

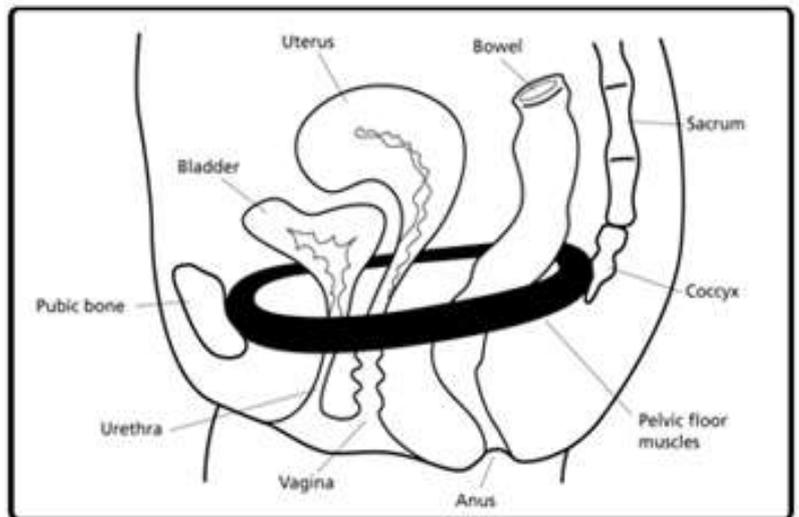
Pelvic floor and the Core: What you need to know before, during and after birth

What is the pelvic floor?

The network of muscles and ligaments 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, run back to attach to the coccyx bone at the base of the spine, and spread outwards to attach to your sitting bones.



What does it 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 it 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 doesn't it automatically do its 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/>

PREGNANCY YOGA & BIRTH WISDOM

Love your pregnancy. Learn how to be comfortable with the changes of pregnancy. You deserve to feel great.

Tuesday evenings 6 - 7.30pm

Saturday mornings 9.30 - 11am



"I always feel so supported and nurtured after your beautiful class and the focus on lower back was exactly what I needed on Saturday as my lower back has been killing me." Elodie

If I think my pelvic floor muscles are too tight should I do something about it during pregnancy?

Yes. In the second stage of labour, it's ideal to relax the pelvic floor and allow it to open, bearing down with uterine contractions (urge to push) 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. To avoid this seek help from a women's health physiotherapist as soon as possible during pregnancy.

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 or soiling their pants.

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, sitting for long periods with poor posture, or just standing for too long in the first few months after birth. 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.

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Fun yoga for mums with their babies 3 months until crawling
6 week course. Now that your baby is here you're ready to connect with your core and pelvic floor muscles, learn about safe exercise after birth, relieve those tight muscles, breathe and relax. Make friends and enjoy yoga with your baby in our fun and friendly classes.



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?

Every pregnant woman should have a checkup with a womens' health physiotherapist to assess the tone of her pelvic floor (too weak, too tight or a bit of both?), to learn how to contract the pelvic floor and core muscles correctly for exercise, to learn how to relax tight muscles, and to correct any imbalance. Then they will know the type of exercise which is right for them personally during pregnancy.

What do birthing women need to know? How do I reduce the chance of perineal tearing?

- ♥ Choose a caregiver who will support you to have an active labour and learn natural pain relief methods to avoid unnecessary interventions such as induction, epidural and episiotomy.
- ♥ Attend an independent birth education class/pregnancy yoga class to learn about your body, birth positions, breathing etc.
- ♥ Use upright labour and birth positions, or on your side, to help your baby move through your pelvis in a good position.
- ♥ Avoid directed pushing unless absolutely necessary. Work with your body and the contractions. 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.
- ♥ Give birth in water or have your midwife apply warm compresses to the perineum to soften and support the perineum.

Should I use a pelvic preparation device?

You may have seen products on the market that claim to help stretch a woman's perineum in order to make birth easier, 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.

Midwife Rachel Reed from Midwife Thinking says "There is a rather scary device called an Epi-No designed to use during pregnancy to stretch the perineum. The limited research regarding the effectiveness and safety of this device is inconclusive (Kovacs, Heath & Campbell 2004; Shek et al. 2011). Personally I worry about potential long term effects of repeatedly stretching the perineum to the size of a baby's head. Although a woman may give birth a number of times during her life, she will usually have more than a day between each baby's head stretching her vagina. It is also a reflection of our technocratic culture that a 'device' is considered to be necessary in order to prepare for childbirth."

See more at: <https://www.bellybelly.com.au/pregnancy/perineal-massage/>

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.

Water, exercise and nutrition

Drink plenty of water for a healthy network of nerves, eat a healthy diet, and walk, stretch and do weight-bearing exercise to keep all of your muscles, including the pelvic floor, strong, supple, flexible and toned.

Fear of tearing

It's important to address 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 stretch and open to birth your baby. 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. With the right preparation, knowledge and care during birth, you can trust your perineum to do its job beautifully, just as Mother Nature intended.

Birth interventions

What can 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 have to lie down 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.

Birth position

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, as does forced pushing.

Forced pushing

"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/>

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The perfect class for you and your little one

6 week course. Now that your baby is here you're ready to connect with your core and pelvic floor muscles, learn about safe exercise after birth, relieve those tight muscles, breathe and relax. Make friends and enjoy yoga with your baby in our fun and friendly classes.



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.

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You're in good hands

I have around 20 years of experience women preparing women just like you for birth.



- To learn how to breath during birth
- To relax and quieten your busy mind

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Saturday mornings 9.30-11am



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.

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 womens' 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

Recommended womens' health physiotherapists

Alice Mackenzie, Alchemy in Motion, Noosa Junction 5441 4764

Rebecca Steele, Hinteractive Physio, Cooroy 5442 5556

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

Osteopath Megan Smart, Bodywise Noosa 0488 269417

Sunshine Coast University Hospital physiotherapy department 5202 0000