

# Post delivery pelvic floor exercises

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# Facts and Figures – the BIG picture

- Prevalence of:
  - Urinary incontinence – 34% of all women after delivery
  - Faecal incontinence – 1%-10% of adults
  - Genital prolapse – 55% of women aged 50-59
  - Severe perineal trauma – 0.6-9% of vaginal deliveries

# The Pelvic floor

- Function of the pelvic floor muscles
  - To support the pelvic organs i.e. bladder, uterus and rectum
  - To control the outlets from the pelvic organs i.e. urethra, vagina and anus

# The Pelvic Floor

- It is important to maintain the strength in these muscles in order to prevent problems occurring or to increase their strength when problems do occur e.g. damage to the muscles as a result of childbirth, chronic cough, being overweight, persistent heavy lifting

# Pelvic floor

- Changes to the pelvic floor that may affect continence:
  - Prolapse, weak pelvic floor, hypermobile bladder neck, retroverted uterus, connective tissue changes, muscular changes, nerve damage – forceps, prolonged second stage of labour

# Stress Incontinence

- Most common form of urinary incontinence in women under 50 years of age. Loss of urine during physical exertion, e.g. sneezing, running, coughing. (CSP 2001)
- Physical exercise or strain causes extra pressure in the abdomen and this puts extra pressure on the bladder. If there is poor support to the opening of the bladder i.e. weak pelvic floor then urine can leak out.

# Urgency and Frequency

- Urgency
  - When you suddenly need to go to the toilet immediately and if you do not then urine may leak.
- Frequency
  - When you go to the toilet a lot, eight times or more in 24 hours, but only pass small amounts of urine.

# Mixed Incontinence

- Stress and urge incontinence



# Subjective examination

- What is the significance of taking their obstetric and gynae history?
  - *How many children? Weight of heaviest baby? Forceps? Tears? Surgical history, breast feeding?*
- What is the significance of recording their bowel function?
  - *If 3rd degree tear. Constipation? Straining?*
- How much fluid is considered a normal intake?
  - *1500 - 2000ml, dependant on BMI*
- What effect does caffeine/alcohol have on the bladder?
  - *Diuretic, increased frequency*
- What are the causes of nocturnal enuresis?
  - *Overactive bladder*

# Pelvic floor exercises

- Imagine that you are trying to stop yourself from passing wind and at the same time you are trying to stop the flow of urine.
- Closing and drawing up the front and back passage.

# Pelvic floor exercises

- It is important to do this without-
  - Squeezing your legs together
  - Tightening your buttocks
  - Holding your breath
- In other words only the pelvic floor should be working

# Pelvic floor exercises

- Exercise programme should consist of :
  - Endurance – slow controlled exercises e.g. 10 second holds, 10 times
  - Speed – short quick exercises e.g. 10 quick contractions

# Treatment plan for urinary continence

- Core tummy muscles are important. Advise patients to draw in the tummy button gently and hold for 10 seconds 10 times. Important to do this during daily activities.
- Fluid intake. 8 mugs a day. Water is best.
- Reduce caffeine intake e.g. tea, coffee and cola.
- To practice bracing pelvic floor muscles before coughing, sneezing, lifting carrying, pushing, pulling etc.
- To pull tummy in before lifting, carrying, pushing, pulling.

# Treatment plan for urinary continence

- Urge deferment techniques
  - Sit down on a hard surface or clamp your hand over the area.
  - Do your pelvic floor holds or quick flicks.
  - Don't rush to the toilet.
  - Distract your mind. Sing a song or count backwards.
  - Once the initial sensation has passed, walk calmly to the toilet.
  - You may need to do all this again once you get to the toilet.
  - Don't get caught out fumbling with zips and underwear. Slow down.

# NICE Guideline Recommendations

- Early intervention post partum may help reduce the well recognised risk of delayed-onset faecal incontinence in women
- Pelvic floor muscle training should be offered in their first pregnancy as a preventative strategy for UI

# References

- Gute A, Ostegaard HC, Oberg B. Pelvic girdle pain and lumbar pain in pregnancy: a cohort study of the consequences in term of health and functioning. Spine 2006; 31(5):E149-E155
- Management of third and fourth degree perineal tears following vaginal delivery. 2001. Guideline No 29 Royal College of Obstetricians and Gynaecologists
- Urinary Continence – The Management of Urinary Continence in Women, NICE Guidelines October 2006
- Physiotherapy Guidelines for the Management of Stress Urinary ???
- Faecal Incontinence - The Management of Faecal Incontinence in Adults, NICE Guidelines 2007
- An epidemiological study to establish the prevalence of urinary symptoms and felt need in the community: The Leicestershire MRC incontinence study 2000
- Genital Prolapse in Women [www.clinicalevidence.bmj.com](http://www.clinicalevidence.bmj.com)



# References

- Laycock J, Standley A, Crothers E, Naylor D, Frank M, Garside S, Kiely E, Knight S, Pearson A (2001) **Clinical guidelines for the physiotherapy management of females aged 16-65 with stress urinary incontinence.** Chartered Society of Physiotherapy, London.
- J Obstet Gynaecol Can. 2003 Jun; 25(6):487-98. **Pelvic floor exercises during and after pregnancy: a systematic review of their role in preventing pelvic floor dysfunction.** Harvey MA.
- Cochrane Database Syst Rev. 2006 Jan 25;(1):CD005654. **Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women.** Hay-Smith EJ, Dumoulin C.
- Department of Health: **'Good practice in Continence Services'** 2000

# References

- Int Urogynecol J Pelvic Floor Dysfunct. 2010 Apr;21(4):439-45. Epub 2009 Nov 26. **Factors involved in stress urinary incontinence 1 year after first delivery.** [Diez-Itza I](#), [Arrue M](#), [Ibañez L](#), [Murgiondo A](#), [Paredes J](#), [Sarasqueta C](#).
- The Cochrane Library 2009, Issue 1. Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women (Review) Hay-Smith, J, Morkved S, Fairbrother KA, Herbison GP
- Chartered Society of Physiotherapy. Clinical guidelines for the physiotherapy management of females aged 16-65 with stress urinary incontinence. 2001