PELVIC FLOOR EXERCISES

What is the pelvic floor?
The pelvic floor is a group of muscles, which form the floor of the pelvis in a sling-like arrangement, attaching at the back, sides and front of the pelvis and surrounding the openings of the vagina, bladder and bowel. These muscles also help to form the walls of the passages that lead from the bladder, uterus and bowel. Their function is to support the pelvic organs and control the bladder and bowel. During pregnancy and birth, these muscles become stretched and weak. Exercise helps to strengthen the muscles, providing good support for pelvic organs improving bladder control and maintaining sexual satisfaction from good muscle tone.

How to exercise the pelvic floor
Step 1 Begin to Tighten on an out-breath
Step 2 Squeeze, Lift and HOLD tight while you count slowly up to 10,
Step 3 RELEASE slowly.
Step 4 Rest 10-20 counts
Step 5 SQUEEZE and RELEASE three times as strongly and as quickly as you can.

Important times to SQUEEZE, LIFT and HOLD your pelvic muscles tight
• Before standing up from sitting
• Before getting out of bed
• When bending to lift
• After emptying your bladder and bowel
• When walking or exercising
• While water is running
• When you laugh, cough, sneeze
• When trying to defer an urgent toilet visit

Throughout the day there are many other opportunities for you to practise your pelvic floor muscles, eg waiting at traffic lights, waiting in queues, gardening, watching TV

Progress your pelvic floor exercises by:
• Holding the maximum squeeze longer
• Doing more repetitions at each session
Rest 10-20 counts

COPING WITH PERINEAL LACERATIONS

Perineal lacerations can occur in the second stage of labour when the baby’s head descends onto the perineum, allowing the maximum opening of the vagina. There are two types of laceration: the tear and the episiotomy. Tears, often just superficial grazes, frequently do not need suturing (stitching). Episiotomies always do. Episiotomies are performed far less frequently now as research has shown that tears are less painful, produce less scar tissue, cause less blood loss, heal more quickly, and are less likely to become infected than episiotomies.

If you have had a laceration or have bruising or swelling, here are some simple ways to ease the discomfort and promote healing.

1. About 24 hours after the birth, start to move the pelvic floor muscles. Pelvic floor exercises encourage good blood supply, and help to disperse waste products and reduce swelling.
2. Apply Hypercal gel directly from the fridge to a sanitary pad or Calendula Mother Tincture neat, with a warm sterilised natural sponge to the stitches. Calendula tincture or Hypercal Lotion in a jug of warm water poured or sprayed over the vulva and perineum during and after urination will help dilute the urine and reduce the stinging of lacerations. (These are homeopathic remedies)
3. It is vital to keep the perineum clean and dry. Wash with a shower attachment or a squeeze bottle of warm water. Use tissues or soft toilet paper to dry. Wipe or pat from front to back to avoid contamination. Drink plenty of water and eat a high fibre diet to avoid constipation.
5. Exposure of the perineum to lamps, the light and heat of an ordinary light bulb, fresh air and sunshine promotes healing.
6. The affected area may be tender even when the skin is healed so experiment with different positions during intercourse to avoid pressure on the scar. Try lubrication such as KY Jelly or Sylke (not Vaseline) if needed.

Lacerations of the perineum heal like any normal wound - painful at first, then worse for a day or two as the nerve endings regain sensation and the process of healing begins. The pain and dragging feeling will improve with rest, the measures suggested above and the passage of time.

If the pain in the perineal area is intense at any time after the birth, inform your midwife or health professional. If it were still uncomfortable after 12 weeks then it would be wise to consult your doctor. Ultrasound treatment is effective at treating thickened scars that cause pain, or your doctor may suggest alternative treatment such as re-stitching.