



Protect your pelvic floor after birth

After Camilla gave birth to her beautiful 3.9 kg girl, she went to see her doctor for the routine 6-weeks post-natal check who gave her the all clear, saying that she had healed well. A few weeks later, Camilla, keen to get back to shape, managed to squeeze in a jog between two breastfeeds. After 200m she felt something dragging in her pelvic floor but she thought, this must be normal. A few days later she went back to running, added a few abdominal crunches and that is when she realised something was not right. How embarrassing! She had wet herself!

Jessica thought “this leakage must be part of being a new mum” and she kept running but her symptoms were not getting any better.

STRESS INCONTINENCE

Jessica's urine leakage whilst running, which could also be provoked by sneezing, coughing, laughing, jumping and high impact sports is called stress urine incontinence with loss of bladder control in response to increases in intra-abdominal pressure. Stress incontinence is related to weakness and loss of function of the pelvic floor muscle.

Jessica is not alone! The facts are: 64% of women will suffer from incontinence after giving birth. But the good news is something can be done to control your bladder or bowels or prevent problems.

Other common symptoms of pelvic floor dysfunction are: prolapse (descent of organs), sexual pain (7.5% of women) and lack of sexual sensation.

NEW MUMS ALL RECOVER DIFFERENTLY AFTER BIRTH

Some mothers can jog quite soon and some only after 12 months. Pregnancy (natural birth or Caesarean) is not only physically demanding but also puts a lot of stress on—and can sometimes damage—the pelvic floor, abdominals and nerves.

The pregnancy hormone Relaxin, which makes your muscles and ligaments soft and stretchy, can stay in your system for up to five months after birth. This explains why some mums get joint pain or find it difficult to strengthen muscles.

Rehabilitation after a sprained ankle, can take up to six months before returning to sports. Labour is a traumatism to the body! As for any injury, healing time and the phases of recovery should be respected to optimise full function and prevent future problems.

We are all keen to get back to pre-pregnancy body but **NO RUSH! LISTEN TO YOUR BODY!**

WHICH EXERCISES ARE BENEFICIAL?

If you have or are at risk of pelvic floor problems, make sure you choose exercise that does not put stress on it such as: running, jumping, deep lunges, heavy weight lifting, boxing and high impact sports. Abdominal exercises such as sit ups, crunches or double leg lifts can really push down your pelvic floor.

There are many SAFE PELVIC FLOOR EXERCISES which incur less stress and downward pressure on your pelvic floor: low impact cardiovascular exercise such as walking, swimming, cycling and postnatal classes. Sometimes you just need to adapt the positions, the weights, the intensity and pace according to your progress.

If you present or are at risk of Pelvic floor dysfunction **DON'T PUT UP WITH IT!** If you are not sure if you are doing the right pelvic floor exercise or need advice seek help and advice from specialists such as women's health physiotherapists

NEED HELP AND ADVICE?

Why not have a **MOT Post-natal check** performed by a women's health physiotherapist?

The MOT includes assessment of:

- the strength and function of the pelvic floor muscles (manual vaginal assessment)
- the healing and mobility of scars: C-section, perineal tears or episiotomy
- the abdominals and abdominal separation (diastasis)
- posture and pelvic alignment

In addition, we can give advice on safe exercise and return to sport and discussion of treatment options if necessary.

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