

Pelvic Floor In Pregnancy

Strengthening

Research shows pelvic floor muscle training (PFMT) in pregnancy assists to;

- decrease urinary incontinence in late pregnancy
- decrease urinary incontinence early post-partum
- decrease the duration of the second stage (pushing phase) of labour
- decrease the risk of 3rd & 4th degree perineal tears

Your SWB Physiotherapist will assist with pelvic floor muscle training, correct activation of these muscles & ensure best strengthening outcomes.

Assessment for Vaginal Delivery

Your SWB Physiotherapist has advanced training in assessing pelvic floor trauma risk with vaginal delivery. Your physio may discuss pelvic floor function prior to pregnancy, individual characteristics (ethnicity, age, height), family history & pelvic floor assessment findings. Any identified risks can then be discussed with your antenatal care team.

It is estimated that 1 in 3 women will tighten their pelvic floor during pushing rather than relaxing it. Research is indicating that women who tighten their pelvic floor when pushing have increased risk of high fetal head (lack of fetal head engagement), increased risk of prolonged second stage labour/obstructed labour & possible increased risk of instrumental delivery.

Women who have good pelvic floor coordination when pushing have a shorter duration of second stage labour & lower the chance of requiring forceps or vacuum assistance.

SWB Physiotherapists will screen your pelvic floor activation & control with pushing during late pregnancy.

When do I see my physiotherapist after birth?

It is ideal to book an appointment with your SWB Physiotherapist 1-2 weeks after delivery. Research is showing significant tissue recovery in the first 6-8 weeks & hence early guidance from your SWB Physiotherapist can ensure we maximise this critical window of healing for both vaginal & cesarean deliveries.

At your postnatal appointment your SWB Physiotherapist may;

- Discuss your birth experience, babies birth weight & mode of delivery.
- Discuss your bladder & bowel function.
- Discuss your feeding set up & any ongoing back/neck pain.
- Assess your abdominal separation (via palpation or ultrasound) & commence treatment as required. (There is now emerging research on the importance of early assessment & treatment with rectus diastasis).
- Discuss gradual return to exercise & commence strengthening exercises as appropriate.

Once your bleeding has ceased, & with your consent, your SWB Physiotherapist can do an internal vaginal exam (normally 6-8 weeks post delivery) to assess your pelvic floor recovery & address any concerns you may have regarding perineal pain, resumption of intercourse & return to exercise.



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Secret Women's Business
Physiotherapy



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Physiotherapy

Pregnancy & Postnatal Physiotherapy



Your Secret Women's Business (SWB) Physiotherapist offers extensive experience & support through the journey of pregnancy & postnatal recovery. Your SWB Physiotherapist has advanced training in treating a wide range of pregnancy concerns, helping to minimise pain, optimise vaginal & cesarean section delivery preparation, nurture pelvic floor strength & facilitate postnatal recovery.

Physiotherapy for Birth Preparation

Perineal Massage

There is now strong evidence that perineal massage, often commenced from 34 weeks pregnancy, can assist in reducing complications with vaginal deliveries. A 2020 meta-analysis has shown a;

- 21% decrease risk of episiotomy
- 64% decrease risk of 3rd & 4th degree tears
- reduced length of second stage labour
- 70% reduction in postnatal anal incontinence
- decrease in postnatal perineal pain

Your SWB Physiotherapist will educate you on how to perform perineal massage, what perineal massage should feel like & we often perform several sessions in clinic prior to delivery. Many women find perineal massage difficult to perform themselves & may or may not want the assistance of their partner. We support our mums to be with 1-2 x week in clinic appointments for those patients who require assistance & teach partners how to perform perineal massage if they are keen to learn.

Back & Pelvic Pain in Pregnancy



Pregnancy related pelvic girdle pain (PPGP) is common in pregnancy & includes both pubic symphysis pain (often called symphysis pubis dysfunction or (SPD) & sacroiliac joint (SIJ) pain (often reported as 'lower back pain').

Seeking SWB physiotherapy treatment early to manage pain can improve long term outcomes. In most cases, PPGP recovers quickly after delivery.

Your SWB Physiotherapist will discuss ways to modify activity to help reduce PPGP. Tips from the team to get you started;

- Keep your weight even through both feet when you move through the day.
- Keep legs together when getting out of the bed & car & sit down to get dressed & undressed.
- Keep active but avoid excessive walking.
- Avoid uneven movements like standing on one leg, shifting weight all to one side, crossing legs.
- No big strides or jumps & minimise stairs where possible.
- Avoid breaststroke legs when in the swimming pool.

Your SWB physio will discuss your current regime & strengthening exercises, sleeping positions & support options in bed.

Lastly, external support provided by a pelvic belt is well supported by research to assist with PPGP. Your SWB Physiotherapist will discuss support belt options, assist in sizing & positioning your belt & educate you regarding timing of use.

Thoracic Spine & Rib Pain

Thoracic & rib pain during pregnancy can occur due to various factors, including changes in posture, hormonal fluctuations, & the mechanical stress on the middle spine & ribs as the body adapts to the growing baby.

When you see your SWB Physiotherapist they may discuss;

- The location of pain & if it is related to work positions or postures. It is worth assessing your work station & ensuring it is correctly set up. Closely assess that the set up is square & avoid any prolonged rotation to look at computer screens or constant reaching to one side for a phone.
- If you have a toddler that loves being on your hip, this may need modifying! Constant rotation or load to one side can further exacerbate pain.
- Deep breathing exercises & other rotation stretches to assist improving movement through the middle spine. Some gentle stretches to try include seated thoracic rotation, lying thoracic rotation & seated pelvic tilts.

Your SWB Physiotherapist may also give you some strengthening exercises, advice on releasing muscles yourself at home & other specific stretches.



Sciatic Pain in Pregnancy

Sciatic pain in pregnancy is a common discomfort caused by pressure on the sciatic nerve, which runs from the lower back down the back of each leg. Symptoms include pain, tingling or numbness that may radiate from the lower back down the buttock & leg. Sciatic pain can also be associated with PPGP. Treatment for sciatic pain with your SWB Physiotherapist may include;

- Stretches for the lower back & hip muscles including pelvic tilts, cat cow stretches & figure 4 seated stretches.
- Advice about activities that may be flaring the pain, improving posture & reducing the load through the lower back. Your physio may trial a support belt or strapping to reduce your pain or give targeted strengthening exercises.
- Massage can be used to address muscle tightness that may be increasing pressure on the sciatic nerve.
- Your SWB Physiotherapist will then guide you as to what home exercises, stretches & release work will be important to further reduce pressure on the sciatic nerve.