

Preparing Your Body for Birth

The Pelvic Floor Guide

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Before we start:

Your body is about to do something incredible. Growing a human is hard work. Delivering that human is even harder. And your pelvic floor is at the center of all of it.

Most prenatal classes talk about breathing and birth plans. Almost none of them talk about what's happening to the muscles between your hips. That's a problem. Because those muscles determine how well you push, how much you tear, and how quickly you recover.

This guide gives you the exercises, techniques, and information your OB probably didn't have time to cover. It's written by a pelvic floor physical therapist who's also a mom. I've been where you are. I know what helped and what didn't.

Let's get your body ready.

Your Pelvic Floor and Pregnancy

Your pelvic floor is a group of muscles that stretch from your pubic bone to your tailbone, like a hammock. They hold up your bladder, uterus, and bowel. They control when you pee, when you don't, and they play a major role during delivery.

During pregnancy, these muscles are under more pressure than they've ever experienced. Here's why.

The weight factor

By your third trimester, your pelvic floor is supporting an extra 20 to 35 pounds that it didn't have to carry before. That's the baby, the placenta, the amniotic fluid, increased blood volume, and your growing uterus. All of that weight presses down on your pelvic floor all day, every day.

Think of it like holding a bowling ball in a hammock for 9 months. Even a strong hammock stretches. Your pelvic floor stretches too. That's not a failure. It's physics.

Hormonal changes

A hormone called relaxin floods your body during pregnancy. Its job is to loosen ligaments so your pelvis can widen for delivery. That's useful when it's time to push. But it also makes your joints and connective tissue softer and less stable throughout pregnancy. Your pelvic floor ligaments get looser. That means the muscles have to work harder to compensate.

What this means for you right now

You might be leaking a little when you sneeze, cough, or laugh hard. That's stress incontinence, and it affects about 1 in 3 pregnant women. It happens because the extra weight and softer tissues overwhelm your pelvic floor's ability to close the urethra during sudden pressure.

You might feel heaviness or pressure in your pelvis, especially at the end of the day. That's normal too. It gets worse with long days on your feet.

You might notice you have to pee constantly. Partly because the baby is sitting on your bladder. Partly because your blood volume is up and your kidneys are working overtime.

Here's the good news: a strong pelvic floor handles all of this better. Women who do pelvic floor exercises during pregnancy have less incontinence, shorter pushing stages, lower rates of severe tearing, and faster postpartum recovery. The research on this is clear.

Why this matters for birth

During delivery, your pelvic floor has to do two opposite things. First, it has to be strong enough to help you push effectively. Then, it has to be flexible enough to stretch and let the baby through.

A pelvic floor that's only strong but not flexible tears more. A pelvic floor that's only flexible but not strong leads to longer pushing stages and more exhaustion. You want both. Strong and supple. That's what the exercises in this guide train.

Exercises for Each Trimester

Not all exercises are appropriate for all stages of pregnancy. What works at 12 weeks might not work at 36 weeks. Here's what to do and when.

First Trimester (Weeks 1 to 13)

You might not feel pregnant yet. Or you might be exhausted and nauseous every day. Either way, this is the time to build your foundation. Your body hasn't changed dramatically, which means you can learn proper form without a belly getting in the way.

Exercise 1: Basic Pelvic Floor Contraction

Position: Lying on your back, knees bent, feet flat.

- Squeeze and lift your pelvic floor. Imagine you're picking up a blueberry with your vagina. Gentle. Internal. Not your abs, not your glutes.
- Hold for 5 seconds. Breathe normally.
- Release completely for 10 seconds. Let everything go.
- Repeat 10 times. Do 3 sets per day.

Exercise 2: Quick Contractions

Position: Same as above.

- Squeeze your pelvic floor quickly and release. Like a pulse.
- No holding. Just contract and relax.
- Do 10 quick pulses. Rest 15 seconds.
- Repeat 3 sets, twice per day.

Exercise 3: Diaphragmatic Breathing

Position: Lying on your back or sitting comfortably.

- Place one hand on your chest, one on your belly.
- Breathe in through your nose. Your belly should rise. Your chest should stay relatively still.
- Breathe out slowly through your mouth. Feel your belly fall.
- As you exhale, gently engage your pelvic floor. As you inhale, let it relax.
- Practice for 2 minutes, 2 times per day.

This breathing pattern is critical. Your diaphragm and pelvic floor move together. When you breathe in, your pelvic floor naturally drops. When you breathe out, it lifts. Learning to coordinate these two systems now pays off massively during labor.

What to stop doing:

- Heavy crunches and sit-ups. They increase downward pressure on your pelvic floor.
- Holding your breath during exercise. This is called the Valsalva maneuver and it spikes pressure in your abdomen.
- Double-leg raises and other exercises that create a lot of intra-abdominal pressure.

Second Trimester (Weeks 14 to 27)

The belly is growing. You're probably feeling better than the first trimester. This is your window to build real strength.

Exercise 4: Seated Pelvic Floor Holds

Position: Sitting on a firm chair or exercise ball.

- Squeeze and lift your pelvic floor.
- Hold for 8 seconds. Breathe normally.
- Release for 10 seconds.
- Repeat 10 times, 3 sets per day.

Exercise 5: Standing Pelvic Floor Activation

Position: Standing with feet hip-width apart.

- Gently engage your pelvic floor and hold for 5 to 8 seconds.
- Release. Rest 10 seconds.
- 10 reps, 2 sets per day.

Standing is harder because gravity is working against you. But gravity will be working against you during delivery too. This is functional training.

Exercise 6: Deep Squat with Pelvic Floor Release

Position: Feet wider than hip-width, toes turned out slightly.

- Lower into a deep squat (use a wall or chair for balance if needed).
- At the bottom, focus on releasing and relaxing your pelvic floor completely. Let it lengthen.

- Hold the squat for 30 seconds, breathing deeply and releasing your pelvic floor with each exhale.
- Stand up, engaging your pelvic floor as you rise.
- Repeat 5 times.

This exercise trains the lengthening and releasing that your pelvic floor needs to do during delivery. Most women only train the squeezing. You need to train the letting go too.

Exercise 7: Cat-Cow with Pelvic Floor

Position: Hands and knees (all fours).

- Inhale as you drop your belly and look up (cow). Let your pelvic floor relax.
- Exhale as you round your back and tuck your chin (cat). Gently engage your pelvic floor.
- Move slowly. Coordinate your breath with the movement.
- Repeat 10 times, 2 sets per day.

Third Trimester (Weeks 28 to 40+)

Everything is harder now. Your belly is big, your back aches, and you might be counting down the days. The focus shifts from building strength to maintaining what you have and preparing to release.

Continue these exercises:

- Basic pelvic floor contractions (10 reps, 3 sets daily)
- Quick contractions (10 reps, 3 sets daily)
- Diaphragmatic breathing (2 minutes, 2 times daily)
- Deep squats with pelvic floor release (5 reps daily)

Add this:

Exercise 8: Perineal Bulging Practice

Position: Semi-reclined or side-lying.

- Take a deep breath in.
- As you exhale, gently bear down as if you're pushing out a small amount of gas. You should feel your pelvic floor gently bulge downward and outward.
- This is NOT a strong push. It's a gentle opening. Think "let go" not "force out."

- Practice 5 times, once per day.

This mimics what your pelvic floor needs to do during the pushing stage of labor. Practicing it now means your body knows the movement when it matters.

Exercises to modify or stop:

- Stop lying flat on your back for exercises after 20 weeks (or whenever it feels uncomfortable). The weight of the uterus can compress blood vessels. Use a pillow to prop yourself at an angle, or switch to side-lying.
- Avoid deep lunges or single-leg exercises if you're feeling pelvic pain or instability.
- Lower the intensity of everything. Now is maintenance mode, not PR mode.

If you experience any pelvic pain, increased leaking, or a feeling of heaviness that's getting worse, talk to your provider. A pelvic floor PT can assess what's going on and modify your exercise program for the rest of your pregnancy.

Perineal Massage and Preparation

Perineal massage is one of the most evidence-backed things you can do to reduce tearing during vaginal delivery. Studies show it reduces the risk of severe tears (third and fourth degree) by about 10%, and it reduces the likelihood of needing an episiotomy.

It's simple. It's free. And it works. But most women either don't know about it or don't know how to do it correctly.

When to start

Begin at 34 to 36 weeks. Not earlier. The tissue needs to be ready, and your baby needs to be in a position where this kind of preparation makes sense. Do it 1 to 2 times per week.

What you need

- A natural, unscented oil. Coconut oil, olive oil, or a perineal massage oil (vitamin E based). No essential oils. No fragranced products.
- Clean hands with short nails.
- A warm bath or shower beforehand helps relax the tissues.
- Privacy and 5 to 10 minutes.

The technique

Step 1: Wash your hands. Apply oil to your thumbs and perineum (the tissue between your vaginal opening and your anus).

Step 2: Insert your thumbs about 1 to 1.5 inches into your vaginal opening.

Step 3: Press downward (toward your rectum) and outward to the sides. You should feel a stretching sensation. It should feel like pressure, not pain. On a scale of 1 to 10, aim for a 3 to 4.

Step 4: Hold the stretch for 1 to 2 minutes. Breathe slowly and deeply. Focus on relaxing into the stretch instead of tensing against it.

Step 5: Gently sweep your thumbs in a U-shape along the lower half of the vaginal opening, maintaining gentle pressure.

Step 6: Repeat for 5 to 10 minutes total.

The first time feels weird. The second time feels less weird. By the fourth or fifth time, you'll know the tissue is softer and more flexible. That's the goal. You're teaching your perineum to stretch without tearing.

Tips for success

- Your partner can do this for you. Some women find it easier to have their partner help, especially as the belly gets bigger. Show them this page.
- If it hurts, you're pressing too hard. Back off. This should feel like a deep stretch, not pain.
- Don't do perineal massage if you have placenta previa, vaginal infection, preterm labor risk, or if your provider has told you to avoid it.
- Consistency matters more than duration. Five minutes twice a week beats one 30-minute session.

Breathing and Pushing Techniques

How you breathe during labor affects your pelvic floor directly. The right breathing technique helps you push more effectively and reduces the risk of injury. The wrong technique wastes your energy and puts more stress on your tissues.

Your diaphragm and pelvic floor are connected

Your diaphragm (the breathing muscle under your ribs) and your pelvic floor move like two pistons in the same cylinder. When you breathe in, your diaphragm drops and your pelvic floor descends. When you breathe out, your diaphragm rises and your pelvic floor lifts.

During pushing, you want to use this system to your advantage. Not fight against it.

Coached pushing vs. spontaneous pushing

There are two main approaches to pushing during the second stage of labor.

Coached pushing (also called Valsalva or purple pushing):

Someone tells you to take a deep breath, hold it, bear down as hard as you can, and push for 10 seconds. Then do it again. And again. This is still common in hospitals.

The problem: holding your breath and bearing down with maximum force puts enormous pressure on your pelvic floor. It reduces oxygen to you and the baby. And research shows it doesn't actually shorten the pushing stage in most cases.

Spontaneous pushing (also called physiological pushing):

You follow your body's urge to push. You breathe out as you bear down. You push when your body tells you to, not when someone counts to ten. The pushes are shorter, but your body recovers between them.

Research shows spontaneous pushing is associated with less pelvic floor trauma, less fatigue, and better fetal heart rate patterns. Ask your provider if spontaneous pushing is an option for you.

The breathing technique to practice

This is the pattern you want to train before delivery:

- Breathe in deeply through your nose.
- As you exhale through your mouth, gently engage your deep core and bear down. Think of directing your breath and effort downward, toward your pelvic floor. Like you're fogging up a mirror with a slow, steady exhale while gently pushing.
- Let the exhale last 5 to 8 seconds.
- Inhale and rest. Let your pelvic floor fully relax.
- Repeat.

Practice this lying down, then in a squatting or side-lying position. 5 repetitions, once per day during your third trimester. You're building the muscle memory so your body knows what to do during labor.

During labor: what to remember

- Breathe out when you push. Don't hold your breath.
- Push with the contraction, rest between contractions.
- Direct your effort downward. Think "open" not "clench."
- Ask your provider to let you push when you feel the urge, not on a count.
- Between pushes, consciously relax your pelvic floor, jaw, and shoulders. Tension in one area creates tension everywhere.

Birth Positions That Help Your Pelvic Floor

The position you deliver in matters more than most people realize. It affects how wide your pelvis opens, how much pressure hits your perineum, and how effectively you can push.

Lying flat on your back with your feet in stirrups is the most common hospital position. It's also the worst one for your pelvic floor. It narrows your pelvic outlet, increases perineal strain, and works against gravity.

Positions that protect your pelvic floor

Side-lying

Lie on your side with your top leg supported by a partner, doula, or pillow. This takes pressure off your perineum and allows the pelvis to open naturally. It's great if you're exhausted and need to rest between pushes. Many midwives consider this the gentlest position for the perineum.

Hands and knees (all fours)

Opens the pelvis, uses gravity to your advantage, and reduces pressure on your perineum. Also helps with back labor. You can rock back and forth during contractions.

Supported squat

Squatting opens your pelvic outlet by up to 30% compared to lying on your back. Use a squat bar on the bed, hang from your partner's neck, or use a birthing stool. Gravity helps the baby descend. Just know this position can speed things up quickly, so check with your provider.

Kneeling upright

Kneeling with your upper body draped over the head of the bed or a birthing ball. Similar benefits to hands and knees but easier to maintain when you're tired.

Semi-reclined (but not flat)

If you need to be on your back (epidural, monitoring), ask to be reclined at a 30 to 45 degree angle with your knees pulled back and outward. This is better than flat on your back and still gives your provider access. Use a peanut ball between your knees to keep the pelvis open.

What to ask your provider

Before your delivery, have this conversation:

- "Can I try different positions during pushing?" Most providers will say yes if you ask in advance.
- "Can I push when I feel the urge instead of on a count?" This gives you the option for spontaneous pushing.
- "Can we try warm compresses on my perineum during pushing?" Warm compresses reduce tearing. The research supports this.
- "Can we use a peanut ball if I have an epidural?" This keeps your pelvis mobile even when you can't move much.

You don't have to pick one position. Most women move through several during labor. The freedom to change positions as your body needs is one of the best things you can advocate for.

What to Expect Immediately After Birth

The baby is out. You did it. And now your body starts a completely different process. Here's what the first 48 hours actually look like for your pelvic floor and lower body.

The first few hours

Your perineum is swollen. Possibly torn. Possibly stitched. It hurts. That's normal. The swelling peaks around 24 to 48 hours after delivery.

You'll bleed. A lot. This is called lochia. It's your uterus shedding the lining and healing where the placenta was attached. Heavy bleeding with clots is normal for the first few days. It gradually lightens over 4 to 6 weeks.

You might feel like your insides are going to fall out when you stand up. That sense of heaviness is from all the swelling and the sudden absence of the baby that was holding everything up. It's alarming but it's temporary.

Ice and sitz baths

Ice packs on your perineum for the first 24 hours. 20 minutes on, 20 minutes off. Use a padsicle (frozen pad with witch hazel and aloe) or wrap ice in a thin cloth. Don't put ice directly on skin.

After the first 24 hours, switch to sitz baths. Fill a shallow basin with warm water and sit in it for 10 to 15 minutes, 2 to 3 times a day. The warm water increases blood flow, reduces swelling, and feels amazing on sore tissue. You can add a few tablespoons of Epsom salt if you like.

The first bathroom visit

Nobody warns you about this part. The first time you pee after delivery can sting, especially if you have stitches. Use a peri bottle (the squirt bottle the hospital gives you) to spray warm water on your perineum while you urinate. It dilutes the urine and reduces the burning.

The first bowel movement is intimidating. Take a stool softener starting the day you deliver. Don't wait until you're constipated. When the time comes, don't strain. Put your feet on a stool. Hold a folded washcloth against your perineum for gentle support. Breathe. It will be okay.

What's normal vs. what's not

Normal:

- Swelling and bruising of the perineum
- Heavy bleeding that gradually decreases
- Soreness when sitting
- Leaking urine when you cough or sneeze
- Feeling emotionally overwhelmed

Call your provider if:

- **Bleeding suddenly gets heavier (soaking more than one pad per hour)**
- **You develop a fever over 100.4 degrees**
- **You have foul-smelling discharge**
- **Your stitches open or you see signs of infection (redness, heat, pus)**
- **You can't urinate within 6 hours of delivery**
- **You feel a bulge or pressure that's getting worse, not better**

Gentle movement

In the first 48 hours, your only exercise is walking to the bathroom and back. After that, short walks around the house. Gentle breathing exercises (the diaphragmatic breathing from Chapter 2) can start on day 1. No kegels yet. Let the tissues rest for at least a week before attempting any pelvic floor contraction.

Your Postpartum Recovery Starts Now

Everything in this guide has been about getting your body ready for birth. But here's what I tell every patient: birth is the beginning of recovery, not the end of the story.

What happens in the weeks and months after delivery determines whether you bounce back fully or spend years wondering why things don't feel right down there.

What postpartum recovery actually involves

- Rebuilding pelvic floor strength that was stretched and (possibly) torn during delivery
- Healing diastasis recti (the abdominal separation that happens during pregnancy)
- Restoring core stability so you can lift your baby, exercise, and live without pain
- Addressing incontinence, prolapse symptoms, or pain during sex if they persist

Most OBs clear you at 6 weeks and send you on your way. That's not a recovery plan. That's a minimum safety checkpoint. Real recovery takes intention, exercises, and often the guidance of a pelvic floor PT.

The Postpartum Pelvic Floor Recovery Guide by Dr. Meg Cochran picks up exactly where this guide leaves off. It covers the first 12 weeks after birth with week-by-week exercises, return-to-activity guidelines, and real talk about what's normal and what needs attention. Available free at wyatherapy.com/guides.

You spent 9 months preparing your body for birth. Give yourself at least that long to recover from it. Your future self will thank you.

Recommended Products

These are products I recommend to my patients. Tested, practical, worth the money.

Prenatal support

Prenatal support belt (Gabrialla or Babybellyband). Takes pressure off your pelvic floor and lower back, especially in the third trimester. Wear it during long walks or workdays on your feet.

Pregnancy pillow (Boppy Total Body or Leachco Snoogle). Supports side-lying sleep and reduces pelvic and hip pain at night.

Perineal massage

Perineal massage oil (Earth Mama or Weleda). Vitamin E based, unscented, designed specifically for this purpose. Coconut oil works too.

EPI-NO Delphine Plus. A perineal trainer that gently stretches the tissue in preparation for delivery. Used widely in Europe and Australia. Evidence shows reduced tearing rates.

Exercise equipment

Birthing/exercise ball (65cm for most women). Use for seated pelvic floor exercises, hip circles, and labor positions.

Peanut ball. For use during labor, especially with an epidural. Keeps the pelvis open between pushes.

Yoga blocks (set of 2). For supported squats and stretching.

Postpartum essentials (get these before your due date)

Peri bottle (Frida Mom). Better design than the hospital version. Angled spout makes it easier to use.

Sitz bath basin. Fits on your toilet. Much easier than filling a bathtub.

Padsicles supplies (witch hazel pads, aloe vera, overnight pads). Make a batch before delivery and freeze them.

Want Personalized Guidance?

Every pregnancy is different. If you want a second set of eyes on your exercise form, your birth prep plan, or your postpartum strategy, let's talk.

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 pregnancy symptoms or birth prep
- Get clarity on whether you need PT, coaching, or something else
- Zero pressure, zero cost

Book at wyatherapy.janeapp.com

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

A one-on-one virtual session with Dr. Meg Cochran, DPT. We'll review your exercise form, answer your questions, and make sure your body is on track for delivery. Virtual appointments available anywhere.

- Review of your pregnancy and pelvic floor symptoms
- Exercise form assessment
- Perineal massage technique check
- Birth prep plan tailored to your trimester

Book at wyatherapy.com

More from Where You Are Physical Therapy

The Postpartum Pelvic Floor Recovery Guide. Your week-by-week roadmap for recovering after birth. Exercises, timelines, and straight answers about what's normal.

After Prostate Surgery: Your Pelvic Floor Recovery Guide. For the men in your life. The complete recovery plan after prostatectomy.

All guides available free at [wyatherapy.com/guides](https://www.wyatherapy.com/guides)

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