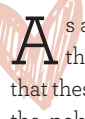




Hold on TIGHT

PHYSIOTHERAPIST **RENÉE VINCENT**
OFFERS UP THE DOWN-LOW ON
CARING FOR YOUR PELVIC FLOOR.

 As a mum or mum-to-be, you're probably familiar with the fact that you have a group of muscles called the pelvic floor, and that these muscles need to be exercised. You may have learnt about the pelvic floor in your antenatal classes. Perhaps you became more aware of your pelvic floor muscles while pregnant or after giving birth, due to changes in your pelvic floor function. However, if you don't have a good understanding of what the pelvic floor is or how to exercise it correctly, you're not alone. Many women struggle to maintain a regular habit of pelvic floor exercises.

Much of the time this important and quite special group of muscles are not given the attention they deserve. Because of their location and their association with the genitals and sexual function, talking about pelvic floor problems is often seen as embarrassing. In fact, pelvic floor dysfunction is simply the failure of a group of muscles to do their job correctly and so shouldn't be any more embarrassing than any other medical or muscular issue. A sense of embarrassment, however, leads to many people putting up with pelvic floor issues for far too long before seeking help.

This situation is made worse by health professionals neglecting to ask patients about pelvic floor dysfunction. I frequently have

patients who only admit to having problems when directly asked about specific pelvic floor symptoms. They rarely bring them up of their own accord, even if they have come to see me about a related issue like back pain.

Thankfully, in recent years there has been much more recognition of how important it is for both women and men to have good pelvic floor function throughout their life, with a drive to educate the public about the pelvic floor.

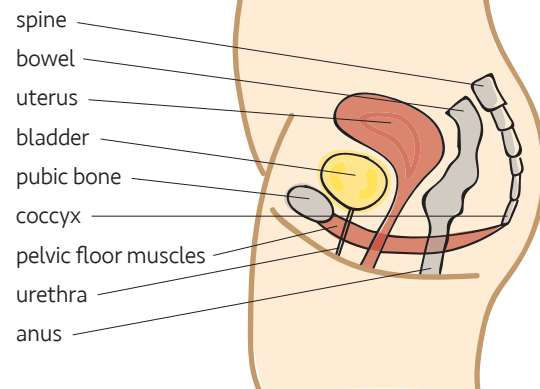
THE DOWN-LOW

The pelvic floor is made up of a group of muscles that literally create the floor of the pelvis. The pelvic bones create a ring and the pelvic floor is like a trampoline that fills the bottom of this ring, running from the pubic bone at the front to the tailbone at the back and between the two sides. Just like a trampoline, the pelvic floor can go both up and down. The pelvic floor has three openings in women – one for the urethra at the front, one for the vagina in the middle and one for the anus towards the back.

The pelvic floor muscles have several functions. They provide support to the organs that lie within the pelvis, helping the



THE PELVIC FLOOR



ligaments that hold up the bladder, uterus and bowel. They allow us to control the release of urine and faeces (urinary and faecal continence). Pelvic floor muscles also play a role in sexual sensation and function. And finally, they have a role in pelvic girdle and lower back support and movement, and function as part of the 'core' muscles (abdominals, pelvic floor, diaphragm and back muscles). There aren't many muscles in the body that have so many, nor such varied, functions. When they aren't working well, this tends to have a pretty negative effect on your quality of life.

WHAT IS PELVIC FLOOR DYSFUNCTION?

When these muscles fail to perform any of their functions fully, we call this pelvic floor dysfunction. Incontinence is one of the common problems people experience when the pelvic floor is not working optimally. There are two types of urinary incontinence – stress incontinence (leaking urine when you cough, sneeze, jump or otherwise put the pelvic floor under stress) and urge incontinence (when you have a sudden urge to urinate and cannot control it).

It is commonly assumed that incontinence is caused by weak pelvic floor muscles. In some cases this is true, but because of the specialised nature of these muscles, it can also be caused when the pelvic floor muscles are overactive or 'too tight'. Pain is another problem that people can experience when they have a problem with the pelvic floor. The pain may be in the muscles themselves, in the pelvis, or could even be in the lower back. Anyone who has had long-standing pelvic or lower back pain should be asked about their pelvic floor. If there is dysfunction, this needs to be addressed as it may be contributing to the pain. The third main issue that can be associated with pelvic floor issues is organ prolapse. This is when an organ that normally sits up in your lower abdomen drops and pushes against the wall of your vagina. And last, but certainly not least, pelvic floor problems can lead to problems with sexual intercourse.

Factors that put you at greater risk for pelvic floor disorders include pregnancy and childbirth; conditions such as obesity, and chronic constipation or coughing; nerve and muscle diseases; kidney or bladder stones; increasing age; behaviours such as repetitive heavy lifting and participation in high impact and high intensity exercise; and radiation therapy or pelvic surgery, which can injure pelvic floor muscles and tissues.

PUT IT TO THE TEST

One way to assess if you might have a pelvic floor problem is to answer the questionnaire on the following page. This questionnaire is adapted from one developed by the Continence Foundation of Australia to help women be more pelvic-floor safe when they exercise, but you can also use it as an indicator of whether you might need the help of a pelvic floor physio or medical professional. If you answer 'Yes' to any of the questions in the first section, it is important for you to be conscious of your pelvic floor as you are at higher risk of developing a problem. If you answer 'Yes' to any questions in the second section, then you should see your GP and may need a referral to a gynaecologist or pelvic floor physio.

A simple way to test the strength of your pelvic floor is the 'stop test'. You should be able to stop the flow of urine when you're halfway through urinating. If you can't stop the flow, you may have pelvic floor weakness. Don't do this test more than once a fortnight, as otherwise you can cause a problem for your bladder.

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HOW TO WORK YOUR PELVIC FLOOR MUSCLES

Even if you are not experiencing pelvic floor problems at present, it is recommended that you correctly exercise your pelvic floor at least three times a week to maintain good function. The following explanation of how to do a correct pelvic floor contraction is based on the information from Continence NZ and the Continence Foundation of Australia.

1. Sit in an upright chair with good posture, and balance on your sit bones with your back supported. Relax your thigh, buttock and tummy muscles. Ensure that your breathing is relaxed and that your tummy is gently rising and falling.
2. Squeeze and lift the muscles around the front passage as if trying to stop the flow of urine. Squeeze and lift the muscles around the vagina. Squeeze and lift the muscles around the back passage as if trying to stop passing wind.

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PELVIC FLOOR SCREENING TOOL

ABOUT YOU...

- ☐ Are you currently pregnant?
- ☐ Have you recently (or ever) had a baby?
- ☐ Are you going through (or have been through) menopause?
- ☐ Have you ever undergone gynaecological surgery?
- ☐ Are you an elite athlete?
- ☐ Do you have a history of lower back pain?
- ☐ Have you ever injured your pelvic region?
- ☐ Do you suffer from constipation or regularly strain on the toilet?
- ☐ Do you have a chronic cough or sneeze?
- ☐ Are you overweight with a BMI over 25?

- ☐ Do you frequently lift heavy weights at work or at the gym?

DO YOU...

- ☐ Accidentally leak urine when you exercise, play sport, laugh, cough or sneeze?
- ☐ Need to get to the toilet in a hurry – or not make it in time?
- ☐ Constantly need to go to the toilet?
- ☐ Find it difficult to empty your bladder or bowel?
- ☐ Accidentally lose control of your bowel – or accidentally pass wind?
- ☐ Have a prolapse (eg a bulge or feeling of heaviness, discomfort or dropping in the vagina)?
- ☐ Suffer from pelvic pain or experience pain during or after intercourse?

3. Fully relax the muscles, allowing them to lower back to a resting position.

4. Start by aiming to hold the muscle contraction for a few seconds and progress to 10 seconds as the muscles get stronger. Build up to being able to do 10 good strong holds in a row with a 10-second rest between lifts. You should aim to do three sets per day. Stop when you feel the muscles are fatiguing or allow a longer rest between lifts. You are aiming to do quick strong lifts.

5. When you lift your pelvic floor muscles, try to keep breathing into your tummy. Do not brace your tummy tightly, hold your breath or tighten your thighs or buttocks. If you are struggling to feel the correct action, then you may need to see a pelvic floor physio.

There are plenty of good resources and apps to help you to set up and maintain a good PF exercise routine. The NHS app Squeezy and the Pelvic Floor First app are good examples, and continence.org.nz has lots of helpful information.

TAKING CARE DOWN THERE

It is also important to be pelvic-floor-aware with regard to behaviour and lifestyle. Anything that increases the downward pressure in your abdominal cavity is also putting pressure on your pelvic floor. In the gym, choose exercises that don't cause you to strain to the point of bearing down through the pelvic floor. The pelvic floor should lift as the abdominals contract.

- ☆ Remember to eat plenty of fibre and prevent/treat constipation.
- ☆ Maintain a healthy BMI.
- ☆ Treat any chronic coughs.
- ☆ Be kind to your pelvic floor during and after pregnancy by reducing the effects of gravity through regular rest breaks, minimising heavy lifting and being careful with high-impact exercise.
- ☆ Seek professional help early for any signs of pelvic floor weakness, or if you suspect that you have tightness or over-activity in your pelvic floor. •

OHbaby! fitness expert Renée Vincent is a physiotherapist at Total Mums in Auckland and mum to an energetic young son. Find her at totalmums.co.nz.

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