

The pelvic floor, inside and out

Following her entertaining presentation at babble live! 2014, physiotherapist and stand-up comedian Elaine Miller brings the taboo subject of pelvic floor health out into the open, in her own inimitable style

Most women have an awareness of what a pelvic floor is, that it is stressed during pregnancy and that they should be doing some exercises. However, it can be a challenge to get an antenatal group to shift their focus from perhaps 'how do I get this baby out' to thinking about their long-term pelvic health and future sex life.

That may be partly because there is a widely held belief that it's normal to leak urine when you are pregnant or a new mum.¹

It's not. Leaking of anything, pee, poo or gas is never normal (NCT practitioners may choose their own terminology!). It is, however, common: three out of four pregnant women leak urine, and only 2% do their exercises.²

Few women with stress incontinence ever seek help, which is a shame as most cases can be cured with physiotherapy.^{3,4}

The pelvic floor is a sling of muscle which supports all the organs above it; resists forces pushing down, for example, a laugh, cough or sneeze; and those from below such as impact forces from walking. If the muscles are too weak to counteract these forces then the neck of the bladder isn't supported and so will leak.

They also help with peeing and pooing, and have a role in sexual function.

It is a myth that a very strong pelvic floor means longer pushing time.⁵ Indeed, there's good evidence that a strong pelvic floor helps protect against obstetric anal sphincter injuries.⁶

The pelvic floor isn't a fixed structure, it moves up and down as you breathe. So, don't hold your breath when doing the exercises.

The muscles can also be tight and short – if your clients complain of pelvic pain, or they experience discomfort when doing pelvic floor exercises then they should stop and see a physio.

Continence issues have a profound impact on a woman's wellbeing. Being incontinent doubles the risk of developing postnatal depression, so it is vital that women get a good education about their pelvic floor as part of their antenatal education.⁷

A common barrier to compliance is simply not being confident that you're doing it correctly! I teach women that the sensation is the same as when you are bursting for the loo and holding on, or trying to stop a stinky gas emission from escaping - these are times when we contract our pelvic floor muscles.

Elaine Miller entertaining NCT practitioners at babble live!



Here are two exercises to teach, and some useful cues:

The first one allows you to 'hold on' when you need to pee until you can get to a toilet:

1. Squeeze and lift and hold for a count of 10; keep breathing; don't squeeze buttocks, relax.

The second exercise is a fast contraction, it stops leaking when you laugh or cough or sneeze:

2. 10 quick flicks: squeeze and lift, relax, (repeat 10 times), remind them to keep breathing, thigh and buttock muscles relaxed and to 'let go' between flicks.

These exercises have to be done every day. Set a ringtone as a reminder or, develop a habit of doing them when brushing teeth, washing dishes, changing a nappy. I use Twitter as a training tool, get them to follow me @gussiegrips.

Cutting down on bladder irritants like caffeine, citrus, fizzy drinks and alcohol can be very helpful.

It is important that women know that it is a common problem but not one they should put up with, and certainly anyone with pain or leaking should be encouraged to see their GP.

References

1. Avery JC, Braunack-Mayer AJ, Stocks NP, et al. Psychological perspectives in urinary incontinence: a metasynthesis. *OA Women's Health* 2013; 1(1):9. Available from: www.oapublishinglondon.com/article/662 Accessed 30/3/15
2. Continence Foundation of Australia. Young mums risk pelvic floor health, 2014. Available from: www.continence.org.au/data/files/PressReleases/2014/Young_mums_ignore_health_warning.pdf Accessed 30/3/15

Resources

Chartered Society of Physiotherapy: www.csp.org.uk/your-health/conditions/pregnancy-related-incontinence

Pelvic Floor First: www.pelvicfloorfirst.org.au/pages/working-your-pelvic-floor.html

Squeezy App: itunes.apple.com/gb/app/squeezy-nhs-physiotherapy/id700740791?mt=8

Bladder and Bowel Foundation: www.bladderandbowelfoundation.org/bladder/for-women/

Pelvic Floor Exercises for treatment and prevention of stress urinary incontinence. Women's Physiotherapy Services, Cambridge University Hospitals NHS Foundation Trust. ©2015 Available from: www.cuh.org.uk/pelvic-floor-exercise-video

3. Continence Foundation of Australia. Key statistics. Available from: www.continence.org.au/pages/key-statistics.html Accessed 30/3/15
4. Neumann PB, Grimmer KA, Grant RE, et al. Physiotherapy for female stress urinary incontinence: a multicentre observational study. *Aust N Z J Obstet Gynaecol* 2005; 45(3):226-32.
5. Agur WI, Steggle P, Waterfield M, et al. The long-term effectiveness of antenatal pelvic floor muscle training: eight-year follow up of a randomised controlled trial. *BJOG* 2008; 115(8):985-90.
6. Laine K, Skjeldestad FE, Sandvik L, et al. Incidence of obstetric anal sphincter injuries after training to protect the perineum: cohort study. *BMJ Open* 2012; e001649.
7. Brown S, Lumley J. Physical health problems after childbirth and maternal depression at six to seven months postpartum. *BJOG* 2000; 107:1194-201.