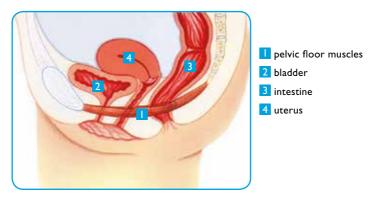


The pelvic floor following pregnancy and childbirth

patient information

THE PELVIC FLOOR

The pelvic floor is made up of two layers of muscles. The deeper muscle layer is similar to a 'hammock' and supports the lower pelvis, acting as a flexible, elastic and adjustable base. The surface muscle layer has three openings for the urethra, vagina and anus.



side view of pelvic floor muscles

The pelvic floor has four important functions:

- X Support function: to support the pelvic organs in order to prevent prolapses.
- X Seal function: to seal the urethra and anus in order to prevent incontinence (involuntary loss of urine or faeces).
- X Sexual function: to increase sexual awareness.
- X Stabilising function: to support the lower back and pelvic girdle.

IMPACT OF PREGNANCY AND CHILDBIRTH ON THE PELVIC FLOOR

Approximately 30% of women suffer from urinary incontinence. Pregnancy and childbirth are major risk factors that might lead to problems in later life. Pelvic floor exercises are, therefore, of maximum importance in both the treatment and prevention of urinary incontinence!

TIPS FOR TOILET POSTURE

Urinating

- Sit down, bend forward, relax your back and ensure that your feet are flat on the floor.
- Relax the pelvic floor and wait until urine flows spontaneously.
- Never push to pass urine.
- Stay seated long enough for the bladder to empty completely. If necessary, stand up and sit down again after urinating.



Passing stool

- Sit down, bend forward, relax your back and ensure that your feet are supported on a small footstool.
- Relax the pelvic floor and push gently whilst exhaling.
- Always go to the toilet when you feel the urge to do so.



PELVIC FLOOR EXERCISES

The purpose of these exercises is to:

- Improve strength
- Improve endurance
- Improve coordination (for example tensing the pelvic floor muscles while coughing, sneezing and lifting)

Exercise I: strength

Basic posture: lying on your back with your legs bent.

Tense your pelvic floor muscles by closing and lifting them (as if you're trying to prevent passing wind or prevent to urinate), thus exercising both the closing and support functions of these muscles. Now relax the pelvic floor.

Repeat a series of 10 exercises, at least 3 times a day. Repeat the exercise lying on your side, both left and right side.

Remember tensing the pelvic floor muscles should not result in any movement of the pelvis or tensing of the gluteal (buttock) muscles.

Exercise 2: endurance

Perform exercise I but, when closing and lifting the pelvic floor muscles, keep them tense for 6 to 10 counts before relaxing them again.

Repeat a series of 10 exercises, with 20 counts of rest between each exercise, at least 3 times a day.

Remember this exercise should not prevent you from breathing. Try to breathe normally throughout.

Exercise 3: coordination

Perform exercises I and 2 whilst sitting or standing. Also try to tense your pelvic floor muscles before coughing, sneezing or lifting.

It is important to repeat these pelvic floor exercises daily, resulting in approximately 60 exercises per day. Make them part of your daily routine. If you make it a habit, the routine will follow automatically. You could, for example, do the exercises before, during or after a feed, when cleaning your teeth, watching TV, in the office, at the computer or in the car.

POSTNATAL PHYSIOTHERAPY

During the initial weeks after childbirth the pelvis, back and pelvic floor need time to recover. Try to minimise any lifting. Also limit the use of your abdominal muscles by standing up and lying down from a side lying position. Regularly alternate moving around with lying down.









Pelvic floor muscle exercises can be started approximately three days after the delivery.

After six weeks you will be ready to start **postnatal** physiotherapy, using new and strengthening exercises to train the pelvic floor muscles in combination with the abdominal and gluteal muscles. Following that partaking in sports can be gradually built up again.

It is important to attend these postnatal sessions with a specialized physiotherapist, i.e.

www.bicap.be

Meanwhile, we wish you every success.

The physiotherapy team: Lizelotte Vandenplas en Elien Baert

POINTS OF SPECIFIC ATTENTION

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