

Advice and Exercise After Childbirth

**Women's Health Physiotherapy
Maternity Department
Patient Information Leaflet**



Contents

Why do you need this leaflet?	2
Rest, activity and positioning advice	2
Correct posture when caring for your baby	4
Caring for your perineum	6
What is the function of the pelvic floor?	8
How does pregnancy and birth affect the pelvic floor?	9
What are the symptoms of pelvic floor weakness?	9
Physiotherapy	10
Pelvic floor exercises	10
Exercise tips and progression	11
Abdominal exercise	12
Diastasis rectus abdominus (separation of the tummy muscles)	15
Returning to exercise after pregnancy	17
After a caesarean section	18
References	19
Can I find out more?	20

Why do you need this leaflet?

During and after pregnancy, your body changes. After your baby is born it will take time for your body to return to normal.

The purpose of this leaflet is to:

- Help you to cope with any discomfort in the early days after delivery.
- Offer you advice about your posture when caring for your baby.
- Provide exercises to help you get back into shape and return to your previous activities. Pelvic floor exercises are particularly important in preventing any long-term continence/prolapse problems.

Rest, activity and positioning advice

If you have to stay in bed for medical reasons after delivery, you should do the following exercises:

Breathing exercises

- Take six slow, deep breaths every hour, trying to fill the lower part of your lungs.

This will help to reduce the chance of chest infection and maintain a clear chest.

Circulation exercises

- Move both feet up and down at the ankles.
- Turn both feet in a circular motion at the ankles.
- Press the back of your knees down onto the bed, tighten your thigh muscles and buttock muscles, and bring your toes towards you.
- Repeat each movement ten times, hourly.

This will aid circulation, decrease the chance of deep vein thrombosis (DVT) and help reduce swelling.

- Do the circulation exercises until you are up and about as normal.
- If your ankles remain swollen, you may wish to continue the circulation exercises.
- Putting your feet up when resting/feeding will help to reduce ankle swelling.
- Try to avoid sitting with your legs crossed and avoid standing for long periods.
- Ensure you drink plenty to help reduce any swelling and to make it easier to cough and clear any mucus from your lungs.

Rest

It is important to have sufficient rest with your feet up to allow your body to recover and to avoid becoming overtired. Don't try to do too much as you may feel increased discomfort. Be sensible and listen to your body.

Lying down for a short amount of time each day will help you feel more able to cope with the demands of motherhood. You may find it useful to use relaxation techniques and to try and sleep when your baby sleeps.

Resting positions

A comfortable resting position is lying on your side with pillows placed under your abdomen (tummy) and between your knees. This may feel more comfortable if you have abdominal or vaginal stitches, or have haemorrhoids (piles).

When sitting, always sit with your back against the bed or chair and support your lower back with a cushion. Use a stool or pillows to rest your feet on if your feet do not reach the floor.

Try to change your resting position regularly to avoid becoming stiff.

Activity

In addition to rest, being active as soon as you are able to is good for you. Unless the doctor or midwife advises you not to, try to get up and walk around a little every hour. This will aid circulation and help to decrease stiffness and aching.

Once you are at home, it is a good idea to take a short walk each day to improve fitness levels. Start with a five minute stroll and build it up as comfort allows, to as much as a one hour walk by six weeks. This will depend upon your previous fitness levels.

Getting into and out of bed

When getting into bed, sit to the edge of the bed. Lower your body down sideways, using your arms to support. Squeeze your knees together and lift both feet up onto the bed. Bend both knees and turn onto your back. When getting out bend both knees and turn your head to the side you want to move to. Reach over with your arm and roll onto your side. Lower your feet off the edge of the bed and push sideways with your arms to sit on the side of the bed.

If sitting is too uncomfortable, you can get into bed by kneeling and lowering yourself down onto your side, and reversing this to get out. To move up the bed, roll onto your side, prop up onto your elbow and push up with your hands and feet.

Correct posture when caring for your baby

During pregnancy, hormones cause the ligaments around the joints to become looser, and your posture and weight distribution changes the stresses on your joints. Your abdominal muscles are stretched and weakened, and so your core stability is affected.

Due to this, you are more at risk of postural aches and pains for five to six months after the birth, whilst your body is recovering and returning to its pre-pregnancy state (this may be a little longer if you are breastfeeding).

You will now regularly be changing, bathing and feeding your baby, so it is important to ensure you adopt a good posture at these times of lifting and bending. This will help prevent these repeated activities leading to ongoing discomfort of your back and other joints.

The advice and exercises in this leaflet will enable you to look after your back at this vulnerable time and help abdominal muscles to return to their full strength and function.

Standing

Try to stand tall with your feet shoulder width apart, weight spread evenly through both feet, keep your tummy flat and your bottom tucked in.

To encourage a good position of the spine and pelvis and get good support from the postural muscles, imagine that your waistline is the rim of a bucket filled with water and you don't want to spill any as you go about your everyday activities.

Try not to stoop or stand with your hips tilted forward with your abdomen and bottom sticking out as you may have done in pregnancy.

Lifting, pushing and pulling

Practice these activities safely by standing with your feet shoulder width apart, bending your knees, keeping your back straight and tightening your tummy muscles and pelvic floor before and as you exert effort. Try to avoid lifting/pulling/pushing heavy or awkward objects. Distribute loads evenly and avoid twisting.

If you have had a caesarean section delivery, avoid these activities for the first six weeks. It is okay to push the pram during the first six weeks as long as it does not cause discomfort.

Changing your baby

If possible, change your baby on a surface that is at waist height so you can maintain the standing posture described above. Ensure you do not leave your baby unattended, as babies can roll at an early age.

Avoid stooping down to change your baby on the bed or twisting to one side to change your baby on the sofa.

Bathing

When bathing your baby, avoid bending forward or straining your back by kneeling on the floor. Instead, ask someone else to fill/empty the baby bath and put it on a surface at waist height. This will allow you to adopt the best posture and avoid heavy lifting in the first few weeks.

If no one is available to help fill/empty the bath, do this gradually with a jug. Alternatively, bathe your baby in a clean kitchen or bathroom sink, with a towel wrapped around the taps to protect your baby. **Follow this advice for six weeks if you have had a caesarean section.**

Feeding

When you are feeding your baby, make sure you are comfortable, sit as far back as you can in your chair and ensure your back is supported.

Use a pillow to support the arch of your back. You may want to support your feet on a small stool or foot rest.

It is also helpful to support your baby on a feeding cushion, or use pillows to ensure your shoulders are relaxed and to avoid straining or a slumped posture.

If you are bottle feeding, alternate the side you position your baby's head to avoid the overuse of one shoulder, leading to postural discomfort.

Breastfeeding can often be easier on your side **if you have vaginal discomfort**, as this allows you to rest at the same time.

Caring for your perineum

The perineum is the area between the vagina and the anus. If you have swelling, bruising, a tear, stitches or haemorrhoids, the following advice may be helpful:

Passing urine

- Ensure you drink plenty of fluids (at least 1.5 to 2 litres per day) to ensure your urine is diluted (pale) and less likely to cause stinging.
- Sit down properly. Do not hover over the toilet as your bladder may not empty properly.
- You can pour a jug of lukewarm water over the perineum when you are passing urine, as this will decrease the stinging.
- If the above is not effective, pass urine in the bath/shower to further dilute your urine. Always rinse the area and then pat dry.

Opening your bowels

- Relax and lean well forward, put your feet on a low stool and put your elbows on your knees.
- Press a clean sanitary pad or toilet paper against the sore area to support it and reduce discomfort.
- Take your time and avoid straining. Breathing out slowly as you move your bowels may help.
- Eat at least five portions of fresh fruit/vegetables per day to avoid constipation.
- If you do become constipated, see your GP and ask for a gentle laxative.

Hygiene

- Use cooler water in the bath, shower or bidet as the perineum may be sensitive.
- Wash with water only. Do not use soaps, talc or bubble bath for at least six weeks, or until the perineum is fully healed.
- After going to the toilet or washing, pat dry with toilet paper or a clean towel to avoid infection.
- Use one maternity pad at a time and change frequently.
- If you have stitches, it is best to use specific maternity pads rather than sanitary pads which can aggravate or stick to the stitches.
- At home, you can check your wound is healing by using a small mirror.
- If the area becomes more painful, angry-looking or develops an unpleasant smell, it may be infected, and you must seek medical advice from your GP.

Comfort

- Find comfortable positions to rest and take pressure off the area.
- Lie on your side with a pillow between your knees.
- When sitting, put two pillows on a chair and sit over the gap.
- Ask your GP for advice if you have haemorrhoids.

- To reduce swelling over the first 72 hours, you can use an ice pack. Wrap some ice cubes in a damp, clean towel with two layers of cloth between the skin and the ice and apply to the swollen area of the perineum. This should be applied for five minutes only. You can buy specific gel pads from a pharmacy instead if you prefer.
- Performing your pelvic floor muscle exercises will help to improve circulation, reduce swelling and promote healing.

Sexual intercourse

- You are advised to wait until you have had your six-week GP check before resuming sexual intercourse if you have had a tear or stitches.
- If this is not the case, you can resume intercourse when you feel you are ready. Start gently and use lubrication at first.
- If you have persistent discomfort or pain, ask your GP for further advice.

What is the function of the pelvic floor?

Your pelvic floor (Figure 1) is a set of muscles that stretches between the pubic bone at the front of your pelvis and your coccyx.

The muscle's function is to support the pelvic organs (preventing prolapses), aids in bladder and bowel control (preventing incontinence), helps to stabilise the pelvic joints and lumbar spine, as well as enhance sexual function.

There are three openings in the muscle, the urethra (for urine), the vagina and the anus (back passage).

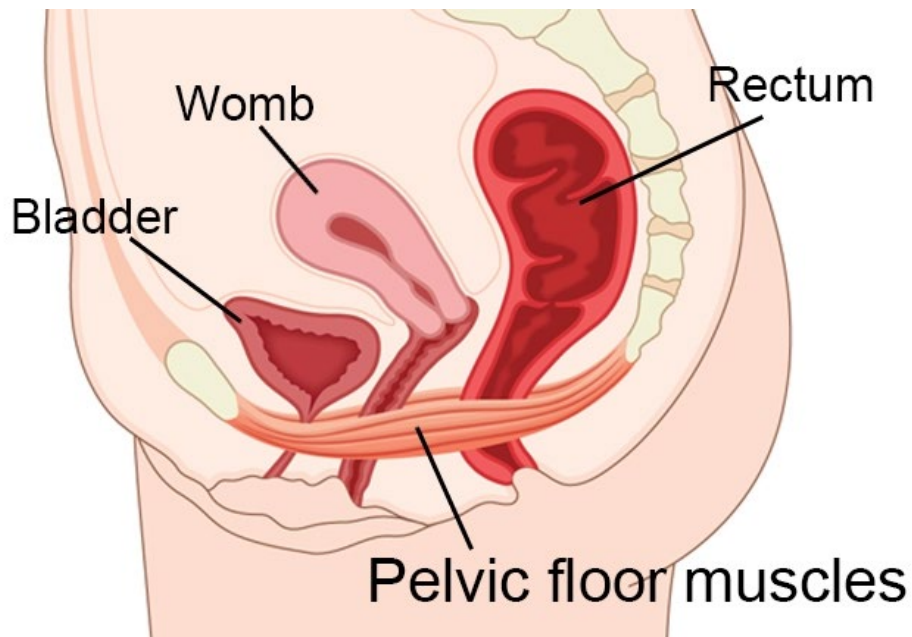


Figure 1

How does pregnancy and birth affect the pelvic floor?

During pregnancy, the weight of your baby and placenta pushes down on the pelvic floor and stretches and weakens the muscle. The pregnancy hormones can also cause the muscle and surrounding tissues to become more relaxed.

Childbirth can then weaken the pelvic floor further, and this can affect how well it works. You are more likely to experience problems associated with pelvic floor weaknesses if you have one or more of the following:

- You have had more than one delivery.
- Your pushing stage was longer than one and a half hours.
- You had an assisted delivery (ventouse/forceps).
- You had damage/a tear to the perineum.
- You had an epidural or spinal anaesthetic.
- You had a multiple pregnancy.
- You are overweight.
- You are a smoker.
- You suffer from constipation.
- You have decreased sensation during sexual intercourse.

What are the symptoms of pelvic floor weakness?

Weakness can cause the following symptoms:

- Stress incontinence: leaking with coughing, sneezing, laughing, jumping and vomiting.
- Urge incontinence: rushing to the toilet and not always making it on time.
- Frequency: going to the toilet more than eight times a day and more than once at night.
- Prolapse: a sensation of heaviness, or a bulge of tissue in the vagina, due to poor support of the internal organs.
- Bowel incontinence: leakage of stool.
- Difficulty controlling wind.

It is important after delivery to empty the bladder regularly. If you have not been to the toilet within two hours of delivery or removal of the catheter, or you are experiencing any of the above symptoms, please inform your midwife.

Physiotherapy

An **Action in Continence Evaluation (ACE) Form** is completed by your midwife, which identifies those mothers who have symptoms of weak pelvic floor muscles or who are at high risk of developing these. Those identified, where possible, will be seen whilst in hospital by a member of the physiotherapy team.

Alternatively, you will be contacted by letter when you return home. The letter will ask you to make an outpatient appointment if you feel you need support and advice to minimise your risk or symptoms of ongoing problems with pelvic floor function.

If you have had a **third- or fourth-degree tear**, you will receive a routine follow-up telephone call from physiotherapy after six weeks. If ongoing concerns are raised, a physiotherapy outpatient appointment will be arranged. You will have a routine consultant appointment three months after delivery to identify any potential problems and organise any appropriate treatment.

Pelvic floor exercises

It is vital to begin regular pelvic floor exercises straight away, even if you have had stitches or a Caesarean section. This will improve circulation, reduce swelling, relieve pain and strengthen the pelvic floor muscle to improve its function.

The aim of pelvic floor exercises is:

- To reduce any existing symptoms
- Prevent symptoms becoming a problem in the future.
- To reduce your risk of developing symptoms in the future.

Do the following steps three to six times daily:

1. Lie with your knees bent up or sit comfortably.
2. Imagine you're trying to stop yourself from passing water and wind at the same time.
3. This should be a feeling of a 'squeeze and lift', closing and drawing up and in of the front and back passages.
4. Do not tighten your buttocks or tummy, or hold your breath.
5. Start by squeezing and holding for a few seconds, repeat this hold up to 10 times. Gradually work up to hold the squeeze for a maximum of 10 seconds.
6. Follow this by doing a maximum of 10 quick squeezes, turning the muscles on quickly, hold for 1 second and then relaxing fully in between each squeeze.

Exercise tips and progression

- If you are not certain how to do these exercises, or you are unable to activate the pelvic floor, please ask for advice.
- If at first you cannot hold the muscle contraction for long or do many contractions, do what you can and build up the endurance and strength of your pelvic floor gradually, as you are able.
- Once you are used to this exercise, try it in different positions, such as sitting or standing.
- Link your exercises to an activity you do regularly so you will be reminded to do it, e.g. every time you feed your baby, have a drink, wash up or watch television.
- **Do not** stop and start the flow of urine to exercise the pelvic floor muscle as this can lead to a urinary tract infection.
- Remember to tighten your pelvic floor muscle every time you laugh, sneeze, cough, lift or bend.

- At six weeks, if you are having none of the symptoms mentioned in the 'What are the symptoms of pelvic floor weakness?' section, and you have built up good endurance and strength, you need only do one/two sets of pelvic floor exercises per day.
- Any postnatal women should continue pelvic floor exercises for life to maintain a strong pelvic floor.

If you have a catheter following delivery, it is advisable to wait until this has been removed before starting the pelvic floor exercises.

If you are still experiencing symptoms of pelvic floor weakness by the time of your six-week postnatal check, ask for advice from your GP or health visitor. They will be able to refer you to the women's health physiotherapist or Dudley Continence Service.

Abdominal Exercise

The abdominal muscles form a corset supporting the back and internal organs.

These muscles have been stretched and weakened during pregnancy, so it is important to start exercising and strengthening these muscles as soon as possible. This will help you regain good muscle tone, regain your body shape, ensure good posture, and support your back and decrease the likelihood of long term back strain or pain. The exercises can also be useful in relieving wind and nausea following a caesarean delivery.

There are five stages to the exercises.

- You can start stage one the day after you have had your baby, and then work through to stage five at your own pace. Take extra care in the first 6 weeks after your delivery and do not rush through the exercises.
- Try to start by repeating each exercise ten times, and then gradually increase the time you hold each exercise up to ten seconds.
- Try to fit in two to four sessions of exercise each day for at least six weeks.

Stage One: The Deep Abdominal Exercise

This stage exercises the deepest muscles in the stomach which act like a corset, stabilising the spine and pelvis, helping to flatten your stomach and draw in your waistline.

- Lie comfortably on your back on the bed with your knees bent.

- Let your tummy sag, and breathe in gently.
- As you breathe out, gently draw in the lower part of your stomach, squeezing your pelvic floor at the same time. (See figure 2).
- Feel as though you are drawing your belly button towards your spine.
- Hold for up to ten seconds.
- Relax the muscles.



Figure 2.

Once you are comfortable with achieving the deep abdominal exercise, you can try this lying on your side, on all fours and when sitting. You can also move to stage two.

Stage Two: The Pelvic Tilt

Lie in a comfortable position and perform stage one, then hold this contraction.

- Whilst holding, gently squeeze your pelvic floor and buttocks, tilt your pelvis up and flatten your back onto the floor or bed.
- Hold this position for a maximum of ten seconds.
- Relax. (See figure 3.)

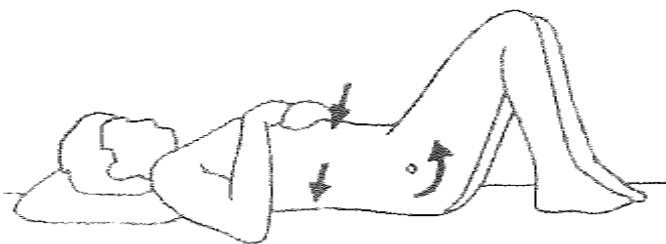


Figure 3.

If you have had a caesarean section, do not progress to stage three until two weeks after delivery and you feel comfortable doing the exercises in stage two.

Stage Three: The Head Lift

- Perform the pelvic tilt as in stage two. Remember to tighten your abdominal muscles, pelvic floor and buttocks.
- Lift your head only, hold for a few seconds, then release and rest for a few seconds. (See figure 4.)
- If you have neck pain, **DO NOT** do this exercise.

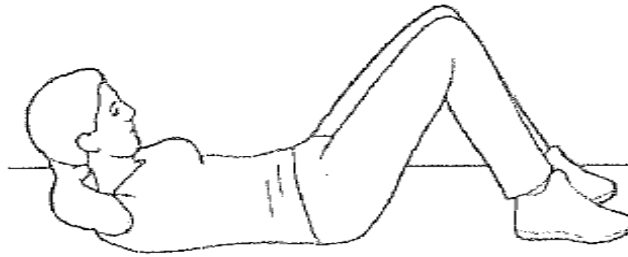


Figure 4.

Stage Four: The Head and Shoulder Lift

- Perform the exercise as in stage three, but now try to lift your head and shoulders off the bed.
- Hold for a few seconds, then release.

Stage Five: Knee Rolling and Knee Bends

- Lie in a comfortable position and perform the deep abdominal exercise, then hold this contraction.
- Gently roll both knees to the right, as far as is comfortable. Bring your knees back to the middle and relax.
- Perform the deep abdominal exercise again and repeat the knee roll exercise to the left. (Figure 5).

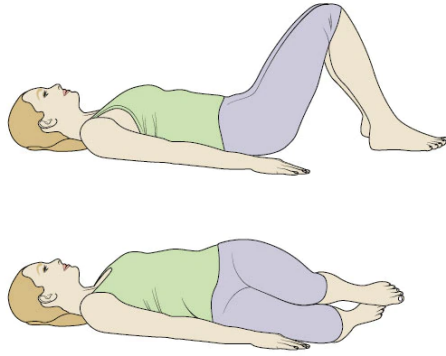


Figure 5.

- Lie in a comfortable position and perform the deep abdominal exercise, then hold this contraction.
- Keep your back flat on the bed and bend one hip and knee up as far as is comfortable.
- Hold for three seconds and then bring the leg down so that the foot is back on the bed.
- Repeat with the opposite leg. (Figure 6).



Figure 6.

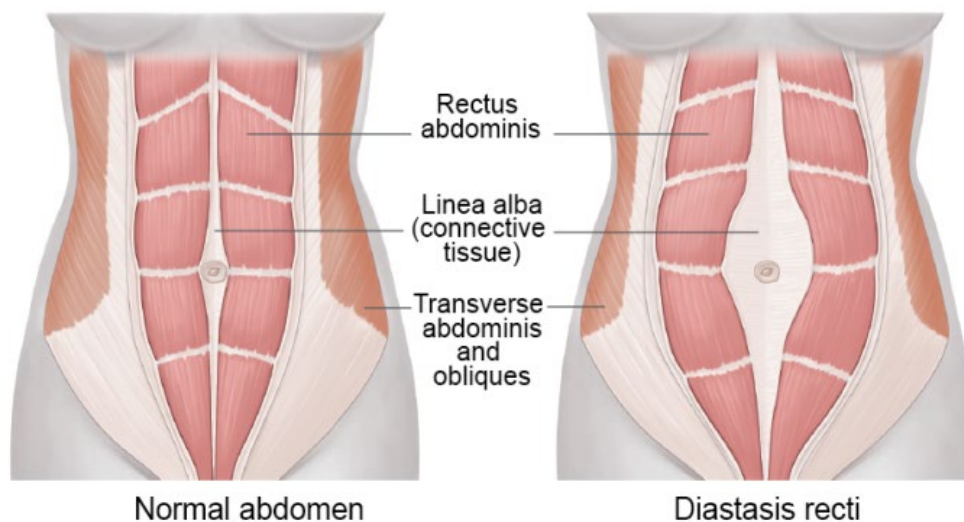
Diastasis rectus abdominus

(Separation of the tummy muscles)

Your abdominal muscles are made of several muscle layers. One of these layers runs up and down and is called your rectus abdominus. When contracted, this muscle has the characteristic bumps or bulges that are commonly called 'the six pack'. This muscle stretches during pregnancy and therefore becomes weaker. The rectus abdominus muscle can stretch to create a gap known medically as a diastasis (Figure 7).

During pregnancy, a sign of a diastasis is a peaking or doming down the middle of your bump when sitting up or leaning back. If you notice this, it is particularly important to perform the **abdominal exercises** in the section above.

It is most common in women who have a small build, very toned abdominals, have carried twins, have had a baby over eight pounds in weight, or had more than one pregnancy.



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Diastasis test

You, or your midwife or physiotherapist, can carry out the following test to check if a gap has developed and monitor the gap until it closes:

1. Lie on your back with your knees bent and your feet flat on the bed. Place all four fingers of one hand just above your navel (tummy button) and press them in firmly.
2. As you breathe out, pull in your tummy muscles and flatten the small of your back into the bed, then lift your head off the bed (as in stage three of the abdominal exercises).
3. With the fingers on your tummy, feel for the two firm ridges of the rectus muscle on either side.

You have a diastasis if:

- There is a gap between the muscles of two to five finger widths.
- The abdominal muscles do not come together as you contract them.
- You can feel and see a bulge in the middle of your tummy under your hand.

Reducing your diastasis

- If the gap is less than two fingers wide, you can perform all of the abdominal exercises and pelvic floor muscle exercises in this booklet.
- If the gap is two fingers wide or more, only do stages one and two of the abdominal exercises and your pelvic floor muscle exercises.
- Repeat the test weekly to see if you have improved.

Further advice if you have diastasis

- Tighten your tummy muscles and your pelvic floor every time you roll, get up, lift, cough, push or pull.
- Avoid anything that makes your tummy dome (bulge up in the middle along the diastasis).
- Take care of your posture (see correct posture section).
- Get in and out of bed by rolling onto your side first.
- Avoid heavy lifting.
- Avoid constipation.

If the gap is wide, or not improving, please see your midwife, health visitor or GP who can offer more advice.

They may refer you on to a physiotherapist who can assess and advise you further.

Returning to Exercise after Pregnancy

Returning to exercise as soon as possible after delivery can help reduce the chance of developing postnatal depression, **but** exercise should relieve stress rather than make it worse. Ensure you are sensible and listen to your body, gradually build up your strength and energy whilst remaining pain free.

Swimming

Swimming is an excellent form of low impact exercise and can be commenced at six weeks after delivery and once you have had a week clear of bleeding or discharge. If you have had a **caesarean section or stitches**, you must wait until your wound is well healed. It is sensible to wait until you have seen your GP at your six week check-up.

Pilates and yoga

These are excellent ways of regaining strength, tone and core stability, and specific postnatal classes will be low impact and safe in the initial months after giving birth.

High impact exercise

Care should be taken not to start high impact activity too soon. After six weeks, it is usually safe to recommence higher impact exercise/sport gently. If you have had a **caesarean section** it is not recommended to start high impact exercise until after 12 weeks.

Only do this if you have good bladder control and are performing the postnatal exercise in this leaflet without difficulty. If you notice any leaking of urine when you jump or do high impact exercise, ask your GP for a referral to women's health physiotherapy for further advice.

Do not expect to be back to your former level of activity until at least 12 weeks after you have given birth. At this stage, you may be able to start more vigorous forms of exercise such as netball, tennis, aerobics, Zumba, horse riding and martial arts, if you wish.

After a caesarean section

You have had abdominal surgery and there are several layers of stitches in your lower abdomen that will take time to heal. You are likely to feel tired and feel some discomfort around your wound for the first few weeks following your operation. Follow the previous advice, as well as the extra information below.

- Take regular pain relief for as long as required, especially if you are having difficulty sleeping, as rest aids recovery.
- If you need to cough, sneeze, laugh or cry, lean forwards and support your wound with your hands, a towel or a pillow as this will decrease the pulling sensation.
- When you return home, accept the help that is offered, try to avoid strenuous activities and do not lift anything heavier than your baby for the first six weeks.

This includes avoiding:

- Standing for long periods.
- Carrying the baby in the car seat.
- Lifting young children or pets.
- Vacuuming/housework/gardening/ironing.
- Lifting washing baskets or wet washing.
- Carrying heavy shopping.

If you have another child, encourage them to climb up to you when you are sitting, rather than you lifting them. Alternatively, ask someone to lift them onto your knee. If

appropriate, encourage them to walk up and down the stairs, and to get in and out of their bed, chair or car seat themselves, as long as they are supervised.

After six weeks, you may begin to increase activity, but do this gradually. Start with light activity for the after the first 6 weeks and increase to higher impact activity after 12 weeks. When lifting, always get close up to the object, bend your knees and tighten your tummy muscles and pelvic floor.

Driving

We advise you to avoid driving until you feel able to concentrate fully, can wear a seatbelt comfortably, can look over your shoulder and turn the steering wheel without discomfort, and can apply the footbrake hard enough to perform an emergency stop. Before driving again, you also need to check with your insurance company that you are covered. This is normally four to six weeks.

References

Pelvic Obstetric & Gynaecological Physiotherapy (POGP) (2018) Exercise and Advice after Childbirth.

Pelvic Obstetric & Gynaecological Physiotherapy (POGP) (2017) Fit for the Future: Essential advice and exercises following childbirth.

Can I find out more?

If you have any questions, or if there is anything you do not understand about this leaflet, please contact your midwife, health visitor or GP.

Or, you can contact the physiotherapy department:

Women's Health Physiotherapy Team

The Dudley Group NHS Foundation Trust

Therapy Services Department

01384 456111 ext. 2430 (8am to 6pm, Monday to Friday)

www.dgft.nhs.uk

If you have a GP in the Dudley area and you have concerns about your continence, you can contact:

Continence Advisory Service

Brierley Hill Health and Social Care Centre, Venture Way,

Brierley Hill, West Midlands, DY5 1RU

01384 321517 (8.30am to 4.30pm, Monday to Friday)

If your GP is not in the Dudley area and you have concerns about your continence, ask your GP or midwife to refer you to Women's Health Physiotherapy.

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/maternity/>

If you have any feedback on this patient information leaflet, please email therapy.dudleygroup@nhs.net and dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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