NurtureCalc

A NO-BS PRINTABLE GUIDE

Pelvic Floor Recovery: What Actually Helps

How long it really takes, why Kegels aren't always the answer, and the honest signs it's time to see a specialist — for every kind of birth.

Based on clinical guidelines (ACOG, NHS, POGP) and the Pelvic Floor Recovery Estimator at nurturecalc.com · For informational purposes only, not medical advice

Kegels Aren't Always the Answer

Most postpartum advice reduces pelvic floor recovery to one instruction: do your Kegels. For a significant number of mothers, that advice is not just incomplete — it's actively counterproductive. Here's what the clinical picture actually looks like.

WHAT YOU'VE HEARD
Pelvic floor problems mean you need to do more Kegels.

WHAT'S ACTUALLY TRUE
A tight (hypertonic) pelvic floor is just as common as a weak one. Doing Kegels on a hypertonic pelvic floor worsens symptoms. An assessment is the only way to know which one you have.

WHAT YOU'VE HEARD
Leaking urine is just something you live with after having a baby.

WHAT'S ACTUALLY TRUE
Leaking is common but not something you have to permanently accept. Stress urinary incontinence responds well to targeted rehabilitation, often within a few months of proper treatment.

WHAT YOU'VE HEARD
If I had a C-section, my pelvic floor is fine — I didn't push.

WHAT'S ACTUALLY TRUE
Pregnancy itself loads the pelvic floor for months regardless of delivery method. C-section surgery also disrupts the deep core system the pelvic floor works with, which can cause its own symptoms.

THE HONEST BOTTOM LINE
Generic pelvic floor advice can't tell the difference between a muscle that's too weak and one that's too tight — and treating them the wrong way makes things worse, not better. A proper assessment isn't optional extra care. It's the starting point.

Pelvic Floor Recovery Timeline

These are general estimates — actual recovery depends on tear severity, delivery complications, and whether rehabilitation is guided by a specialist.

Recovery stage	Vaginal birth	C-section
Initial healing (tissue repair)	Weeks 1–6	Weeks 1–6
Early rehabilitation (reconnection)	Weeks 2–8	Weeks 3–8
Functional strength returns	3–6 months	3–6 months
Full load tolerance (running, HIIT)	6–12 months	6–12 months

Common Signs of Pelvic Floor Dysfunction

Up to half of postpartum mothers experience one or more of these. They are common — and treatable, not something to just live with.

- ! **Stress incontinence** — leaking when you cough, sneeze, laugh, or exercise
- ! **Urgency incontinence** — a sudden, hard-to-defer need to urinate
- ! **Pelvic heaviness or pressure** — a feeling of "something coming down"
- ! **Painful intercourse** — pain during or after sex postpartum
- ! **Pelvic girdle pain** — persistent hip, sacrum, or pubic pain
- ! **Difficulty fully emptying** — bladder or bowel, despite effort

What Actually Helps

- ✓ Diaphragmatic breathing before any Kegel work
- ✓ A pelvic floor physiotherapy assessment
- ✓ Gradual, symptom-guided load management
- ✓ Treating constipation — straining worsens symptoms
- ✓ Scar massage from ~8 weeks, once fully healed

Weak vs. Tight — Why It Matters

A weak (hypotonic) pelvic floor benefits from strengthening work like Kegels. A tight (hypertonic) pelvic floor needs the opposite — release and relaxation work. Doing the wrong one worsens symptoms. Only an internal assessment by a pelvic floor physiotherapist can tell you which one you have.

WHEN TO SEE A PELVIC FLOOR PHYSIOTHERAPIST

Any leaking, heaviness, pelvic pain, or pain during sex that persists beyond a few weeks postpartum is worth a specialist assessment — not something to wait out. Earlier intervention leads to meaningfully better outcomes than waiting to see if it resolves on its own.

Get Your Personal Recovery Stage

Answer a few questions about your weeks postpartum and current symptoms to get a personalised recovery stage and next steps.

nurturecalc.com/pelvic-floor-recovery · nurturecalc.com/exercise-timeline