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**PELVIENNE
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Pelvic Health In Pregnancy, Motherhood And Menopause

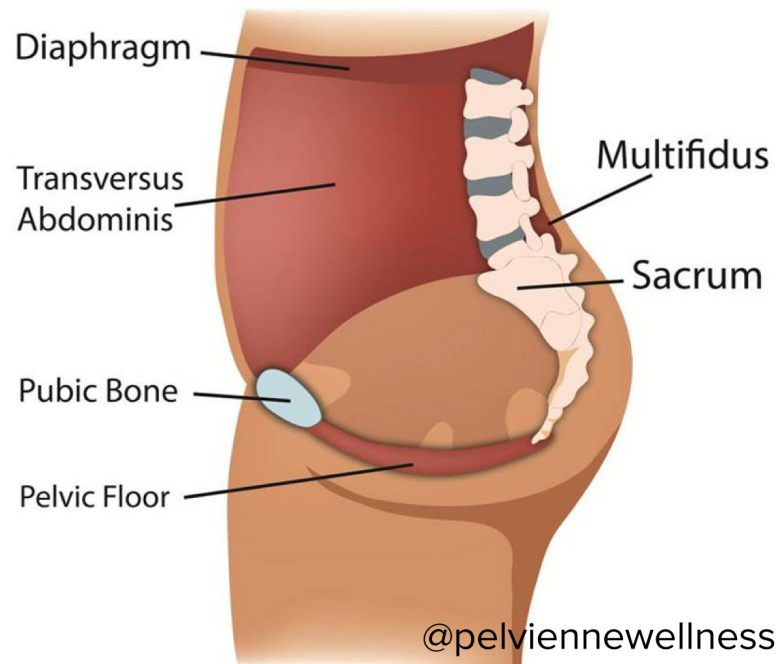
Core Health Secrets For Women

Kim Vopni - The Vagina Coach

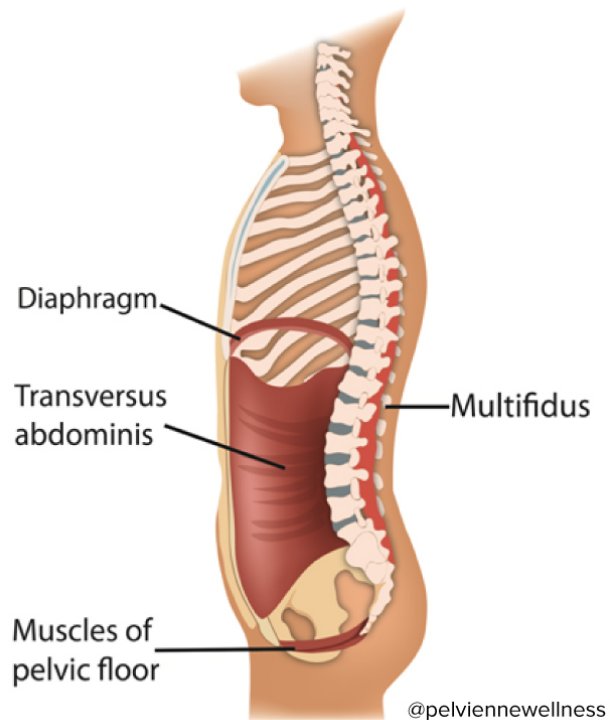
Overview

- The Pelvic Floor
- Pregnancy, Birth and Postpartum Recovery
- Common Pelvic Floor Challenges
- Core Health Secrets for a Buff Muff

The Pelvic Floor



The 'Core' 4



- Diaphragm
- Multifidus
- Transversus Abdominis
- Pelvic Floor

How Pregnancy and Birth Can Interfere with Ideal Core Function

- Hormones
- Posture
- Weight of growing uterus and baby
- Fear
- Pushing/Birth Position
- Length of pushing
- Vaginal vs C-Section
- Instruments
- Tearing/Episiotomy
- Diastasis Recti
- Postpartum recovery
- Return to activity too soon

Need a
PREPARE
Mindset
not a
REPAIR
Mentality

PREPARE

Proactive

- Preventive exercise
- Mind/body birth prep
- Focus on mom, not just baby
- Pelvic floor physiotherapy
- Easier to prevent or minimize

REPAIR

Reactive

- “I’ll wait until I am done having kids to fix it”
- “I’ll just have surgery”
- Reality is moms never spend time or money on themselves
- Harder to fix a problem once you have it

Prepare

- Maintain ideal core function in pregnancy
- Pelvic floor physio
- Exercise for birth - specificity principle
- Prepare for recovery
- Know what to look out for - DRA and PFD
- Always think of the ABC's
 - Alignment
 - Breathing
 - Coordination

Prepare For The Birth Marathon

- It's Cliché but it's True - Giving birth is like running a marathon (actually more like 6 back to back marathons)
- Preparation should be active, not passive because birth is active
- Training should involve strength training, stretching, visualization, breathing
- Powerful muscles that know how to yield will perform better, be less likely to become injured and will recover more quickly
- The pelvic floor and abdomen deserve attention

The Pelvic Floor and Abdomen

- Pelvic floor dysfunction (PFD) is very common and becoming increasingly common
- Diastasis (DRA) is brushed aside but closely tied to core dysfunction
- 66% of women with DRA have been found to also suffer from some other kind of PF/Prolapse/Continence Dysfunction - Spitznagle, T. M., Leong, F. C., & van Dillen, L. R. (2007).
- No one checks for DRA or screens for PFD
- Women don't know, think it is 'normal' and don't know help exists - suffer in silence

Pelvic Floor Dysfunction

- Pain from scar tissue - episiotomy, tearing, c-section
- Weak muscles - overuse, underuse, nerve damage
- Symphysis pubis pain (SPD)
- Pelvic Pain
- Incontinence
- Prolapse

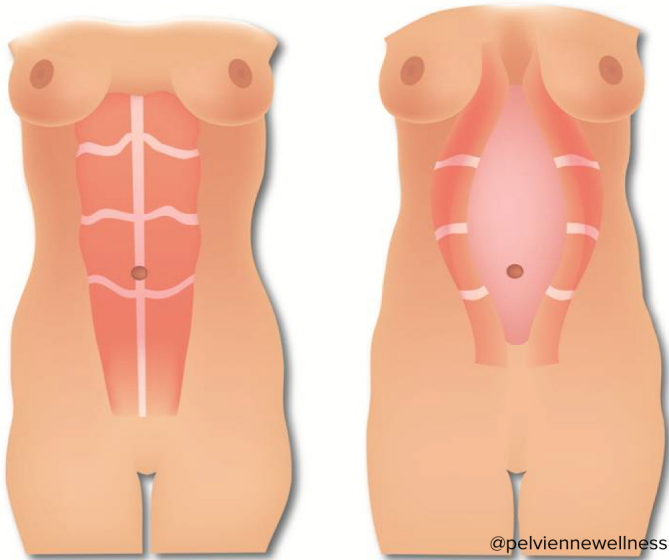
Some Stats

- Up to 70% of women will experience UI during or after pregnancy
- If UI at 12 weeks postpartum 92% will still have UI at 5 years
- 83% of women will have a prolapse at 6 weeks postpartum (52% a grade 2 or greater)
- Pain during sex due to perineal trauma is most common postpartum sexual dysfunction
 - 2nd degree tear 80% more likely to report
 - 3rd and 4th degree tear 270% more likely to report

The Good News Is...

- Initiation of PFMT in immediate postpartum period may reduce the risk of future UI (Joint SOGC/CSEP Clinical Practice Guidelines II-1C)
- Internal assessment and treatment supervised by qualified physio is 80% effective at improving and even curing UI (Cochrane collaboration 2010)
- PFMT is effective at reducing POP symptoms (Hagen S et al 2011) and should be first line of treatment for women with UI and POP (Bo & Hilde 2013, Dumoulin & Hay-Smith 2010, Fritel et al 2010, Morkved & Bo 2013)

Abdominal Wall Dysfunction



- Diastasis Recti is the stretching of the connective tissue in the abdominal wall and the resulting separation of the outermost abdominals from the midline where they are connected (the linea alba)
- Some of the consequences or complaints that are associated with Diastasis are **back pain** (Boxer et al 1997; Boissonault & Blaschak 1988; Toronto 1990, Oneal et al 2011), **pelvic pain** (Lo et al 1999, Whittaker 2013), **incontinence** (Spitznagle 2007), **prolapse** (Spitznagle 2007)
- 100% of pregnant women have some degree of diastasis

Diastasis Healing

Not just about the separation - regaining tension in the linea alba is most important

- First 8 weeks postpartum are the most critical for healing
- Wrapping the abdominals in the early weeks (from the bottom up) helps support the core externally while internal support is restored
- Restorative exercise is essential - ideally done in pregnancy to prepare and then again in the first 8 weeks to recover and restore core function

Ideal Core Function

- Synergy of Core 4
- Co-Contraction of key muscles
- Anticipatory in nature
- Pelvic position and alignment are key!
- ABC's

A is for Alignment



B is for Breathing

- Core Breathing (kegels)
- Prepare - use throughout pregnancy
- Encourages better alignment and posture
- Allows you to connect with your core - mind/body birth prep
- Recover - start asap postpartum to support return to optimal function
- Restore - add to restorative movement to retrain the synergy of the core 4

Core Breath



- Performing a pelvic floor contraction is not just about squeezing, it is about closing and lifting - visualize a jellyfish
- Alignment must come first
- When doing pelvic floor exercise you must first be aligned then ensure pelvic floor and diaphragm work together
- Inhale to expand - pelvic floor descends, Exhale to engage - pelvic floor lifts
- Pursed lip exhale can heighten sensation of engagement
- Lift vagina up into abdomen
- Lift perineum to crown of head
- Prevent a tampon from slipping out
- Sip a milkshake through a straw with vagina
- Pick up a blueberry with your vagina and anus

Core Breath Cues

C is for Coordination

- Add core breath to movements that prepare you for labour positions
- Side Lying position prep - Clam with core breath - inhale down, exhale up
- All 4's position prep - Hovering with core breath - inhale down, exhale up
- Squat position prep - Squats with core breath - inhale down, exhale up.

Optimize Recovery

- Mother Roasting
- Breathe, Breastfeed, Bathe, Bond



Belly Wrapping - Ab Tank and Wrap

- Harness the first 8 weeks - Ab Tank and Wrap and Restorative Exercise
- Remember ABC's
- Start core breathing as early as 24 hours after
- Introduce short walks after 2-3 weeks if feeling up to it
- Goal is to recover posture and deep core function and then progress back to regular activity
- See a pelvic floor physiotherapist ideally around 6 weeks (unless something is blatantly not right then go as soon as possible)
- Re-train before you train
- Running and high impact is not recommended for 6 months at least and green light should come from pelvic floor physio

“Mommy and bootcamp do not belong in the same sentence”

Secrets To A Buff Muff For Life!

- See a pelvic floor physio annually
- How You Hold Your Pelvis Matters
- 3C approach to pelvic floor exercise
- Retrain before you Train
- Move more, Sit less
- Don't pee just in case
- Avoid constipation



**Every Woman
Needs A
Vagina Coach**

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THANK YOU