

Exercise and Movement After Childbirth

What to prioritise, what to avoid, how to get fit again and when to see a doctor

Recovery after birth is different for every woman. The safest approach is to **start gently with breathing, pelvic floor work and walking, build the core and posture, and only then return to heavier or high-impact training**. Always follow your doctor's advice on timing, especially after a C-section, tears or complications.

1. General Approach

Principles to follow

Why this matters: The goal is to rebuild safely, not to get your old body back quickly.

PRINCIPLE	WHAT IT MEANS	TIP
Heal first, then build	Your body has been through pregnancy and birth, and tissues, pelvic floor and core need time to recover.	Recovery is not a race.
Get clearance	Many women are checked at about 6 weeks, but a C-section, tears or complications may mean a longer wait. Follow your doctor's advice.	Walking and gentle breathing are usually fine earlier, if you feel well.
Start low, progress slowly	Increase time, load and intensity gradually, and let symptoms guide you.	Better a slow return than a setback.
Listen to symptoms	Pain, bleeding, heaviness or leaking mean you should reduce the load and seek advice if they persist.	Don't push through.
Rebuild the base first	Pelvic floor, deep core, glutes, posture and walking come before running, jumping or heavy lifting.	A strong base prevents problems later.
Fit into real life	Short 10 to 20 minute bursts work, with a baby, sleep loss and feeding schedules.	Consistency beats long workouts.

2. Phase-by-Phase Plan

A rough timeline

Why this matters: Timelines vary with the type of delivery and your recovery. Use them as a guide, not a rule.

WHEN	WHAT TO DO	NOTE
First days to 2 weeks	Rest and recover. Gentle walking around the house, deep belly breathing, light pelvic floor squeezes if comfortable.	Rest as much as you can, and ask for help.
Weeks 2 to 6	Short, easy walks, breathing, pelvic floor work, posture and gentle mobility. Build walking slowly.	Stop if bleeding increases or pain appears.
About 6 to 12 weeks (after clearance)	Add gentle strength with body weight or light weights: bridges, wall push-ups, sit-to-stands, rows with a band.	C-section recovery may need longer. Ask your doctor.
About 3 to 6 months	Build full-body strength 2 to 3 times a week, brisk walking and low-impact cardio such as cycling or swimming (once cleared).	Progress gradually and keep symptoms in check.
About 6 months onward	Consider return to running, jumping, HIIT or heavy lifting if you have no leaking, heaviness, pain or bulging.	Pelvic floor physiotherapy assessment helps before high impact.

3. Exercises to Prioritise

The foundation

Why this matters: These rebuild the pelvic floor, deep core, glutes and posture, the base for everything else.

EXERCISE	HOW	WHY IT HELPS
Diaphragmatic (belly) breathing	Breathe in to expand ribs and belly, exhale gently as you draw the lower belly in. 5 to 10 breaths.	Reconnects the deep core and pelvic floor.
Pelvic floor exercises (Kegels)	Gently lift and squeeze as if stopping urine and gas, hold 3 to 5 s, then fully relax. 8 to 10 reps, 2 to 3 times a day.	Supports bladder, uterus and bowel. Relaxing is as important as squeezing.
Walking	Start with 5 to 10 minutes and build up.	Gentle cardio that aids circulation and mood.
Glute bridges	3 sets of 8 to 12, exhale as you lift.	Strengthens glutes and back support.
Heel slides and dead bugs (gently)	2 to 3 sets of 8 per side with steady breathing.	Rebuilds the deep core without strain.
Bird dog, wall push-ups, sit-to-stand	2 to 3 sets of 8 to 12.	Rebuilds posture and daily strength.
Band rows and shoulder blade squeezes	2 to 3 sets of 10 to 12.	Counters feeding and carrying posture.
Mobility: cat-cow, hip and chest stretches	1 to 2 minutes each, gently.	Eases stiffness from feeding and carrying.

4. Movements to Avoid (Early On)

Until cleared and ready

Why this matters: Some exercises put extra pressure on healing tissues. Delay them, don't ban them forever.

AVOID	WHY	INSTEAD
Crunches, sit-ups, full planks and hard ab work early	Can increase pressure on the abdomen and may worsen separation (diastasis recti) if you see doming or coning.	Start with breathing and gentle core work instead.
High impact (running, jumping, skipping) too soon	Pelvic floor and core may not be ready, which can cause leaking or heaviness.	Wait for clearance and a gradual build-up.
Heavy lifting and straining	Heavy loads, breath-holding and straining can overload the pelvic floor and healing tissue.	Exhale on effort and keep loads light first.
Deep twists and overstretching	Joints and ligaments may still be looser, especially while breastfeeding.	Avoid extremes of range.
Dieting aggressively or skipping meals	Hurts recovery, energy and milk supply.	Eat enough and aim for slow weight loss.
Exercising through pain, bleeding or leaking	These are signals to stop and check.	Reduce the load and seek advice.
Soaking or swimming before your wound or bleeding has settled	Infection risk for some.	Follow your doctor's advice on when it is safe.

5. Tips and Tricks to Get Fit Again

Make it doable

Why this matters: A tired new parent needs a plan that is simple and flexible.

TIP	HOW	WHY IT HELPS
Move in small chunks	Ten minutes while the baby sleeps, a walk with the pram, a few exercises during nap time.	Short bursts add up.
Use the baby as part of the workout	Pram walks, gentle squats while holding the baby, floor play.	Builds routines that fit family life.
Prioritise sleep and rest	Nap when possible, share night duties and accept help.	Recovery and energy depend on it.
Eat for recovery and milk supply	Protein at every meal, fruit, vegetables, whole grains, healthy fats and plenty of fluids.	Supports healing, muscle and energy.
Drink water	Keep a bottle where you feed the baby.	Hydration supports energy and milk supply.
Focus on posture	Keep shoulders back and back supported while feeding and carrying. Switch sides.	Reduces neck, shoulder and back pain.
Ask for help	Partner, family or a physiotherapist can help with time and technique.	You don't have to do it alone.
Track progress by function	Look for easier stairs, longer walks, better sleep and less pain, not just the scale.	Keeps motivation healthy.
Be patient with weight	Gradual loss of about 0.5 kg per week is a common guide once cleared and if breastfeeding.	Rapid dieting can backfire.
Protect your mental health	Keep moving outside, connect with other mums and talk about how you feel.	Exercise and support help mood.

6. Common Aches and Orthopaedic Concerns

When bones and joints complain

Why this matters: Carrying, feeding and loosened ligaments often cause aches. Most improve with gradual strengthening and posture work.

PROBLEM	WHAT HELPS	WHEN TO GET HELP
Lower back pain	Glute bridges, bird dogs, walking, hip hinge practice and posture work.	See an orthopaedic doctor or physio if pain is severe, persistent or travels down the leg.
Pelvic girdle or pubic joint pain	Reduce stairs, avoid wide-legged and single-leg stress, use a belt if advised.	Get assessed if walking is painful or pain persists.
Wrist pain from lifting and feeding (de Quervain's)	Rest, neutral wrist position, supportive grips and a splint if advised.	See a doctor if painful thumb movement continues.
Neck and shoulders	Rows, chest stretches and supported feeding positions.	Get checked if there is numbness or radiating pain.
Knees and hips	Gradual strength work, good footwear and reduced impact.	Get assessed if swelling, locking or persistent pain.
Tailbone pain	Use a cushion and avoid hard seats.	See a doctor if it lingers for weeks.
Diastasis recti (abdominal separation)	Breathing, gentle deep core work and avoiding straining.	A physio can assess it if it persists beyond a few months or if you notice a bulge.

7. When to See a Doctor

Don't wait

Safety first: Some symptoms need prompt medical attention and should not be treated as normal recovery.

SIGN	WHAT IT COULD MEAN	WHAT TO DO
Heavy or increasing bleeding, or foul discharge	Soaking pads quickly, large clots or a smell.	See a doctor urgently.
Fever, wound redness, swelling or pus	Possible infection of the stitches, C-section wound or uterus.	Contact your doctor promptly.
Chest pain, shortness of breath	May indicate a blood clot or heart issues.	Seek emergency care immediately.
One-sided calf pain, swelling or warmth	Could be a deep vein clot.	Seek urgent medical help.
Severe headache, vision changes, high blood pressure	Can signal postpartum pre-eclampsia.	Seek urgent medical help.
Leaking urine or stool, pelvic heaviness or a bulge	Possible pelvic floor problems or prolapse.	See a doctor or pelvic floor physiotherapist.
Persistent pain with movement or exercise	Pain that does not settle with rest.	Get assessed by a doctor, physiotherapist or orthopaedic specialist.
Low mood, anxiety or thoughts of self-harm	Could be postpartum depression or anxiety.	Talk to a doctor soon. If you feel unsafe, seek emergency help.
Not sure when to resume exercise	Complications, C-section, tears or multiple births.	Ask your doctor about your timeline.

Note: This is general information written from general knowledge, not medical advice. Recovery varies with the type of delivery, complications and personal health, so check with your doctor, midwife or a women's health physiotherapist before starting or progressing exercise. Seek urgent medical help for emergency symptoms.