Making the first call for help can be hard. Moms often resist getting help for many reasons. They might hope it goes away, they may fear being judged, they may feel weak and that they should be able to take care of themselves. Seeking help is an important first step toward feeling better.

~ Mallory Becker
Registered Psychologist
Co-Founder



DEPRESSION IS NOT A SIGN OF WEAKNESS. IT MEANS YOU HAVE BEEN STRONG FOR TOO LONG.

- UNKNOWN



L o v i n g Y o u r B o d y

A f t e r B a b y

The first year postpartum presents many physical, psychological, and social challenges. Physically, moms may be dealing with: weight gain, breast shape changes, skin alteration (stretch marks and/or Caesarean section scarring), and/or complications from childbirth. Psychologically, some moms may be experiencing: birth trauma, insomnia, anxiety, depression, disordered eating, and/or a loss of interest in sex. Socially, moms may feel pressure to lose the baby weight and have their body "bounce back" quickly. Therefore, it is not surprising that during the postpartum period, physical and psychological changes can interact with societal pressures to heighten body image issues. Body dissatisfaction can increase post-birth, leading some mothers to experience negative perceptions of their body.⁵ Body dissatisfaction is associated with emotional distress, postpartum depression, reduced self-esteem, dieting behaviours, disordered eating, and earlier discontinuation of breastfeeding.⁶

If you have previously struggled with your body image or notice that you have physical comparison tendencies, feel pressure (internally or externally) to return to your pre-pregnancy body quickly, or believe your adjustment to motherhood has been impacted by your body image, it may be beneficial to incorporate the following:

- Make an effort to identify what you appreciate about your body. Body appreciation is correlated with psychological well-being, intuitive eating, self-compassion, physical activity, self care, and sexual and reproductive health.⁷
- Practice being mindfully attuned to your nutritional practices, physical activity levels, and sexuality.
- Develop body image flexibility through a broad conceptualization of beauty that respects diversity and health at every size.
- Intentionally take a stand against appearance related bullying, body objectification, diet culture, and weight stigma.

Early intervention and the management of body image concerns has benefits for both you and your child's well-being. Seeking support is courageous and indicates that you are wanting to model a healthy relationship with your body to prevent the intergenerational transmission of body image concerns.

~ Erin Gotterill
Registered Psychologist



Moving Your Body After Baby

After the marathon of labor and delivery, your body has been through a lot. It is important to listen to your body and rest as much as possible in those first few weeks. Three simple ways to support your postnatal health in the fourth trimester are:

- Eat warm, nutritious foods
- Get outside for ten minutes
- Drink two litres of water per day

When the baby arrives, your body needs to heal after birth and adjust to the new challenges and positions that postpartum life demands of you. Increased stiffness and soreness is common in the neck and back from the increased amount of sitting and holding your new baby as well as the hours you spend feeding. Here are some tips to help you through:

- Set yourself up comfortably FIRST. Grab your breastfeeding pillow, extra pillows etc. and ensure that you are good to go before you start to feed baby. Make sure your back and arms are supported and throw a stool under your feet to prevent tiptoeing or crossing your legs.
- Bring baby TO you. We tend to prioritize the baby's position and sacrifice our own posture which may lead to pain.
- Set up stations around the house stocked with anything you may need if you are stuck there for a few hours. Water, snacks, lip balm, phone charger, or a good book are some good options.
- After a session of holding or feeding baby, make sure you take a few minutes to stretch out and move your body. Put baby down on the floor next to you and try a few of the stretches on this page. This gives your baby some important floor time, helps your body feel better, and sets an example of you prioritizing yourself to your baby.

If your pain does not seem to go away with any of these tips, book in to see one of our amazing practitioners at Pine. For example, chiropractic treatment can help increase mobility in your spine which will help decrease tension and pain in your body.

~ Dr. Shenaigh Newman
Chiropractor



So You Had a Baby...

Now What?

You are less than a week into your postpartum journey and slowly emerging from the fog of delivery, taking care of a new tiny human, and living in your postpartum body. You faintly remember your pelvic health physiotherapist talking about exercises at your last prenatal appointment but you were so focused on birth preparation and helping your pregnancy-related pelvic girdle discomfort that you cannot seem to remember what was said. Or maybe you were just too busy nesting and getting things ready for your

expanded family that you just did not get to making that appointment. Here are a few exercises that can help start you on the right path towards your first postpartum appointment with a pelvic health physiotherapist. You do not have to wait for this appointment to begin re-connecting to your body, and while your physiotherapist can help direct your rehabilitation, they do not need to clear you to start early forms of activity. These activities can be completed by anyone, regardless of your birth method.

Rest: stay off your feet

Prioritize your recovery in the initial weeks after delivery. Spend the first few weeks allowing your body the time and space it requires to heal. Feel free to stand if it feels good, or if you need to, but take this time to provide some appropriate physical rest off your feet.

Diaphragmatic breathing: expand ribcage and pelvic floor

An important first step that can be started at any point and in any position. Our breath and movement patterns have changed during pregnancy and the postpartum period and restrictions may be present.

Inhale through the nose, slowly exhale through the mouth. On the inhale, direct your breath to one area of your body at a time and feel it expand- your chest, your mid-back, your lateral ribs, your belly, and your pelvic floor. Exhale through your mouth and feel the area gently recoil.



Connect the pelvic floor to breath

Pair the expansive inhale of the above breathing drills, with a gentle pelvic floor contraction on the exhale.

Inhale through the nose while directing your breath to your pelvic floor to feel it expand, and possibly descend slightly towards your heels. Exhale through the mouth as you contract and lift the pelvic floor. You may notice the light co-contraction of your lower abdominals.

- Cues directed at your vaginal opening may be helpful, such as picking up a blueberry



Integrate breath, core, and pelvic floor with movement

Many exercises can achieve this goal, but here are two early stage exercises to begin with:

- Bridge
 - Exhale through the mouth as you draw up your pelvic floor and extend the hips towards the ceiling. Inhale through the nose as you return to the start position.
- Heel Slide
 - Exhale through the mouth as you draw up the pelvic floor, and then extend your leg along the floor. Inhale through the nose as you return the leg to the start position. Exhale, contract, and repeat on the opposite side.
 - Can increase difficulty by floating the leg



Other activities such as walking, yoga, pilates, body weight circuits, weights etc. can be highly variable among individuals. Remember to listen to your body, and how it responds to new activities. Some questions to ask yourself after completing a new activity would be:

- Did you feel any heaviness in your pelvic floor?
- Did you experience any fatigue in your core or inability to maintain the required posture?
- Did you notice an increase in lochia (bleeding)?
- Did you happen to have any bladder leakage?

These might be signs that the exercise was pushing your range, and may need to be scaled back to an asymptomatic, or less symptomatic level.

Remember, the postpartum period is a journey. Sometimes you may feel the improvements, and sometimes you may not be aware until you look back and realize where you came from. Over time, you will be able to do more, and return to activities you once did. Some individuals may take longer or need more assistance on this journey, and we encourage those of you to reach out. Postpartum assessments are generally around six to eight weeks after delivery to allow for initial postpartum recovery. If needed, you can book earlier and virtual appointments are also an option.

~ Alex Jaworski
Physiotherapist





RECOVERY AFTER CESAREAN

Cesarean births are the most common inpatient surgery in Canada.

However, recovery and rehabilitation is often not prioritized as it should be. After birth, you are juggling the demands of the fourth trimester, but also recovering from a major abdominal surgery that has impacted six layers of tissue within your body. Take care and listen to your body. The following strategies will help support the early weeks of tissue healing and lay a foundation for your rehabilitation journey with a pelvic floor physiotherapist.

1

P r e v e n t I n f e c t i o n :

Keep your incision site clean and dry. Allow the site to air out as often as possible in the first few weeks.

2

P a i n M a n a g e m e n t :

Stay on top of prescribed pain medications in the first two weeks- keeping with recommended frequency, dosing, and duration of medications.

3

E a r l y M o v e m e n t i n B e d / S h o r t D u r a t i o n s o f W a l k i n g :

This improves circulation, promotes healing, and regulates the passing of gas and bowel movements.

a. *Early movement options:* slow/diaphragmatic breathing, ankle pumps, sliding your heel towards your buttock and then straightening the knee, gently contracting your glutes/buttock muscles, gently contracting and relaxing your pelvic floor muscles, laying flat on your back to promote posture and alignment

b. *Short duration of walking:* In the first 24 hours, encourage walking around the bed, to and from the toilet. During the first week, complete short bouts of walking around your home a few times a day. During the second week, you can start walking outside approximately half a block at a time.

4

S u p p o r t I n c i s i o n S i t e :

Use a pillow to brace over your incision site when moving/rolling in bed, moving from sitting to standing, and when coughing or sneezing. Use step stools to get in/out of higher surfaces.

5

Helpful Aids:

- a. Wearing high waisted underwear and pants that are loose fitting
- b. Low pressure abdominal garments may provide additional support (you should be able to breathe and move easily)
- c. Applying silicone scar sheets over the incision site once it is fully healed (around six weeks postpartum)

6

Address/Prevent Constipation:

We want to avoid unnecessary straining to the healing incision site.

- a. Maintain water and fibre intake
- b. Respond to bowel movement urges when they first present
- c. Use a stool or additional support beneath your feet when sitting on the toilet
- d. Use stool softeners or laxatives to promote ease of bowel movements

7

Scar Desensitization & Mobilization:

Once the incision site is fully closed and healed.

- a. Can you look at your scar?
- b. Visualize touching your scar
- c. Visualize someone else touching your scar
- d. Can you touch your scar through clothing?
- e. Are you able to tolerate different textures over your scar (cotton, wool, Kleenex, etc.)?
- f. Can someone else touch your scar through clothing?
- g. Can you touch your scar directly (first with light touch, then with gentle pressure)?

Around the six to eight week mark postpartum, once tissues have fully healed, it is recommended to see a pelvic health physiotherapist who will:

- Review strategies to support the cesarean scar as needed, ensuring full mobility of the scar and surrounding tissue
- Assess and address posture/alignment, breathing patterns, abdominal muscle recovery and strength, pelvic floor muscle function, whole body mobility and strength
- Aid in your return to activities, exercises, or anything you enjoy

~ Simone Fleet
Physiotherapist



TREATING CESAREAN SCAR TISSUE

How incredible that we are able to deliver babies in a completely different way than physiologically expected. During a Caesarean section, there are six layers of tissue that surgeons need to cut, move through, and navigate. They are: skin, subcutaneous tissue (adipose/fat), fascia, rectus sheath (abdominal muscles), peritoneum (lining of abdominal wall), and uterus.

After surgery, your body sends cells to the injury site to help heal the area creating a matrix of tissue. This tissue, (a.k.a. scar tissue) helps create and hold connection in the body. Sometimes scar tissue creates adhesions, or "sticky spots", which can cause issues by pulling or tethering our body in ways that it was not intended to. Ideally, we want everything to work together and glide and flow with one another as a team. Therefore, having your Caesarean scar worked on after birth is incredibly important.

Sometimes these scar tissue adhesions can create symptoms such as:

- skin restriction
- nerve irritation
- itchiness
- low back or pelvic pain
- bladder/bowel challenges
- incision pain

Using a combination of massage therapy, myofascial cupping, craniosacral therapy, and visceral manipulation, scar tissue adhesions can be worked on and re-organized. This will create space for the body to unwind and find balance again. Six weeks after delivery is the general timeline for treatment, however, that does not mean that you are necessarily ready for the tissue to be worked on. Your birth experience itself can come in many layers, so making sure you feel safe and ready is the most important step of all.

~ Vanessa Shynkaruk
Registered Massage Therapist



Visceral Manipulation for the Postpartum Belly

Our abdominal organs are meant to slide and glide amongst each other. Every time we take a breath, each time we lean, shift, or take a step, and even while food moves through our digestive tract, our organs are in motion. They are connected to each other via connective tissue known as viscera, and contain numerous blood cells and nerve endings. This visceral connective tissue can sometimes have tension or "sticky spots" which can create pain in other locations of our body. This is because nerve pathways are shared. For example, someone experiencing a heart attack may not feel pain in the heart but instead feel pain in their left arm. The same is true for our other organs. Some other examples include: bladder issues referring to the perineal area or liver issues referring to the right shoulder.

Visceral manipulation can help treat restrictions that may be causing pain elsewhere in your body. This form of treatment is a gentle, hands-on approach to mobilizing the tissue surrounding the organs. It is performed in the abdominal area, either over or under clothing. Mobilizing the viscera has been shown to help resolve aches and pains throughout the body and improve digestion. It is also incredibly beneficial after pregnancy, due to the shifting of organs that occur in our abdomen to make room for our babies. Visceral manipulation has also been shown to aid in diastasis recti recovery. Manual osteopathic therapists are highly trained in visceral manipulation as well as some massage therapists and physiotherapists with special training.

~ Carrie McFetridge
Manual Osteopathic Therapist
Registered Massage Therapist





TRADITIONAL CHINESE MEDICINE *and the postpartum period*

In Traditional Chinese Medicine, optimal health is achieved when the body is in a state of balance. The energies that determine this balance are known as: *Yin, Yang, Qi, Blood, and Jing*.

In the duality of Yin versus Yang, Yin represents the feminine aspect while Yang is masculine. Yin is introverted, still, cooling, moisturizing, and nurturing to the body. Yin and Blood go hand in hand. Yin makes up material aspects of our bodies such as blood, uterine lining, breast milk, and the fluid between our joints. Yang is extroverted, moving, warming, protective, and invigorating. Yang is immaterial and is more related to Qi, the energy or life force that is needed to carry out all functions of our body. Yin and Yang are in constant flux and ever changing. Chinese medicine has always put an emphasis on the shifts that happen between these energies throughout a woman's life, from puberty to pregnancy, postpartum, and menopause.

During labor and delivery, the Yang energy takes over. It is the motive force that is moving baby down and provides the mother with the stamina to labor. There is no doubt that delivering the baby is extremely taxing on the body. If the mother does not adequately rest or replenish herself, disharmonies will happen between the Yin (blood) and Yang (Qi) energies and postpartum problems can arise.

YIN/ BLOOD DEFICIENCY

- 1) Postpartum Depression/ Anxiety:** In TCM, blood "anchors the soul" to the body. Without it you may feel out of touch with yourselves, agitated, have difficulty sleeping, trouble concentrating, dry brittle nails, and hair loss.
- 2) Low Milk Supply:** If Yin and Blood were depleted during delivery, supply will be low until the mother is properly replenished through nourishing foods, liquids, and rest.
- 3) "Mommy" wrists:** Blood and Yin are moisturizing the body. When they are lacking, tendons are unable to get the lubrication they need. This, along with the new repetitive use of these tendons can cause pain and discomfort.

YANG/ QI DEFICIENCY

Yang and Qi are the energies that provide the mother with the stamina to deliver baby. These energies are warming and protective to the mother so when they are depleted, she is more vulnerable to exhaustion and illness.

This can manifest as:

- 1) Extreme fatigue**
- 2) Lower back pain**
- 3) Feeling cold**
- 4) Lack of motivation**
- 5) Feeling of dullness**

In traditional Chinese culture, postpartum is seen as a time for a woman to rest, refuel her body, and connect with her baby. This is called Zuo Yue Zi or "Sitting the Month". In this tradition, mothers are expected to stay at home for the first 40 days after birth. Their mothers, grandmothers, female relatives, or even hired help step in and take care of everything; cooking meals, cleaning the house, and helping her connect with her new baby. The ultimate goal is to help her replenish all the energy that she has lost throughout pregnancy and birth. The mother is typically encouraged to stay inside and keep warm. She is fed nourishing soups, broths, and teas and discouraged from getting cold.

The practice of Zuo Yue Zi might sound impractical, unfamiliar, or even like a women's nightmare depending on family dynamics. It most definitely goes against the grain of our modern busy time where women have immense pressure to just "bounce back" after a new baby. Below are some simple food and lifestyle habits to incorporate during postpartum to help restore balance.

YIN/ BLOOD DEFICIENCY

- Eat foods that nourish your Yin: black beans, blackberries, cherries, seaweed, black sesame seeds, barley, millet, pork, chicken, honey, yams, zucchini, bone broths, and herbal teas.
- Avoid food that tax your Yin: caffeine, alcohol, refined sugars, spicy food.
- Ask for and accept help, rest when you can, set boundaries

YANG/ QI DEFICIENCY

- Eat foods that build your Yang: quinoa, rice, leeks, arugula, squash, sweet potatoes, chicken, lamb, warming spices (tumeric, nutmeg, cinnamon), and warm teas (ginger, chai)
- Avoid food that tax your Yang: iced water/ coffee, ice cream, smoothies, salads, raw vegetables
- Keep your feet and neck warm, avoid cold weather and wet hair

If you are struggling to find your new balance, acupuncture may be helpful to see where the disharmony is going on internally. Individually tailored acupuncture protocols can then be used to further help any sort of concern you are dealing with.

*~ Jessica Ofstedahl
Registered Acupuncturist*





B i r t h T r a u m a

The Silenced Reality of Postpartum

There is a great deal that is cloaked in silence when considering the postpartum period. Prior to entering the fourth trimester, we have hopes and dreams when we plan our little one's entrance into the world. No one shares with us that a potential outcome is birth trauma.

Birth trauma impacts 1 in 3 women and research indicates as high as 45% describe their birth as traumatic.⁸ These numbers demonstrate that birth trauma is a lot more common than many realize. Birth trauma is subjective, which means that no one gets to define if the birth was traumatic for the parent except themselves.

There are many factors that can create and contribute to the experience of birth trauma. Experiencing any of these factors does not indicate that the person will have birth trauma but they are known to be contributing causes.

- Caesarean section
- Postpartum hemorrhage
- Pre-eclampsia
- HELLP syndrome
- Neonatal intensive care unit (NICU) admission
- Obstetric and midwifery violence
- Racism
- Induction
- Placenta previa, placenta accreta, retained placenta
- Loss of the "golden hour"
- Medical interventions (forceps, vacuum assisted)
- Loss of control and/or lack of support
- Delivering during the COVID-19 pandemic (separated from partner/ baby)
- Fast or prolonged labor

Remembering that birth trauma can come in a wide variety of forms may support the person in identifying their own experience. For individuals fresh into postpartum, knowing the symptoms may help them gain support.

Birth trauma symptoms can present in various ways:

- flashbacks to the childbirth
- nightmares
- feelings of intense shame and guilt
- intimacy issues
- fears and anxieties
- dissociation
- intrusive thoughts and memories about the birth
- struggles to bond with baby
- long-term physical pain
- mistrust in medical professionals

Birth trauma has a tremendous impact on the postpartum period and can create a sense of isolation and loneliness. It is difficult for many to view what should have been the best day of their life as one of their worst. It is important to know that you are not alone in those feelings and thoughts and that it does not get to define you as a parent or your relationship with your child.

If this resonates with you, you do not have to experience this alone. Many survivors are supported through effective, evidence based therapies such as: EMDR (Eye Movement Desensitization and Reprocessing), Compassion-Focused Therapy, Somatic Therapy, and Cognitive- Behavioural Therapy. You may also benefit from treatment with a pelvic floor physiotherapist, chiropractor, massage therapist, or acupuncturist to begin the physical healing journey and to help relearn how to love and care for your bodies again. As a psychologist and birth trauma survivor, I want you to know that there is hope after birth trauma, and you are worthy of the time, energy, and self-compassion that healing requires.

~ Teela Tomassetti
Registered Provisional
Psychologist





**T h e m o m e n t a
c h i l d i s b o r n , t h e
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BHAGWAN SHREE RAJNEESH