



# hold TIGHT

*CASEY MCPIKE talked to physiotherapist STACEY LAW and found not only do you need to give your pelvic floor area a whole lot of attention, you need to give it the right kind of attention*

How often do you think about your pelvic floor? Once a day? Once a week? Whenever you sneeze or see a trampoline? Or are you frantically doing the exercises you learned during antenatal classes right now because you can't remember the last time you

did them?

Don't worry, you're not alone. Around 46 per cent of New Zealand women will experience pelvic floor dysfunction at some point in their lives. Many of these women will suffer some type of pelvic floor issue after childbirth.

Here, physiotherapist Stacey Law has come to the rescue with a guide on everything you need to know about that area you pay the least attention to.



#### WHAT EXACTLY IS THE PELVIC FLOOR?

"Your pelvic floor is a collection of muscles, ligaments and connective tissue that form a hammock-like sling at the bottom of your pelvis. Its major role is to support your pelvic organs (bladder, bowel and uterus), and to control the openings of your bladder and bowel.

The pelvic floor is also vital to your sexual function and has a huge part to play in providing stability for your spine, pelvis and hip joints.

We like to get our patients to re-define their 'core', so that rather than focusing just on abdominals, they also include the pelvic floor, the deep muscles of the lower back, and the diaphragm (your major respiration muscle).

In order to have a well-functioning core, all of these muscles need to be working – and working in sync with each other."

#### WHAT ARE THE TELLTALE SYMPTOMS OF A WEAK PELVIC FLOOR?

"The most common symptom is incontinence (leakage) from the bladder or bowel. Other symptoms include:

- \* Increased frequency and/or urgency to use the bathroom
- \* Constipation
- \* Pelvic pain, lower back, hip or groin pain
- \* Pain during or after sex – or an inability to have sex
- \* Prolapse – a heavy, dragging feeling in your pelvis, a feeling that something is falling out or sometimes you may actually be able to feel or see that something

has dropped down within your vaginal canal  
\* Men are not exempt – erectile dysfunction is a common indication of pelvic floor issues."

#### IS DURING PREGNANCY AND JUST AFTER CHILDBIRTH THE ONLY TIME WOMEN NEED TO BE THINKING ABOUT THEIR PELVIC FLOOR?

"No! Your pelvic floor is with you (hopefully) for life. Pregnancy and childbirth can place massive stress on the pelvic floor and may cause trauma or damage, so it makes sense that women think about it more at this time. Our goal is for women (and men for that matter) to think of the pelvic floor as an integral part of their core stability support system at all stages of life.

Later in life, hormonal changes and the ageing process place further stress on our pelvic floor muscles. We need to care for the pelvic floor properly so it can work well for us as we age.

It's important to note that women who have not had children can have issues with their pelvic floor as well. If it isn't working properly it can still cause all of those symptoms listed above – even without the stress of pregnancy and childbirth put upon it."

#### IS DAMAGE MOST LIKELY TO OCCUR DURING PREGNANCY AND CHILDBIRTH?

"Pregnancy certainly places strain on the pelvic floor as the muscles need to support extra weight from the baby, placenta, enlarged uterus and breasts, and increased blood volume.

Childbirth can cause trauma. Risk factors for pelvic floor dysfunction are definitely increased if there is a long pushing phase, tearing, an interventional birth (forceps, ventouse), and delivering a large baby (over 4kg).

Returning to high intensity exercise after childbirth either too

soon or with poor technique can also cause a lot of damage to the pelvic floor. We often see women who believe they've come through pregnancy and birth with no pelvic floor dysfunction, but months or even years later damage can start to cause symptoms. In many cases it's when women have returned to their pre-baby exercise routines too quickly that we see problems occurring. Doing sit-ups, lifting weights and going for long runs in a quest for a flat tummy can do more harm than good.

We are not anti-exercise – far from it! The →

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stronger a woman is the better, really, as motherhood is such a physically demanding job. But we do want to make sure that women are doing the right exercise for their body, while keeping their pelvic floor safe.”

**ARE WOMEN BECOMING MORE AWARE OF THE IMPORTANCE OF A STRONG PELVIC FLOOR?**

“We love that we have women proactively coming in for postnatal assessments to see how their body has come through pregnancy and birth, and to ensure that they get their rehab and recovery right. It is so awesome to see women in that early postnatal phase, and to help ensure they don’t do any damage to themselves.

While the message is getting out there, the correct way to care for the pelvic floor is still a new concept for many of the ladies we see.

A big issue we face is that even if a woman is aware of her pelvic floor and thinks she’s doing all the right things to take care of it, it’s not always the case. We know that a good percentage of women who think they’re contracting their pelvic floor correctly can actually be doing the complete opposite. They often end up “bearing down” on the pelvic floor muscles instead of lifting them, or they may be tightening other muscles in their abs, glutes and hips – and not be getting the pelvic floor muscles working at all.

Another common issue we see is a hypertonic pelvic floor – where the pelvic floor muscles are too tight to relax. This condition can cause just as many problems as a weak pelvic floor. A super strong pelvic floor is not always a functional one!

For these reasons, we recommend women have a check with a Women’s Health Physiotherapist (physiotherapy.org.nz and continence.org.nz – both have lists of where to find one). Firstly, we make sure that their pelvic floor muscles are activating correctly, and then ensure they have a programme tailored specifically to them. For example, there is no point in a woman with a hypertonic pelvic floor doing hundreds of ‘kegels’ as it will only exacerbate her problems.

The earlier we know about our pelvic floor, how it works and how we can best care for it, the better.”

**WHEN WOULD SURGERY BE RECOMMENDED TO REPAIR PELVIC FLOOR DAMAGE?**

“Because every case is different, we work in conjunction with doctors and specialists who advise

**TAKE NOTE**  
**MYTH-BUSTING**

Stacey Law reveals the truth behind the alternative facts



**PELVIC FLOOR EXERCISES ARE EASY — YOU JUST NEED TO IMAGINE YOU’RE HOLDING ON TO URINE AND WIND**

**False!** Many women think they’re doing their exercises correctly, but are actually bearing down on the pelvic floor and causing more damage. Pelvic floor exercises are not a “one size fits all” scenario as there might be other issues going on. Talk to a women’s health physiotherapist, your doctor or midwife to make sure you’re on the right track.



**A CAESAREAN DELIVERY MEANS NO PELVIC FLOOR ISSUES**

**False!** Pelvic floor strain can occur during pregnancy, and the postnatal period is a really vulnerable time for a woman’s body. If the abdominal muscles aren’t activating properly it can lead to issues with bearing down on the pelvic floor.  
*Note: all women, regardless of whether or not they have children, need to strengthen their pelvic floor to avoid issues later in life.*



**HOLDING ON TO A FULL BLADDER HELPS TO STRENGTHEN THE PELVIC FLOOR**

**False!** A strong pelvic floor helps you to hang on when there’s no toilet nearby, but regularly holding on to urine comes with its own health issues: it disrupts the mechanism between bladder and brain and can start to make it harder to empty the bladder completely. Regularly holding on to a full bladder also increases the likelihood of suffering urinary tract infections.



**I DIDN’T DO PELVIC FLOOR EXERCISES BEFORE MY BABY WAS BORN, SO THE DAMAGE IS DONE**

**False!** No matter when a woman starts there is almost always something that can be done. Just practising the following exercise five times a day will help to strengthen your pelvic floor. Once you have identified your pelvic floor muscles, tighten them and hold for five seconds, then relax for five seconds. Repeat five times.

when surgery is the best course of action. If surgical repair is the best option for a woman, learning how to activate pelvic floor muscles properly and doing post-surgical rehab with a physiotherapist is so important to aid recovery and help keep them problem-free.

Guidelines recommend a minimum of six months supervised pelvic floor training before any surgery is recommended for stress urinary incontinence (SUI). In up to 80 per cent of cases, strengthening the pelvic floor is sufficient to alleviate SUI symptoms. The stats are slightly lower (but still more than 50 per cent) for mild to moderate prolapse.” ■

For more information on pelvic floor health, check out **CONTINENCE.ORG.NZ**



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