

PREGNANCY



The Pregnancy Guide

Looking after your pelvic floor, bladder and bowel during pregnancy and after childbirth

PROMOTING BLADDER AND BOWEL HEALTH

Pregnancy Pelvic Floor Plan



Free Pregnancy Pelvic Floor Plan app

- Tips on looking after your pelvic floor, bladder and bowel during pregnancy
- Learn how to do pelvic floor exercises and receive reminders
- Information about safe exercise during and after pregnancy
- Health and wellbeing tips on looking after yourself
- Find local services for pelvic floor problems
- Enter your due date to receive timely information



For more information go to continence.org.au
or phone the National Continence Helpline **1800 33 00 66**.

About The Pregnancy Guide

The Continence Foundation of Australia has written this booklet for women who are pregnant, planning to become pregnant or have recently had a baby. Health professionals may also find this guide useful.

The booklet contains information about bladder and bowel control during pregnancy and after childbirth, and explains the role of the pelvic floor muscles and how to exercise them. The booklet provides information about a range of topics, including abdominal muscle bracing, sex during and after pregnancy, pregnancy and exercise, haemorrhoids, prolapse, and pelvic floor problems after the birth. The booklet also provides information on where to get help if you experience bladder or bowel control problems.

If you would like further information, contact the Continence Foundation of Australia (continence.org.au) or the free National Continence Helpline on 1800 33 00 66.



Supported by the Australian Government Department of Social Services under the National Continence Program.

The Pregnancy Guide
© Continence Foundation of Australia–
The Pregnancy Centre, 2014

This resource is copyright. Apart from any fair dealing for the purpose of private study, research and review, no part may be reproduced by any process without written permission from the National Office of the Continence Foundation of Australia and The Pregnancy Centre.

ISBN 978-0-9577436-3-2

First printed 2014

For additional copies contact:
The Continence Foundation of Australia
Level 1, 30–32 Sydney Road
Brunswick, VIC 3056
T (03) 9347 2522
F (03) 9380 1233
W continence.org.au

This book is intended as a general introduction only and is no substitute for professional assessment and care.

Acknowledgements

The Continence Foundation of Australia would like to acknowledge The Pregnancy Centre and assistance from members and stakeholders who have contributed to the development of this resource.

Design: Fusebox Design

Models/individuals in photographs are used for illustration purposes only.

Contents

Bladder and bowel control during pregnancy.....	6
What are the pelvic floor muscles?	8
Pelvic floor exercises	9
Abdominal muscle bracing	14
Sex during and after pregnancy.....	17
Pregnancy and exercise	21
What are haemorrhoids?	24
What is a prolapse?	26
Pelvic floor problems after the birth.....	32
Where to get help.....	34

Bladder and bowel control during pregnancy

When you are pregnant you receive a lot of advice from many people, but something few people talk or think about are bladder and bowel control problems in pregnancy and after the birth.

Tips for good bladder and bowel health

Here are some simple steps you can follow to help prevent bladder and bowel control problems.

Drink well

- Aim to consume 6–8 cups (1.5–2 litres) of fluid a day, unless otherwise advised by your doctor. Remember, many foods also contain fluids for example soup, jelly and ice cream.
- Spread your drinks evenly throughout the day.
- Drink more fluids (preferably water) if the weather is hot or if you are exercising.
- Cut down on sugary drinks and drinks that have caffeine in them as they can irritate the bladder.

TIP: Don't reduce your fluid intake if you have a bladder control problem as this will concentrate your urine and could make the problem worse.

Eat a healthy diet

- Eat plenty of fibre, which helps bowel function by absorbing water and adding bulk to your bowel motions. Bulky stools keep things moving through your bowel to avoid constipation. Fibre is found in foods such as multigrain or wholegrain breads, cereals and cereal products, fruit, vegetables, legumes, nuts and seeds.

TIP: To help bulk up your bowel motions you may add extra fibre to your diet, ensure you also drink plenty of fluids.

Be active

- Aim to be physically active for 30 minutes most days. Physical activity such as brisk walking stimulates movement of the bowel (see page 21 for information about exercise during pregnancy).
- Do your pelvic floor exercises regularly. Pregnancy, childbirth, increased weight, constipation, regular heavy lifting and a chronic cough can weaken the pelvic floor muscles, but you can strengthen these muscles with pelvic floor exercises (see page 10).

Practice good toilet habits

- Go to the toilet when your bladder feels full. Don't get into the habit of going "just in case".
- Go to the toilet when you first feel the urge to use your bowel, as this is the best time to empty your bowel fully. Most people feel this urge first thing in the morning, after a meal or a hot drink, which stimulates bowel movements.
- Sit on the toilet with your elbows over your knees, leaning forward, keeping your back straight. This helps to relax your pelvic floor and anal sphincter muscles. Use a footstool to support your feet if this is more comfortable. Gently push, keeping your tummy bulged forward and continue to breathe normally.
- If you notice you are straining to pass a bowel motion, you could be constipated, which can affect bladder and bowel function and weaken the pelvic floor muscles. Review your diet to ensure you are drinking enough fluid and eating enough fibre.

How do I know if I have a problem?

Signs you may have a bladder or bowel control problem include:

- leaking urine when you cough, sneeze, lift, laugh or exercise;
- feeling an urgent need to empty your bladder or bowel;
- leaking a solid or liquid bowel motion or soiling from your back passage on the way to or after you have been to the toilet;
- finding it hard to empty your bowel unless you change position or use your finger to help; or
- feeling a lump or dragging sensation in your vagina (mostly at the end of the day).



What are the pelvic floor muscles?

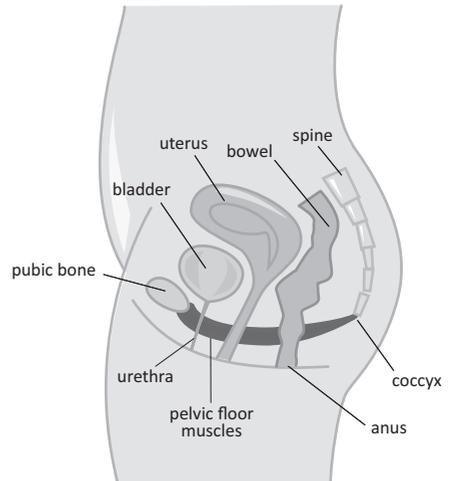
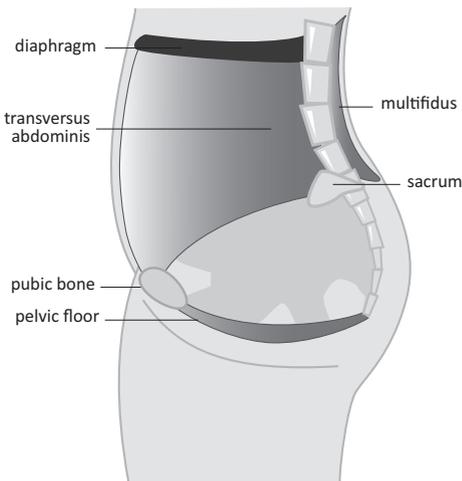
The pelvic floor is the base of the group of muscles referred to as your “core”. These muscles are located in your pelvis, and stretch like a hammock from the pubic bone to the tail bone (coccyx) and from side to side.

The pelvic floor muscles work with your deep abdominal and back muscles and diaphragm to stabilise and support your spine. They also help control the pressure inside your abdomen to deal with the pushing down force when you lift, move or carry a weight.

Pelvic floor muscles support the bladder, bowel and uterus. They help maintain bladder and bowel control and play an important role in sexual sensation and function.

Imagine the pelvic floor muscles as a round mini-trampoline made of firm muscle. Just like a trampoline, the pelvic floor, when it is working well, is able to move up and down when any sort of pressure is placed on it.

In women, the pelvic floor muscle layer allows three passages (the urethra, vagina and anus) to pass through. The pelvic floor muscles normally wrap around these passages to help keep them shut.



Pelvic floor exercises

Whether you are pregnant, planning a pregnancy or have already had a baby, research shows that when you do your pelvic floor exercises your pelvic floor muscles will recover more quickly after the birth. Pelvic floor exercises will also help reduce your risk of bladder and bowel control problems during or after pregnancy.

Although the pelvic floor is hidden from view, it can be consciously controlled and therefore trained, much like our arm, leg or abdominal muscles. Strengthening your pelvic floor muscles helps to actively support your bladder, bowel and pelvic organs. This improves bladder and bowel control and reduces the likelihood of leaking from your bladder or bowel. Like other muscles in your body, your pelvic floor muscles will become stronger with a regular exercise program.

Before starting a pelvic floor muscle training program it is important that you can identify that you are using your pelvic floor muscles correctly. Speak to a continence professional if you cannot identify your pelvic floor muscles or if you are unsure you are performing the exercises correctly.

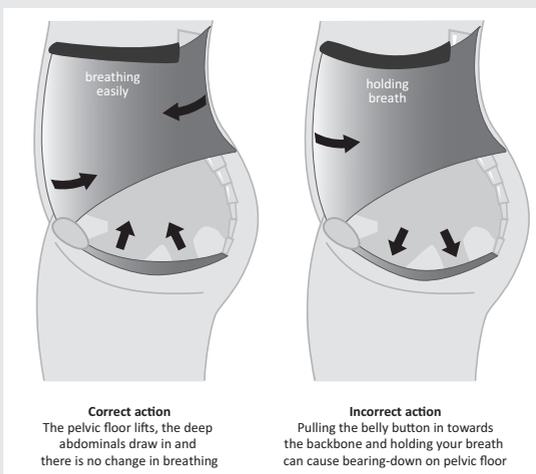


How to do pelvic floor exercises

- Pelvic floor exercises can be done anywhere, while sitting, standing or lying.
- Picture a muscular sling as the floor of your pelvis, running from your tail bone to your pubic bone.
- Sit up tall and relax your shoulders. Focusing on your back passage, lift and squeeze upwards and inwards as though you are trying to avoid passing wind. Now, bring the pelvic floor lift forward to the front as though you are also trying to stop the flow of urine.
- Lift and squeeze your pelvic floor and notice how long you can hold for. Aim to hold for 3 seconds initially, building up to 10 seconds over time. Your shoulders, buttocks, thighs, hands and feet should remain relaxed. You should not hold your breath while you hold your pelvic floor lift.
- Rest your pelvic floor muscles for the same amount of time as you held the lift, before repeating.
- Aim for 3 to 5 holds in one set, building up to 10 over time. Repeat three sets a day.

Seek help if you:

- cannot feel your muscles hold or relax
- cannot feel a definite lift and squeeze
- feel any downward pressure on your pelvic floor during or after your exercises
- feel you are not making any progress in your confidence, hold time or the number of holds you can do
- see no improvement in your bladder or bowel control after three weeks of doing regular pelvic floor exercises
- have back or pelvic pain, as this can interfere with your pelvic floor function
- notice your symptoms getting worse



How NOT to do your pelvic floor exercises!

Many women are now more aware of their pelvic floor muscles and the need to do pelvic floor exercises regularly to keep these muscles strong and working correctly. But there has also been some incorrect advice about pelvic floor exercises in the past, and some women are still confused or unsure if they are doing their exercises correctly.

Some of the ways NOT to do your exercises include:

- **Stopping and starting your flow of urine every time you go to the toilet**

This can help you to learn to contract the right muscles when you are learning how to do the exercises, but using flow stopping as a routine exercise is not a safe way to exercise your pelvic floor muscles. However, flow stopping might be OK as a check before your baby is born and also a few times after your baby is born to make sure that this action of the muscle is working well.

- **Tightening and relaxing your pelvic floor muscles quickly and doing hundreds of these a day**

It is useful to practice some quick contractions but the muscles need to contract to their maximum and fully relax each time. Not relaxing the muscles completely after each contraction can cause your pelvic floor to become stiff and painful. It also reduces the blood flow to the muscles, and can cause your pelvic floor to fatigue. Doing hundreds of quick lifts a day is not recommended and can cause the muscles to become painful. It is better to do 10 quality maximal contractions, repeated three times throughout the day.

- **Lying on the floor and lifting and lowering your pelvis and hips while flattening your back against the floor**

This exercise is called the pelvic tilting exercise, and does NOT exercise the pelvic floor muscles (unless of course you deliberately tighten your muscles at the same time, which can be quite tricky to do). Some women still think that this is what pelvic floor exercises involve and that they need to get on the floor to do them. Pelvic floor exercises can be done in sitting, lying and standing positions, if you are able to do them well. Your pelvis should not move while your pelvic floor muscles lift and draw up inside your pelvis.

Pelvic tilting exercises are good for back mobility. However, exercising while lying on your back is not recommended after 16 weeks into your pregnancy. At this stage in your pregnancy, these exercises should be done in a hands and knees position as a back stretch (also called the cat curl), or while standing. They can also be done when sitting on a ball.

Pelvic tilt exercises in any position are also a good exercise to help start your abdominal muscles working again after the delivery. They can be done in addition to the postnatal abdominal bracing exercises (see page 15). But remember, pelvic tilt exercises do NOT exercise your pelvic floor muscles.

- **Tightening your buttock muscles**

If you are squeezing your bottom or buttock muscles as well as (or instead of) your pelvic floor muscles, you may notice that your body moves quite a lot, especially if you are sitting. This is not correct. Squeezing your buttocks (sometimes called your gluteals or gluts) does not effectively work the pelvic floor muscles.

Focus more on the pelvic floor muscles on the inside and try to keep your bottom relaxed as you do the exercise. A good way to stop your bottom muscles working when you are trying to concentrate on your pelvic floor muscles is to stand with your feet well apart and your toes turned in (pigeon toes). This position will not allow your bottom muscles to work much at all and directs all your effort into your pelvic floor muscles.

- **Squeezing your legs together**

This may help if you have an urgent need to go to the toilet, however, if you do need to do this, it is a sign that your pelvic floor muscles are not working as well as they should. Squeezing your legs together may mean you are working your thighs instead of your pelvic floor muscles. Try instead to become more familiar with the sensation of the pelvic floor muscles tightening, and then you can be more confident that you are activating the correct muscles.

Often when the pelvic floor muscles are weak or getting tired, the leg and bottom muscles will work instead. If you cannot stop this from happening it is a good idea to seek some extra advice and consult a women's health physiotherapist.

- **Holding your breath when you tighten your pelvic floor muscles**

When you are first learning how to do the exercises and are concentrating very hard, you may find you are holding your breath. Try and do shorter contractions for 2–3 seconds initially so you don't have to concentrate on breathing at the same time.

As you get better at doing the exercises, try to learn to tighten your pelvic floor muscles and breathe at the same time. This can take several weeks or even a month or two to master.

If you find you are holding your breath, try to squeeze up on your “out” breath.

- **Tightening your tummy really hard**

Although it is OK for your lower abdominal muscles (the area below your belly button and just above your pubic area) to tighten, you should not feel your whole abdomen tighten and pull in. If you feel your upper tummy tightening instead of your lower tummy and pelvic floor muscles, or you feel the area under your rib cage really pulling in and you can not breathe freely, then you are probably trying too hard. Focus lower down in your vaginal area as you contract your pelvic floor muscles.

Do you forget to do your exercises regularly?

If so, you could place dots in places that will remind you to do the exercises. For example, on the mirror, television, phone, computer, in the toilet (for after you have finished going, not during your flow), in your wallet, where you sit to feed your baby or toddler, or anywhere else that will remind you to tighten your pelvic floor. Perhaps create a computer screen saver (in code) to remind you.

>> *You can also download the Pregnancy Pelvic Floor Plan app from the App Store and Google play, which enables you to set reminders on your phone to perform your pelvic floor exercises.*

Freda's story

Freda* has three children, and had her first baby when she was 22 years old. She was 26 when she had her second baby and then had her third in her late 30s. This is when she noticed that she had a problem and was unsure if she was actually doing her pelvic floor exercises correctly. She was leaking urine when she coughed and on the way to the toilet.

After a few months of thinking that her symptoms would improve on their own, she spoke to her doctor who referred her to see a women's health physiotherapist.

“It was very embarrassing to come to a physiotherapist when I actually had a problem, but it was a relief to get some help and to know that I could improve the situation. But if I had known years ago how important the exercises were, I wouldn't be putting up with this now at the age of 38. It is devastating to wet yourself, and it has affected my relationship with my husband.”

With the help of her physiotherapist, Freda's bladder control and pelvic floor muscle fitness improved.

* Not her real name

Abdominal muscle bracing

Learning to brace or actively contract (i.e. gently and accurately tightening) your abdominal muscles is important during pregnancy. Bracing will help you keep your muscles toned so they can support your baby and reduce the strain on your back. Strengthening your abdominal muscles this way during pregnancy will make it easier for you to regain your muscle strength and tone after your baby is born. Pregnancy and postnatal abdominal bracing can be done as an exercise and also used in your day to day life.

Pregnancy abdominal bracing

It is not suitable for you to continue with traditional abdominal exercises such as sit ups and curl ups while you are pregnant. Many of these exercises mainly work the outer abdominal muscles and can also put downward pressure on the pelvic floor muscles, which may cause them to weaken.

Bracing involves contracting your deep abdominal muscles by gently drawing in the abdominal muscles below your belly button toward your spine and up slightly, holding this position for as long as you comfortably can.

Many women do not brace correctly, often pulling in the muscles too hard while also holding their breath, so it's a good idea to check your technique against the following tips.

- Lifting your pelvic floor first can help you to connect to your lower and deeper abdominal muscles, as they are “wired” together. When they are working well, you will feel your pelvic floor lift and the abdominal area below your belly button draw in.
- Aim to do this without holding your breath. Stop if you hold your breath – this means that you are pulling in too hard and need to refocus and practice the more gentle technique.
- You are aiming to feel the lower half of your abdominal muscles (below the belly button) contract. You should not feel that you are sucking in the muscles under your ribcage, otherwise you are mainly working your upper abdominal muscles.
- Feeling downward pressure on your pelvic floor muscles means your technique is incorrect and you should seek further advice.
- If you find it hard to feel your pelvic floor and lower abdominal muscles working together, do them as separate exercises.
- You should feel no pain or discomfort while bracing.
- If you are still unsure, have your technique checked by a continence professional.

As your baby grows, your abdominal muscles need to hold and support extra weight. In particular, the lower abdominal muscles need more attention as your pregnancy progresses. To focus more on the lower muscles, place your hand on your abdomen, below your belly button. Gently pull your abdominal muscles away from your hand. If this stops or changes your breathing, you are trying too hard and you should stop and start again more gently, so you can hold in your muscles as you breathe.

Bracing can be done sitting, standing, on hands and knees or lying on your side. Many women in the later stages of pregnancy find the hands and knees position allows them to more easily feel their muscles working.

Once you have mastered the technique, bracing exercises can be done easily in any position and during daily activities. This means you can do them many times a day without setting time aside to exercise.

Once you are able to brace or actively contract the muscles for 3–4 seconds, aim for 3–4 repeats. Increase to 5-second holds repeated five times, building up to 10 seconds, repeated 10 times.

Once you have built to this level, you can increase your hold time, bracing for as long as comfortable during daily activities such as standing in a queue, doing the dishes, getting up from a chair, rolling over in bed, walking, pushing a shopping trolley and lifting.

Postnatal abdominal bracing

Start by drawing in the muscles as soon as you are comfortable, within the first few days after the birth. Ensure that you focus on the lower half of your abdominal muscles, as outlined for pregnancy abdominal bracing. Some women find this is easy to do and are able to draw up their pelvic floor muscles at the same time. Others find that they need to stop and concentrate on abdominal bracing and pelvic floor muscle exercises separately. Use the method that works best for you and check your technique with a midwife or the physiotherapist who visits you on the maternity ward. Women who have had a caesarean section can gently draw in the muscles for support when they move, and start using bracing as an exercise within 4–5 days after the birth.

Initially, it may be easier to do abdominal bracing exercises while you are lying on your side, sitting (including when you are holding your baby) or standing. As it becomes easier to brace your abdominal muscles, you can draw them in while pushing the pram, lifting or changing the baby, hanging out the washing or grocery shopping.

Seek advice from your doctor or health professional if you feel any discomfort while doing this exercise.

Bracing your abdominal muscles as an exercise can be progressed and made steadily more challenging as you improve. Focus first on holding in your muscles during daily activities and increasing the hold time to at least 10 seconds. As this becomes easier and you build on your hold time, you will be ready to progress to other exercises that will further tone your abdominal muscles and improve muscle control and strength around the pelvis and spine.

One exercise that places minimal strain on your back is to sit on a chair, bracing your abdominal and pelvic floor muscles as you slowly lift one leg (not too high). Try not to move your hips or body and be sure that you feel no downward strain on your pelvic floor. Breathe normally as you do this, and then lower. Build up to 10 repetitions on each side, making sure you do each one well.



There are many progressions of postnatal abdominal muscle exercises, so carefully consider the program you choose to follow. By progressing too quickly or missing out on the correct stages of progression, you may be left with an underlying weakness in the deeper abdominal muscles and hence, less lower back support during exercise. Progressing too quickly or doing the wrong exercises can also place downward pressure on your pelvic floor muscles.

You should feel you have control over holding and maintaining your abdominal brace throughout any abdominal exercise. If you feel any strain on your back, pelvic floor or abdominal area, the exercise is too hard for you at that stage. Abdominal muscle exercises should not cause bulging of your abdominal wall.

Returning to your normal shape after the birth may take time and effort. Your abdominal muscles have been stretched for months during pregnancy. Weak abdominal muscles can contribute to the development of back pain. Weakened abdominal muscles, combined with returning to sport or your usual exercise program too soon, increases your risk of developing back or pelvic pain.

It is worth taking the time to learn how to prevent back and pelvic pain after your pregnancy. Imagine the difficulty you would have in caring for your newborn baby with a back injury! Seek help from a health professional if you have back or pelvic pain as this can also interfere with your pelvic floor function.

Sex during and after pregnancy

It is normally quite safe to continue sexual intercourse while you are pregnant. Many women and their partners are concerned for the wellbeing of their baby, thinking that sexual intercourse may be harmful in some way. This is not true.

You may need to think about the positions you use, as some (e.g. lying flat on your back with your partner on top) may not be comfortable later in pregnancy. Comfortable positions can include lying on your side facing each other, lying on your side with your back towards your partner, a hands and knees position with your partner entering from behind, or sitting. Books and magazines can assist you with other ideas for comfortable positions or you can create your own.

It is not safe to continue sexual intercourse if you have had some spotting (bleeding), if you have gone into premature labour or if your waters have broken. Spotting or bleeding at any time during pregnancy should be checked by your doctor or midwife before you resume intercourse. Intercourse can stimulate more contractions of the uterus, so seek advice from your doctor or midwife regarding your particular situation. If your waters break, your baby is no longer protected, so it is not safe to have sexual intercourse until after your baby is born.

All being well, it is safe to continue sexual intercourse right up to the time you go into labour. Your doctor or midwife may recommend sex to start labour as there are prostaglandins in semen that may help start labour. If you are overdue and you feel like sex, there is no harm in trying this.

Many women ask whether orgasms can start labour and the answer is no, unless you were ready to go into labour anyway. However, it is normal after intercourse to feel some uterine contractions (tightening), which usually go away after a few minutes. If they do not go away seek advice from your doctor or midwife.

When can I resume sexual intercourse after the birth?

This varies widely and is very much a personal choice, depending on how you and your partner are feeling after your baby is born, and on the advice you have been given by your doctor or midwife.

Many women do not consider sex soon after the birth, as there are so many other things going on. Being tired due to the demands of looking after the baby and altered sleep patterns mean that there may be little desire for sexual intercourse.

If you had stitches after your delivery, or a caesarean section, you will need to wait until your stitches are healed and the suture line is no longer tender.

The time taken to resume sexual intercourse varies from days to weeks or months. There is no normal or recommended time to start again, but you may want to consider the following factors in influencing your decision of when you are ready:



- Advice given to you by your doctor or midwife.
- How tired you feel.
- How your partner feels about resuming sex.
- How you feel physically. If you have any soreness you need to wait for it to settle before you attempt sexual intercourse again, or seek advice if it has not settled within a few weeks.
- You may need to use some lubricant for the first few times when you do start again, as any anxiety about how it will feel can affect your natural lubrication.
- Breastfeeding hormones can also inhibit production of lubrication and result in you feeling drier. You may need to use some lubricant gel.
- Consider the needs of your partner too. Although you are experiencing a lot of changes to your body and routine, it is also important to protect and nurture your relationship and spend time together. Initially, you may prefer close contact, leading up to sexual intercourse at a time when you feel more ready.
- Some women also feel “touched out” due to their baby needing a lot of close contact and attention.

These and many other factors will influence when you are ready to start intercourse again.

A few exploratory sessions are recommended before intercourse, so that your partner is aware of any areas that may be a little tender. It is not uncommon to feel an achy or tender feeling over the suture line after intercourse if you required stitches. This should fade the more times you try intercourse, but should not continue long term. You may also want to experiment with different positions, as you may find some positions more comfortable than others for a while.

Remember, if you experience pain or discomfort when you try, this is not normal. Seek further advice from your doctor, midwife or a continence professional. They will be able to assist you so that this does not continue to be a problem long term.

Should my stitches feel uncomfortable after the birth or during intercourse?

If you have stitches after the birth of your baby, it is not unusual for them to feel uncomfortable initially, but this pain or discomfort should not continue long term.

Stitches may mean that your perineum area may also be swollen or bruised. Using ice pads or packs in the first 72 hours and for longer as needed can help to reduce the swelling and can make you feel more comfortable. Icing your perineum area really does make a difference to how your stitches and perineum feel. Ice pads or packs can be used regularly while in hospital in those initial few days. They can be easily made at home if you do continue to need them. Simply dampen a sanitary pad with a little bit of water and place it in the freezer until you need it. These can only be used once for hygiene reasons, as you are usually still bleeding at this stage. Avoid placing ice packs directly onto the skin. Ice packs should be left in place for 20 minutes to maximise their effect. Ask your midwife to supply some hospital ice packs for you to take home.

Starting your pelvic floor exercises will help your stitches to heal, as well as helping your pelvic floor muscles recover more quickly. Make sure you are doing your exercises properly. Refer to 'How NOT to do your pelvic floor exercises!' (page 11), or ask your midwife or women's health physiotherapist to check for you if you are unsure. The exercises will help to improve the circulation in the perineal area, which can help to reduce the swelling. Reducing swelling quickly will assist healing. Providing you are doing your exercises correctly, they will not place any strain on your stitches, as doing your exercises lifts your perineum. Women often think that it will hurt to do the exercises, but it usually feels quite comfortable provided you start gently. At this stage, it is recommended you do the exercises "little and often", holding for 3 seconds, resting for 15 seconds and repeating this three times. Do this 3-4 times daily. Six months after childbirth, aim to hold for 10 seconds, rest for 10 seconds and repeat 10 times. To protect your pelvic floor muscles when you

cough, sneeze, lift or bend, aim to lift your pelvic floor. Start doing this gently at half strength and build up to a stronger hold as your muscle strength improves.

While in hospital or in those early weeks at home, ultrasound treatment by a women's health physiotherapist can help to reduce the swelling and tenderness around the stitches. This usually makes a difference to how you feel quite



quickly, so if ultrasound therapy is available, make the most of the opportunity to have this done. It does not hurt, and is actually quite soothing because of the cold gel that is used.

Healing and scarring

Everyone heals and scars differently. As you can imagine, having a scar at your vaginal opening means it is in quite a sensitive area. Normally your vaginal opening is quite supple and stretches easily. Sometimes a scar can mean that it doesn't stretch so easily, so when you start to try and have sexual intercourse again, it can be sensitive and sometimes uncomfortable. Some couples are unable to actually start intercourse because of the discomfort from the scar site, whereas others may be able to continue, but intercourse is uncomfortable for the woman. Sometimes discomfort can be felt over the scar tissue from the stitches after intercourse. While all of these scenarios are quite common, it is **not** normal and you should not continue to put up with the pain.

Sometimes there is initial discomfort, which decreases each time you try sexual intercourse. If this occurs, it is likely that it will get better by itself. But if the pain continues or intercourse is avoided because of the pain, you should seek further advice and treatment from your doctor, midwife or women's health physiotherapist.

Something you can try yourself at home is perineal massage, which you may have heard about in antenatal classes or read about in pregnancy books. You can try massaging over the scar, starting gently and pressing as hard as you can tolerate, using some sort of lubricant gel or natural oil to massage with. If you cannot tolerate the massage or it does not get better after a few weeks, you should seek advice from your doctor, midwife or women's health physiotherapist.

Continuing with your pelvic floor exercises at this stage is still important. They will help to improve the circulation in the area and will also help to keep strengthening your muscles after the birth.

Women in the past have put up with the pain even up to a year or more because:

- They didn't know that intercourse shouldn't be painful after having a baby.
- They didn't realise that it wasn't normal or were told that the pain would go away.
- They were too embarrassed to seek help and just hoped that the problem would go away by itself.
- They didn't know that treatment was available.

We encourage you to seek help early if you need it, rather than continue to put up with pain and discomfort.

Pregnancy and exercise

There is no doubt about it – pregnancy is physically demanding! Regular exercise is an essential way of helping your body cope with the increased demands on your joints, muscles, heart and lungs.

Benefits of exercise in pregnancy

- Regular exercise can help reduce back pain, improve or maintain muscle tone, reduce leg cramps, swelling and constipation, and improve sleep patterns. Women who exercise regularly often feel better about themselves and their changing body during pregnancy.
- As well as improved fitness, women who exercise are less likely to experience fatigue due to improved sleep, are less anxious and experience reduced pain perception and neuromuscular tension.

Dos and don'ts of pregnancy exercise

Every pregnant woman must take special precautions and considerations with exercise during pregnancy.

It is important to consult with your doctor or midwife when starting a new exercise program or continuing with your current exercise program in pregnancy. You should discuss any problems or discomfort to determine if you need to take any special precautions. The type and amount of exercise that you normally do and have done recently will influence the advice that your doctor or midwife provides regarding exercise during pregnancy. Avoid lying on your back to exercise after 16 weeks into your pregnancy, or as advised by your doctor or midwife.

Be aware of the effects of pregnancy hormones

These hormones soften your joints and ligaments, which may increase the risk of injury during pregnancy. Take care when stretching and avoid contact sports after the first trimester, or on advice of your doctor or midwife.

Watch your posture

Always maintain correct form and posture during exercise. Brace your abdominal muscles and be aware of your back at all times. To maintain good posture when standing, stand tall, with your abdominal muscles gently drawn in and your shoulders back, and gently drop your chin. Try to maintain this position regularly during the day.

Ideal exercises during pregnancy (if no complications)

- Walking
- Low-impact aerobics
- Water aerobics
- Pregnancy exercise classes
- Cycling (on a stationary bike)
- Swimming (freestyle, not breaststroke)
- Light weight training

Exercises to avoid during pregnancy

- Heavy weights
- Bouncing – especially star jumps or similar activities
- Contact sports
- Sit ups or curl ups
- Any activities or exercises that cause pain
- Excessive twisting and turning activities
- Exercises that require you to hold your breath
- Exercises that involve standing on one leg for a period of time
- Pushing off with one leg at a time when swimming – try to push off with both feet when you turn at the end of the pool
- Excessive breaststroke at the end of your pregnancy, as this puts stress on your pelvis
- Prolonged standing static exercises (i.e. standing still and doing arm weights for a long period of time)

- Highly choreographed exercises or those that involve sudden changes in direction
- Lifting your hip to the side (hip abduction) while kneeling on your hands and knees
- Activities involving sudden changes in intensity
- Exercises that increase the curve in your lower back
- High-impact or jerky movements
- Prolonged bouncing as this can overstretch the pelvic floor muscles

More tips for exercise during pregnancy

- NOTHING should hurt! Exercise should make you feel good, gently increase your fitness and be fun. If any exercise causes pain, stop it immediately or advise the instructor if you are in a class.

Remember that pain or shortness of breath should not be felt at any time. STOP exercising and seek advice from your doctor or midwife if you experience any of the following:

- Dizziness, faintness, headaches, blurred vision, nausea or vomiting
- Any kind of pain or numbness
- Discomfort or feeling extremely tired after you have exercised
- Vaginal bleeding, contractions, leaking amniotic fluid (the fluid around your baby), or reduced movements of your baby

When can I return to exercise or sport after the birth?

Participating in sport, running or other high impact activities early after childbirth may actually reduce pelvic floor muscle strength and cause long-term bladder and bowel problems or pelvic organ prolapse. You can minimise the risk of these developing with some careful precautions.

The early postnatal period is about rest, recovery and bonding with your new baby. You can start your pelvic floor exercises and postnatal abdominal muscle bracing. It is recommended that you wait until your six-week postnatal check before increasing your intensity level.

Low-impact exercise such as walking is recommended during this time. Aim to increase your distance and speed gradually. It is important to check with your doctor, midwife or continence professional before returning to exercise.

For more information go to pelvicfloorfirst.org.au



What are haemorrhoids?

Haemorrhoids are veins in the anal cushions that protrude from the anus. They are also known as piles. They are usually noticed as lumps outside your back passage (bottom) and they can cause quite a lot of pain or discomfort. However, some people can have haemorrhoids without feeling pain. Haemorrhoids may also be itchy at times. They can also bleed if their surface is damaged.

Sometimes women have haemorrhoids for the first time during pregnancy or after the birth. They can be caused by the hormonal changes of pregnancy that soften the walls of the veins and cause them to protrude so that you can feel them at the opening of your back passage. The extra weight from the uterus pressing on the bowel and pelvic veins may also contribute to getting haemorrhoids.

Constipation during or after pregnancy can increase the chance of getting haemorrhoids, so it is important that you seek help if you are constipated rather than put up with it. The pushing stage of labour can place strain on the pelvic floor as well as the back passage area and this may be when haemorrhoids first occur.

Sometimes women may notice blood on the toilet paper after passing a bowel motion. If this occurs, or you notice haemorrhoids for the first time, check with your doctor or your midwife.

What can be done to help haemorrhoids?

There are creams that can be used on the haemorrhoids that help to make them more comfortable. Creams with steroids will help your haemorrhoid reduce in size – ask your pharmacist for advice. Do not use the creams for more than 2–3 weeks as local skin irritation can occur. Haemorrhoids are usually temporary during pregnancy and after childbirth. This means that they will often reduce in size or go away completely without treatment. See your doctor if your haemorrhoids do not go away by themselves.

To help haemorrhoids you can also:

- **Look at your diet and fluid intake**

Make sure that you have an adequate amount of dietary fibre and drink plenty of fluid. This will assist your bowel motion to be soft and easier to pass.

- **Try not to strain when using your bowel**

Straining will continue to place pressure on haemorrhoids and may cause them to increase in size, rather than decrease or go away (see page 7 for the correct toileting position).

- **Support your perineum area when you use your bowel**

Use a pad or toilet paper to hold your perineum area (at the front of your back passage and over your vagina). This will help to reduce the amount of downward strain on the back passage area. Protecting the haemorrhoid itself with a cotton ball or toilet paper during your bowel motion can prevent damage to the swollen vein.

- **Take a laxative to make it easier to go to the toilet**

There are natural products that can be taken to help make it easier to go to the toilet after you have had your baby and during pregnancy. Your midwife, doctor or pharmacist can give you advice on what is safe for you to take.

- **Place ice over the area**

While in hospital, ice pads or packs are usually available to place over the haemorrhoids. This will help reduce the swelling and discomfort you are feeling. They can be easily made at home if you continue to need them. Simply dampen a sanitary pad with a little bit of water and place it in the freezer until you need it. Avoid placing ice packs directly onto the skin. These can only be used once for hygiene reasons, as you are usually still bleeding at this stage.

- **Do your pelvic floor exercises**

Pelvic floor exercises can be uncomfortable to do if you have haemorrhoids, so concentrate on gently lifting the back passage and then letting go – don't try and hold the pelvic floor muscle contraction while the haemorrhoids are very painful. Pelvic floor muscles lift the back passage area and therefore stop haemorrhoids getting worse.

- **Avoid standing for long periods of time**

A lot of standing may increase the pressure on the haemorrhoids and the effect of gravity may make them swell more.

- **Ask for advice from your doctor or midwife**

Ask someone to check for you if you are unsure whether you have haemorrhoids. This may be embarrassing but it will put your mind at rest and you can use the right treatment to help them go away.

What is a prolapse?

A prolapse is the name used when your uterus, bladder or bowel comes down into the vagina instead of sitting in its normal position. It is much more common in women who have had at least one vaginal birth. A prolapse can cause a heavy, dragging or aching sensation in the vaginal area, which often feels worse at the end of the day and better in the morning or after lying down. Some women also notice lower abdominal ache and backache due to having a prolapse, although there are many other reasons for this. A bulge or lump in the vaginal opening is the most consistent symptom of prolapse. Feeling like everything is going to “fall out” is how many women describe the sensation of a prolapse.

Why does prolapse happen?

The pelvic organs are supported from above by ligaments and by the pelvic floor muscles and fascia (fibrous tissue within the pelvic floor) from below. If either or both of these structures weaken, there is less support for the pelvic organs and they can start to drop down.

There are many reasons why this could occur, including:

- **Injury or a weakened pelvic floor**

Your pelvic floor muscles provide support for your pelvic organs. Doing pelvic floor exercises during pregnancy will help your muscles to stay toned and to recover more quickly after the birth in order to provide the support that your pelvic organs need. Physiotherapy for prolapse focuses on improving pelvic floor muscle control, so if you have a prolapse, seek specific advice from a women’s health physiotherapist, continence nurse advisor or doctor.

- **Body type**

Some women have softer connective tissue than others, which means the ligaments that support your pelvic organs loosen more easily. This means they are more likely to stretch during pregnancy and childbirth, putting the woman more at risk of developing a prolapse. Unfortunately, there is not a lot you can do about this, apart from following the advice under ‘What can I do if I have a prolapse?’ (see page 29) as a precaution. Also, diligently doing your pelvic floor exercises may improve the ability of your pelvic floor to support your pelvic organs.

- **Pregnancy**

Pregnancy may weaken the pelvic floor muscles due to the weight of the growing baby and pregnancy hormones, which soften the ligaments in the body and the support structures in the pelvic floor. There is not much we can do to control the amount of pregnancy hormones in our body, but we can strengthen our pelvic floor muscles so that they provide the best support possible for our organs.

- **Childbirth**

We don't expect any changes to pelvic floor function in women after a caesarean section, although pregnancy will still have affected your pelvic floor. It's a different story for a vaginal birth. During childbirth, your pelvic floor muscles are stretched and there may be a muscular tear when the baby passes through. In many women the muscles return to normal over the next few months. However, some women notice that the muscles are different after childbirth.

There is increased risk of injury to the pelvic floor if your baby is quite big, you were pushing for a long time, you needed help to have your baby (vacuum or forceps) or you have had a very quick birth. Overstretching of the pelvic floor muscles is quite common, with large muscles tears (avulsion) less so. Tearing of the anal sphincter muscles that close off the back passage (3rd and 4th degree tears) can occur in some women having a vaginal birth. More minor forms of tears to the skin and muscles of the vaginal opening are more common (1st and 2nd-degree tears), but are rarely a problem for prolapse and commonly heal well.

The pelvic floor muscles can feel quite weak after childbirth and it may feel as if things are dropping down or "everything is going to fall out" when you stand up or walk around. If you experience any problems with exercising your pelvic floor after the birth, seek further advice from your doctor, midwife or a continence professional.

- **The effect of gravity on a weak pelvic floor soon after the birth**

A lot of walking or being on your feet in the first few days or weeks after the birth can mean your pelvic floor muscles become tired more easily and stretch more. This can cause an uncomfortable dragging or heavy feeling down below in your vaginal area. Frequent rests (lying down) are important at this stage, and walking only for short periods can prevent or reduce this feeling until your muscles strengthen.

- **Increasing your activity levels**

A prolapse can be more noticeable when you go home from hospital and start to do a lot more and are on your feet more. You may just feel aching or heaviness vaginally. Again, while difficult to manage, lying down for 10–20 minutes every 2–3 hours can help at this stage if you do experience this. Doing all the housework in one go or increasing the amount of time you walk for is sometimes more than your pelvic floor can handle. If you feel heaviness, discomfort or aching, consider this as a warning sign that you need to slow down.

- **Heavy lifting**

Heavy lifting (more than the weight of your baby) may weaken pelvic organ support structures, increasing the risk of a prolapse. Some women can remember a particular lifting episode when they felt some pain or pressure in their lower tummy or vaginal area, and subsequently notice a bulge and heaviness.

- **Straining to use your bowel**

Pushing or straining to empty your bowel, can increase the strain on your pelvic floor muscles and cause them to weaken. You should be able to empty your bowel without having to strain (refer to page 7). Straining over a long period of time can cause a prolapse to develop.

- **Returning to sport, aerobics or high-impact exercise too soon**

Returning to sport or high-impact exercise too soon after the birth may also increase the chance of a prolapse if the pelvic floor muscles have not regained their strength. Bouncing types of activities can stretch the supporting ligaments so that they do not hold the pelvic organs in place as effectively. This can mean that a prolapse can occur, even though you may actually be feeling ready on the outside for more vigorous activity.



“I thought prolapse only happened to women when they got older, but I heard that younger women can get it too. Is this true?”

Yes, it is true. Women can develop a prolapse even after their first or second baby. It does not only happen to older women. It is not uncommon to have women attending medical appointments in the later stages of pregnancy or soon after the birth saying “everything feels heavy down below in my vaginal area”.

What can I do if I have a prolapse?

If you develop a prolapse during pregnancy or after the birth of your baby, there is a chance that it may be temporary due to your pelvic floor muscles being weakened and the effects of pregnancy hormones. As the hormonal effects wear off and your pelvic floor muscles strengthen, the support for your pelvic organs should continue to improve over the months following the birth. Do everything you can in the early stages to reduce the strain and improve your pelvic floor muscles.

If you are experiencing prolapse symptoms, follow the advice below.

- **Regular pelvic floor exercises**

Do pelvic floor exercises regularly throughout the day. If your muscles become tired quickly, it is better to do shorter sessions more frequently. Doing too many exercises at one time can tire your muscles and make the prolapse feel worse.

- **When possible, lying down is better than sitting or standing**

Even lying down for 5–10 minutes throughout the day will take the weight of your pelvic organs off your pelvic floor and give it a rest so it doesn't get so heavy and drop down. Learning to feed your baby lying down can be helpful, rather than having to sit every time. Often heaviness and achiness from a prolapse can be worse at the end of the day, particularly if you have been on your feet a lot. Frequent rests throughout the day can prevent or reduce this.

- **Space out your activities**

Try to spread housework over different days where possible, and make the most of any help that you do have available so that you can avoid some of these activities until you are feeling better.

- **Don't push through warning signs or the feelings of a prolapse**

It is best not to push through the feeling of heaviness in your pelvic floor or vaginal area. This usually happens when your muscles are quite tired and the organs are dropping down more. Take the time to rest so the feelings do not persist.

- **Lift your pelvic floor muscles during daily activities**

Lift your pelvic floor muscles when you pick up your baby, hang out washing, stand at the sink, or if you have to squat down to pick up something.

- **Minimise lifting**

Try to avoid lifting anything heavier than your baby. If you have a toddler, try to encourage them to climb up to you while you are sitting. Wherever possible, try not to lift them. This will reduce the strain on your pelvic floor muscles.

- **Avoid straining to use your bowel**

Try to keep your bowel motions soft by drinking plenty of water and looking at your fibre intake if your motion is hard. Try placing your feet on a footstool, leaning forward with your elbows on your knees when using your bowel. This may help you to empty your bowel more easily without straining (see page 7).

- **Do your pelvic floor exercises lying down**

Try doing your pelvic floor exercises lying down with a cushion or pillow underneath your bottom. You may feel your pelvic floor muscles drawing up inside in this position. Even resting in this position during the day can be helpful. If you are still bleeding a lot after having your baby, you may prefer to lie flat, but do not lift your bottom while resting or exercising, until the blood loss has reduced. If you are pregnant, lying on your side can be helpful. Avoid lying on your back to exercise after 16 weeks, or as advised by your doctor or midwife.

- **Minimise squatting**

Avoid squatting when possible if you feel like “everything is going to fall out” in this position. As your muscles get stronger, you can tighten them as you squat, and this feeling should lessen.

- **Be careful when exercising**

Try not to do any bouncy types of exercises or walk for long periods at one time. Any feelings of heaviness, achiness or bulging after you have exercised indicate that you have done too much at this stage. Reduce the amount of exercise you do so that you do not feel any worse after you have finished, or the next day.

- **Avoid abdominal curl ups, sit ups and crunches**

Avoid doing abdominal curl ups, sit ups or crunches as these can place pressure on your pelvic floor muscles and further weaken them. Doing postnatal abdominal bracing, where you lift your pelvic floor muscles before pulling in the lower part of your tummy, will help to improve your abdominal muscle tone, and is the recommended exercise for new mums for a minimum of six weeks after the birth.

Please note: It is OK to gently push a bulge back into your vagina when you notice it has dropped down. Obviously, make sure you do this with clean hands and try to follow this with lifting your pelvic floor muscles or lying down for a while. Check with your doctor or midwife if you are not sure about doing this.

It is also OK to have intercourse if you have a prolapse. It is not likely to make it worse, however, you may need to lie down for a while afterwards if your pelvic floor muscles feel tired or you feel any heaviness or achiness due to the extra blood flow to the area during intercourse.

How quickly can I expect to improve if I do have a prolapse?

Not everyone will improve quickly after experiencing prolapse symptoms. Sometimes it can take a few months and unfortunately for some women it does not go away. If that's the case, you may need to see a gynaecologist or urogynaecologist for tests and maybe surgery. Some women have found that they continue to gain improvement even more than a year after the birth. Sometimes, once women stop breastfeeding, they notice that their muscles tone up and that their prolapse improves. However, it is possible that symptoms may return later in life, indicating the need for other treatment.



Pelvic floor problems after the birth

There are some factors that can increase the risk of pelvic floor problems developing after birth. These include:

- use of forceps to assist with the birth
- use of a vacuum device to assist with the birth
- 3rd or 4th-degree tears (tearing of the perineum that is close to or includes your anus)
- a baby with birth weight more than 4kg
- long pushing stage of labour

If you experience any of these, you need to give your pelvic floor recovery some more attention. If you have pain, find it difficult to feel your pelvic floor muscles or have any problems with bladder or bowel control after the birth, treatment is available from a continence professional.

Start with gentle pelvic floor muscle contractions while lying down, first holding for three seconds, resting for 15 seconds, and repeating this three times. Build up to longer holds as you are able to.

Rest is also helpful to allow your pelvic floor muscles to recover. Icing the perineal area in the first few days after the birth also helps to reduce swelling and pain, which also helps your long-term recovery.

In at least half of all women, the pelvic floor muscles return to normal within 3–6 months after childbirth. In 30–50 per cent of those who have given birth vaginally, there are permanent changes to the pelvic floor due to overstretching or tears (avulsion), which may not be visible at the time of vaginal childbirth. Intact perineal skin does not mean the muscles or support structures behind the skin are intact. Early treatment with pelvic floor exercises may help prevent long-term problems, but if your symptoms do not improve you may want to seek help from your doctor, midwife, continence nurse advisor or women's health physiotherapist.

What if I have a caesarean birth?

Choosing a caesarean birth might seem like a way to avoid these problems and this is true for some of the symptoms and conditions caused by pelvic floor damage in childbirth, but by no means for all. A caesarean birth may reduce the risk of severe bladder or bowel control problems, but repeated caesareans increase the risk of complications. A caesarean birth will prevent overstretching and injury to the muscles and nerves of the pelvic floor, which are the main causes of prolapse and faecal incontinence.

In many cases, a vaginal birth runs just as planned and is a lovely event for parents, so this type of birth is best when possible. Pregnancy and birth involves making a choice between different risks. You and your partner need to think about these risks and discuss them with your doctor or midwife.

National Continence Helpline **1800 33 00 66**

For advice and information about bladder or bowel control, product advice or contact details for a continence service near you, talk to a continence nurse advisor on the National Continence Helpline on 1800 33 00 66.

The Helpline is an Australian Government initiative managed by the Continence Foundation of Australia.

Where to get help

Continence Foundation of Australia

The Continence Foundation of Australia is the peak national organisation working to improve the quality of life of all Australians affected by incontinence. For more information, go to continence.org.au

National Continence Helpline

The National Continence Helpline (1800 33 00 66) is staffed by continence nurse advisors who provide advice, referrals and resources about incontinence to consumers and health professionals. The Helpline can also be accessed via the Telephone Interpreter Service on 131 450. The caller nominates their preferred language and is connected to an interpreter who can contact the Helpline and translate the information. The Helpline is a free and confidential service managed by the Continence Foundation of Australia on behalf of the Australian Government. It is staffed 8am–8pm AEST Monday to Friday.

Pelvic Floor First

The Pelvic Floor First program aims to reduce the number of men and women who experience pelvic floor dysfunction as a result of inappropriate exercise regimes. It aims to promote pelvic floor safe exercises to at-risk groups, including pregnant women, women who have ever had a baby, and men who have undergone prostate surgery. For more information, go to pelvicfloorfirst.org.au

The Pregnancy Centre

The Pregnancy Centre is a website that aims to help women make safe exercise choices during and after pregnancy. It has a range of free pelvic floor safe exercise handouts, which also focus on strengthening the core. There is information about returning to sport safely and further advice on how to manage some of the physical changes that may occur during and after pregnancy. General information and discussion about a wide range of topics can also be found to assist mothers through pregnancy and beyond.

For more information, go to thepregnancycentre.com.au



If you found this resource helpful, please let us know by emailing info@continence.org.au

pelvic floor first



Free Pelvic Floor First app

- Three customised workouts for people of all fitness levels and pelvic floor strength
- Wide range of exercises designed by physiotherapist and fitness leader Lisa Westlake
- Instructional videos and audio for all workouts
- Detailed pictures and instructions for each exercise
- Pelvic floor muscle exercise guide
- Ability to save favourite exercises for personalised workouts
- Links to websites to learn more about your pelvic floor



For more information go to pelvicfloorfirst.org.au
or phone the National Continence Helpline **1800 33 00 66**.



continence.org.au | thepregnancycentre.com.au
National Continence Helpline 1800 33 00 66