C-Section Recovery Program

A Week-by-Week Guide from a Pelvic Floor Therapist

From Week 1 to Fully Healed

By Shannon Strauch, PTA, STMT-1, PCES

Pelvic Health Center

Introduction

What Happens During a C-Section & Why Rehab Matters

A Cesarean section (C-section) is a major abdominal surgery. During delivery, your OB/GYN makes an incision through several layers of your abdomen, including skin, connective tissue (fascia), and uterus, to deliver your baby. Abdominal muscles are either cut at the tendon or separated, stretching and weakening them. Each layer is closed surgically, and although the external scar may heal quickly, the deep layers take much longer to recover.

What Happens:

- Incision through multiple layers: skin, fat, fascia, uterus
- Stretching and disruption of core muscles
- Nerve irritation or injury
- Bladder catheter use and pelvic floor impact
- Postural changes from pregnancy and birth

How It Affects the Pelvic Floor & Whole Body:

- Pelvic floor may become tight or weak, even without a vaginal birth, due to pregnancy pressure and compensations post-surgery
- Scar tissue and fascial restrictions can pull on nearby areas: hips, lower back, ribs, and pelvis
- Core disruption impacts breathing, posture, and bowel/bladder control
- Emotional and nervous system impact from birth experience, pain, or trauma

Healing Timeline (General Estimates):

Tissue	Healing Time
Skin	~2 weeks
Fascia	6–8 weeks
Uterus	6–8 weeks
Nerves	Months
Core Function	3–12+ months

Healing isn't linear. You may feel fine one day and sore the next. This is normal—go slow, listen to your body, and seek help when needed.

Week-by-Week Recovery Program

Week 1–2: Rest, Awareness & Protection

Goals: Protect incision, reduce swelling, reconnect to breath and body

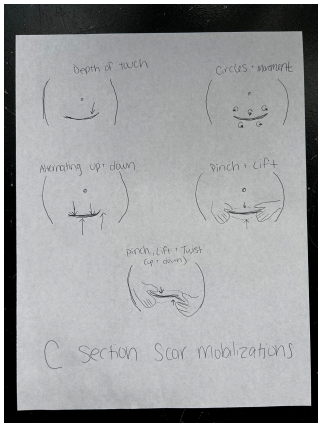
- Deep 360° diaphragmatic breathing
- Gentle pelvic floor awareness (just notice, don't contract hard)
- Log roll to get out of bed
- Short, slow walks around the house
- Keep incision clean and dry
- No lifting heavier than baby

Week 3–4: Gentle Activation & Scar Desensitization

Goals: Wake up the core, begin scar contact

- Begin scar touch (light finger circles around scar if incision site is healed, no scabbing)
- Pelvic tilts lying on your back
- TA (transverse abdominis) activation: exhale and gently pull belly in
- Slow walking outdoors if comfortable
- Still avoid twisting, planks, or crunches

Week 5–6: Core & Pelvic Floor Integration



Goals: Build foundation of deep core and pelvic floor

- Scar massage: light lifts and skin glides
- Modified bridges with breath and core engagement
- Gentle Kegels with breath
- Seated posture and alignment awareness
- Walking with better pace and posture

Week 7–8: Mobility & Functional Strength

Goals: Restore mobility and coordination

- Bodyweight squats and sit-to-stand with breath
- Bird-dog and clamshell exercises
- Thoracic (mid-back) mobility work
- Gentle side stretches and shoulder openers
- Core breathing integrated into everyday movement

Week 9–10: Scar Release & Light Resistance

Goals: Improve tissue mobility and strength

- Targeted scar tissue release (consult PT if unsure)
- Resistance band work: bridges, lateral walks
- Functional pelvic floor training (standing holds, breath + lift)
- Short yoga flows or stretching routines

Week 11–12: Return to Function & Confidence

Goals: Prepare for return to fitness, intimacy, and full movement

- Side planks or modified planks (knees down), progressing if no doming
- Gentle jumping, impact drills (if pelvic floor is ready)
- Return to fitness classes with modifications
- Pelvic floor therapy check-up for full body integration

Beyond 12 Weeks:

Your recovery is unique. Some people feel great by week 12, others need more time. Continue progressing strength, mobility, and core control.

Consider pelvic floor physical therapy at any point during your recovery if you experience:

- Pain with intercourse
- Bladder leaking or urgency
- Core weakness or doming
- Difficulty returning to exercise
- Scar sensitivity or restriction