

Pelvic floor dysfunction after childbirth

Information and exercises



VSV: Verloskundige kringen van
de Kempen-Eindhoven-Geldrop
Máxima MC, Veldhoven



**Nederlandse Vereniging
voor Bekkenfysiotherapie**

Aangesloten bij KNGF



Houd een oogje op de bodem!

Preventie van bekkenbodemgerelateerde klachten na de bevalling

Pregnancy is a unique period in your life

During pregnancy, your body undergoes many changes. Often, these changes remain unnoticed, but some can lead to health problems. Birth itself is something special. As a result of giving birth, however, you may experience urinary incontinence or genital prolapse. Nearly 50% of all pregnant women experience some urine leakage during and after pregnancy. Urinary incontinence can influence one's social life, and it can be a hindrance when taking part in sports and other activities. One can prevent this pelvic floor dysfunction by doing an intensive programme of pelvic floor exercises, adapted to your specific needs, during pregnancy and especially after birth.

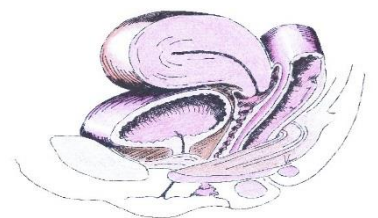


The pelvic floor muscles

The pelvic floor muscles are at the bottom of the pelvis. They support your bladder, uterus and bowel, and give you control when you urinate, pass wind or stool. By squeezing your pelvic floor muscles, you can stop the flow of urine or stop your bowel movement thus preventing undesirable loss of urine, gas or stool. By relaxing your pelvic floor muscles, you can urinate and pass stool easily. When your pelvic floor muscles are working well with your abdominal muscles and your back muscles, you create stability around your pelvis, so that you can move easily. It is essential that the pelvic floor is in good shape to prevent pelvic floor dysfunction.

How can you recognise pelvic floor dysfunction?

- You may experience loss of urine with physical exertion (stress incontinence) or when you have the urge to urinate (urge incontinence).
- You may find it difficult to hold in gas and stool.
- You may have a heavy or tired feeling in your abdomen, or an uncomfortable feeling in the vagina.



- You may experience reduced sensitivity or pain during sex.
- You may experience pain in the pelvic region. This can vary in severity, and also differ in location, but it is often in the bottom of your back, coccyx, groin or pubis.

During pregnancy

The pressure on the pelvic floor muscles increases during your pregnancy due to the growth of the baby in your womb. Besides this, your pelvic floor muscles and the ligaments around your pelvic joints stretch during pregnancy, leading to an increased mobility of the pelvis. These changes in the muscles and ligaments around the pelvis are necessary for birth, but can, unfortunately, cause pelvic floor dysfunction.

Later in the pregnancy, the baby presses against your bladder, which means you will need to use the bathroom more often. Due to the increased pressure on your bladder and the diminishing strength of your pelvic floor muscles, it can become more difficult to hold your urine in, especially with physical exertion, coughing or lifting things.

By training your pelvic floor and paying close attention to your posture and how you move, you can help your pelvic floor recover from childbirth without any residual complaints. This can help prevent further pelvic floor problems. If you are at a higher risk of experiencing pelvic floor dysfunction, it is recommended that you monitor your pelvic floor closely.

You have an increased risk of pelvic floor dysfunction if:

- You have experienced pelvic floor problems before your pregnancy, including experiencing a heavy or uncomfortable feeling in your vagina or experiencing pain during intercourse.

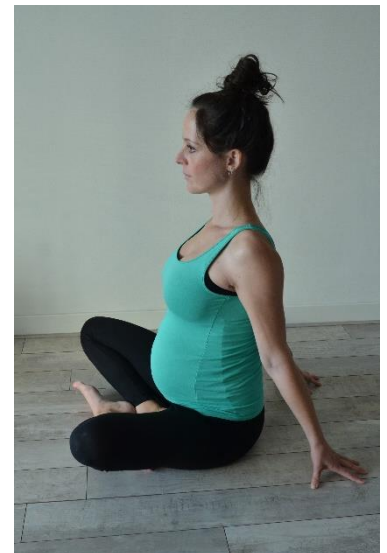
- You suffer from frequent urinary tract infections, urinary leakage (including after just using the bathroom) or needing to urinate frequently.
- You unintentionally pass wind or stool.
- You suffer from chronic constipation, straining and pain with bowel movements.
- You suffered a third or fourth degree vaginal tear giving birth.
- You frequently carry out physically demanding work.
- You are overweight (BMI >25).
- A close family member such as your mother or sister has experienced pelvic floor dysfunction.

After birth

During the push phase of delivery, pelvic floor muscles are put under a lot of strain. You can compare this stretching of the pelvic floor muscles to a significant sports injury, for example a sprained ankle; you are actually 'spraining' your pelvic floor muscles. They will get back to normal again with rest. The body is remarkably resilient. However it is a fact that the better the shape of your pelvic floor muscles before the birth, the quicker you will recover after. Using your pelvic floor muscles effectively and making sure they are in good shape during and after pregnancy can help you get fit again much quicker and will help prevent further problems.

Training the pelvic floor muscles

Start training your pelvic floor muscles during pregnancy. These are the most important muscles to train after birth. You use your pelvic floor muscles daily unknowingly when you: urinate, empty your bowels and have sex. Your pelvic floor muscles however, are not visible on the exterior. This is why it is often difficult to feel whether you are tightening up or correctly relaxing the pelvic floor muscles. This is often more difficult after birth: your muscles have been stretched to such an extent that the feeling has quite possibly changed. Therefore it is better to start training the pelvic floor muscles during pregnancy and to become acquainted with how the muscles feel. By doing this you keep the pelvic floor muscles in the best shape possible, and you will also have better control of your muscles.



Learn to feel the pelvic floor muscles

- Sit down on a hard surface (e.g. chair, wooden bench etc.).
- Put your legs slightly apart, with your feet flat on the floor and with your hands on your knees. Lift up your pelvic floor by gently pulling up your muscles around your urethra, vagina and anus (like if you keep gas in your bowel). Try not to use your abdominal muscles or buttocks; it's about using your pelvic floor!
- Then release the tension, without pushing. Putting your hand against your vagina may be helpful.
- Try to feel the difference between contraction and relaxation of your pelvic floor.
- During these exercises, breathe in and out easily. Be aware to also relax the muscles in your jaw and neck.
- You can also try other positions, for example crawling position (on hands and knees), then sag through your arms, in a way you can lean on your elbows ('puppy' posture). Keep your knees spread apart and keep your feet together, while gently contracting your pelvic floor muscles.

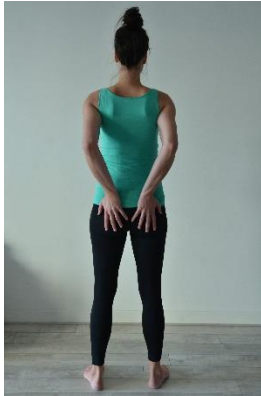


Training pelvic floor muscles

Basic exercise: lift your pelvic floor muscles as high as possible upwards and inwards (tightening) around your urethra, vagina and anus. Try to hold this 6-8 seconds and then let go completely (relax at least 16 seconds before the next tightening). Repeat this 8-12 times. Breathe gently during this exercise. Start with a shorter period or less often if you find it too difficult.



Sit cross-legged or with your legs apart. Bend a little backwards with a straight back. You will then sit with a slightly lordotic curved back, to feel the front of your pelvic floor. Now do the basic exercises. Your hands can be placed on your knees or behind you as light support (do not lean on).



Stand upright with your legs slightly apart, do not lock your knees and ensure your feet are turned outwards. Feel with your hands if your buttocks are relaxed and try to keep them relaxed while tightening your pelvic floor muscles.



Stability exercise for your back and pelvis

Lie on your back, with knees pulled up and your arms flat alongside your body. Lift your buttocks from your hips until your body makes a straight line from chest to knees. Stay in this position for 6-8 seconds while you breathe gently. Build this up to 8-12 repetitions.

Important to remember

- You can strengthen your pelvic floor muscles by starting 3 sets of pelvic floor muscle exercises of 6-8 seconds and 8-12 repetitions daily. This helps to prevent pelvic floor problems, for example, incontinence and prolapse now and in the future.
- Correct use of your pelvic floor, lower abdomen and back muscles during all your daily activities such as standing, walking, carrying your child, sitting down and exercising, will reduce the risk of pelvic floor symptoms.

- Always contract your pelvic floor muscles when your abdominal pressure increases, for example when coughing, sneezing, jumping and lifting.
- Never hold your breath when exercising, always breathe gently.

Pelvic floor muscle training after delivery

0 to 3rd day after birth

Have enough (bed) rest and ensure adequate relaxation. Avoid lifting and carrying. Provide a good stool, avoid pushing hard during defecation.

4th to the 21st day after birth

Start by gently contracting and relaxing the pelvic floor muscles, without feeling pain (hold 8x 1-3 seconds, 3 times per day). Start slowly and build up your general condition by walking and cycling.

3rd to 6th week after birth

Build-up muscle strength by holding the pelvic floor muscles for a longer period (8x 6-8 seconds, 3 times per day) and/or tightening the pelvic floor muscles shortly and strong (8x 1 second, 3 times per day).

6th week after birth

Regular control with the midwife (**questionnaire “keep an eye on the floor”**). The pelvic floor muscles now have less than 50% of the original muscle strength. Building up the strength and endurance is now important.

Start training the oblique abdominal muscles and trunk muscles/core training, swimming.

After 3 months start with group lessons with back and abdominal exercises, but no jumping.

After 6 months of resuming exercise, running and jumping forms are possible.

After 9-12 months, the pelvic floor muscles are back to normal.

Tips

- Avoid being overweight, ensure you maintain a healthy diet <http://www.thuisarts.nl/overgewicht>
- Ensure proper bowel movements by drinking plenty of fluids and eating a lot of fibre; this prevents pressure on your pelvic floor <http://www.vezeltest.info/>
- Smoking is and remains harmful to your health <http://www.thuisarts.nl/stoppen-met-roken>
- For more information about Máxima Medical Centre: www.mmc.nl/bekkenzorg

A pelvic floor physiotherapist specializes in pelvic floor problems related to pregnancy and childbirth, they can provide you with a personalised training program. There are many types of maternity care, individual or in groups. It is essential to choose a form of guidance that suits you (and your partner). If you want to opt for pregnancy counselling that emphasis prevention of pelvic floor complaints, you can contact the pelvic physiotherapist® (www.defysiotherapeut.com) or an NVFB-ZwangerFit® course (www.yvlo.nl).

Discuss any of the following problems with your doctor or your midwife at your appointment 6 weeks after giving birth: if you feel that you are hampering your daily exercise due to pain around your pelvic, loss of urine, loss of gas or stool, a heavy, pressing feeling from below, if you are not sure if you are training your pelvic floor muscles correctly or if you are unsure you can handle increased abdominal pressure adequately they can refer you to a pelvic physiotherapist in your area (www.defysiotherapeut.com).

This brochure is compiled by urogynecologists, midwives and regional pelvic floor physiotherapists.

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Links:

www.mmc.nl
mmc.nl/bekkenzorg

De informatie in deze folder is van algemene aard. In uw situatie kunnen andere adviezen of procedures van toepassing zijn. Aan deze folder kunnen geen rechten worden ontleend.