

Your Postpartum Pelvic Floor Recovery Plan

A Step-by-Step Guide from a Licensed
Doctor of Physical Therapy

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Where You Are Physical Therapy

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*"You deserve more than 'just do your Kegels' and a pat on the back.
This guide is the conversation I wish every new mom could have with her PT."*

— Dr. Meg Cochran, DPT

What Just Happened to Your Body

You grew a human being. That alone is wild. But nobody really prepares you for what happens to your body afterward. Not the real version, anyway.

Your doctor probably checked the baby, checked your stitches (if you had them), and told you to come back in six weeks. Maybe someone mentioned Kegels. Maybe not. Either way, you were sent home with a newborn and very little information about what was going on below your belly button.

So let's talk about it. Because understanding what actually happened in there is the first step toward fixing it.

Your Pelvic Floor: The Short Version

Your pelvic floor is a group of muscles that sit at the bottom of your pelvis like a hammock. They hold up your bladder, uterus, and rectum. They help you control when you pee and poop. They play a big role in sex. And they went through a lot during pregnancy and delivery.

During pregnancy, those muscles carried increasing weight for roughly 40 weeks. Hormones like relaxin loosened your ligaments and connective tissue to prepare for delivery. Your posture shifted. Your center of gravity moved forward. Your abs stretched apart (that's called diastasis recti, and we'll get to it). All of this put extra strain on your pelvic floor long before delivery day.

Vaginal Delivery

If you delivered vaginally, your pelvic floor muscles stretched to about three times their resting length during pushing. Three times. Think about stretching any other muscle in your body that far. You'd expect it to need some recovery time, right?

Tearing is common. About 85% of women who deliver vaginally experience some degree of tearing. First and second degree tears heal on their own in most cases. Third and fourth degree tears involve deeper tissue and take longer. The nerves in the area can also be stretched or compressed during delivery, which is why some women experience numbness or tingling afterward.

None of this means something is wrong with you. It means your body did something physically intense and it needs time and attention to recover.

C-Section Delivery

If you had a C-section, you might think your pelvic floor got off easy. It didn't.

Your pelvic floor still carried the weight of pregnancy for months. The hormonal changes still happened. And now you also have a surgical incision through multiple layers of tissue, including your abdominal muscles, fascia, and uterus. That scar tissue can affect how your core and pelvic floor work together for months or even years if it's not addressed.

C-section recovery has its own set of challenges. Scar tissue can create pulling sensations, numbness, or pain around the incision. It can also affect bladder function. Many C-section moms deal with the same pelvic floor issues as vaginal delivery moms, and they're often surprised by that.

What's Normal and What's Not

Here's the thing nobody tells you clearly enough: **common does not mean normal.**

Peeing a little when you sneeze is common after having a baby. But it's not something you have to accept as your new reality. Feeling heaviness or pressure in your pelvis is common. Pain during sex is common. A weak core and back pain are common. All of these are your body telling you that something needs attention.

Things that are expected in the first few weeks: Some bladder leakage. Soreness in the perineum or around your incision. Feeling weak in your core. Difficulty activating your pelvic floor muscles. Constipation (especially if you're on pain medication). Emotional ups and downs.

Things that deserve a conversation with your provider: Leaking that doesn't improve after 6 to 8 weeks. Pain during sex beyond the first few attempts. A feeling of something falling out of your vagina. Inability to control gas. Pain in your pelvis, tailbone, or lower back that isn't getting better. Any feeling that something just isn't right.

Trust your gut on that last one. You know your body. If something feels off, it probably is.

The First 6 Weeks

The first six weeks postpartum are about healing. Not bouncing back. Not getting your body back. Healing. Your body just did the most physically demanding thing it will probably ever do. Give it some grace.

I know that's easier said than done when you're sleep-deprived, your hormones are doing backflips, and Instagram is full of women in matching workout sets three weeks postpartum. Ignore all of that. Those posts aren't showing the full picture.

Week 1 to 2: Rest and Breathe

Literally. That's the assignment. Rest as much as you can, and start reconnecting with your breath.

Your diaphragm and your pelvic floor work as a team. When you inhale, your diaphragm drops down and your pelvic floor relaxes and lengthens. When you exhale, your diaphragm lifts and your pelvic floor gently contracts. This coordination got disrupted during pregnancy, and reconnecting it is the foundation of everything else.

Here's what to do: lie on your back with your knees bent. Place one hand on your chest and one on your belly. Breathe in through your nose and feel your belly rise. As you breathe out through your mouth, gently draw your belly button toward your spine. You're not squeezing hard. You're just waking things up.

Do this for 5 minutes, 2 to 3 times a day. It might feel like nothing is happening. That's fine. You're retraining a pattern that will make everything else work better.

Week 2 to 4: Gentle Activation

Once you're comfortable with diaphragmatic breathing, you can start adding gentle pelvic floor contractions. I'll give you the full exercise breakdown in Chapter 3, but for now, the key word is **gentle**.

You're not trying to clamp down as hard as you can. Think of it more like picking up a blueberry with your vaginal muscles. Not a bowling ball. A blueberry. Light. Controlled. And just as important: make sure you can fully release afterward. The release matters as much as the squeeze.

Walking is great during this phase. Short walks. 10 to 15 minutes to start. Pay attention to how your body feels during and after. If you notice increased heaviness, pressure, or leaking, you're doing too

much. Scale back.

Week 4 to 6: Building a Base

By week 4, most women are feeling more like themselves. You're sleeping a little more (hopefully). Your body is starting to feel less fragile. This is when you can start doing more intentional exercises, which we'll cover in detail in the next chapter.

This is also when a lot of women make the mistake of jumping back into their pre-pregnancy workouts. Running, HIIT classes, heavy lifting. I get the impulse. But your body isn't ready yet, even if it feels like it is. Your connective tissue, your pelvic floor, and your deep core muscles need a more gradual return to load. Skipping this step is how injuries happen months down the road.

Red Flags: When to Call Your Doctor

During the first 6 weeks, contact your provider if you experience any of the following:

- **Heavy bleeding that soaks through a pad in an hour or less**
- **Fever over 100.4°F**
- **Foul-smelling discharge**
- **Severe pain in your abdomen or pelvis that isn't improving**
- **Redness, warmth, or discharge from your C-section incision**
- **Painful, hard, or red areas on your legs (could indicate a blood clot)**
- **Difficulty breathing or chest pain**
- **Thoughts of harming yourself or your baby**

That last one matters. Postpartum depression and anxiety are real, they're common, and they're treatable. If you're struggling emotionally, please tell someone. Your OB, your midwife, your partner, a friend. You don't have to white-knuckle your way through it.

What NOT to Do in the First 6 Weeks

Don't sit on the toilet and push. Constipation is one of the most common postpartum complaints, and straining on the toilet puts a ton of pressure on your healing pelvic floor. Use a stool under your feet (a Squatty Potty works great), drink plenty of water, eat fiber, and talk to your doctor about a stool softener if you need one.

Don't rush back to exercise. Walking is fine. Stretching is fine. Breathing exercises are great. But please don't do crunches, planks, running, or heavy lifting during this window. Your body needs to

heal first.

Don't ignore pain. Some discomfort is expected. But sharp pain, worsening pain, or pain that doesn't respond to rest is your body asking for help. Listen to it.

Don't compare your recovery to anyone else's. Every birth is different. Every body is different. Your timeline is yours.

Your Recovery Exercises

This is the part you probably skipped ahead to. I get it. You want to know what to do. But before we get into specific exercises, I need you to understand something.

Pelvic floor recovery is not about doing more reps faster. It's about retraining coordination and building strength gradually. If you skip the early stages and jump to the harder stuff, you're building on a shaky foundation. Take each phase seriously, even when it feels too easy.

Start where your body is, not where you want it to be.

Phase 1: Breathing and Connection (Weeks 1 to 3)

Diaphragmatic Breathing

Lie on your back with knees bent. Inhale through your nose and let your belly expand. Exhale slowly through your mouth, feeling your belly gently fall. Focus on the rhythm. Your pelvic floor should naturally relax on the inhale and gently lift on the exhale. Don't force anything. Just notice.

5 minutes, 2 to 3 times per day

Pelvic Floor Awareness

Same position. On your exhale, gently contract your pelvic floor muscles. Imagine you're trying to stop the flow of urine, or picking up a small marble. Hold for 2 to 3 seconds, then fully release. The release is critical. If you can only squeeze but not let go, your pelvic floor might be tight, not weak (more on that in Chapter 4).

10 reps, 2 times per day

Transverse Abdominis Activation

Lie on your back, knees bent. Place your fingers just inside your hip bones. Exhale and gently draw your lower belly in, like you're zipping up a tight pair of jeans. You should feel a gentle tightening under your fingers. Don't suck in your whole stomach. The movement is small and low. Hold for 5 seconds, then relax.

10 reps, 2 times per day

Phase 2: Building Strength (Weeks 3 to 6)

Kegels (Done Right)

Sit or lie comfortably. Exhale and contract your pelvic floor. Think about lifting and squeezing, not just squeezing. Hold for 5 seconds. Fully relax for 5 seconds. Then do 5 quick contractions (squeeze, release, squeeze, release) at the end of each set. The quick ones train your fast-twitch muscles, which are the ones that kick in when you sneeze or cough.

10 slow holds + 5 quick flicks, 3 times per day

Glute Bridges

Lie on your back, knees bent, feet flat on the floor hip-width apart. Exhale, engage your pelvic floor and core, then press through your heels to lift your hips off the ground. Your body should make a straight line from your knees to your shoulders. Hold at the top for 3 seconds. Lower slowly. Don't arch your back at the top.

10 reps, 3 sets, once daily

Clamshells

Lie on your side with knees bent at 45 degrees, feet together. Keep your feet touching and lift your top knee open like a clamshell. Don't let your hips roll backward. You should feel this in the side of your hip and glute. Lower slowly.

15 reps each side, 2 sets, once daily

Heel Slides

Lie on your back, knees bent. Exhale, engage your core and pelvic floor, then slowly slide one heel along the floor until your leg is straight. Slide it back. Keep your back flat on the floor the entire time. If your back arches, you're going too far.

10 reps each leg, 2 sets, once daily

Phase 3: Functional Strength (Weeks 6 to 12)

Bird Dogs

Start on your hands and knees. Exhale, engage your core, and extend your right arm forward and your left leg back at the same time. Hold for 3 seconds. Return to start. Switch sides. Keep your

hips level. If you're wobbling all over the place, start with just the arm or just the leg until you feel stable.

10 reps each side, 2 sets, once daily

Squats (Bodyweight)

Stand with feet shoulder-width apart. Exhale and engage your pelvic floor as you lower into a squat. Go as deep as you comfortably can while keeping your heels on the ground. Press through your heels to stand back up. Inhale and relax your pelvic floor at the top.

10 reps, 3 sets, once daily

Wall Push-Ups to Incline Push-Ups

Start with push-ups against a wall. As you get stronger, move to a countertop, then a sturdy chair, then eventually the floor. Exhale on the push (the hard part) and engage your core. This rebuilds upper body and core strength without putting too much pressure on your pelvic floor too soon.

10 reps, 2 sets, once daily

Single Leg Balance

Stand on one leg for 20 to 30 seconds. Keep your core engaged and your hips level. If you need support, keep one hand on a wall. This trains your deep stabilizers and pelvic floor to work together during standing activities.

3 reps each leg, hold 20 to 30 seconds, once daily

If any exercise causes pain, pressure, heaviness, or leaking, stop. That's not failure. That's information. It means your body isn't ready for that movement yet. Go back a phase and keep building.

When Kegels Aren't Working

"Just do your Kegels." You've heard it from your OB. Your mom. That article you read at 2am while nursing. And maybe you've been doing them faithfully for weeks and nothing is changing.

Here's what most people don't realize: Kegels are not a one-size-fits-all solution. For some women, Kegels are exactly what they need. For others, Kegels can actually make things worse.

The Problem: Tight vs. Weak

Most people assume pelvic floor problems always mean weakness. Muscles are too weak, so you strengthen them. Makes sense, right?

But pelvic floor muscles can also be too tight. And a tight muscle is not the same as a strong muscle. Think about making a fist and holding it as tight as you can for five minutes. Your hand wouldn't be strong after that. It would be fatigued, cramped, and weak. The same thing can happen to your pelvic floor.

If your pelvic floor is hypertonic (too tight), doing Kegels is like telling someone with a clenched jaw to clench harder. It doesn't fix the problem. It makes it worse.

Signs Your Pelvic Floor Might Be Tight (Not Weak)

- Pain during sex, especially with penetration
- Difficulty inserting a tampon
- Feeling like you can't fully empty your bladder
- Constipation or feeling like you can't fully empty your bowels
- Pelvic pain that feels deep, achy, or burning
- Pain in your tailbone, hips, or lower back that doesn't have another obvious cause
- Urinary urgency (feeling like you have to go RIGHT NOW) even when your bladder isn't full

What to Do Instead

If any of the above sounds familiar, the answer is not more Kegels. The answer is learning to **relax** your pelvic floor.

Diaphragmatic breathing is the starting point. When you inhale deeply and let your belly expand, your pelvic floor should lengthen and relax. Many women with tight pelvic floors have forgotten how to let those muscles fully release.

Child's pose, deep squatting, and hip stretches can also help. Anything that encourages your pelvic floor to lengthen rather than contract.

But honestly, if you suspect your pelvic floor is tight, this is where working with a pelvic floor physical therapist makes a real difference. A PT can assess whether your muscles are too tight, too weak, or a combination of both, and build a plan that actually matches what's going on. Guessing can waste months.

When Coordination Is the Issue

Sometimes the muscles aren't too weak or too tight. They're just not firing at the right time. You sneeze and your pelvic floor doesn't react fast enough. Or you try to do a Kegel and you're actually bearing down instead of lifting.

This is more common than you'd think. About 25% of women who try to do a Kegel on their own are actually doing it incorrectly. They're pushing down instead of lifting up, or they're squeezing their glutes and inner thighs instead of their pelvic floor.

A pelvic floor PT can check your technique and make sure you're actually targeting the right muscles. It's not embarrassing. It's practical. And it saves you from spending months doing an exercise wrong.

Returning to Exercise and Sex

These are the two things nobody gives you a straight answer about. "When can I work out again?" and "When will sex stop hurting?" Your doctor says 6 weeks. The internet says whenever you feel ready. Your body says something else entirely.

Let's be honest about both.

Returning to Exercise

The 6-week clearance from your OB is a starting point, not a finish line. It means your incision or tear has healed enough that you're not at risk of opening it back up. It does not mean your pelvic floor, core, and connective tissue are ready for high-impact activity.

Current research suggests waiting at least 12 weeks before returning to running. And that's 12 weeks if you've been doing progressive strengthening during that time. If you spent the first 12 weeks on the couch (no judgment, survival mode is real), your body needs more time.

A practical return-to-exercise timeline:

Weeks 1 to 6: Walking, breathing exercises, gentle pelvic floor and core work (see Chapter 3).

Weeks 6 to 8: Add bodyweight exercises. Squats, lunges, bridges, modified push-ups. Low intensity.

Weeks 8 to 12: Gradually increase intensity. Add light resistance bands or dumbbells. Longer walks. Elliptical or bike if it feels good.

Weeks 12 and beyond: Begin returning to higher-impact activities like running, jumping, and heavier lifting. Start slow. Pay attention to symptoms.

How to Know If You're Doing Too Much

Your body will tell you. Watch for these signs:

- Leaking urine during or after exercise
- A feeling of heaviness or pressure in your pelvis
- Pain in your pelvis, back, or around your scar
- Feeling like something is bulging or falling out
- Spotting or bleeding that wasn't there before

Any of these mean you need to dial it back. Not stop completely (unless the symptoms are severe). Just drop the intensity and give your body more time. It's not a setback. It's information.

Returning to Sex

Let's talk about the elephant in the room. Your doctor cleared you at 6 weeks. Your partner is ready. And you might be dreading it.

That's completely normal. After vaginal delivery, the tissue in and around your vagina has been through a lot. After a C-section, your core and pelvic floor are still recovering. In both cases, hormonal changes (especially if you're breastfeeding) can cause vaginal dryness that makes everything more uncomfortable.

Some practical tips:

Use lubricant. Seriously. Breastfeeding drops your estrogen levels, which reduces natural lubrication. A good water-based lubricant makes a big difference. This isn't optional. It's biology.

Go slow. Like, really slow. Spend time on foreplay. Let your body warm up. The first time back doesn't have to include penetration at all if you're not ready for it.

Communicate. Tell your partner what feels good and what doesn't. If something hurts, stop. Pushing through pain during sex is not toughness. It's a recipe for your body to associate sex with pain, which makes the problem harder to fix later.

Try different positions. Positions where you have more control over depth and speed tend to be more comfortable. Being on top can help because you control the angle and pace.

When Sex Shouldn't Hurt

Some discomfort during the first few times is not unusual. But persistent pain during sex is not normal and it's not something you should just accept.

Pain with penetration often points to pelvic floor tension (see Chapter 4). Pain deeper inside can be related to scar tissue, endometriosis, or other issues that your doctor should evaluate.

If sex still hurts after a few attempts, or if the idea of sex causes anxiety or dread, please reach out to a pelvic floor PT. This is literally what we're trained to help with. You don't have to just live with it.

Your 12-Week Recovery Timeline

Here's your week-by-week checklist. Check off what you're doing. Don't stress about perfection. Progress over perfection, always.

Weeks 1 to 2: Rest and Reconnect

- Diaphragmatic breathing, 5 min, 2 to 3 times per day
- Short walks as tolerated (5 to 10 minutes)
- Stay hydrated (at least 64 oz of water daily)
- Use a stool softener if needed
- Rest when the baby sleeps (at least try)
- Ask for help. Accept help when it's offered.

Weeks 3 to 4: Gentle Activation

- Add gentle pelvic floor contractions (blueberry, not bowling ball)
- Transverse abdominis activation
- Walking 10 to 15 minutes daily
- Notice any heaviness or pressure during activity
- Continue breathing exercises

Weeks 5 to 6: Building a Base

- Kegels with proper form (slow holds + quick flicks)
- Glute bridges
- Clamshells
- Heel slides
- Walking 15 to 20 minutes daily
- 6-week postpartum checkup with your provider

Weeks 7 to 8: Adding Load

- Add bodyweight squats and lunges
- Wall or incline push-ups
- Increase walking duration
- Try low-impact cardio (bike, elliptical) if it feels good
- Monitor for symptoms with increased activity

Weeks 9 to 10: Progressing

- Bird dogs
- Single leg balance work
- Light resistance band or dumbbell exercises
- Continue pelvic floor and core work daily
- Walking 20 to 30 minutes

Weeks 11 to 12: Return to Activity

- Begin testing higher-impact activities (light jogging, jumping)
- Increase resistance in strength exercises
- Full-length walks or low-impact group fitness classes
- Assess: any remaining symptoms? Time to see a PT?
- Celebrate how far you've come. You earned it.

When to Get Professional Help

This guide will take you a long way. But there are times when you need hands-on help from someone who can assess what's actually going on inside your body. A guide can't do that. A pelvic floor physical therapist can.

Signs You Should See a Pelvic Floor PT

- Leaking urine that hasn't improved after 8 weeks of consistent pelvic floor work
- Pain during sex that persists beyond the first few postpartum attempts
- A feeling of heaviness, pressure, or bulging in your vagina (possible prolapse)
- Inability to control gas or stool
- Pelvic pain, tailbone pain, or hip pain that doesn't resolve with rest and stretching
- Difficulty doing Kegels or uncertainty about whether you're doing them correctly
- Diastasis recti (abdominal separation) that isn't closing with exercise
- Pain around your C-section scar, especially with movement or touch
- Anxiety or avoidance around sex or physical activity due to pelvic symptoms

What to Expect at Your First Visit

I know the idea of pelvic floor therapy can feel intimidating. Let me tell you what it's actually like.

Your first visit is mostly talking. Your PT will ask about your pregnancy, delivery, symptoms, and goals. They want to understand your whole picture, not just one symptom.

If you're comfortable, your PT may do an internal exam. This involves a gloved finger inserted into the vagina to assess muscle tone, strength, coordination, and pain. It's clinical, it's gentle, and you're in control the entire time. You can stop at any point for any reason.

After the assessment, your PT will explain what they found and create a treatment plan. This might include manual therapy, exercises, stretches, breathing work, or strategies for daily activities. Most women see significant improvement within 6 to 8 visits.

How to Find a Pelvic Floor PT

Not all physical therapists specialize in pelvic floor. You want someone who has specific training in pelvic health. Here's how to find one:

Ask your OB or midwife for a referral. They usually know who's good in your area.

Search the APTA Pelvic Health directory at pelvicrehab.com. You can search by zip code.

Check with your insurance. Many plans cover pelvic floor PT with a referral. Cash-pay is also an option if you want to skip the referral process.

Look for someone you feel comfortable with. This is personal work. You need to trust your PT.

If you're in Oxford, Mississippi, that's what I do. I come to your home so you don't have to load up the baby and sit in a waiting room. You can learn more at wyatherapy.com or reach out directly.

Recommended Products

I get asked about products all the time. Here are the ones I actually recommend to my patients. I'm not listing 50 things. Just the ones that work.

Pelvic Floor Trainers

Perifit Pelvic Floor Trainer. A small insertable device that connects to an app on your phone. You play games by squeezing your pelvic floor, and the app tracks your progress. It gives you biofeedback so you know if you're actually contracting the right muscles. Great for women who aren't sure if they're doing Kegels correctly.

Elvie Trainer. Similar concept to the Perifit. A small device with an app that guides your exercises and tracks your strength over time. Sleek design. Good for women who want data and accountability.

Support Garments

SRC Recovery Shorts. Medical-grade compression shorts designed for postpartum recovery. They provide support to your pelvis and core without being restrictive. I recommend these for women who feel heaviness or pressure in the early weeks. They're not a fix, but they make daily life more comfortable while you're healing.

Belly Bandit Postpartum Support Belt. An abdominal wrap that provides gentle compression to your core. Can help with diastasis recti awareness (it reminds you to engage your core) and provides comfort after C-sections. Don't rely on it long-term. Use it as a bridge while you're building strength.

Bathroom Essentials

Squatty Potty. A stool that goes around your toilet and elevates your feet. This puts you in a natural squatting position that relaxes your pelvic floor and makes it easier to go without straining. Every postpartum woman should have one. Actually, every person should have one.

Peri Bottle. An angled squeeze bottle for cleaning yourself after using the bathroom in the early postpartum weeks. Most hospitals send you home with one. If yours got lost, get another. They're cheap and they matter.

Exercise Equipment

Resistance Band Set (Light to Medium). A basic set of loop bands is all you need for the exercises in this guide. Start with the lightest band and work up. You don't need a gym membership for postpartum recovery.

Yoga Mat. Any comfortable mat for floor exercises. Nothing fancy. Just something between you and the hardwood.

Lubricant

Good Clean Love or Slippery Stuff. Water-based, pH-balanced lubricants that won't irritate sensitive postpartum tissue. If you're breastfeeding, vaginal dryness is almost guaranteed. A good lubricant isn't a luxury. It's a necessity.

I only recommend products I've seen work with real patients. This list will change as better options come along.

Ready for Personalized Help?

This guide gives you the foundation. But every body is different, and sometimes you need someone to look at your specific situation and tell you exactly what to focus on.

Start Here: Free 15-Minute Discovery Call **FREE**

Not sure if pelvic floor PT is right for you? Start with a free call. No commitment. Just a quick conversation to see how I can help.

- Ask questions about your symptoms
- Get clarity on whether you need PT, coaching, or something else
- Zero pressure, zero cost

Book at wyatherapy.janeapp.com

30-Minute Recovery Coaching Call **\$99**

A one-on-one virtual session with Dr. Meg Cochran, DPT. We'll review your symptoms, assess your progress, and build a personalized plan for what to do next.

- Review of your birth history and current symptoms
- Assessment of your exercise form and technique
- Personalized recommendations for your recovery stage
- Clear next steps (including whether you need in-person PT)

Book at wyatherapy.com

Questions? Email meg.cochran@proton.me

Where You Are Physical Therapy | Oxford, Mississippi
In-home pelvic floor therapy. Because you have enough to juggle.