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SCW STAR PRESENTER

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**PELVIENNE
WELLNESS INC**

Pelvic Health In Pregnancy, Motherhood And Menopause

Baby Boom!

Help Your Pregnant Clients Train for The
Birth Marathon!

Kim Vopni - The Vagina Coach

Overview

- Birth - it's natural but...
- How pregnancy and birth affect the body
- Prepare instead of Repair
- Pelvic floor and Abdomen need more (better) press
- The ABC's
- Exercise for Birth
- Mommy and bootcamp do not belong in the same sentence

BUT...

- Birth leaves the body in an injured state - overlooked because it is 'natural'
- Modern day living - sitting, lack of movement - hinders body's ability to birth effectively
- Many healthcare providers are not as supportive of letting birth 'happen' and intervene perhaps when not necessary
- Fear - moms fear birth and pain - not prepared to cope - 'stalled labors' or 'failure to progress'
- Rush to get back into skinny jeans - too much too soon - no respect for healing
- Society thinks harder is better - crossfit, bootcamp etc

**The female
body is
designed to
give birth....**

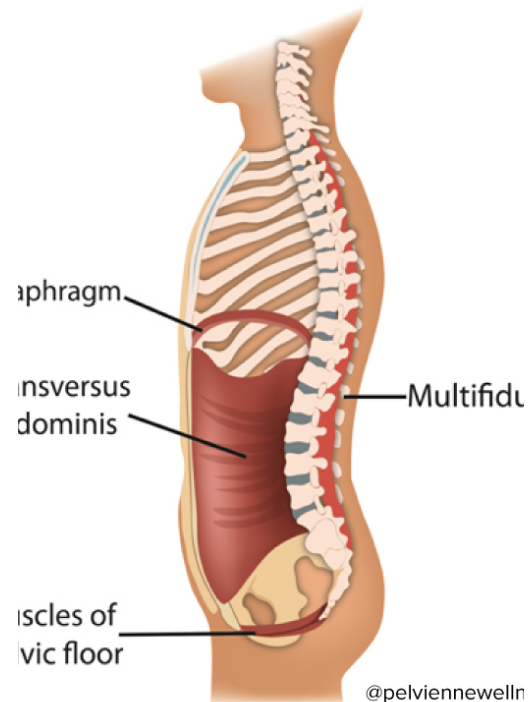
Let's Change The Mindset...

- The philosophy of Prepare, Recover, Restore needs to be the new norm
- Periodization for pregnancy
- Prepare - Train the mind and body for birth with progressive overload followed by tapering off
- Recover - Mother Warming practices and Pelvic floor physiotherapy with recovery protocol
- Restore - Core re-training and a gradual return to exercise - 6 months not 6 weeks

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

The 'Core' 4



- Diaphragm
- Multifidus
- Transversus Abdominis
- Pelvic Floor

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 Them For For Their 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

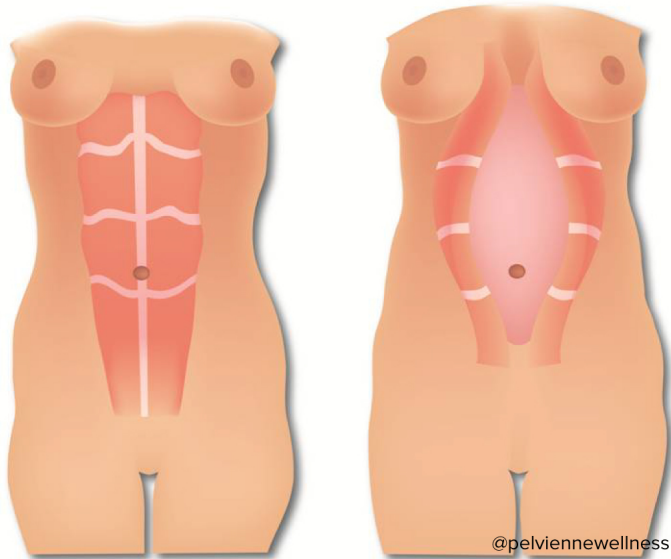
- Pelvic floor dysfunction (PFD) is very common and becoming increasingly common
- Diastasis (DRA) is brushed aside but closely tied to core dysfunction
- 66% of women with DRA have been found to also suffer from some other kind of PF/Prolapse/Continence Dysfunction - Spitznagle, T. M., Leong, F. C., & 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

Diastasis

What We Know



- 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; Toranto 1990, Oneal et al 2011), **pelvic pain** (Lo et al 1999, Whittaker 2013), **incontinence** (Spitznagle 2007), **prolapse** (Spitznagle 2007), **increased risk of abdominal injury** (D. Lee course notes 2011) and a **bulging abdominal wall** (Braumann, 2008).
- 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

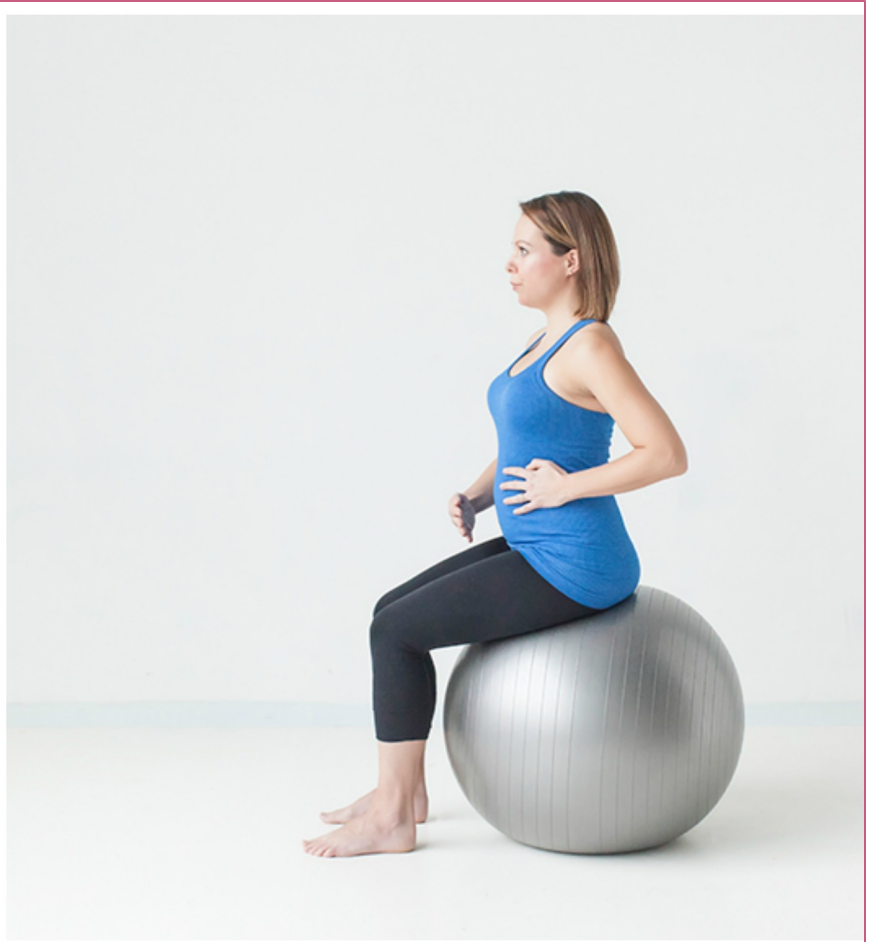
A is for Alignment



B is for Breathing

- Core Breathing
- 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 in to restorative movement to retrain the synergy of the core 4

Core Breath



The Core Breath (aka Kegels)

- Put one hand on belly and one hand on ribs - breathe into your hands - Inhale To Expand
- Diaphragm moves down as we breathe in and up as we breathe out
- Pelvic floor works in synergy with the diaphragm and also descends (expands) as you breathe in and lifts (engages) as you breathe out
- Inhale to expand and feel space between sitz bones and fullness in the perineum then exhale through pursed lips and add in a voluntary pelvic floor contraction feeling the floor lift and the transverse pull in to engage the core
- The more the diaphragm can move the more our lungs can expand and the more oxygen we can take in
- Core breathing supports the optimal function of our core and naturally strengthens the pelvic floor and transverse

The Jellyfish



- 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

Kegel 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.

- Stay off the back
- Pelvic outlet open
- All 4's
- Side lying
- Squatting
- Prepare for these positions with exercises that mimic the birth positions - principle of specificity

Optimal Labour/Birth Positions

Clam



Hover



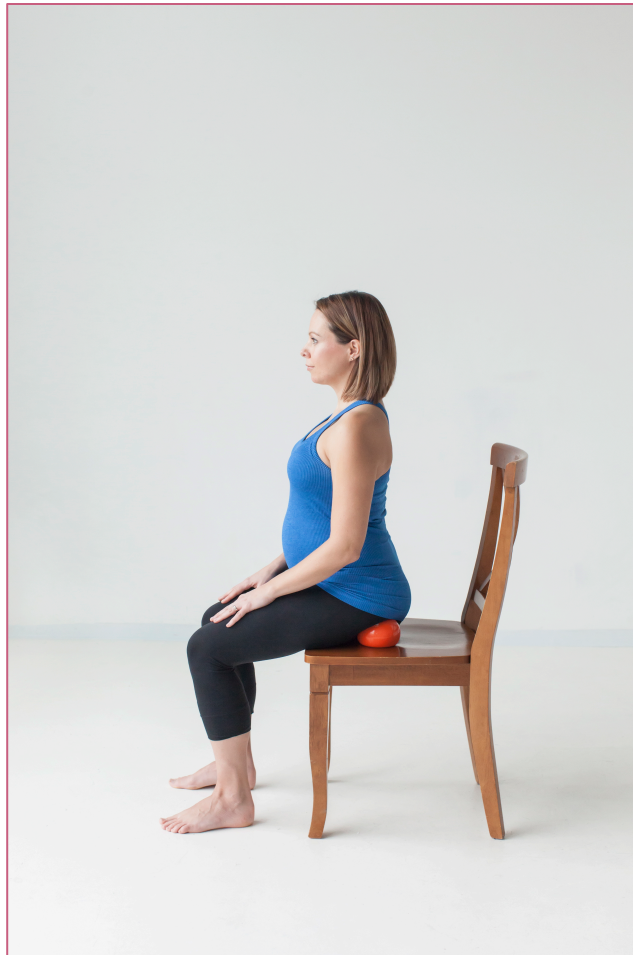
Squat



Release For Birth

- Posterior Pelvic Floor
- Inner Thighs
- Child's Pose - wide leg
- Hamstrings

Posterior Pelvic Floor Release



Inner Thigh Opener



Pelvic Floor and Glute Release



Hamstrings



Support Your Postpartum Clients

- Help them prepare for recovery while still pregnant
- Breathe, breastfeed and bathe is their mantra
- Belly Wrapping
- Mother Roasting- wrap, baths, soups
- Rest and recover
- Stay off feet in first 7 days
- Ask for and accept help - family, doula



Belly Wrapping - Ab Tank and Wrap

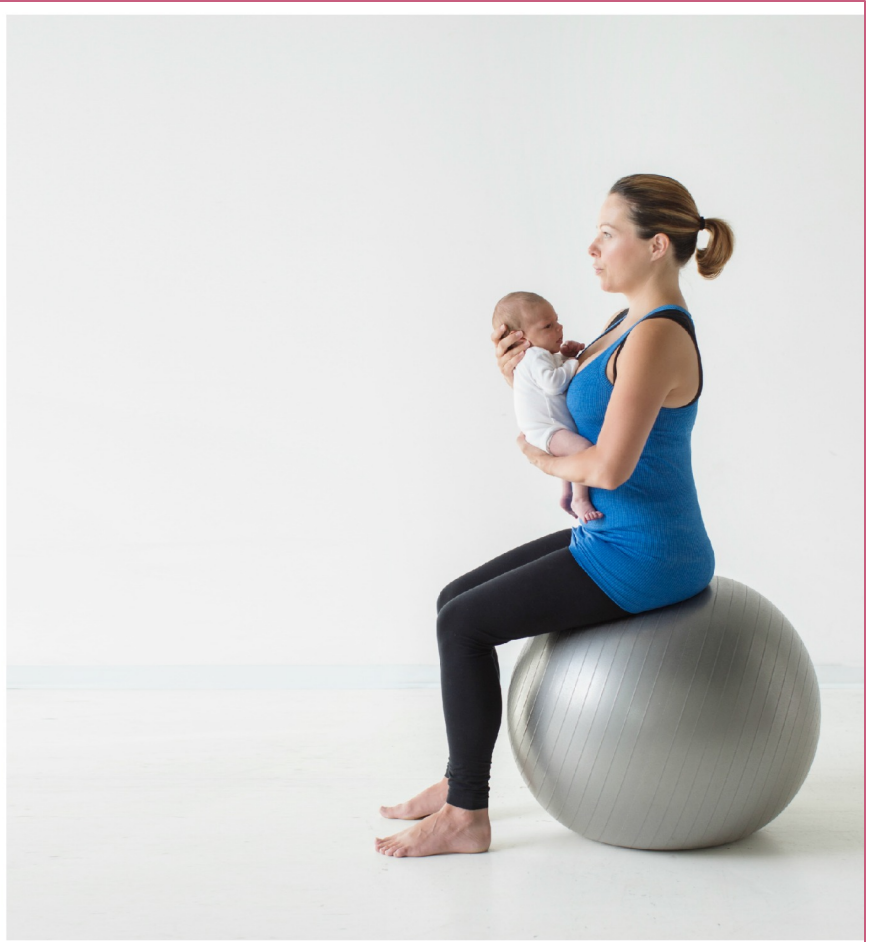
- Harness the first 8 weeks - Ab Tank and Wrap and Restorative Exercise
- Remember ABC's
- Start core breathing as early as 24 hours after
- Introduce short walks after 2-3 weeks if feeling up to it
- Goal is to recover posture and deep core function and then progress back to regular activity
- See a 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**

A - Alignment



B - Breathing



C - Coordination





**Every Woman
Needs A
Vagina Coach**

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THANK YOU