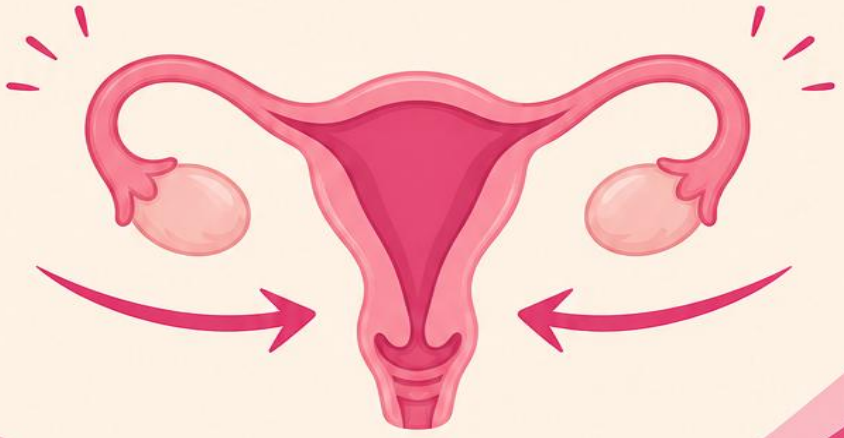
Tight Again After Baby

Mama's Guide to
Restoring
VAGINAL TIGHTNESS
After Childbirth



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Introduction

A Letter From Me to You

Because someone should have told us the truth sooner

My name is Jane. I am a mother, a wife, and a woman who spent two years feeling like a stranger inside her own body. After my first delivery, nobody warned me. Nobody sat me down and said: your body is going to change in ways that go far beyond the stretch marks and the extra weight.

I remember the evening I truly noticed it. My husband and I were trying to reconnect, about six months after our son was born. I could see on his face that something felt different. He did not say a word. He did not need to. I already knew. And in that silence, a part of me quietly broke.

I blamed myself. I searched the internet at midnight while my baby slept, reading fragments of forum posts from other mothers asking the same hushed questions I was too embarrassed to say out loud. Is this permanent? Will things ever feel the same? Does my husband still want me?

> "You are not broken. You are not finished. You are a mother who deserves real answers."

This book is everything I wish I had been handed in the hospital on my way out with that swaddled little human. It is not a book that whispers around the subject. We are going to talk plainly, lovingly, and completely about what happens to your vaginal walls after birth, why it happens, and exactly what you can do about it, starting today.

I have gathered real science, time-tested practices, and the kind of practical wisdom that African mothers have passed quietly between generations but rarely written down. You deserve all of it, collected in one place, written in

language that feels like a friend talking to you rather than a textbook lecturing at you.

Whether you are four weeks postpartum or four years postpartum, whether you delivered vaginally or by C-section, whether this is your first baby or your fourth, this book is for you. There is no ship that has sailed. There is no point of no return. The human body is extraordinary in its ability to heal when given the right tools.

Read every chapter. Do the exercises. Follow the protocol. And please, be patient with yourself. You grew a human being. Give yourself the same grace you give everyone else.

With love, Jane

Chapter One

What Happened to Your Body During Birth

Understanding the change is the first step to reversing it

Let me take you back to the moment of delivery. Whether you pushed for twenty minutes or four hours, whether your baby arrived naturally or was lifted out through an incision, your body underwent one of the most physically intense events a human can experience.

During vaginal delivery, your baby passes through the birth canal, which includes your vagina and the surrounding pelvic floor muscles. These tissues stretch to many times their normal size. The muscles, ligaments, and connective tissue that form your pelvic floor take an enormous amount of strain. In many deliveries, small tears or deliberate cuts called episiotomies are made to allow the baby through safely.

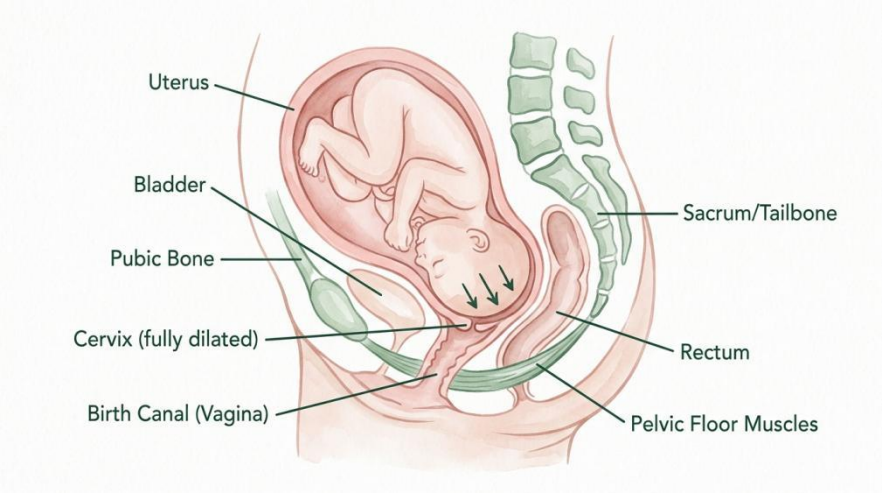


Figure 1: The pelvic floor bears enormous pressure during delivery.

The Pelvic Floor Under Pressure

Think of your pelvic floor as a sheet of muscles running from your pelvis at the front to your tailbone at the back. This sheet holds your bladder, uterus, and bowel in place. It controls the opening and closing of your urethra, vagina, and rectum. When functioning well, you barely notice it. When it is weakened, you feel every reminder.

During labour, especially prolonged pushing, these muscles are under sustained, intense pressure. Some muscle fibres stretch beyond their comfortable range. Some experience tiny micro-tears. The nerves supplying the area can be temporarily compressed or stretched, reducing sensation and muscle control in the weeks and months after birth.

Hormones Play a Role Too

Pregnancy floods your body with a hormone called relaxin. Its job is brilliant: it loosens ligaments and joints throughout your body to prepare for delivery. The problem is that relaxin does not switch off the moment your baby is born. It stays elevated, especially if you are breastfeeding, for months after delivery.

Oestrogen also drops sharply after birth. Oestrogen keeps vaginal tissue thick, lubricated, and elastic. Lower oestrogen means thinner walls, less natural lubrication, and reduced tissue tone. This is particularly noticeable in breastfeeding mothers, whose oestrogen can stay low for the entire nursing period.

What About C-Section Mothers?

If you had a C-section, the answer is still yes: this applies to you. If you laboured before your C-section, your pelvic floor still experienced significant pressure. Even without labour, the pelvic floor spent nine months holding a growing weight above it. Pregnancy itself weakens pelvic floor muscle tone over time, regardless of delivery method.

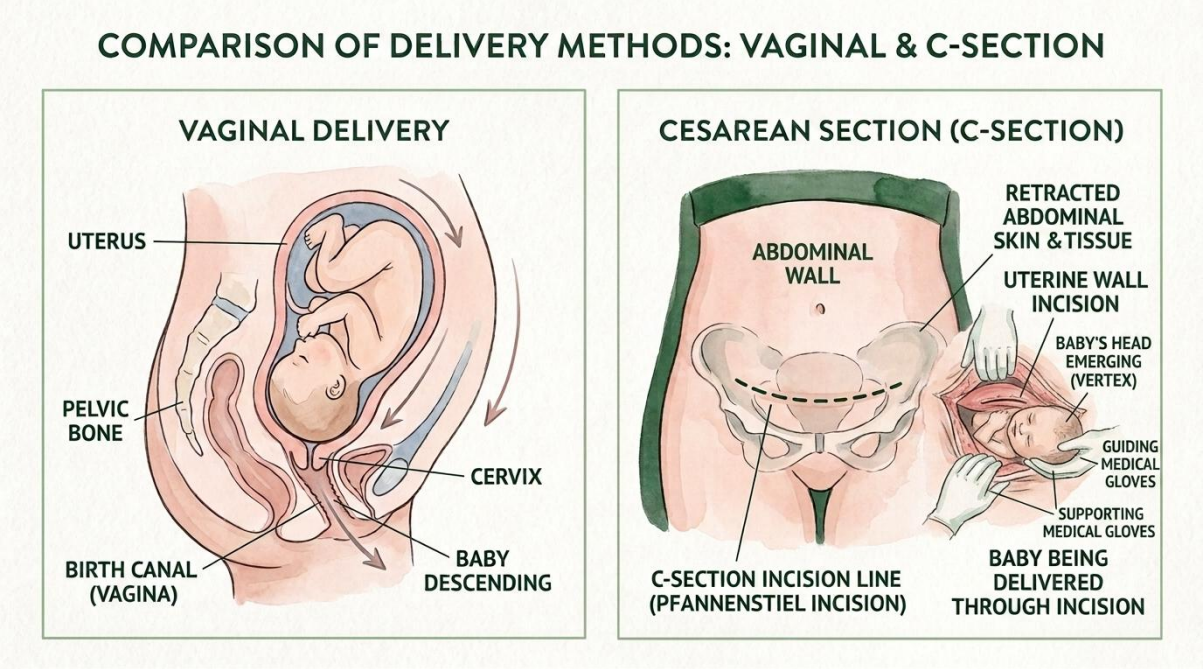


Figure 2: Both delivery types affect the pelvic floor and surrounding structures.

Will It Ever Go Back?

Yes, with the right approach, significant restoration is absolutely possible. The vaginal canal itself is not a permanently stretched tube. It has remarkable elasticity. The issue is not the canal so much as the surrounding muscle tone. Muscles that are weak and under-worked feel slack. Muscles that are trained, strengthened, and properly conditioned regain tone, firmness, and control.

"Your body is not damaged. It is waiting to be reclaimed."

Chapter Two

The Pelvic Floor: Your Hidden Foundation

The muscle group that holds your whole world together

Before we get to exercises and protocols, I want you to truly understand the anatomy you are working with. Women who understand their bodies get better results than those following instructions blindly.

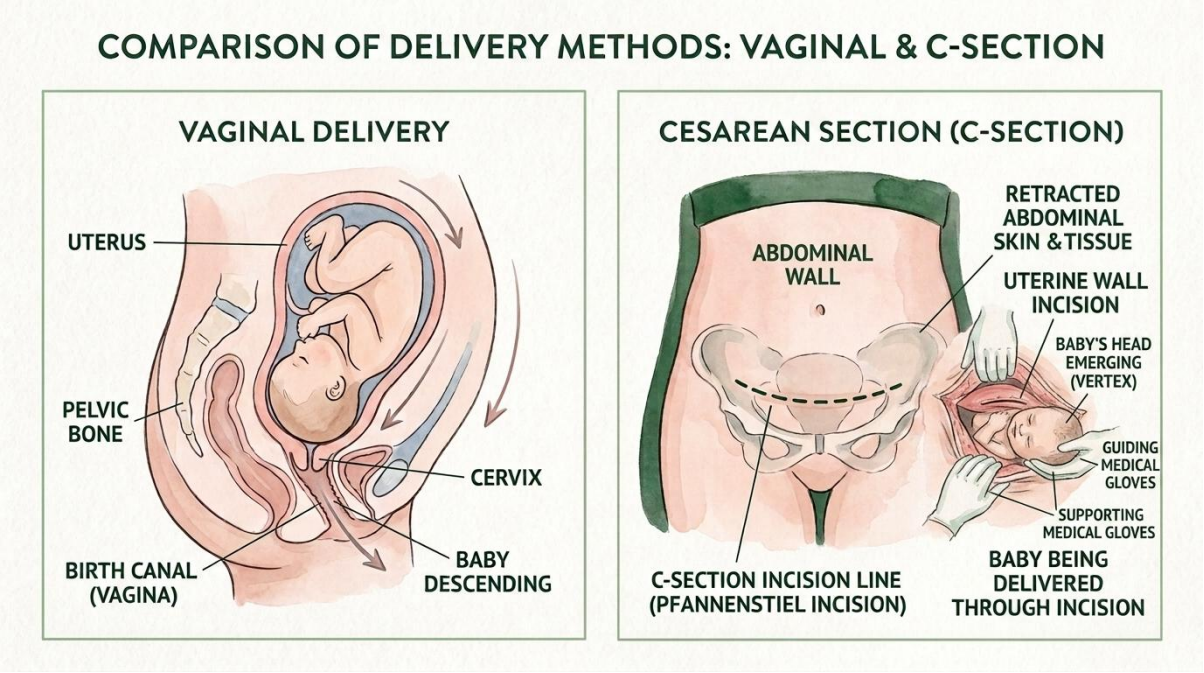


Figure 3: The pelvic floor consists of three distinct muscle layers.

The Layers of the Pelvic Floor

Your pelvic floor is not a single muscle. It is a group of muscles arranged in layers, working together like a team. The deepest layer, called the levator ani group, does the heaviest lifting. It includes three muscles: the pubococcygeus, the iliococcygeus, and the puborectalis. These muscles wrap around the vaginal and rectal openings like a figure of eight.

The middle layer, called the urogenital diaphragm, adds further support. The outer layer contains the superficial muscles you might activate during intercourse. All three layers must be addressed in a complete recovery programme.

What Your Pelvic Floor Controls

- Bladder control: the ability to hold urine without leaking when you cough, sneeze, laugh, or jump
- Bowel control: preventing unexpected wind or urgency
- Sexual sensation: the tightness and grip that affect pleasure for both you and your partner
- Organ support: keeping your bladder, uterus, and bowel properly positioned inside your pelvis
- Core stability: working in coordination with your deep abdominal and back muscles
- Postural alignment: contributing to how you stand, walk, and carry yourself

How You Know Your Pelvic Floor Is Weak

- Leaking urine when you sneeze, cough, laugh, or exercise
- Feeling a heaviness or dragging sensation in your lower pelvis
- Reduced sensation during intercourse
- Difficulty reaching orgasm
- Needing to rush urgently to the toilet
- Lower back pain that appeared after delivery
- A general feeling of looseness or lack of tone in the vaginal area

Finding Your Pelvic Floor Muscles

Many women have been told to do Kegel exercises but have never been taught how to correctly identify the muscles involved. Before you can train a muscle, you need to find it.

Here is the simplest method. The next time you are urinating, try stopping the flow midstream. The muscles you squeeze to do that are your pelvic floor muscles. Do not make a habit of this as a regular exercise, but as a one-time identification tool, it works well.

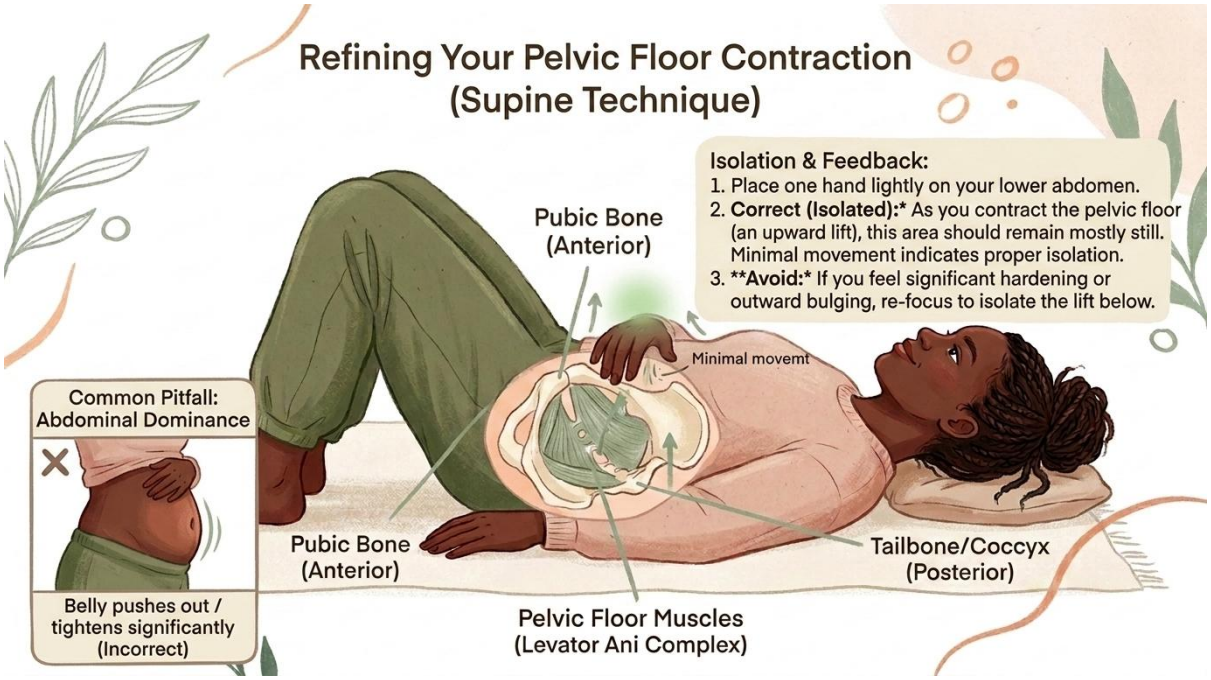


Figure 4: Lie comfortably with knees bent to identify and engage your pelvic floor.

QUICK CHECK: Place one hand lightly on your lower abdomen. When contracting your pelvic floor correctly, your abdomen should barely move. If your belly tightens significantly, adjust your focus until the contraction is isolated below.

Chapter Three

The Kegel Revolution

Exercises that actually work, done the right way

Kegel exercises are named after Dr. Arnold Kegel, who first described pelvic floor rehabilitation in 1948. For over seven decades, recovery has been built on his foundational insight: pelvic floor muscles respond to targeted, progressive exercise just like any other muscle in the body.

The Golden Rules of Kegel Exercises

- Always empty your bladder before exercising
- Focus on lifting upward, not just squeezing inward
- Breathe normally throughout. Never hold your breath
- Keep your buttocks, thighs, and abdomen relaxed
- Always fully release between contractions. The relaxation phase is as important as the squeeze.

Exercise 1: The Standard Hold

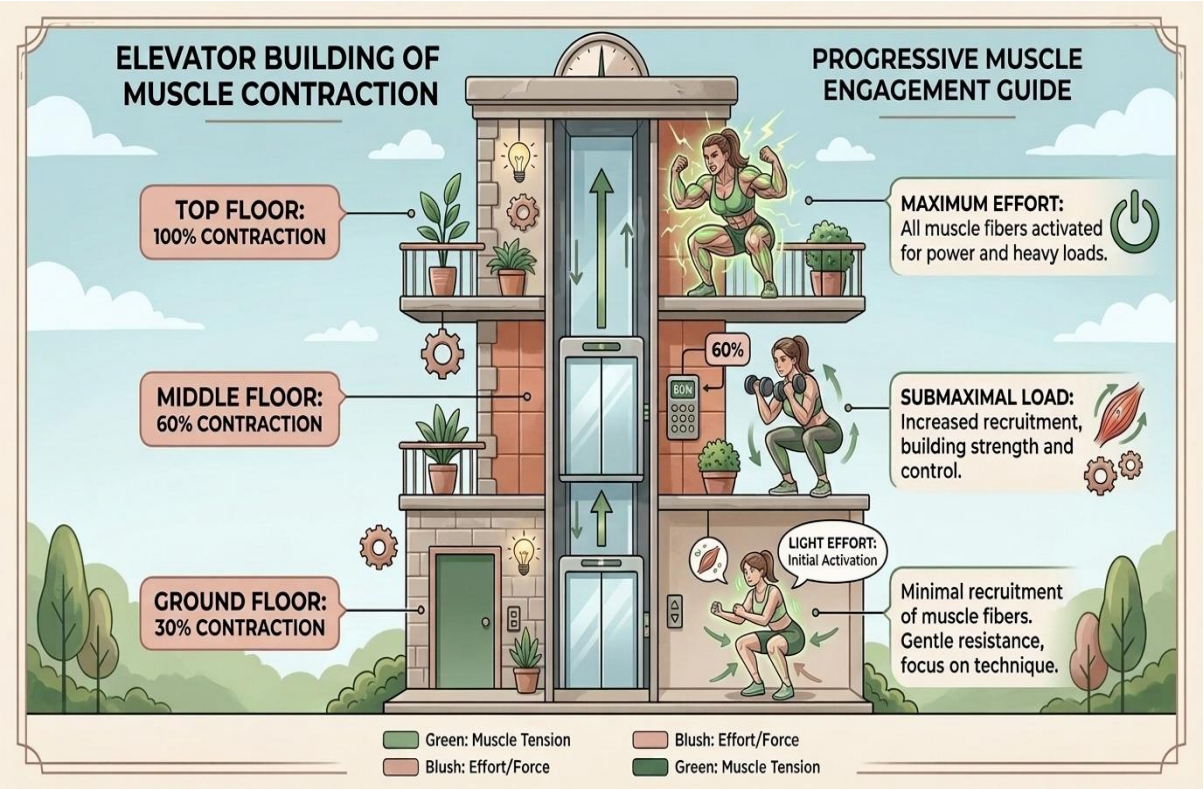
- Sit, stand, or lie with your knees slightly apart
- Breathe in gently. As you breathe out, lift and squeeze your pelvic floor
- Hold the contraction for 5 seconds. Count slowly to five
- Release completely for 5 seconds
- Repeat 10 times. Complete 3 sets per day

When 5-second holds feel comfortable, increase to 8 seconds, then 10 seconds over two to three weeks.

Exercise 2: The Quick Flick

- Contract your pelvic floor quickly and firmly
- Release immediately and completely
- Wait 2 seconds, then contract again
- Complete 10 quick flicks, then rest for 10 seconds
- Do 3 rounds per session

Exercise 3: The Elevator



Exercise 3: Lift your pelvic floor in stages like an elevator, floor by floor.

- Breathe in gently
- Exhale and lift to the first floor: 30 percent of your maximum contraction
- Breathe in. Next exhale, lift to the second floor: 60 percent contraction
- Final exhale, lift to the third floor: your maximum comfortable contraction
- Hold at the top for 3 seconds, then descend slowly, releasing in stages
- Rest 10 seconds. Repeat 5 times

Exercise 4: The Long Hold

- Contract your pelvic floor to about 70 percent of your maximum
- Hold for 20 seconds, breathing normally throughout
- Release fully and rest for 20 seconds
- Repeat 5 times

Common Mistakes to Avoid

- Bearing down or pushing outward instead of lifting upward: this weakens rather than strengthens

- Holding your breath: it increases abdominal pressure and works against you
- Squeezing your buttocks: you are compensating, not targeting the right muscles
- Being inconsistent: results require daily practice over weeks and months

ATTACH KEGELS TO DAILY HABITS: Try 3 sets while feeding your baby, 3 sets during your morning shower, and 3 sets before bed. Within a week it becomes automatic.

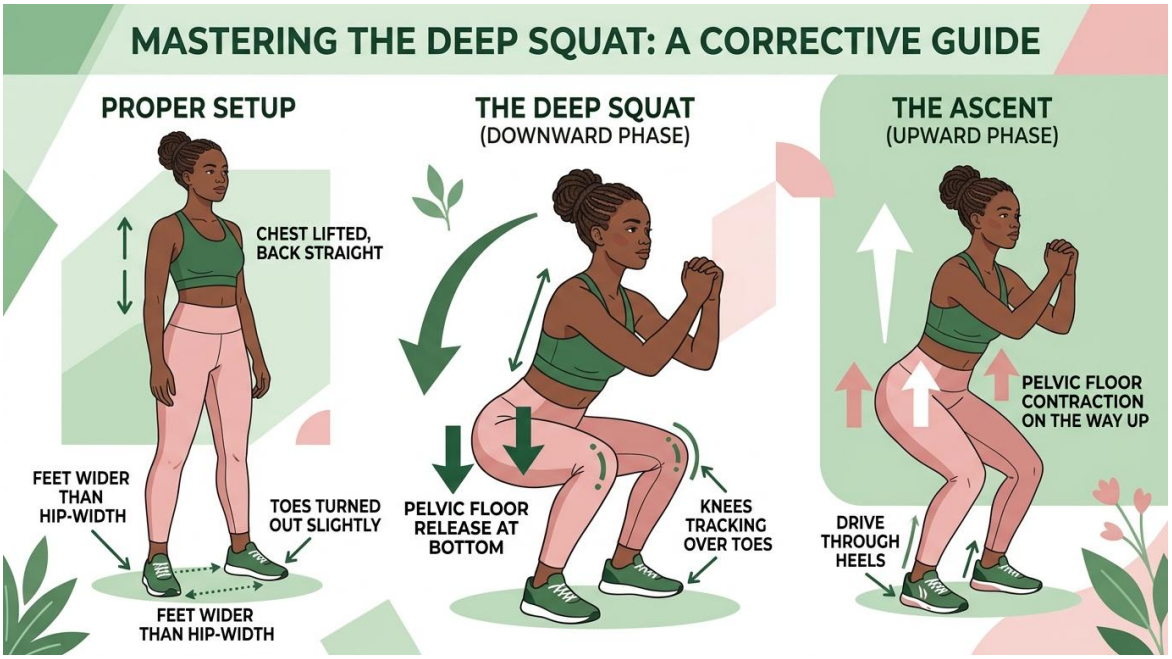
Chapter Four

Level Up: Advanced Pelvic Floor Training

Taking your results further with whole-body movement

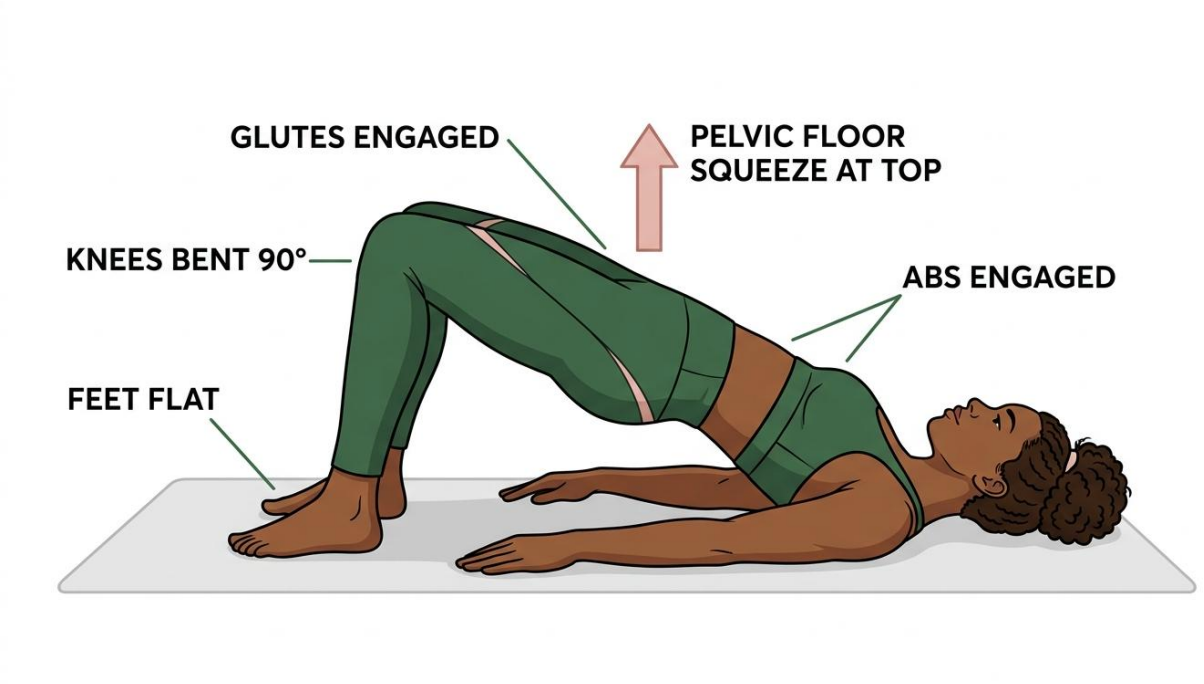
Once you have been doing foundational Kegel exercises for four to six weeks and have begun to notice improvement, it is time to progress. Advanced training integrates your pelvic floor into whole-body movement, which is how it functions in real life.

The Squat: Your Most Powerful Ally



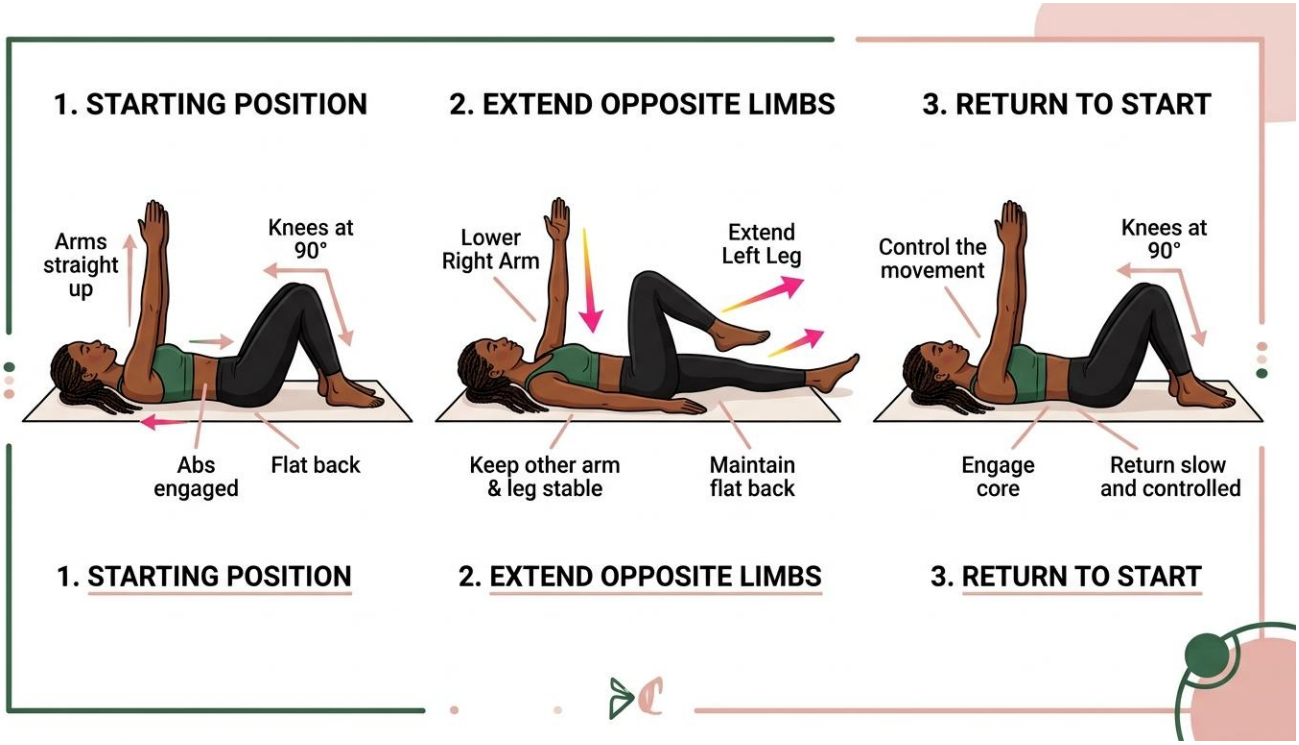
- Stand with feet slightly wider than hip-width apart, toes turned out slightly
- Lower into a squat, keeping your chest lifted and back straight
- At the bottom, allow your pelvic floor to fully relax and lengthen
- As you rise to standing, contract your pelvic floor firmly
- Start with 10 repetitions and build to 3 sets of 15

Bridge Pose With Pelvic Floor Activation



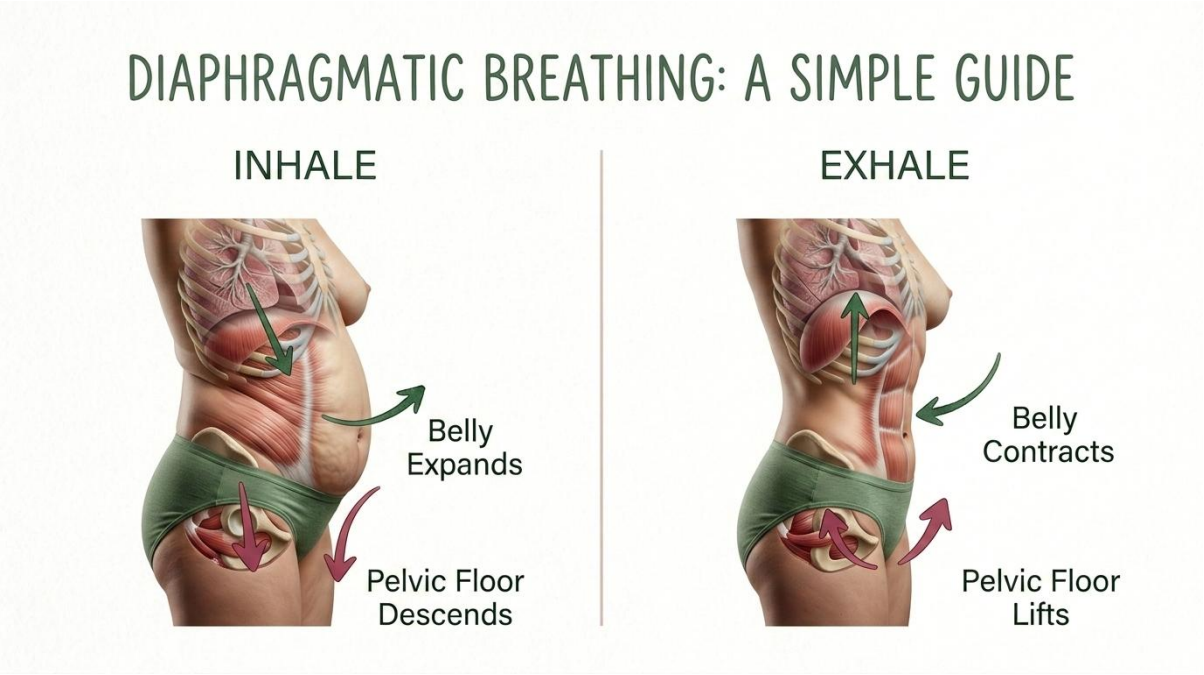
- Lie on your back with knees bent and feet flat on the floor
- Breathe in. As you breathe out, engage your pelvic floor and slowly lift your hips
- At the top, add an extra gentle squeeze of your pelvic floor
- Hold for 3 seconds, then lower slowly, releasing as you descend
- Repeat 12 to 15 times

The Dead Bug Exercise



- Lie on your back with arms pointing up toward the ceiling
- Bend your knees to 90 degrees, feet off the floor
- Engage your pelvic floor gently
- Slowly lower your right arm overhead while straightening your left leg
- Return to starting position. Switch sides. Complete 8 to 10 repetitions per side

Diaphragmatic Breathing



- Lie on your back, one hand on chest and one on lower abdomen
- Breathe in through your nose for 4 counts: belly rises, not chest
- Breathe out through your mouth for 6 counts: belly falls
- On each exhale, notice your pelvic floor gently rising
- Practice for 5 to 10 minutes daily

Activity Timeline: Reintroducing Exercise Safely

Timeframe	Safe Activities
Weeks 1 to 6	Walking, gentle stretching, breathing exercises, foundational Kegels
Weeks 6 to 12	Swimming, cycling, gentle yoga, all four Kegel exercises
Months 3 to 6	Light jogging on flat surfaces if symptom-free, body weight squats
After 6 months	Running, aerobics, weightlifting guided by your body's signals

Chapter Five

What You Eat Shapes How You Heal

Nutrition as medicine for your recovering body

Food is the raw material your body uses to repair torn muscle fibres, rebuild collagen in stretched connective tissue, reduce inflammation, and restore hormonal balance. Without the right inputs, even perfect exercise will not produce perfect results.

Protein: The Rebuilding Block

Your muscles are made of protein. Rebuilding them requires dietary protein. Postpartum women need at least 70 to 100 grams of protein daily. Excellent African sources include:

- Eggs: quick, affordable, and complete in essential amino acids
- Fish: tilapia, mackerel, catfish, and sardines
- Beans and legumes: black-eyed peas, lentils, cowpea, groundnuts
- Chicken and lean beef in moderate portions
- Seafood: concentrated protein common across Africa

Collagen and Vitamin C: Tissue Repair Team

- Vitamin C: fresh tomatoes, citrus fruits, guava, pawpaw, green leafy vegetables
- Collagen support: pepper soup, cow foot pepper soup
- Zinc for tissue healing: pumpkin seeds, sesame, shellfish, beef

Healthy Fats: Hormonal and Tissue Support

- Avocado: rich in monounsaturated fats and widely available across Africa
- Palm oil in moderation: rich in fat-soluble vitamins
- Coconut oil and coconut milk: anti-inflammatory and hormone-supporting
- Oily fish: sardines, mackerel, and tuna for omega-3 fatty acids
- Groundnuts and seeds: sesame, flaxseed, and sunflower seeds

Foods That Work Against You

- Excess sugar: promotes inflammation and disrupts hormonal balance
- Processed and fried foods: contain inflammatory fats that slow tissue healing

- Excess caffeine: contributes to bladder irritability in some women
- Alcohol: disrupts sleep, hormone balance, and tissue repair

Chapter Six

Lifestyle Habits That Help or Hurt

The small daily choices that shape your recovery

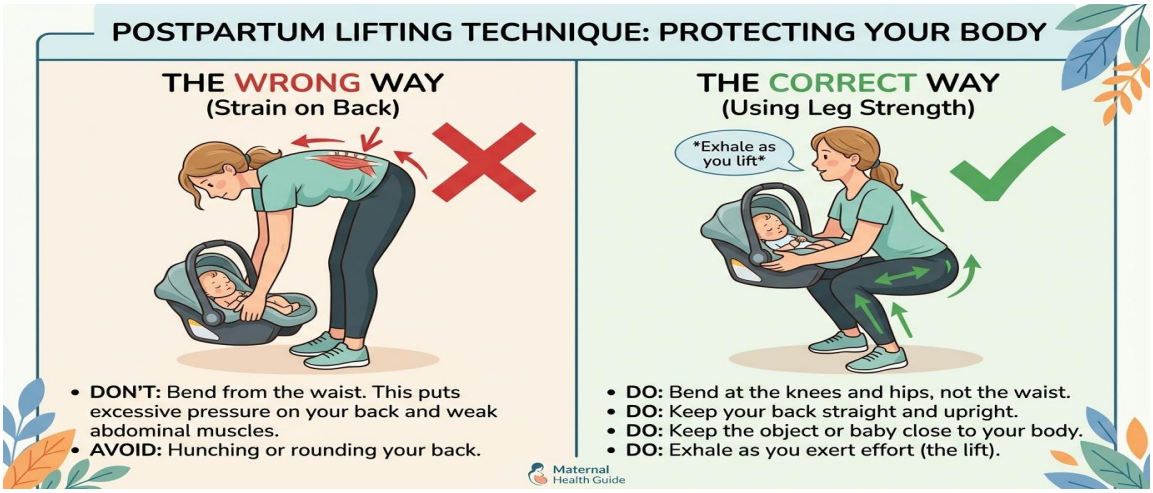
Exercise and nutrition are the main pillars of your recovery. But the lifestyle choices surrounding them either accelerate your progress or quietly undermine it.

Sleep: When Healing Actually Happens

Tissue repair, muscle recovery, and hormone regulation all happen primarily during sleep. The postpartum body that is chronically sleep-deprived has higher levels of cortisol, lower levels of growth hormone, and slower healing at every level.

- Sleep when your baby sleeps during the day, without guilt
- Accept help: let someone else do the dishes so you can rest
- Take shifts with your partner for night feeds where possible
- Create a sleep environment that supports rest: darkness, cool temperature, minimal disturbance

Posture and Body Mechanics



- When lifting your baby: exhale and engage your pelvic floor before you lift
- Avoid holding your breath during any exertion
- When sitting to feed: use a supportive chair and avoid slumping forward for extended periods
- When getting up from lying down: roll onto your side first, then push up with your arm

Constipation: A Hidden Enemy

Straining during bowel movements places enormous downward pressure on your pelvic floor. Chronic constipation is one of the most commonly overlooked contributors to pelvic floor dysfunction.

- Eat fibre-rich foods daily: vegetables, legumes, whole grains, fruits
- Drink plenty of water
- Never ignore the urge to go
- Use a small stool under your feet when on the toilet to adopt a natural squatting position
- Never strain or force yourself to use the toilet.

Chapter Seven

The 12-Week Tight After Baby Protocol

Your week-by-week road map to restoration

Everything you have read in this book comes together here. This protocol is progressive: starting gently where your body is right now and building systematically over twelve weeks. It is suitable for women from six weeks postpartum onward.

Phase 1: Reconnect (Weeks 1 to 4)

Your goal in Phase 1 is re-connection. Re-establishing the mind-muscle link with your pelvic floor, building the habit of daily practice, and beginning to nourish your body for healing.

Weeks 1 to 4: Daily Exercise Routine

- Morning: 3 sets of Standard Hold Kegels (10 reps, 5-second holds)
- Midday: 3 sets of Quick Flick Kegels (10 reps)
- Evening: 3 sets of Standard Hold Kegels (10 reps)
- Daily: 5 to 10 minutes of Diaphragmatic Breathing
- Daily: at least 20 minutes of gentle walking

Weeks 1 to 4: Nutrition Focus

- Prioritize protein at every meal
- Include Vitamin C-rich foods daily
- Drink at least 2.5 litres of water
- Pepper soup 3 to 4 times per week

Phase 2: Strengthen (Weeks 5 to 8)

Weeks 5 to 8: Daily Exercise Routine

- Morning: Elevator exercise (5 reps) plus Standard Hold Kegels (10-second holds, 10 reps)
- Midday: Quick Flick Kegels (15 reps, 3 rounds) plus 10 squats with pelvic floor activation
- Evening: Bridge pose (3 sets of 12) plus Long Hold Kegels (5 reps, 20-second holds)
- Daily: Diaphragmatic breathing 10 minutes
- Daily: 30 minutes of walking or low-impact movement

Phase 3: Restore (Weeks 9 to 12)

Weeks 9 to 12: Daily Exercise Routine

- Morning: Full set of all four Kegel exercises
- Midday: 3 sets of squats (15 reps), Dead Bug exercise (10 reps each side), Bridge pose (15 reps)
- Evening: Diaphragmatic breathing plus 5 minutes of mindful pelvic floor relaxation
- 3 to 4 times per week: 30 to 45 minutes of swimming, yoga, or cycling
- Begin gentle jogging if completely symptom-free

Chapter Eight

Frequently Asked Questions

How long will it really take to notice a difference?

Most women begin to notice improvement within four to six weeks of consistent daily practice. Meaningful tightening and significantly reduced leaking is typically reported by eight to twelve weeks. Full restoration often takes four to six months of sustained effort.

I had a C-section. Will pelvic floor exercises help me?

Yes. Loose vagina is affected by pregnancy itself, not just by vaginal delivery. All exercises in this book are appropriate for C-section mothers. The breathing and core coordination exercises are especially important for you.

My mother and grandmother never did these exercises and they were fine. Do I need this?

Many women across generations lived with pelvic floor dysfunction and loose vagina without recognizing it or knowing it could be addressed. Leaking was accepted as usual side effect of pregnancy. They are not. You now have information your predecessors did not. Use it.

Is it normal for sex to hurt in the early months?

Some discomfort in the first few attempts at sex after delivery is common. But pain that stays beyond three months is not something you simply tolerate. See your doctor.

Can these exercises help if I am years postpartum, not just months?

Absolutely. Pelvic floor (vaginal) muscles respond to training at any age and at any point after delivery. Women who begin this program years after their last delivery still see significant improvement. It is never too late.

My husband has noticed the change and it is affecting our relationship. What do I say?

Share that you are aware of the change, that you are actively addressing it with a specific plan, and that you need his patience and encouragement. Most partners respond with support when they understand their wife is taking real, active steps.

Conclusion

You Are Already Whole

A final word from Jane

I want to tell you where I am today. I am a different woman. Not because I found a miracle. But because I showed up for myself every single day, armed with the right information and the determination to use it.

I am tight as I was down there again. My marriage is closer than it has ever been. None of this required surgery. None of it required expensive equipment or unaffordable treatments. It required what you already have: a body that wants to heal, and a willingness to give it the tools to do so.

Start today. Do three sets of kegel exercises before you put this book down. Drink a glass of water. Eat something with protein. Take one long, intentional breath, letting your pelvic floor release and lift.

That is how it begins. Not with a dramatic declaration but with a single, quiet act of self-respect. I am proud of you for being here. I am cheering for you, every step of this twelve-week journey and every step beyond it.

With all my love,
Jane.
