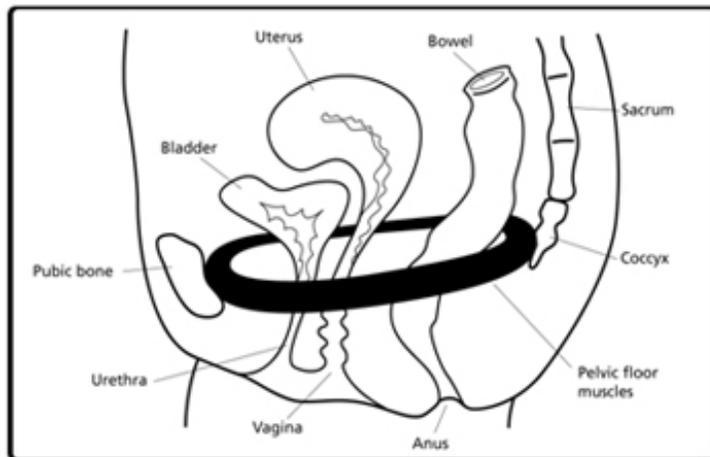


THE FEMALE PELVIC AREA: * Understanding and exercising the pelvic floor and core muscles
*** Care and rehab during pregnancy, birth and beyond**
*** Preparing for the second stage of labour with perineal massage and birth breathing**

What is the pelvic floor? The network of muscles which lift and support your internal organs (bladder, vagina, uterus and bowel) and sphincters which control the openings of the urethra, vagina and anus.

Where is the pelvic floor? The muscles attach to the pubic bone in front and run underneath your body like a supporting hammock, inserting into the coccyx bone at the base of the spine. They also spread outwards to attach to your sitting bones.

What do they do? Ideally, your PF muscles should close the openings automatically when you sneeze, cough, run, lift or squat. And they should tighten automatically with your deep core abdominal muscles to support your spine and prevent injury while moving.



What are symptoms of them not working properly? Many women have weak or damaged pelvic floor muscles which cause symptoms including incontinence or passing wind uncontrollably, rushing to the toilet and maybe leaking before they get there, leaking urine, not being able to control wind or bowel contents or feeling that the bowel hasn't fully emptied, a bulge at the vaginal entrance along with a heavy, dragging sensation indicating that the uterus, bladder or bowel have sagged down into the vagina, backache, a saggy belly which just won't flatten out.

Why don't they automatically do their job? Weakness or damage can be caused by all sorts of things including straining to open the bowel, sitting in a slumped position, being overweight, incorrect exercise, poor posture, incorrect breathing patterns, prolonged or frequent coughing, repeated heavy lifting, connective tissue disease or pelvic surgery.

What does pregnancy and giving birth do to the pelvic floor? During pregnancy the pelvic floor muscles are softer and more elastic due to pregnancy hormones, so they have to work harder to support the weight of the growing baby as well as placenta, amniotic fluid, extra weight in the breasts and body.

Poor birthing positions such as lying on your back, prolonged second stage of labour, forced pushing, episiotomy, forceps or vacuum extraction of baby can cause damage to the pelvic floor muscles. If the muscles are tight they can cause prolonged second stage or instrumental delivery which causes damage.

Can the pelvic floor muscles actually be too tight? Yes, and because there are a number of muscles which make up the pelvic floor, some can be tight and others weak. Signs of tight muscles include difficulty emptying the bladder, pelvic pain, haemorrhoids, pain during or after intercourse, and can be caused by chronic stress, anxiety and excessive abdominal training.

<http://www.pelvichealthsolutions.ca/for-the-patient/pelvic-floor-muscle-tightness/>

In the second stage of labour, it's ideal to relax the pelvic floor and allow it to open, bearing down with uterine contractions, rather than holding the area tightly closed or even a little tense, as this will slow down the birth and may require forceps, vacuum or an episiotomy to assist the birth.

Why do so many women have problems during pregnancy and after birth? Most women haven't heard of pelvic floor exercises before they become pregnant, and may not know how to tone their pelvic floor muscles during pregnancy.

After pregnancy, when the muscles are likely to be weak or have been damaged, they either don't know how to do their pelvic floor and core exercises correctly, or don't do them at all. Women often put up with discomfort, pain or embarrassment for years, often through more pregnancies, and only seek help when there's severe pain, sexual dysfunction, they're wetting their pants or worse.

Research shows that many women have some weakness or damage to their pelvic floors following pregnancy and childbirth. However most of them don't know this and don't treat it. They may do too much too soon after birth without giving themselves time to recover, lifting heavy items like prams and twisting as they move baby and shopping in and out of the car or bath, not knowing how to brace their core muscles, and sitting for long periods with poor posture. Women often attend boot camp or exercise classes which are too strong for their weak core muscles, causing further damage. Others attribute backache to mothering and tiredness rather than recognising physical problems.

What if I already have some of these problems? PLEASE DON'T SUFFER IN SILENCE! Womens' health physiotherapists deal with these problems every day and will be able to help you recover, usually without surgery.

What do pregnant women need to know? Exercising the pelvic floor every day during pregnancy will tone the muscles, help prevent pregnancy incontinence and prolapse, avoid backache or instability of the pelvis. If you don't know how, find a qualified health professional to teach you.

Every pregnant woman should have a checkup with a womens' health physiotherapist to prevent problems from starting, and to resolve problems which may be causing discomfort.

What to birthing women need to know? Choose a caregiver who will support you to have an active birth, avoiding unnecessary interventions such as epidurals and episiotomy, and using upright birthing positions without forced pushing unless absolutely necessary. Having practiced your pelvic floor and breathing exercises and understanding the active birth process, you'll be able to bear down when you feel the urge to push, and pant when your caregiver advises you during crowning to allow the perineum to stretch slowly in order to avoid tearing or need for an episiotomy. Warm compresses to the perineum may soften and support the perineum, and research shows that water birth reduces incidence of tearing.

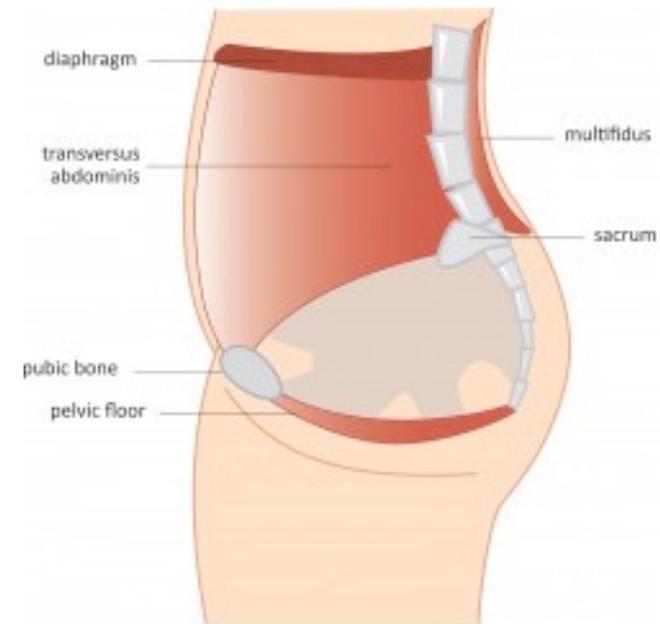
What do women need to know after giving birth? After birth, the pelvic floor muscles must be exercised to regain strength and tone, particularly if you had a prolonged second stage, tearing, episiotomy, stitches, forceps or vacuum, or your baby was large. Even if your baby was born by caesarean section, your pelvic floor muscles will have been weakened by pregnancy and require toning. Every woman should consult a women's health physiotherapist between 4 and 12 weeks after the birth for assessment and individual instruction, followed by regular exercise at home, private sessions or in a group such as a postnatal yoga or pilates class, before moving on to stronger exercise.

www.pelvicfloorfirst.org.au *Returning to sport or exercise after the birth*

Are the core muscles different from the pelvic floor muscles? Yes. The core muscles form a "core cylinder" controlling support of the abdomen. The pelvic floor muscles form the base of that core cylinder.

The core muscles of your abdominal and lower back area form a type of cylinder with:

- * your diaphragm at the top,
- * the pelvic floor muscles at the base,
- * the multifidus which run alongside your spine at the back, and
- * the transverse abdominis or TA or transverse muscle which runs from the front all the way around to the spine.



© Continence Foundation of Australia 2011

Muscles of the abdominal core

www.pelvicfloorfirst.org.au

They all work together to protect your lower back and your abdominal organs when you move or exercise. If they are weak you are likely to feel backache or pain, have leakage or prolapse from a weak pelvic floor, have a saggy belly, and your lower back is vulnerable to injury.

What are the core muscles?

https://www.youtube.com/watch?v=EzFO_TIE9Mc

How to do pelvic floor exercises

A combination of **good posture** and **strong core muscles** is essential for good health and prevention of injury. During pregnancy this is important due to changing posture as the belly grows out the front and the lower back curve increases, as well as extra weight on all the muscles around the cylinder. After birth it's important as the stretched muscles and ligaments return to pre-pregnancy size and shape, posture is affected by holding, carrying and breastfeeding your baby, and your body is recovering from being stretched and opened during pregnancy and birth.

Combine 1. correct posture, 2. correct breathing and 3. correct action of the muscles to control the abdominal cylinder or "core"

1. Posture Slumping shuts down your pelvic floor and core postural muscles, so it's essential that you first bring your spine into a natural position, called "neutral".

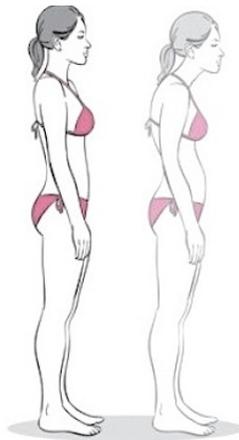
>>Start by sitting toward the front of a chair, feet flat on the floor, knees apart, leaning slightly forward with a straight spine. Feel your sit bones directly pressing into the chair. Lift up your breastbone and grow tall through the crown of your head.

Once you've mastered the exercises, you can use other positions.

>>If you're not pregnant, lie on your back, knees bent, feet flat on the floor. You may like to take your feet apart and drop your knees together.

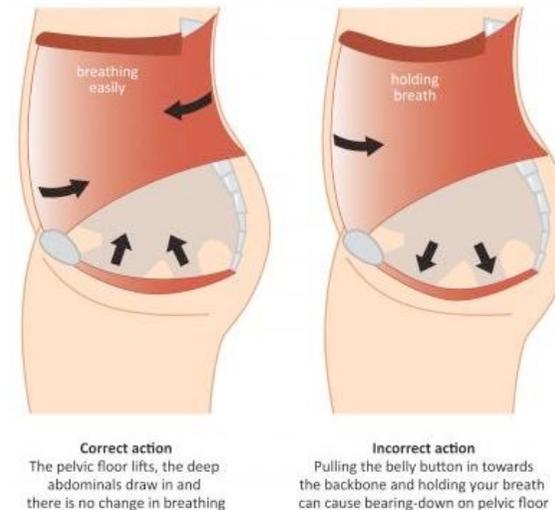
>>If you are pregnant, sit on the chair or lie on your side, pillow under your head and between your knees, knees comfortably bent. Check that your spine is long rather than rounded.

Once you're competent with your exercises, you can do them on hands and knees, standing, or sitting on the floor with your legs crossed. Always have a long, neutral spine.



2. Breathing

The diaphragm is a muscle which separates your abdomen and chest cavities. It actually performs most of the breathing action, not the rib muscles like most people think. It's meant to move smoothly up and down as you breathe. It moves correctly when you expand and open up the base of your ribs and your abdomen as you breathe in. As you breathe in, it moves down and causes pressure which moves the pelvic floor down. As you breathe out, it moves back up under the ribs and the pelvic floor lifts. This is why we activate the pelvic floor muscles when we breathe out/exhale.



>>Place your hands around your lower ribs. Relax your shoulders. Feel your inhalation expanding your lower ribs and upper belly, and feel your exhalation softening your ribs and belly.

>>Without pushing your belly out or straining, practice this breathing for a while until it feels comfortable and you

can feel a natural rise and fall of your belly rather than feeling your chest and shoulders rising and falling.

When you breathe into your ribs and belly in this way you're practicing belly breathing or diaphragmatic breathing, which works the diaphragm at the top of the cylinder.

Core breathing <https://www.youtube.com/watch?v=bcUc1kbazbw>

Find the pelvic floor muscles

>> Draw together the muscles of the pelvic floor as if you are trying to prevent the flow of urine. (Do not do this regularly as an exercise in itself – it could cause an infection).

>> OR Imagine drawing in around a tampon

>> OR imagine that your pelvic floor muscles are like a lift/elevator. Contract the muscles to close the lift doors.

Keep your tummy muscles and your buttocks relaxed. Don't bear down or hold your breath; with practice you will learn to breathe easily while contracting and holding the pelvic floor muscles.

Find the TA muscles

To locate your TA muscles so that you can control the front of the cylinder, which controls the spinal muscles at the same time:

>> Firstly, correct your posture.

>> Practice some belly breathing with your hands over your navel. Without straining, feel your belly rise and your lower ribs expand with each in breath and soften completely with each out breath.

>> Place your fingers just inside your hip bones and press in to feel your soft belly muscles.

>> Breathe into your belly. Breathe out and gently and slowly draw your lower tummy muscles back toward your spine. Feel your tummy muscles firm up beneath your fingers. You are contracting your deep core abdominal muscles (Transversus Abdominus or TA).

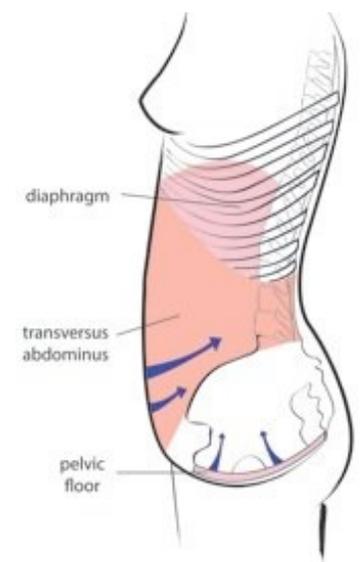
>> Alternatively, imagine you're slowly blowing out candles through pursed lips. Your TA muscles will draw in as you keep blowing.

>> Relax the muscles as you breathe in, contract as you breathe out. Repeat x 10.

* It's important that you don't contract too tightly. If you do so, your other abdominal muscles (rectus abdominus and obliques) take over and you will be working the wrong muscles.

If as tight as you can squeeze is 100%, you're only looking for about 30% contraction when you're exercising them in this way. When you're lifting, coughing or sneezing, you'll contract more strongly depending upon how much you need for the activity you're doing.

* Don't draw in your navel or your belly above your navel; again, the wrong muscles will engage and take over from the core muscles.



www.holditmama.com.au

3. Now, to work the pelvic floor and core muscles

>> Inhale, and as you exhale squeeze in as if to hold on to a wee, or squeezing an imaginary tampon, or draw in and close the lift door. Draw the pelvic floor upwards to the first, second, third, floor, keeping the lift door closed.

By now your TA muscles will also be activated; you'll feel your lower belly firm and drawing in toward your spine.

>> Breathe and hold for up to a count of 5. Release gently and slowly. Breathing while holding is the tricky part but it becomes easier with practice.

* Check that you're not squeezing your buttocks or your ribs or upper abdomen, and that your shoulders and jaw stay relaxed. A lot to think about, but it really does become easier the more you practice, until you get to the stage where you can hold and breathe easily.

Activating core muscles

<https://www.youtube.com/watch?v=RL5Zhm7u7dY>

What's an effective exercise program for the pelvic floor?

Now that you know how to locate, contract, lift and hold your pelvic floor muscles you can perform the following exercises.

EXERCISE 1 tones the "sprinter" pelvic floor muscles which hold on when you cough, sneeze, laugh or lift something.

Contract the pelvic floor muscles for one second and release. Rest for a moment and repeat ten times.

EXERCISE 2 tones the "marathon" muscles which hold the bladder, bowel and uterus in place. If these muscles sag, your organs could prolapse i.e. sag downwards causing a heavy feeling, or discomfort when you have sex, and may require surgery. It also activates the core cylinder.

As you exhale, contract your pelvic floor muscles and lift them up/take the lift up to level 3. Hold for 5 seconds then release slowly. Relax and breathe for a few moments, then repeat.

EXERCISE PROGRAM

To strengthen unfit muscles, practice 10 x Exercise 1 (quick ones) and 5 x Exercise 2 (slow ones)

3 times a day until you feel an improvement.

For maintenance, perform 10 quick and 5 slow once a day.

When to do them Have regular times when you do them, such as after going to the toilet, when having a drink, when lying in bed or at the traffic lights! Put up a note to remind yourself and get into a good habit. Remember: pelvic floor contractions are entirely private and can be performed at any time and in any place or position that you choose.

To check how your pelvic floor muscles are doing, contract them then clear your throat or cough lightly. You should feel your pelvic floor lift rather than bulging down, or leaking urine.

Once you've learned to hold these muscles contracted and you can breathe at the same time, you can do it every time before you move i.e. before you stand up, sit down, roll over in bed, get in or out of the car, lift your baby or lift anything, before you cough, laugh, blow your nose, sneeze.

While doing the exercises:

- do not hold your breath - keep breathing
- do not push down instead of squeezing and lifting up
- do not tighten your upper abdomen above your navel, your buttocks or thighs

Resources

www.continence.org.au

www.pelvicfloorfirst.org.au

www.holditsister.com

For information about the pelvic floor and Shrink the Jellybelly exercise program see Mary O'Dwyer's books *Hold it Mama* and *Hold it Sister* from www.holditsister.com

Other things you can do to help your pelvic floor muscles

- don't lift heavy loads. After birth, don't lift anything heavier than your body until your pelvic floor muscles are toned
- brace (tighten) your tummy and pelvic floor when you sneeze, cough, laugh, stand up, sit down, roll over in bed
- seek medical advice for hay fever, asthma and bronchitis to reduce sneezing and coughing
- lean forward on toilet to completely empty bladder (as if you were reading a book on the floor)
- avoid straining during a bowel movement
- avoid constipation by eating plenty of fresh fruits and vegetables, wholegrain foods, drinking plenty of water and exercising regularly
- take care with iron tablets as they can cause constipation
- avoid excess tea, coffee and smoking
- keep your weight within the right range for your height and age
- wait until baby is 6-8 weeks old before recommencing sport/aerobics
- no high-impact exercise until your pelvic floor muscles are strong, including running, Boot Camp
- read about which labour and birthing practices can cause pelvic floor dysfunction at www.childbirthconnection.org/

Where can help be found? Although it may seem difficult to exercise your pelvic floor muscles at first, it should become easier after about a week of daily practice. If it doesn't, there are many health professionals qualified to assist you with pelvic floor and bladder control problems or just to give you a little guidance on how to do your exercises correctly.

A good womens' health physiotherapist will do a Real Time Ultrasound (RTU) on your belly and/or an internal examination while you contract your pelvic floor so that you can see and feel if you're contracting the correct muscles. This is extremely useful and often makes a huge difference to the effectiveness of your exercises. They can also check for separated tummy muscles which can contribute to your symptoms.

See a private physiotherapist. You can ask your GP for a health care plan to subsidise this care - see list below.

or

The physiotherapy department at Nambour Hospital 5470 6600 conducts FAB (Fit After Birth) classes including a pelvic assessment.

The National Continence Helpline 1800 330066 give free, professional and confidential advice 8am to 8pm 7 days a week. www.continence.org.au

Recommended womens' health physiotherapists

Alice Mackenzie and Robin Kerr, Integrated Pelvic Physiotherapy, Noosa Junction 5441 4764

Rebecca Steele, Hinteractive Physio, Cooroy 5442 5556

Caroline Kohl, PhysioSync, Noosa Junction 5448 0072

Tylana Woodward, Physio Noosa, Civic Shopping Ctr 5455 5308

Helen Swift, Noosa Sports & Spinal Physiotherapy, Noosaville 5449 0024

Preparing for the second (pushing) stage of labour

Pelvic Floor Exercise

Ensure that you learn how to correctly activate the pelvic floor muscles so that you can tone these muscles throughout your pregnancy. Toned muscles will relax and stretch during labour. Lax muscles or over-tight muscles can cause complications during the pushing stage of labour. If you have any concerns contact a Womens' Health Physiotherapist, your pregnancy yoga teacher or midwife.

Perineal Massage

Perineal massage is a technique which slowly and gently stretches the skin and tissues around the vagina and rectum in preparation for childbirth. You can massage the tissues inside the perineum regularly in the last 4-6 weeks of pregnancy. Doing this work can have a profoundly positive affect on the ability of these muscles and surrounding tissues to relax and open.

Perineal massage helps reduce both the risk of tearing during birth and the need for an episiotomy. Perineal massage helps prepare you for the feelings of pressure and stretching that come as the baby's head is born.

The position in which you give birth can affect the likelihood of perineum tearing and the need for an episiotomy. Upright positions (sitting, squatting, kneeling), leaning forward positions (hands and knees) or side lying positions reduce the strain on the perineum. Lying on your back with feet up in stirrups makes an episiotomy almost inevitable.

After your baby is born, either vaginally or by caesarean section, tone up the stretched muscles in the vagina by continuing your pelvic floor exercises.

Cautions:

Avoid the urinary opening to prevent urinary tract infections. Do not do perineal massage if you have active herpes lesions, as you could spread the herpes infection to other areas, or other sexually transmitted diseases.

General hints:

- The first few times it's helpful to use a mirror to find the vagina and perineum and see what they look like. The perineum is the area between the vagina and anus, and consists not only of skin, but two layers of muscle also.
- If you feel tense, first take a warm bath or use warm compresses on your perineum for 5 to 10 minutes.
- *If you have had an episiotomy or stitches with a previous birth*, concentrate part of your massage on that area. Scar tissue isn't as stretchy as the rest of your skin and needs extra attention. Using appropriate carrier oil and additional essential oils if you refer, roll the scar tissue gently between two fingertips for 2-3 minutes or as tolerated until the scar feels loose, less painful and more pliable.
<http://www.pelvichealthsolutions.ca/for-the-patient/painful-intercourse/episiotomy-scars/>

Directions for you or your partner:

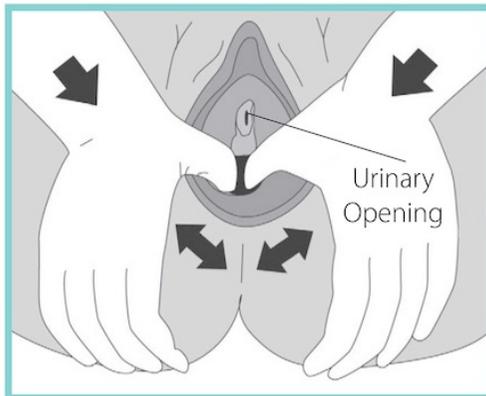
- Wash your hands thoroughly and trim thumbnails.
- Find a private, comfortable place to sit or lean back in a comfortable position.
- Use a lubricant such as cold pressed vegetable oil or coconut oil (not a petroleum based lubricant) on your thumbs and around the perineum.
- You may like to add an essential oil - 2 drops of geranium or myrrh to one tablespoon of oil to increase elasticity.

Gentle external massage of the perineum

Use your thumb or fingers to gently massage the outside of the perineal area. Do this every night or so from 34 weeks of pregnancy.

Internal massage

Most instructions advise more vigorous massage internally. If you want to try this **internal stretching**, do so a couple of times a week but very gently, as it's easy to irritate the delicate tissues of the area. You don't want to go into labour with an irritated vagina or perineum.



. Place your thumbs about 3-4cm inside your vagina. Press downwards and to the sides at the same time. Gently and firmly keep stretching until you feel a slight burning, tingling or stinging sensation. This opening action stretches the skin and muscles in a similar way the baby's head stretches them during birth.

- . With your thumb, slowly and gently massage in a half moon direction back and forth over the lower half of your vagina, working the lubricant into the tissues. Remember to avoid the urinary opening.
- . Feel yourself 'letting go' as the perineum is stretched, rather than reacting by tightening and closing the pelvic floor muscles. Breathe with a relaxed jaw.
- . Initially hold the stretch for 30 seconds then relax for a minute. Lengthen the stretch time and intensity up to 90 seconds over the next week, repeating several times if comfortable.

After about a week you should notice an increase in flexibility and stretchiness. Consult your midwife if you need help to learn or perform the massage.

Fear of tearing

It's important to make sure you avoid focusing on any fears of tearing. By worrying that you're going to tear, you'll likely end up tense and stressed, which can hinder the labour process and your experience of it. Your body is designed to birth – always remember that. Even if your 'thinking' brain says it doesn't know how to do it, another part of your brain, the ancient brain stem, does. Your body effortlessly breathes, blinks, digests food, just as your perineum will stretch in order to give birth. You don't need any fancy devices to make your body work better – after all, mother nature has worked beautifully all this time! You conceived and you can give birth too.

Interventions, birth position and forced pushing

What does hinder your ability to birth well is the amount of interventions you have, so where possible keep all unnecessary interventions to an absolute minimum. For example, if you choose to have an epidural (which is more likely if you have an induction of labour), you'll be flat on your back and you're more likely to need forceps or vacuum, especially if you're a first time mother. The epidural will numb the pain, but unless the epidural has worn off, you won't be able to feel yourself push either, so it can be hard to know what you're doing and what's working. Forceps or vacuum often require an episiotomy (a cut in your perineum). Inductions of labour (with medication) lead to an increased use of pain relief, especially epidurals. So make sure you're well informed about drugs and interventions used in labour and birth.

The position in which you give birth can affect the likelihood of perineum tearing and the need for an episiotomy. Upright positions (sitting, squatting, kneeling), leaning forward positions (hands and knees) or side lying positions reduce the strain on the perineum. Lying on your back with feet up increases the risk of episiotomy or tearing.

"The "old way" of assisting women during second-stage labor typically involves pushing immediately at 10 cm regardless of whether the woman has an urge to push; telling the woman to take a deep breath and hold it (closed-glottis pushing) while someone (partner, nurse, nurse midwife, or physician) counts to 10 during at least four to five pushing efforts per contraction as the woman lies in the supine lithotomy position (often using stirrups); and a care provider forcing the woman's legs back against her abdomen. These techniques have the potential to cause harm to the mother and baby."

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1804305/>

Episiotomy - cutting the perineum

A review of all the data available from the past 30 years shows "Episiotomy should no longer be routine; it should be reserved for exceptional circumstances." One common justification for an episiotomy is to avoid tears in the perineum. But people generally underestimate how well the perineum stretches. All it takes is a little time and holding off on pushing to give the perineum a chance to slowly stretch open, just as it's designed to do.

Epi-No

Some women buy the product Epi-No available online www.epi-no.com.au to prepare for the stretching of childbirth and to retrain the muscles after birth. There is some argument among midwives about its effectiveness, but many women have found benefits. Look at the discussions, talk to women who've used it, and decide for yourself. I welcome your feedback.

Birth Breathing

In your third trimester of pregnancy, having built up your awareness and control of the pelvic floor you can start practicing

for the second stage of labour. Learn how easy it is to allow your pelvic floor to open up and help your baby descend through your body.

- Squat or kneel on all fours, head down, and begin by tightening your pelvic floor muscles.
- Take a slow breath in and imagine you are inhaling through your navel directly to your baby.
- As you sigh your breath out, allow the pelvic floor to relax in one continuous letting-down movement. Imagine you are exhaling through the birth canal as you push down and forward slightly by using your vaginal and anal muscles. It pretty much feels like doing a bowel movement - the same muscles are involved. Imagine that the breath is taking the same route which your baby will take when it is being born.
- It is important to relax your mouth as your baby is coming out, as there's a sympathetic relationship between your face, jaw, mouth and your vagina, so always keep your mouth soft, smiling and open when you practice for labour.
- Make sure your partner is aware of this to help you on the birth day. If you don't feel your pelvic floor bulging open, make a fist with one hand over your mouth and blow firmly into it; you should feel a much stronger opening-up sensation. When you've finished the exercise, give your pelvic floor a quick lift and squeeze.

During the second stage of labour, unless there is an emergency and your baby needs to be born quickly, have your partner speak quietly and clearly into your ear, encouraging you to soften and open, and **only push when you have a strong urge to push**, following your body's guidance rather than anyone else's. Your strong uterine muscles will push your baby out of your uterus and through your birth canal. Many women find that they don't have to push at all.

After birth

The optimal perineal care is that which keeps the area clean and reduces swelling. Swelling can cause the stitches to break down before the wound is healed and it is very painful. Ice in the first 48 hours can reduce swelling. Some women wet and freeze sanitary napkins and place in underwear. Gentle pelvic floor contractions in the day or two following the birth can also help reduce swelling, increase circulation and improve healing. Changing pads regularly and having regular perineal washes helps keep the area clean and it will be less likely to become infected. It is important to not get constipated after the birth so a diet high in fibre and drinking at least two litres of water a day will help. When you laugh, cough or sneeze hold onto your perineum.

Make sure you roll to your side to get up and lie down in bed, bracing tummy and pelvic floor first.

Essential oils for perineal healing: Mix 2 drops cypress and 2 drops lavender with ½ teaspoon salt. Add to warm sitz bath / shallow bath. Soak for 10-15 mins and repeat up to 3 times per day.

Haemorrhoids

Haemorrhoids are veins that have become swollen and engorged with blood. These swollen tissues appear in the rectal area and can vary from the size of a pea to that of a grape. There are internal hemorrhoids (affected veins are inside the sphincter), as well as external hemorrhoids (affected veins protrude outside the anal opening).

Some women develop haemorrhoids during pregnancy and/or after giving birth. Drink plenty of water and use diet to keep stools soft, plus some gentle exercise. Avoid straining on the toilet.

Depending on the person, hemorrhoids may simply feel itchy, but for others, they can be absolutely painful. In some cases, particularly following a bowel movement, they can cause rectal bleeding. Essential oil care:

Mild with itching: apply 1-2 drops lavender oil directly to area, or 2-3 drops of lavender in warm sitz bath. Wipe with 1 drop frankincense on cotton ball as last wipe after bowel movement.

Internal: 1-2 drops of geranium and lavender essential oil with 1 teaspoon oil (such as coconut or olive oil) internally 3 times a day until relieved.

Severe with bleeding: apply blend of oils regularly as well as sitz baths - view doTerra Essential Oils website for blend.

References

birth.com.au
bellybelly.com.au
babycenter.com
pregnancy.com.au
everythingessential.me
ipphysio.com

This information is not a substitute for treatment by a physiotherapist or doctor. Updated January 2016.



Karen Shlegeris
Grad. Dip. Childbirth Education
www.fitforbirth.com.au