

## The Six-Week Appointment Myth

Being medically cleared is not the same as being functionally restored.

**"You wouldn't tear your ACL and be told,  
'See you in six weeks, just go back to CrossFit.' Yet we do this to women postpartum every day."**

— Sarah Bradford, Founder of LUNA Mother Co.

### What the 6-week visit checks

- ◆ You're no longer actively bleeding
- ◆ Your cervix has closed
- ◆ Incision is healing (if C-section)
- ◆ Blood pressure is stable
- ◆ Basic mood screen (sometimes)

#### Result: "You're cleared."

This tells you the emergency is over. Not that you're ready.

Not that you can jump, run, lift, or have sex.

### What it does NOT assess

- ◆ Pelvic floor coordination
- ◆ Core function and pressure management
- ◆ Scar mobility (C-section or perineal)
- ◆ Diastasis recti assessment
- ◆ Exercise readiness
- ◆ Pain with sex evaluation
- ◆ Prolapse screening

#### Who assesses these things?

**A pelvic floor physical therapist.**

### If you injured your foot, you'd see a podiatrist.

Your pelvic floor has been through pregnancy and birth. See a pelvic floor PT.

Find a pelvic floor PT: [choosept.com](https://choosept.com) or [pelvicrehab.com](https://pelvicrehab.com)

*We Got You, Mama — [wegotyomama.com](https://wegotyomama.com)*

Chapter 5 Resources: Your Vagina Is Screaming, "Common Is Not Normal!"

## Common Is Not the Same As Normal

You don't have to accept dysfunction just because it's widespread.

### Common After Birth

Leaking when you sneeze,  
laugh, cough, or jump

Pain or discomfort  
during sex

Heaviness or pressure  
in the pelvis

Urgency you  
can't control

Persistent pelvic, hip,  
or low back pain

Diastasis recti

### What This Actually Means

**Stress urinary incontinence.**  
Highly treatable with pelvic floor PT.

**Dyspareunia — often tight muscles**  
or scar tissue. Treatable.

**May indicate prolapse.**  
Needs assessment. Manageable.

**Urge incontinence — a coordination**  
issue. Responds well to PT.

**Often pelvic floor related.**  
Pelvic floor PT is first-line care.

**Can be rehabilitated with guidance.**

**None of these symptoms are something you have to live with.**

They are signs of dysfunction — not failure. And they are treatable.

**Ask for a referral to a pelvic floor physical therapist.**

## Sex After Baby — Honest Expectations

Six weeks is not a deadline. Your body. Your timeline.

Postpartum sex can feel confusing, painful, or completely off the table — and all of that is valid.  
None of it means something is permanently wrong with you.

### It hurts

Pain can come from tight pelvic floor muscles, scar tissue, or low estrogen from breastfeeding.

All treatable.  
See a pelvic floor PT.  
Use lubrication.

### You don't want it

Being touched all day by a baby depletes your touch quota. Oxytocin from caregiving fills the closeness need.

This is regulation,  
not rejection.

### It feels impossible

Body image, identity shifts, exhaustion, and emotional distance can all play a role.

This is worth talking about with a therapist or pelvic floor PT.

## What Actually Helps

### Physical support:

- ◆ Lubrication — not optional, physiological
- ◆ Pelvic floor PT for pain or tightness
- ◆ Scar tissue treatment if needed
- ◆ Talk to your provider about estrogen options

### Relational support:

- ◆ Have an honest conversation with your partner
- ◆ Redefine intimacy beyond intercourse
- ◆ Give yourself permission to go slowly
- ◆ Pain is information — never push through it

**Six weeks is not a deadline. It is a minimum.**

If you're not ready — physically or emotionally — that is not a failure. It is information.

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*We Got You, Mama* — [wegotyoumama.com](http://wegotyoumama.com)

## Pelvic Floor Resources — Go Deeper

Experts, directories, and research we trust. All in one place.

Pelvic floor PT is not a luxury.

It is rehabilitation after one of the most physically intense events a body can experience.

### Experts Featured in We Got You, Mama

**Dr. Alexandra DiGrado**

*Pelvic Floor PT*

Coordination, not just strength — the trampoline method

[bostonpelvicpt.com](http://bostonpelvicpt.com)

**Lindsay Brunner, PT**

*Pelvic Floor Physical Therapist*

Individualized evaluation over generic protocols

[@pelvic\\_health\\_pt](https://twitter.com/pelvic_health_pt)

**Sarah Bradford**

*Founder, LUNA Mother Co.*

Postpartum rehabilitation and return to movement

[lunamotherhood.com](http://lunamotherhood.com)

### Find a Pelvic Floor PT Near You

**APTA ChoosePT**

Filter: Women's Health

[choosept.com](http://choosept.com)

**Herman & Wallace**

Pelvic rehab specialists

[pelvicrehab.com](http://pelvicrehab.com)

**Dr. Sara Reardon**

The Vagina Whisperer

[thevagwhisperer.com](http://thevagwhisperer.com)

### Research Worth Reading

**Goom et al. — British Journal of Sports Medicine (2019)**

"Returning to running postnatal — guidelines for medical, health and fitness professionals"

Landmark guidelines recommending individualized assessment before return to high-impact exercise — the evidence behind why "cleared at six weeks" is not the same as "ready to run."

**Dumoulin et al. — Cochrane Review (2018, updated 2024)**

"Pelvic floor muscle training versus no treatment for urinary incontinence in women"

Gold-standard systematic review showing pelvic floor muscle training is significantly more effective than no treatment — and that guided PT produces the best outcomes.

**Amorim Adegoke et al. — BJSM Meta-Analysis (2024)**

65 studies, 21,334 participants showing pelvic floor training reduces urinary incontinence odds by 37%.

[pmc.ncbi.nlm.nih.gov/articles/PMC12013572](https://pubmed.ncbi.nlm.nih.gov/articles/PMC12013572)

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