THE PELVIC FLOOR BEFORE, DURING AND AFTER BIRTH, BRACING THE CORE MUSCLES, PERINEAL MASSAGE

Why exercise your pelvic floor muscles

During pregnancy the weight of the growing baby as well as placenta, amniotic fluid, extra weight in the breasts and body all put extra strain on your pelvic floor muscles. As well, the muscles are softer due to pregnancy hormones, and so a little leaking of urine is common, although not ideal, especially as pregnancy progresses.

It's important to practice pelvic floor exercises every day during your pregnancy to tone the muscles, helping to prevent incontinence and avoid backache or instability of the pelvis. As well you gain an awareness of the area to help you during childbirth, particularly during second stage, when you need to relax and/or bear down with the pelvic floor muscles, rather than holding them tightly closed or even a little tense, as this will slow down the birth and may require forceps, vacuum or an episiotomy.

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.

How to do pelvic floor exercises

Start by sitting toward the front of a chair, feet flat on the floor, knees apart, leaning slightly forward. Once you’re competent with your exercises, you can do them lying on your back, lying on your side, on hands and knees, standing, or sitting on the floor with your legs crossed.

**First of all, find them.**  
>>Draw in the front passage as if you are stopping a wee. Try this on the toilet only about once a week (but not every time – could cause an infection).  
>> OR Imagine drawing in around a tampon  
>> OR imagine that your pelvic floor muscles are like a lift/elevator and to locate them you 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.

**Then, contract them.**  
>> Squeeze, lift and hold in the wee.  
>> Or, squeeze the imaginary tampon.  
>> Or, with the lift door closed, rise to the first, second, third floor keeping the lift door closed.  
>> Hold and breathe, up to a count of 5. Release gently and slowly.

You now know how to locate, contract, lift and hold your pelvic floor muscles. Now you can perform the following exercises.
**EXERCISE 1** tones the pelvic floor muscles which hold on when you cough, sneeze, laugh or lift something. This is the easy one – remember to keep breathing and don’t hold your breath.

Perform **quick, short contractions 10 times**. That’s it – do it every time you think of it. Remember to **keep your buttocks and tummy muscles relaxed** and to breathe.

**EXERCISE 2** is important as it tones the 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.

Contract your pelvic floor muscles and lift them up into your body/take the lift up to level 3. Hold for **5 seconds then release slowly**. Relax and breathe for a moment, then repeat 4 times. Keep your shoulders and jaw relaxed, keep breathing.

**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.

While doing the exercises:
- do not hold your breath
- do not push down instead of squeezing and lifting up
- do not tighten your tummy, buttocks or thighs

**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
- 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 straining during a bowel movement
- avoid excess tea, coffee and smoking
- lean forward on toilet to completely empty bladder (as if you were reading a book on the floor)
- 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 http://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.

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

A womens' health physiotherapist. We recommend:
Robin Kerr, Integrated Pelvic Physiotherapy, Nambour 5441 4764 and Noosa Physio Centre, Noosa Junction  5447 3312
Rebecca Steele, Hinteractive Physio, Cooroy  5442 5556
Caroline Kohl, PhysioSync, Noosa Junction 5448 0072
Subsidised care may be available from a private physiotherapist with a referral from your GP.

The physiotherapy department at Nambour Hospital ph 5470 6600. You may qualify for a free treatment plan through Nambour Hospital.

For great information about the pelvic floor and Shrink the Jellybelly exercise program I recommend Mary O'Dwyer's books Hold it Mama and Hold it and her website www.holditsister.com

Pelvic Floor Awareness for Labour and Birth

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 muscles. 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. Most women find that they don't have to push at all.

Core Strength and Bracing

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 multifidis which run alongside your spine at the back,
* and the transverse abdominus or TA or transverse muscles at the front.

They all work together to protect your lower back and your abdominal and reproductive organs when you move. 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.
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.

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

You’ve already learned how to contract and hold your pelvic floor muscles in. They control the base of the cylinder.

Now it’s time to locate your TA muscles so that you can control the front of the cylinder, and luckily, that controls the spinal muscles at the same time.

Lie on the floor with knees bent and feet flat on floor, or sit on a chair with tall spine, feet flat on floor, ribs above your hips.

1. 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.
2. Place your fingers just inside your hip bones and press in to feel your soft belly muscles. Breathe in to 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). It’s as though your muscles are drawing your hip bones toward each other.

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 (the obliques at the sides and the six pack muscles in the centre) will take over from the TA and you will be working the wrong muscles.

3. As you breathe out, contract your lower tummy muscles and hold them in as you take 3 more breaths in and out. Remember not to squeeze too hard. Repeat x 5.

4. **BRING IT TOGETHER:** Now as you breathe out, contract your pelvic floor muscles, draw them up toward your navel (imagine the lift rising from level 1 to 2 and 3, and as you get to level 4 you’ll feel your TA muscles also contracting back toward your spine. **You’re now bracing your core muscles by contracting your pelvic floor and TA muscles.** This protects your lower back in movement, and protects your tummy and pelvic floor muscles from being stretched and weakened. Hold the brace for 3-5 breaths then gently release.

5. 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.

This abdominal or tummy bracing will prevent prolapse of your organs into your vagina, help to avoid or prevent further weakening of tummy muscle separation (Diastasis Rectus), leakage and backache.

For more info [www.pelvicfloorfirst.org.au](http://www.pelvicfloorfirst.org.au). To watch DVD instruction of activating the core muscles this is a great website [www.skillforkids.com.au](http://www.skillforkids.com.au)
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 eight 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.

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 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.

Directions for you or your partner:
- Wash your hands thoroughly.
- Find a private, comfortable place to sit or lean back in a comfortable position.
- Use a lubricant such as wheat germ oil, rosehip oil, avocado oil, vitamin E, pawpaw ointment or pure vegetable (not baby oil) on your thumbs and around the 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.
- Hold the pressure steady at that point with your thumbs for about 2 minutes until the area becomes a little numb and you don't feel the tingling as much.
- Keep pressing with your thumbs. Slowly and gently massage back and forth over the lower half of your vagina, working the lubricant into the tissues. Keep this up for 2-4 minutes. Remember to avoid the urinary opening.
- As you massage, pull gently outwards (forwards) on the lower part of the vagina with your thumbs hooked inside. This helps stretch the skin in the way that the baby's head will stretch it during birth.
- Do this massage once a day, starting around the 34th week of pregnancy. After about a week you should notice an increase in flexibility and stretchiness.

A review of all the data available from the past 30 years show "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 adjust.

**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.