

BEYOND BABY

Your Pelvic Floor, Your Recovery, and Everything Nobody Told You *After Childbirth*

NEERAJ KOHLI, MD, MBA

PRAISE FOR BEYOND BABY

"After nearly four decades caring for women, I know how much attention goes into preparing for childbirth—and how little goes into preparing women for what follows. In Beyond Baby, Dr. Neeraj Kohli brings exceptional expertise, compassion, and refreshing candor to this neglected part of women's health. He addresses the questions women are often reluctant to ask—and too often aren't invited to—with clear explanations, practical guidance, and an unwavering respect for their concerns. Insightful, reassuring, and empowering, this is a book I wish every one of my patients could take home after delivery. An invaluable resource and a powerful reminder that caring for a mother matters every bit as much as delivering her baby."

Jim Greenberg, MD
Vice Chairman, Obstetrics & Gynecology, Brigham & Women's Hospital
Associate Professor, Harvard Medical School

"Beyond Baby by Neeraj Kohli MD is the guide every postpartum mother has been waiting for. Dr. Kohli brings together urogynecology and physical therapy to explain, in down-to-earth language, how long muscles, tissues, and organs take to heal and when it is time to seek help. He discusses the postpartum changes that occur to bladder, bowel, reproductive, hormonal, sexual systems, along with sleep, nutrition and weight management. He discusses cesarean section versus vaginal birth and future choices for birthing. There are clear functional milestones so the reader can understand the changes in her body instead of fearing them. Whether you are weeks or years out from delivery, Beyond Baby will help you rebuild trust in your body, move forward, and regain better function with confidence."

Holly Herman PT MS DPT OCS WCS PRPC CSC IF

"After years of working closely with new mothers and their families, I've seen firsthand how much attention goes into preparing for a baby's arrival, while a mother's own recovery often takes a back seat. In Beyond Baby, Dr. Neeraj Kohli shines a much-needed light on this overlooked part of motherhood. With warmth, compassion, and a wealth of medical knowledge, he answers questions women may not even know to ask and provides practical guidance to help them better understand their bodies and recovery. This is a valuable resource that I encourage every expectant and new mother to read."

Carole Kramer Arsenault, RN
CEO/Founder, Boston Baby Nurse
Author: Newborn 101 and The Baby Nurse Bible

"Beyond Baby is the book I wish I'd had. Dr. Neeraj Kohli delivers the definitive, practical guide to pelvic floor health, and then goes further, covering nutrition, healing, and everyday wellbeing with the clarity and warmth women need after childbirth. Even as a physician and metabolic health expert, I learned from this book, and I would have been a healthier, more confident new mom with it on my nightstand. Every woman who has given birth, is about to, or cares for someone who has, deserves this book."

Angela Fitch, MD, FACP, MFOMA, Dipl. ABOM
Co-Founder and Chief Medical Officer, knownwell
Past President, Obesity Medicine Association

The Essential Postpartum Recovery Guide

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Neeraj Kohli, MD, MBA

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MEDICAL DISCLAIMER

If you think you may be having a medical emergency, call 911 or go to the nearest emergency department. If you are having thoughts of harming yourself or your baby, call or text 988, or call or text the National Maternal Mental Health Hotline at 1-833-TLC-MAMA (1-833-852-6262).

Beyond Baby is written for general education and information only. It is not medical advice, and it is not a substitute for the advice, diagnosis, or treatment of a qualified healthcare professional who knows you and your history. Reading it does not create a doctor-patient relationship between you and the author.

Nothing in these pages is a recommendation that you start, stop, or change any medication, supplement, exercise, device, procedure, or treatment. Everyone and every situation is different, and much of what matters depends on an evaluation. Please talk with your own obstetrician, urogynecologist, primary care clinician, pelvic floor physical therapist, or other qualified professional before making any health decision.

Where the author shares clinical opinions, they are identified as opinions. They may differ from published guidelines and from the views of other clinicians. Some treatments described here have limited evidence, and medical knowledge changes, so information may have changed by the time you read it. Product and brand names are mentioned for information only and are not endorsements.

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CHAPTER 1

Six Weeks Is Just the Beginning

The real timeline, and what shouldn't wait

> *"I had one appointment. It lasted about eight minutes, I got cleared for exercise and sex, and that was it. Nobody asked me a single question about how I was actually doing."*

Somewhere along the way, American medicine decided that having a baby requires one follow-up visit, six weeks later, and then you're done.

This chapter is about a system that was built around a single appointment and never got rebuilt, even after everyone involved figured out it wasn't enough.

You are not imagining that you were handed back to your life too early.

Think about what went into getting here. Months of planning, maybe years. You chose an obstetrician. You read about the first trimester and the second and the third. You took a class, or several. You toured the hospital, packed the bag, assembled the crib, argued about names, made a birth plan and probably a backup birth plan. Somebody threw you a shower. There is an entire industry devoted to preparing you for the day your baby arrives.

And for what happens to your body afterward, for the year that follows (the one you're in now), there was almost nothing. Maybe a pamphlet. A date on a card for six weeks out.

That's not a suggestion that you missed something. You didn't. Nobody offered it, and it wouldn't have occurred to most women to ask, because we don't talk about this part. My wife is a nurse, and nobody offered it to her either. But look at how strange the imbalance is, given the stakes.

Birth is one day. What happens to your pelvic floor, your bladder, your bowel, your mood, and your body over the following year can shape how you work, how you exercise, how you have sex, and how you feel in your own skin for decades. And, by extension, how you show up for yourself, your partner, your other children, and the baby you just had.

The delivery got a plan. The recovery deserves one too, and that's what this chapter is trying to give you.

"Where did six weeks even come from?"

Tradition, mostly. Six weeks is roughly when the uterus has returned to its pre-pregnancy size, and at some point that became the marker for the whole woman rather than for one organ.

The problem is that almost nothing else in your body works on that schedule. Not the pelvic floor muscles, not the nerves or the connective tissue, and certainly not your hormones, especially if you're nursing. Six weeks is a reasonable checkpoint for the uterus. For everything attached to it, it's a poor one.

And the **profession agrees**. The American College of Obstetricians and Gynecologists now recommends that postpartum care be an ongoing process rather than a single encounter, with contact within the first three weeks and a comprehensive visit no later than twelve.[1]

The six-week visit isn't the standard anymore. Or it isn't supposed to be. It's just what most of us still do, because changing how an entire system schedules appointments turns out to be much harder than changing what a guideline says.

The fourth trimester

There's a name for the stretch you're in, and I think it's worth using, because once something has a name it tends to get taken more seriously.

ACOG calls it **the fourth trimester**, meaning the twelve weeks after birth, treated as a genuine phase of the pregnancy rather than as the empty space afterward. The whole point of the term is that this period has its own physiology and its own risks and care requirements, exactly as the three trimesters before it do.

Nobody would schedule one appointment for your entire third trimester and call it covered. Nobody would tell you at 28 weeks that you're all set and to call if anything comes up. Yet that is more or less the standard of care most women receive for the fourth.

ACOG names what this period involves directly: lack of sleep, fatigue, pain, breastfeeding difficulties, loss of sexual desire, and urinary incontinence.[2] That list isn't describing complications. It's describing the expected content of the fourth trimester, in a professional document, and almost none of it gets asked about at a six-week visit.

"So, what's the real timeline?"

Longer than six weeks and shorter than forever. **Weeks 6–12 are especially important.** Recovery varies by condition and by person, so treat these as rough ranges:

Weeks 0–6. Bleeding settles, incisions and tears close on the surface, the uterus involutes. This is the part the six-week visit was designed for, and for this part it works fine.

Weeks 6–12. Muscle strength starts returning. Stretched nerves begin to recover (nerve healing is slow, measured in months). Swelling that was masking problems goes down, which is why some women feel like things got *worse* around two or three months. They usually didn't. The swelling resolved, so the issues become more visible. Your hormones are also resetting: estrogen, progesterone, thyroid and others take months to settle, and longer if you're nursing (Chapter 4).

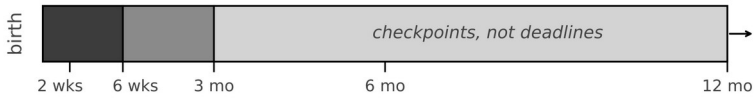
Months 3–12. This is where most of the real recovery happens, and it's the window the system almost entirely ignores. Leaking improves. Pain improves. Tissue remodels. If you're nursing, your hormones are still doing something entirely different from normal (Chapter 4).

Beyond a year. For most women, whatever is still going on at twelve months is unlikely to resolve without help.

Where does pelvic floor physical therapy fit? Earlier than most women think. Learning to strengthen your pelvic floor during pregnancy lowers the chance of leaking afterward. A first, gentle visit can happen in the first few weeks after birth, for education, breathing, and core work, with no internal exam. The full assessment usually happens from about six weeks on, ideally between 8 and 12 weeks. Chapter 18 has the details.

The real postpartum timeline

What should be better by when.



By about	What you should be noticing	If not
2 weeks	Any leaking of gas or stool should be settling.	Still leaking gas or stool? Ask for a referral now (Chapter 7).
6 weeks	Bleeding has settled. Incisions and tears have closed on the surface. The uterus is back to size. Pelvic joint pain is mostly better.	Pelvic, hip, or back pain still limiting you? Physical therapy now (Chapter 10).
3 months	Leaking, pressure, and pain are clearly better than they were. Swelling has gone, so what remains is easier to see.	Still there? Get evaluated. From here, symptoms are less likely to clear on their own.
6 months	Steady gains in strength, core function, and comfort with sex. Postpartum hair shedding is easing.	Stuck or getting worse? That deserves a proper look.
12 months	Most women feel substantially recovered. Hormones settle further after weaning.	Whatever is still going on is unlikely to resolve without help. Not impossible. Just unlikely.

Get a comprehensive evaluation between 8 and 12 weeks

Late enough that swelling has settled and you can tell what is persisting. Early enough that conservative treatment works best.

Figure 1.1 What should be better by when, across the first year after delivery.

Nearly **70 percent of women report at least one physical problem in the first year** after giving birth. Of those, about a quarter are moderate and a fifth are severe.[2–4] This is the ordinary experience of having a baby. It is not a small unlucky group.

ACOG also notes that as these problems get more severe, women's **functional limitations increase in step**, affecting their ability to work, to care for their own needs, to care for their children, to have a relationship, and to manage a household.[2]

That's the part that tends to get treated as a side note, and it shouldn't be. Nobody recovers from birth in a quiet room. You're doing it while going back to work, while caring for a newborn and possibly other children, while running a house, on broken sleep. A symptom that would be a minor nuisance in some other year of your life is not minor now, because of everything it's sitting on top of. Anyone treating you should be factoring that in, and so should you when you're deciding whether something is "worth mentioning."

"How do I know what's normal and what isn't?"

Start with two words that get used as if they meant the same thing. *Common* means a lot of women have it. *Normal* implies nothing needs to be done. **Common does not mean normal.** Nearly everything in this book is common. Very little of it is something you have to live with. When later chapters call a symptom common, that is all they mean.

Beyond that, the most useful rule is about *time*, not symptoms.

Almost everything in this book gets better on its own during the first three months. With leaking, pain, pressure, and weakness, the natural trajectory is upward, and if you're improving week over week, that's the process working.

What matters is what's still happening at three months. By then, swelling has resolved, nerves have had time to start recovering, and muscle strength has largely returned. A symptom that's still there is much less likely to disappear on its own from that point forward.[5]

That's not a deadline and it isn't a reason to panic at week thirteen. It's a checkpoint. Three months is when "let's see if it settles" should turn into "let's figure out what this is." Two things come earlier: leaking gas or stool still present at two weeks (Chapter 7), and pelvic girdle pain still limiting you at about six weeks (Chapter 10).

I've seen too many women who were told to wait, and waited, and were told to wait again, and arrived in my office ten years later with something that would have been considerably easier to treat at four months postpartum.

What should be improving by when

What	Usual course	Ask about it if
Bleeding	Settled by 6 weeks	Heavy bleeding or large clots — now
Incision or tear	Closed by 2–6 weeks	Opening, draining, or newly painful — now
Leaking urine	Much better by 3 months	Still leaking at 3 months
Gas or stool leakage	Improving by 3–6 months	Any leakage still present at 2 weeks
Pelvic or back pain	Most resolved by 6 weeks	Still limiting you at 6 weeks
Pain with sex	Declining across the year	Still hurting at 3 months
Pressure or bulge	Often improves by 3–6 months	Not improving, or worsening
Core strength	Returning over 3–6 months	Doming or weakness not improving
Mood	Baby blues lift within 2 weeks	Low mood beyond 2 weeks. Any thoughts of harm — now
Hair shedding	Peaks 3–4 months, settles by 12	Bald patches, or shedding past a year

Table 1.1 A timeline for what recovers when, and the point at which to stop waiting.

Why finding this early changes what happens next

The case for evaluation is worth making plainly, because "get it checked" is easy advice to ignore when you have a newborn and no time.

Getting a proper assessment early does four distinct things, and only one of them is about treatment.

It tells you what you're dealing with. A name is not a small thing. Knowing that what you have is a specific, recognized, common condition — rather than a vague sense that your body has failed — changes how you carry it. A great deal of postpartum suffering is made worse by not knowing.

It sets your expectations correctly. If you know that your kind of leaking usually improves substantially over several months with the right exercises, you can be patient with a process that's working. If you know that yours is the kind that probably won't resolve on its own, you stop waiting for something that isn't coming. Either answer is useful to have. Not knowing which one you have is what keeps women stuck.

It lets you start conservative treatment while it's most effective. Nearly everything in this book begins with something simple, low-risk, and often covered by insurance (pelvic floor physical therapy, behavioral changes, a pessary, treating the tissue effects of nursing). These work better when started early, before compensations and habits set in around the problem. Starting at three months is meaningfully easier than starting at three years.

And it lets you plan. If it turns out you're likely to need more than conservative care eventually, knowing that early means you can decide *when* on your own terms, around your work, your childcare, whether you want another baby. Learning your options at a moment you choose is a very different experience from discovering them in a crisis. And a crisis is exactly where this kind of thing ends up when nobody looks at it early.

A lot of advice stops at "see your doctor." I'd rather tell you exactly what to ask for, and when.

Somewhere between eight and twelve weeks after delivery, get a comprehensive evaluation. Not a clearance visit. A real one, covering bladder, bowel, pain, sex, mood, and core, with the pelvic floor itself examined rather than asked about, and with actual diagnoses attached to whatever turns up.

That window is deliberate. By then the swelling has mostly settled, so you can tell what's persisting and what's still resolving. But it's still early enough that conservative treatment is at its most effective and nothing has had time to become a habit your body works around. It also sits inside the window ACOG already recommends for a comprehensive postpartum visit. So, you're not asking anyone for anything unusual. You're asking for the visit that's supposed to happen, done thoroughly.

If you're already past twelve weeks, this isn't a missed train. Get it anyway. It's easiest in that window, but it still works later.

That's what I'd want for my own family, and it's what the rest of this book is organized around.

"What should I have been asked at that visit?"

Since a lot of women weren't asked much of anything, here's the list. If nobody raised these with you, you're entitled to raise them yourself, at any visit, with any clinician, at any point in the first year or after it.

- Are you leaking urine, and when?
- Any leaking of gas or stool, or trouble controlling it?
- Any feeling of pressure, bulging, or heaviness?
- Does sex hurt or is it less pleasurable? Have you tried?
- How is your mood, and how are you sleeping when the baby lets you?
- Is there pain anywhere — pelvis, back, hips, incision, perineum?

- How is feeding the baby going, and how is your body handling it?
- Any pain or difficulty emptying your bladder or bowels?

None of these is an unreasonable thing to bring up. Every one of them is a chapter in this book.

If it helps, tear this list out or photograph it and hand it over. "I'd like to go through these" is a complete sentence.

"My postpartum visit was five minutes. Or I never went at all."

You're in a very large group. As many as **40 percent of women never attend a postpartum visit**.[1]

Usually the reasons are practical, not careless. No childcare, no available appointment, no transportation, a job that doesn't allow it, or an entirely reasonable sense that the visit wasn't going to accomplish anything. Insurance has been a barrier too, though that is changing (Chapter 21).

If you missed it, you didn't fail at anything, and the door is not closed. Nothing in this book has an expiration date. Treatment for most of these conditions works at four months, at a year, and at ten years. It's just easier earlier.

If you're reading this well past your postpartum period, start where you are.

When not to wait

Most of this book is about things that can be worked through methodically. These are the exceptions. Call 911 for chest pain, trouble breathing, a seizure, or fainting. For everything else here, call your clinician right away or go to an emergency department:

- Heavy bleeding — soaking a pad an hour, or passing large clots
- Fever of 100.4°F or higher, chills, or foul-smelling discharge

- A tear or incision that opens, drains, or becomes newly painful
- Severe headache, vision changes, or swelling in your face and hands
- Chest pain, trouble breathing, or pain and swelling in one leg
- A racing or pounding heartbeat, a seizure, or fainting
- Severe belly pain, or nausea and vomiting that won't stop
- Inability to urinate, or severe pain trying to
- Thoughts of harming yourself or your baby

That last one belongs on this list exactly as much as the others, and it is a reason to reach out today rather than at your next appointment. If you feel you might act on those thoughts, call 911 or 988 now. Chapter 13 covers it in full. And keep this list in mind for the whole first year: high blood pressure problems, including preeclampsia, can start after delivery even if your blood pressure was normal in pregnancy, and heart problems can appear months later.

What to take from this chapter

Three things, and then the next chapter explains the muscles everything else depends on.

You are in the fourth trimester, and it is part of your pregnancy. It has its own physiology and it deserves its own care.

Get a comprehensive evaluation including a pelvic floor exam between eight and twelve weeks. Improving is normal, stuck is worth investigating, and a thorough look in that window buys you understanding, accurate expectations, conservative treatment while it still works best, and the ability to plan anything further on your own schedule.

Nothing in this book is too small to bring up, and nothing is too late. The most common thing I hear in my office is a version of "I didn't think this was worth mentioning." It almost always was.

Where to read more

- **ACOG, "Optimizing Postpartum Care"** (Committee Opinion 736) — acog.org
- **CDC, "Hear Her" campaign** (urgent postpartum warning signs) — cdc.gov/hearher
- **Voices for PFD** (American Urogynecologic Society patient site) — womenspelvichealth.org

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KEEP READING

That was Chapter 1.

Twenty more to go.

Six weeks is the start of your recovery, not the end of it. The rest of Beyond Baby takes each piece in turn: what it is, why it happened, whether it will get better on its own, and what you can do about it, from what you can start at home tonight to the newer options your doctor may not mention.

INSIDE THE FULL BOOK

- **Real answers**
  What actually happens to your pelvic floor, bladder, bowels, core, and hormones after childbirth.
- **Evidence-based strategies**
  For recovery, including traditional treatments, pelvic floor physical therapy, nutrition, and lifestyle tips.
- **Modern options**
  From devices and injections to newer treatments worth asking your doctor about.
- **Support for the whole you**
  Mental health, body image, hair loss, intimacy, and finding your confidence again.
- **A roadmap for the year ahead**
  Realistic timelines, red flags, and how to build the right team for your needs.

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Because after the baby… there's *you.*

Pregnancy and birth change your body in extraordinary ways. Yet most women are sent home with a baby and very little information about what happens next — to their pelvic floor, their bladder, their bowels, their core, their sex life, their mental health, and their overall well-being.

Beyond Baby is the clear, compassionate, and practical guide you wish you had — written by a leading urogynecologist who has spent his career helping women at every stage of recovery.

INSIDE YOU'LL FIND:

REAL ANSWERS
What actually happens to your pelvic floor, bladder, bowels, core, and hormones after childbirth.

EVIDENCE-BASED STRATEGIES
For recovery, including traditional treatments, pelvic floor physical therapy, nutrition, and lifestyle tips.

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A ROADMAP FOR THE YEAR AHEAD
Realistic timelines, red flags, and how to build the right team for your needs.



NEERAJ KOHLI, MD, MBA
is a board-certified urogynecologist and founder of *Beyond Baby MD*. For more than 25 years, he has helped women understand and recover from pelvic floor disorders after childbirth.

You're not broken.
You're postpartum.

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