



Pregnancy and your Pelvic Floor



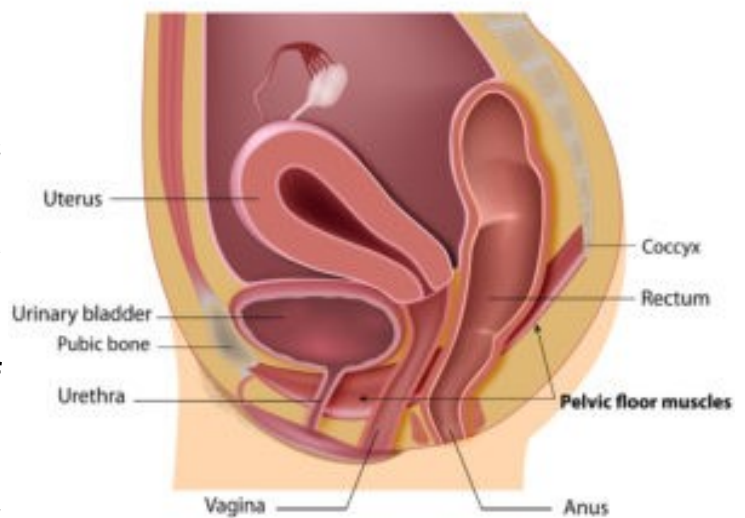
***Energise your life for a healthier, fitter,
stronger, functional future!***

Pelvic Floor

During Pregnancy a significant amount of changes happen to your body on both a physical and hormonal level that can have a huge impact on how your core and pelvic floor muscles function and respond to daily life and exercise.

The pelvic floor muscles (PFM) are the group of muscles and connective tissues that lie within your pelvis that support your internal organs; bladder, uterus and bowel. This means they stop these organs literally falling out of your body and they contract/relax appropriately to control your toileting habits.

The collection of PFM consist of both deep and superficial layers and extend between your hip bones, pubic bone at the front and tail bone (coccyx) at the back. They also surround, support and control the function of your urethra, vagina and anus, where you wee and poo from by relaxing and contracting/activating.



Read on to learn why PFM awareness and connection is important and how to manage symptoms.

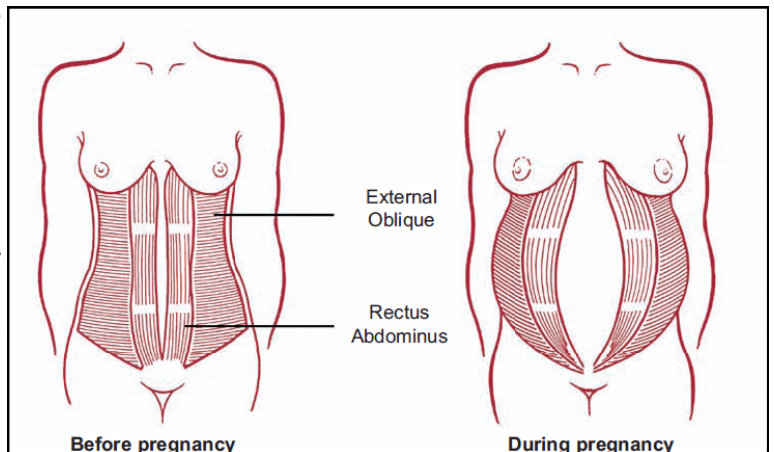


The effect of Pregnancy on your Pelvic floor & core

Pelvic floor muscle (PFM) function is likely to become compromised during pregnancy for a few reasons:

- As your baby grows it may reduce the space available for full expansion of the bladder therefore you may get an increase in urge incontinence (leaking of urine).
- The weight of your growing baby may also stretch and weaken the PFMs therefore your ability to connect and activate your PFMs effectively may be reduced. This can have more of an impact when the intra-abdominal pressure is suddenly raised in situations like sneezing, laughing, heavy lifting or sexual intercourse.
- Alternatively, PFMs may also become hypertonic (overactive) which means they are tight and always turned on, so their ability to contract even more is not as effective making them compromised.
- Hormone changes during pregnancy can affect PFM function by causing the smooth muscles of the bladder wall and pelvic ligaments to relax which affects the ability to get an effective activation.
- Posture and alignment changes can cause a reduced connection with core and PFM, so striving for optimal alignment can be helpful.

- Due to the pressure downwards onto your PFM and outwards on the stomach, these two areas become 'the weakest links'. When intra-abdominal pressure rises, more pressure is exerted on the PFM, so if you have an already compromised pelvic floor there is risk for leaking. Also vertically down the centre of the belly the connective tissue



stretches, the gap between your muscle bellies widen and therefore becomes weaker, this is called Diastasis recti and is normal in 100% of pregnancies towards the end of pregnancy. It is possible to reduce the risk of a larger gap developing and it is beneficial to do some targeted deep core exercises to help your core and pelvic floor recovery postnatally. (not planks and sit-ups!)

- Constipation is more prevalent in pregnancy, which can cause straining and pressure on the PFM which increases the risk of haemorrhoids and prolapse.

Incontinence (involuntary loss of urine and/or faeces) during pregnancy can be a common occurrence, around 48% of pregnant women who have never given birth have signs of urinary incontinence by week 30 and this rate increases to about 67% for those in subsequent pregnancies.





Symptoms of Pelvic floor dysfunction

Symptoms of PFM dysfunction might present themselves in a variety of ways such as:

- Pelvic, tailbone or lower back pain
- Pressure, bulging, dragging or heaviness in your pelvic floor
- Urinary or faecal incontinence
- Haemorrhoids and/or constipation
- Difficultly emptying bladder or bowels
- Diastasis recti/abdominal separation – occurs in 100% of women by the end of the third trimester to varying degrees
- Pain during sex



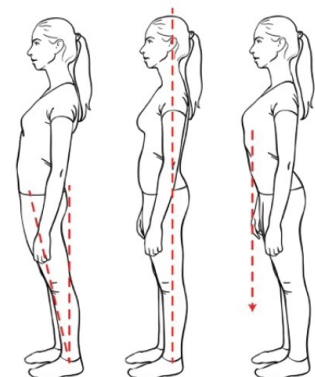
Management techniques?

During pregnancy the cause of pelvic floor dysfunction (or worsening dysfunction) is usually going to be to do with the weight of the baby (which can't be changed) which interferes with the deep core coordination. However there are some exercises you can do and potential lifestyle adjustments that might help improve symptoms throughout the rest of your pregnancy. And the good news is by implementing these suggestions; it will help set you up for with a great core/pelvic floor mind body connection to help improve birth outcomes and give you a head start with your recovery after birth too. Learn about and implement some of the following techniques:

- The obvious choice would be kegals/pelvic floor exercises, first you need to check you are performing them correctly...sitting on a folded cushion or exercise ball (to help with physical feedback) you should be able to feel your pelvic floor muscles squeeze in and lift up away from your seat (using the muscle you would use to stop a wee, hold in tampon or hold in a fart) using about 30-50% effort AND relax back down to the natural resting position without bearing down into the ball/cushion.
- Progress on kegals by integrating your entire deep central stability system coordinating your breathing and your pelvic floor with a core connection breath... inhale breathing down into your core system and pelvic floor and on your exhale contract, squeeze and lift your pelvic floor. This will use that intra-abdominal pressure system to your advantage to get a better activation for improved function/strength. This is called core connection breathing.

QUICK LINK DEMO: <https://youtu.be/6l-zKVNAeGM>

- Practise functional movements during exercise and your daily life (ie. Lifting) using the core connection breathing and pelvic floor integration...inhale on the easy part (ie bending over) exhale and contract pelvic floor on the hard (lift) part of the movement to avoid pushing your pelvic floor down/bearing down.
- Strengthen your glutes which are important in the support of your deep core stability system. In pregnancy the weight of the growing baby often causes the top of the pelvis to tilt forward causing the glutes to turn off/become weak.
- Posture and alignment improvements will help with a better connection and pelvic floor activation. Strive for a stacked posture with your head over your shoulders, ribs and hips with your pelvis as neutral as possible, like in the middle picture here.



Management techniques continued...

- Stretching and mobility can help with better pelvic floor connection (hamstrings, calves, hip flexors, quads, glutes & adductors). If the pelvic floor is weak, women sometimes compensate by gripping with the glutes and adductors to keep the bladder closed instead of the sphincter of the bladder. Conscious or subconscious gripping can lead to increased tension throughout muscles. Try a child's pose as pictured here.



- Don't stop at the lower body for mobility, do the upper body too, posture changes in pregnancy can often tighten upper body muscles too which can hinder already compromised breathing patterns from pregnancy, so if you keep the upper body mobile also, breathing will be more effective which as you have learnt, impacts the pelvic floor. Try a side lying open book as pictured here. Rest your head on a pillow and flow between these two positions



- Lastly, if these tips don't help, or even if they do, working with a women's health physio during (and after) pregnancy is the gold standard in pelvic health as they are able to do internal assessments to check the function of your pelvic floor and therefore customise a plan for you.

Unfortunately a compromised pelvic floor may not be able to be solved as the weight of your growing baby continues to put pressure down on these muscles but hopefully you find some of these management tips helpful.

Creating awareness and connection with your body through Pregnancy safe exercise can help improve birth experience and outcomes and kick start your postnatal recovery.

At the very least make sure you do pelvic floor exercises daily ensuring you have awareness of relaxation as well as contraction. Aim for 1-2 sets of 10 activations daily. **From about 35 weeks focus more on your relaxation and lengthen of your pelvic floor in preparation for birth.**





Pelvic floor health tips

Use the core connection breathing technique to incorporate your pelvic floor into full body movements.

Nutrition: to prioritise protein in each meal to help with the building blocks of cells to grow baby, support your changing posture and prepare your core/pelvic floor for birth. Ensure you include plenty of fibre in your diet and keep hydrated to maintain bowel health and reduce the risk of constipation because this places more pressure on your pelvic floor if you have to strain to pass your bowel motion.

Toileting: place your feet up on a stool for passing bowel motions which helps straighten out the rectum to make it easier to pass your bowel motion and reduces the risk of straining. Try breathing your poo out to practise for pushing baby out - inhale right down into you pelvic floor to push the poo out.



** I sincerely hope you have found this resource helpful, if you have any questions, would like some support to implement these strategies or want to join me in my studio to Energise your Pregnancy with safe pregnancy exercise, don't hesitate to contact me, my contact details are on the next page.



ENERGISED
PERSONAL - TRAINING

LADIES

Pregnancy & Postnatal trainer



Energise your life for a healthier, fitter, stronger, functional future!

Ladies Personal Training:
Pregnancy
Postnatal Recovery
Pelvic floor
And more...

Private sessions & online
programs available

Jo Hartley

31 Porter Place

Kaiapoi

North Canterbury

Phone: (03) 9264381

Cell: 0221668184

E-mail: jo.hartley@energisedpt.co.nz

www.energisedpt.co.nz

[@energisedladiesfitness](#)

