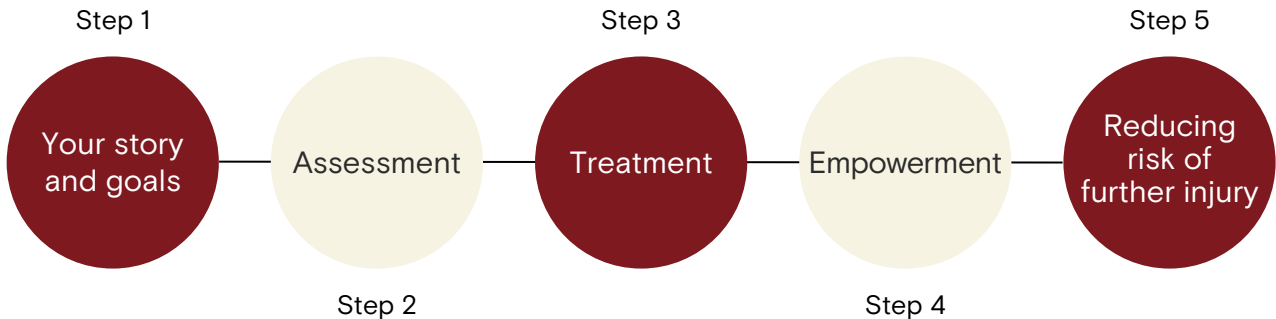


# Your Post-natal journey with a Women's health Physiotherapist



## Postpartum

Recovering from birth will be a different experience for everyone, and there will be a lot to learn about your postpartum body. Whether you are looking for advice on how to safely return to exercise, or you are experiencing some discomfort with everyday life, then we are here to help.

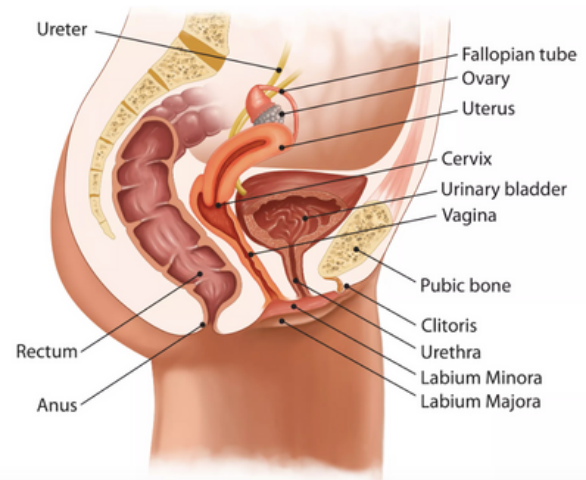
We are strong advocates of having a postnatal assessment with one of our women's health physiotherapists from 6 weeks postpartum, however, it is never too late for an assessment. During the postpartum consultation we will assess your pelvic floor muscles, abdominal wall and musculoskeletal structures to monitor for weakness or overload.

## Why is postpartum care so important?

It is estimated that 40-50% of women over the age of 50 will experience a pelvic organ prolapse. It is also estimated that 9 out of 10 first time mothers will experience some sort of graze or tear, or require an episiotomy during a vaginal birth. There are many issues that can arise postpartum that are very common, yet not normal, and can be managed with intervention.

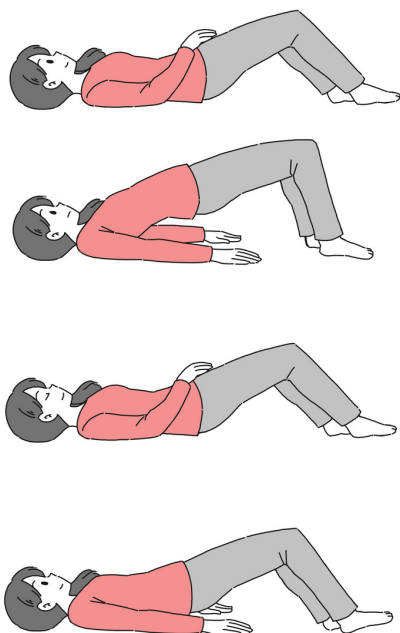
## What is the Pelvic Floor?

Our pelvic floor muscles provide support to our pelvic organs, particularly our bladder, bowel and uterus, and give us control over when we pass urine or a bowel motion. We have two layers of muscles that are like a hammock, stretching from the front of our pubic bone through to our tailbone.



## How to perform a Pelvic Floor exercise

Depending on your pelvic floor strength and resting tone, the focus of pelvic floor exercises will be different for everyone. There are 4 different parts to a pelvic floor exercise, with each being equally important as each other. We want to be able to feel our pelvic floor squeeze and lift, and then drop and open. If our pelvic floor is too tight then we will have a higher resting tone, meaning that there is less room for the muscles to squeeze and lift, and we won't feel much of a drop and open.



Having pelvic floor muscles that are too tight means that there will be increased pressure on our pelvic organs and can lead to increased urge to wee, urine leaking, or painful sex, and can also contribute to constipation. If our pelvic floor muscles are too relaxed, then we may also not feel much of a squeeze and lift, or a drop and open, and this is equally concerning as they are not providing much support to our pelvic organs, placing us at a greater risk of experiencing a prolapse.

It is important to activate your pelvic floor muscles before coughing, sneezing, laughing or lifting to offset the increase in intraabdominal pressure and support the pelvic organs. A great analogy that we use is to think about squeezing and lifting a jellybean up through your vagina, and then flower petals opening to relax.

## Prolapse

A pelvic floor organ prolapse is the term used to describe when one or more of the pelvic organs (bladder, bowel or uterus) descend. This can occur following pelvic floor muscles being weakened or torn after a vaginal delivery, or from having too much strain on the pelvic organs e.g. years of straining on the toilet, or chronic coughing.

## Signs and Symptoms that may indicate prolapse:

- A feeling of heaviness or bulging in the vagina
- Difficulty emptying bladder or bowels completely
- Feeling the need to apply pressure to help empty bowels
- Experiencing a slow or interrupted flow when weeing
- Pain with intercourse
- Lower back pain



In the clinic we use our own quantification system which is an objective measurement and trained protocol to help us understand the risk of prolapse, with a larger measurement indicating a greater risk of prolapse. During our postnatal assessment we can assess for any signs of prolapsing of the bladder, bowel and uterine wall, and put strategies into place to help manage this.

Treatment again will be unique to each individual, however we can:

- Ensure the pelvic floor muscles are working correctly to support the pelvic organs
- Retrain the way in which you use your abdominal wall
- Discuss lifestyle modifications on what you ideally should and should not be doing
- Refer for a pessary fitting

## Urinary incontinence

Urinary incontinence refers to an involuntary loss of urine. This is extremely common, but not normal, with 1 in 3 Australian women experiencing a bladder control problem. The two most common types of urinary incontinence are Stress Urinary Incontinence, and Overactive Bladder Syndrome, and some individuals will experience a combination of both.

### Stress urinary incontinence

Stress urinary incontinence is the most common type of urinary incontinence and can occur due to too much pressure above the bladder, or not enough support from below from the pelvic floor muscles. This leads to leaking after an increase in intra-abdominal pressure, for example a cough or sneeze. Treatment will vary between people. however it may include:

- Pelvic floor retraining: pelvic floor exercises to either strengthen or relax the pelvic floor muscles, and when we should be switching them on.
- Breathing techniques
- Releasing muscle tightness throughout the thoracic spine and rib cage
- Exercise advice and retraining how we use our abdominal wall.
- Advice on effectively emptying bladder and managing constipation

### Overactive bladder

OAB refers to urinary urgency (overwhelming desire to pass urine), increased urinary frequency (through the day and/or night), which may or may not be associated with urinary incontinence. Urgency may be worsened by certain triggers such as rushing to unlock the door on arriving home, or running water.

OAB can be caused by a muscle imbalance (as demonstrated in diagram), hormones, irritants such as caffeine, constipation, and prolapse. It is considered normal to empty your bladder 4-6 times per day, and to wake no more than once at night.

Treatment will be unique for each individual, however may include:

- Pelvic floor muscle retraining including strengthening exercises or muscle release techniques
- Bladder retraining, including timed voiding
- Monitoring fluid volumes and making dietary substitutes to limit bladder irritants
- Management of constipation
- Deferral techniques to inhibit the bladder
- Referral for the fitting of a pessary to offer pelvic organ support if necessary

Some strategies that can help reduce the urge to wee to by you time to get to the toilet without leaking include:

- Counting backwards from 100 in 3s
- Performing a pelvic floor squeeze and lift
- Walking on your tip toes, performing heel raises, or scrunching your toes to try and override the nerve that is telling your bladder that it needs to empty.
- Applying perineal pressure, on sitting on the edge of the chair, or sitting on your heel, which will also try and distract the above nerve.

## Exercise

Exercise is usually safe to return to at the six-week postpartum mark, however it is recommended that you are cleared by a women's health physiotherapist prior to returning to exercise to be safe. The national guidelines recommend that Australians do 2.5-5 hours of moderate to vigorous intensity exercise each week. Some examples of exercise that may be suitable to return to include, walking, yoga, pilates, swimming, or cycling. It is also recommended that you complete resistance exercises for two days of the week. When lifting weights, it is important that you engage your pelvic floor muscles prior to lifting.

It is also important to choose the correct weight; it should not be so heavy that you have to hold your breath to lift it, it should be at a weight that you can maintain a comfortable breathing pattern.



Every mom's postpartum experience and the physical changes you face following birth are unique. You can take heart in knowing that you're not alone. We are here to listen, we are here to answer your questions and we are here to journey with you.