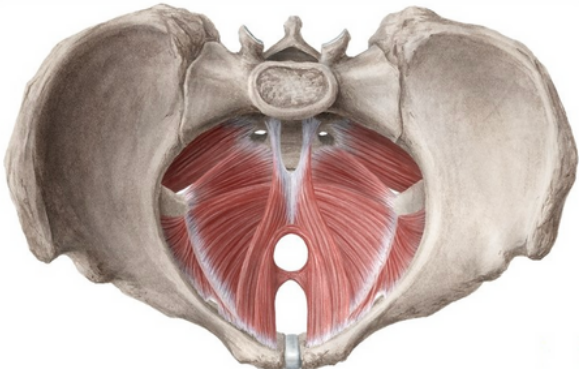
The Pregnant and Postnatal Pelvic Floor

What is the Pelvic Floor?

The pelvic floor is a powerful group of muscles, fascia, and supportive tissues that form a sling or hammock at the base of your pelvis. These muscles span from your pubic bone at the front, to your tailbone at the back, and from one sit bone to the other.

Your pelvic floor has several important roles:

- Helps to support the bladder, uterus and bowel
  in an optimal position.
- Assists in prevention of both bladder and bowel incontinence.
- Activates with your deep abdominal and back muscles to stabilise your core.
- Supports sexual function.
- Helps regulate pressure in your abdomen (important when lifting, coughing, sneezing etc).



During pregnancy, your pelvic floor is placed under increased load and undergoes many changes to prepare your body for birth:

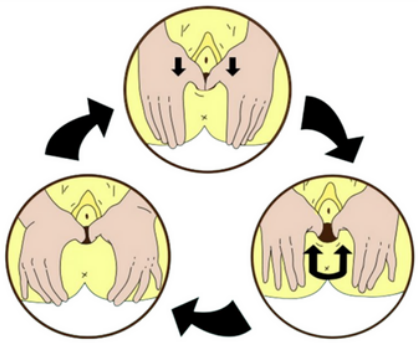
- **Extra weight:** As your baby grows, the weight of your uterus, placenta, and amniotic fluid places more strain on your pelvic floor.
- **Hormonal changes:** Pregnancy hormones such as relaxin, progesterone and oestrogen soften your muscles, ligaments, and connective tissues. While this helps your pelvis adapt for birth, it also means your pelvic floor may not provide as much support.
- **Postural changes:** As your belly grows, your posture shifts. This can change how your pelvic floor and abdominal muscles work together to stabilise your spine, pelvis, and whole body movement.
- **Bladder and bowel pressure:** The growing uterus can press on your bladder and bowel, making you need to go more often, or making it harder to fully empty. Some women notice leakage (incontinence) when coughing, sneezing, or exercising.
- **Pelvic floor lengthening:** The pelvic floor naturally lengthens throughout pregnancy to prepare for delivery.

Why Pelvic Floor Care Matters in Pregnancy?
Looking after your pelvic floor during pregnancy can:

- Reduce the risk of incontinence during and after pregnancy
- Support your back and pelvis, reducing pain during pregnancy
- Prepare your muscles for labour and delivery
- Encourage optimal recovery after birth

A birth preparation appointment with a women's health physiotherapist is a specialised consultation focused on optimising pelvic floor function and teaching strategies to support labour, delivery, and postpartum recovery. These sessions may include:

- **Pelvic floor education:** Guidance in techniques to optimise pelvic floor relaxation and lengthening in preparation for vaginal birth.
- **Perineal massage:** Instruction in evidence-based techniques shown to reduce the risk of perineal trauma during vaginal birth.
- **Birth positions & strategies:** Techniques to optimise pelvic space and support labour progress.
- **Education** on coordinated pushing/bearing down techniques to support the second stage of labour and reduce pelvic floor trauma.



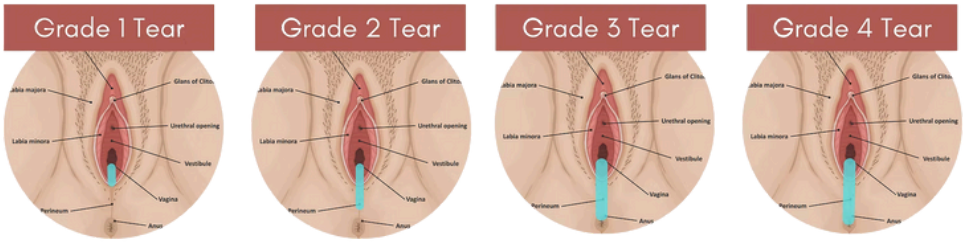
Perineal massage is an evidence-based technique that can help prepare your perineum (the area between the vagina and anus) for the stretching that happens during vaginal birth

What Happens During a Vaginal Delivery?
Regardless of birth type, the combined effects of fetal weight and pregnancy-related hormonal changes increase the load on the pelvic floor.

During pregnancy and vaginal delivery, the pelvic floor muscles lengthen significantly to allow your baby to be born. This lengthening can sometimes lead to:

- Temporary weakness or reduced muscle tone
- Changes in bladder or bowel control
- A feeling of heaviness or dragging in the vagina (possible prolapse symptoms)
- Perineal trauma/ tearing

- 1st degree tear – injury to the vaginal mucosa and/or perineal skin
- 2nd degree tear – injury to the perineum but not involving the anal sphincter
- 3rd degree tear - injury to the perineum involving the anal sphincter complex
  - 3 a - <50% external anal sphincter (EAS) torn
  - 3 b - >50% EAS torn
  - 3 c – both EAS and internal anal sphincters are torn
- 4th degree tear – injury to the perineum involving the EAS and IAS and anorectal mucosa



Caring for Your Pelvic Floor in the First 6 Weeks
The early weeks are about healing and gentle recovery, not pushing your body too soon.

Rest & Recovery – Prioritise rest where possible, especially in the first 1–2 weeks.
Perineal Care – Use ice packs, and keep stitches clean and dry. You might like the feeling of compression on your perineum with compression underwear or tights.
Gentle Pelvic Floor Activations – Begin with light squeezes (like stopping wind) once pain allows. Aim for short, gentle holds of 2–3 seconds.
Avoid Straining – Roll to your side to get out of bed, avoid heavy lifting and constipation.
Bladder & Bowel Habits – Stay hydrated, eat fibre-rich foods, and use a relaxed breathing technique and/or stool under your feet when opening bowels.
Walking – Gentle short walks are encouraged in the first 6 weeks as tolerated.

Your 6-Week Women's Health Physiotherapy Appointment
At your 6-week appointment, a women's health physiotherapist will review your recovery in detail. The assessment is tailored to your individual birth journey and supports your safe return to daily activities and exercise. At this appointment, your physio may look at:

Scar & Tissue Healing
- Checking recovery from perineal tears, episiotomy, or C-section scars
- Teaching gentle scar massage or desensitisation techniques if appropriate

Pelvic Floor Muscle Assessment

- If you are comfortable, this may include a gentle internal vaginal exam
- Checking strength, endurance, and coordination of your pelvic floor muscles
- Ensuring you can both contract and fully relax your pelvic floor
- Identifying any tenderness, scar tissue tightness, or discomfort

Abdominal & Core Check

- Assessing for abdominal muscle separation (rectus diastasis)
- Checking how well your abdominal and pelvic floor muscles work together
- Teaching safe strategies for lifting, carrying, and returning to movement

Bladder & Bowel Function

- Discussing any issues with leakage, urgency, constipation, or incomplete emptying
- Providing advice on healthy bladder and bowel habits

Prolapse Screening

- Assessing for any vaginal wall support changes (heaviness, bulging, or dragging sensations)
- Explaining management strategies if required

Exercise & Lifestyle Guidance

- Tailoring an individualised exercise program, starting with safe core and pelvic floor exercises
- Guiding your gradual return to walking, running, gym, sport or work
- Offering advice on posture, breastfeeding positions, and lifting

When to Seek Help Sooner

- Ongoing or worsening pain or bleeding
- Difficulty controlling your bladder and/or bowel
- A feeling of significant heaviness, bulging, or dragging in the vagina
- Painful intercourse that continues beyond the early healing phase

Recovery varies for each individual. A gradual return to activity, self-compassion, and timely professional input are key to optimising long-term pelvic health.

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