

After your Baby...

What is common but NOT normal



There are 6 common disorders after giving birth:

1. **Low Back Pain**
2. **Incontinence***
3. **Pelvic organ prolapse***
4. **Sexual dysfunction***
5. **Pelvic pain***
6. **Blocked Ducts and Mastitis**

* (Rogers and Leeman, 2007).

These are common disorders BUT are not normal and can occur regardless of method of delivery.

Low Back Pain, Pelvic Pain and Physiotherapy

It is well known that *almost half of all pregnant women* and 25% of postpartum women suffer from pelvic and/or low back pain. Pelvic pain is a specific kind of low back pain. It can come from many structures including the pelvic floor, sacroiliac joints, hip joints and surrounding muscles. The Society of Obstetricians and Gynaecologists of Canada, and the Canadian Society of Exercise Physiology, readily acknowledge that pelvic muscle training is recommended to prevent and treat back and pelvic pain during and following pregnancy.

1 in 2 childbearing women will suffer with some form of pelvic dysfunction, including pelvic pain, incontinence and prolapse. Physiotherapy can help successfully treat these conditions. Although these dysfunctions are common, it does NOT mean that we have to “live with it”. If you have concerns about your pelvic health, please contact a health care professional to discuss your concerns.

Urinary Incontinence - 1 in 3 women will experience urinary incontinence in their lifetime.

Urinary incontinence is the involuntary leakage of urine, regardless of amount or situation. **Stress Incontinence (SI)** refers to leakage that is noticed during a cough or sneeze, when laughing, or during strenuous activities like soccer, jumping jacks, or other aerobic activities. Sometimes women get the sudden and urgent need to get to a bathroom. **Urge Incontinence (UI)** is the loss of urine that is accompanied by this sudden, urgent feeling. **Fecal Incontinence** is a loss of control of the bowel resulting in fecal leakage.

Over **40%** of women experience Urinary Incontinence during their first pregnancy and up to **25%** of women after their first pregnancy will experience altered fecal continence.

Most incontinence is a mixture of both types of stress and urge incontinence. Weakness of the pelvic floor muscles can contribute to incontinence. But it is also important to acknowledge that tightness in the pelvic floor muscles can also contribute to incontinence. This tightness may be the result of trauma during delivery, or from scar tissue resulting from caesarian sections or suturing. This tightness can cause dysfunction of the pelvic floor muscles, meaning they will not work with the appropriate strength, endurance, or timing.



Support for you
through knowledge,
compassion and
dignity

Incontinence and Physiotherapy

We know that incontinence is common, but physiotherapy can help – both preventatively and after giving birth. Women who receive pelvic floor strengthening *before* delivery are **56%** less likely to suffer incontinence during their late pregnancy stages and are also less likely to suffer from incontinence post-partum. Likewise women who received pelvic floor physiotherapy following the birth of their baby were significantly less likely to suffer from either urinary or fecal incontinence.

Pelvic health physiotherapy helps to improve the strength, endurance and timing of pelvic floor muscle contractions to successfully treat incontinence. Physiotherapists combine pelvic floor muscle training with hands-on techniques to address any scar tissue or area of tightness, use modalities like acupuncture and biofeedback, and educate patients with respect to lifestyle changes. The positive outcomes that result are the reason that the Society of Obstetricians and Gynaecologists of Canada, and the Canadian Society of Exercise Physiology recommends the initiation of pelvic floor physiotherapy during pregnancy and immediately postpartum to prevent and treat incontinence.

Pelvic Organ Prolapse and Physiotherapy

Pelvic organ prolapse occurs when the vaginal walls are compromised. The word prolapse comes from the Latin word, “to fall out”. Prolapse can occur anteriorly (vaginal wall falls from the front), posteriorly (vaginal wall falls in from behind) or from above when the organs above the vagina create downwards pressure. A prolapse can be a minor bulge into the vaginal space, or it can be severe enough to extend beyond the opening of the vagina.

Like incontinence, prolapse is common, with 1 in 2 women experiencing some degree of prolapse. Common symptoms that occur with prolapse are sensation of heaviness, irritation, pressure or pain. *Pelvic floor muscle training helps to decrease the symptoms and severity of pelvic organ prolapse.*

Sexual Dysfunction, Pain and Physiotherapy

Sexual dysfunction is one of the most common disorders as a consequence of perineal trauma. Perineal pain occurs in up to 42% of women immediately after delivery, with the pain occurring more frequently with forceps assisted deliveries

In a large study of women after their first pregnancy:

- 62% had painful intercourse at 3 months postpartum,
- 31% still experienced painful intercourse 6 months postpartum

Postnatal pelvic pain and painful intercourse can be related to shortened pelvic floor musculature, the presence of scar tissue, adhesions and increased tone or trigger points in the pelvic floor muscles or related connective tissue. These dysfunctions of the pelvic floor can occur with vaginal deliveries or with cesarean section. Pelvic floor physiotherapy can relieve this pain through various soft tissue techniques to mobilize and release restrictions in the internal and external pelvic tissues.

Blocked Ducts, Mastitis and Physiotherapy

Blocked ducts and mastitis episodes can occur following pregnancy and while nursing. Both can create new stress and pain for mothers trying to care for their newborns. Many women do not realize that blocked ducts can be readily treated with physiotherapy, specifically ultrasound treatment. Many mothers are very grateful to receive some treatment and education during this stressful time.