

EXCELLENCE  
MATTERS

# Pregnancy related pelvic floor dysfunction- suggested teaching presentation for Midwives

# Aims of this self assessment competency

- To equip Midwives with the knowledge and skills to teach pelvic floor exercises and give advice regarding pelvic floor care.
- To comply with National Guidelines for the prevention and management of pelvic floor dysfunction

# Pelvic Floor Dysfunction

- Stress urinary incontinence during pregnancy – up to 67%
- Stress urinary incontinence after childbirth- up to 38%
- Anal incontinence after childbirth 4-6% ( 30-50% after OASIS)
- Sexual dysfunction/ dyspareunia
- Prolapse - Lifetime risk of incontinence or prolapse surgery 11%
  - Risk of repeat surgery 29%

# The evidence

Supervised pelvic floor muscle training of at least 3 months' duration should be offered as first-line treatment to women with stress or mixed incontinence

Daily pelvic floor muscle training continued for 3 months is a safe and effective treatment for stress and mixed UI.

An individualised pelvic floor muscle training programme is effective in reducing symptoms of prolapse

- NICE CG 40 2013 Urinary incontinence The management of urinary incontinence in women
- NICE CG 62 2008 Ante natal Care. Routine care for healthy pregnant women
- Cochrane Review: 2012 Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women.
- NICE CG37 2006 Routine post natal care of women and their babies
- POPPY trial 2011

# Risk factors pelvic floor dysfunction

- Ante natal
  - Pregnancy
  - Parity
  - Inherited susceptibility
  - Obesity
  - Chronic cough
  - Constipation
  - Initial pelvic floor strength
- Post natal
  - Ante natal incontinence
  - Instrumental delivery
  - Birthweight over 4Kg
  - Prolonged second stage
  - OASIS

# What is the pelvic floor?

- Complex structure of muscles, ligaments and fascia that resists downward pressure
- Spans the opening within the bony pelvis
- Lies at bottom of the abdomino-pelvic cavity

# Function and associated dysfunction of the pelvic floor

## Function

- Supports pelvic organs
- Urethral closing
- Maintains anorectal angle-
- Bladder inhibition
- Sexual function

## Dysfunction

- Prolapse
- stress urinary incontinence
- faecal incontinence/ constipation
- urge incontinence
- dyspareunia/ sexual dissatisfaction



**Superior view**

Pubic symphysis

Inguinal ligament  
(Poupart)

Inferior pubic ligament

Deep dorsal vein of clitoris

Transverse perineal ligament

Fascia of deep perineal muscles

Urethra

Vagina

Obturator canal

Obturator fascia  
(over obturator  
internus muscle)

Puborectalis and  
pubococcygeus muscles  
(part of levator ani  
muscle)

Tendinous arch of  
levator ani muscle

Rectum

Iliococcygeus muscle  
(part of levator ani muscle)

Ischial spine

Levator plate (median raphe)  
of levator ani muscle

(Ischio-)coccygeus muscle

Piriformis muscle

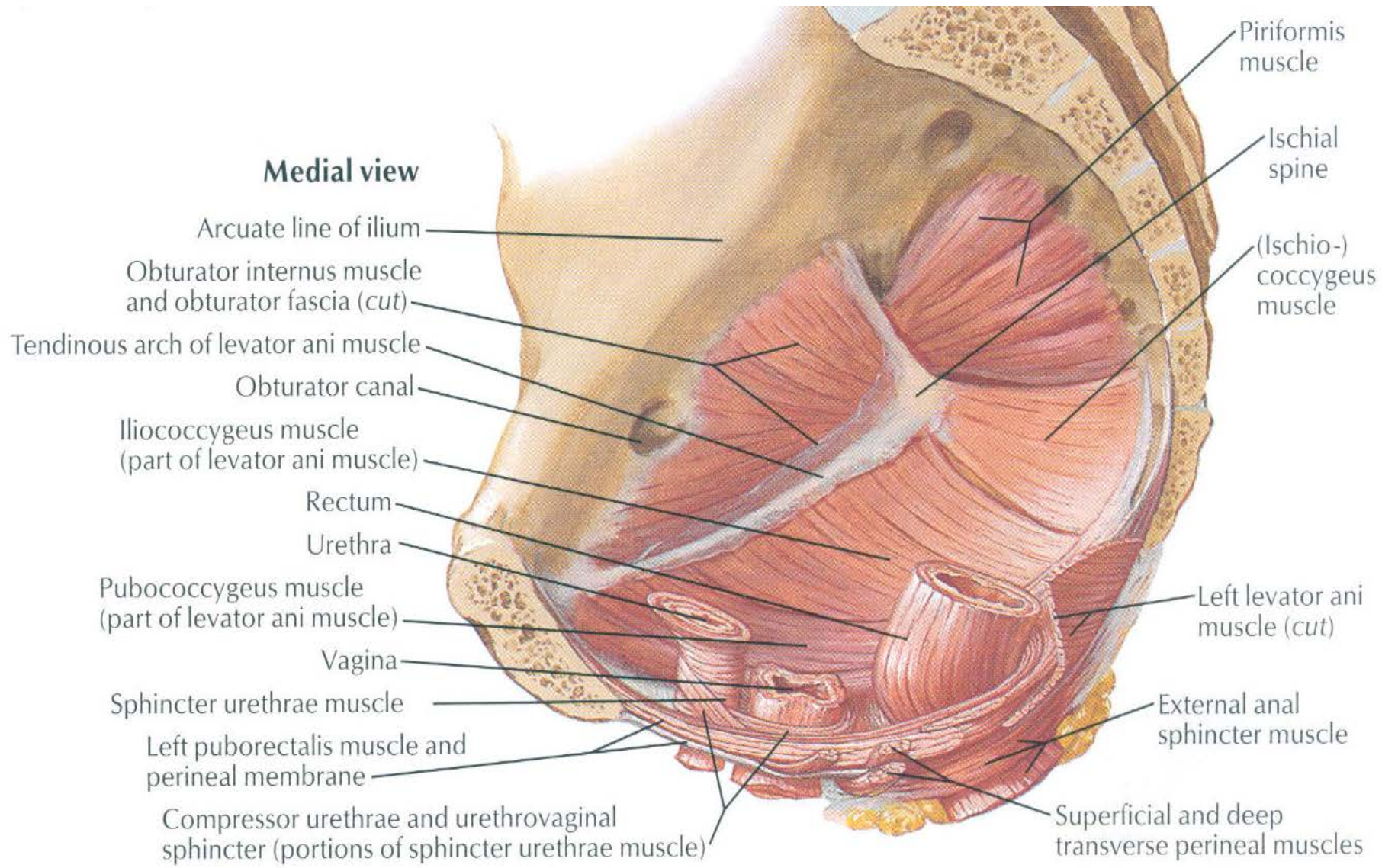
Coccyx

Anterior sacro-  
coccygeal ligament

Sacral promontory

**Levator ani**  
**Viewed from above**





# What happens as the pelvic muscle floor contracts?

- Draws the anorectal junction, vagina and urethra anteriorly
- All organs are lifted anteriorly and in a cephalic direction
- The rectum and vagina are compressed and urethral vesicle junction supported

And as it relaxes / releases.....

- The opposite of above

# How does pregnancy and childbirth affect the pelvic floor mechanism?

- Muscles: loaded and lengthened, potentially overstretched. May be inhibited by pain.
- Connective tissue: hormonal changes and loading may lengthen. Birth may overstretch and detach fascia
- Nerves: Pudendal nerve may be damaged by prolonged stretch or direct trauma.

# Pelvic Floor Muscle Exercise and Advice Programme

- To counteract and protect against
  - increased intra abdominal pressure/ loading
  - Increased extensibility / laxity fascia
- To compensate for
  - changes/ damage to passive and neural structures
- Effective because
  - Trained muscle less prone to injury
  - Easier to retrain after damage
  - Trained muscle increases residual reserve

# Ante natal exercises from 10 weeks (Nice CG 62)

***.....preferably sooner***

Aim is to increase strength, endurance and functional control

Verbal cues :

***“Imagine trying to stop passing wind or urine.***

***The feeling is of squeeze and lift, closing and drawing up the back and front passages.***

***Your low abdominal support muscles may work at the same time- that’s good***

***Try not to tighten buttocks or hold your breath or squeeze legs together”***

**Aim to** - hold the squeeze for 10 seconds, release, repeat , aiming for 10 times. You may have to build up to this.

Then try do 20, short quick squeezes

Practise this set of exercises several times a day.

# The knack

The Knack is the conscious recruitment of the pelvic floor muscle before and during activities which increase intra abdominal pressure. This prevents urethral and bladder descent thus reducing the risk of urinary incontinence and protects the pelvic floor.

## Advice to women:

Try to brace the pelvic floor muscles by squeezing and lifting around the front and back passages just before any effort, eg: before lifting your toddler or baby, coughing or sneezing.

# Ante natal advice to protect the pelvic floor

- Advice to women
  - Avoid getting constipated
  - Support the perineum manually if needing to strain to defaecate
  - Recruit the pelvic floor muscle during activities which increase intra abdominal pressure
  - Avoid heavy lifting
  - Avoid high impact exercise if any incontinence or perineal discomfort
  - Report any urinary incontinence
- Health professional
  - Document continence status in maternity records
  - Provide written information
  - Teach the exercise and encourage at each contact
  - Advise re healthy bladder and bowel habits



# To help you to teach the exercise

- It may help you and your women if you have a model or diagram of the pelvic floor
- Use your cupped hands to demonstrate the close, lift and draw forward movement
- Teach the exercise in different positions
  - Standing
  - Lying on side with pillow between knees
  - Sitting
  - Sitting on the corner of a chair to get feeling of lift in the correct place
- Be able to do the exercise yourself!

# Post natal pelvic floor exercises and advice .....*for life*

- Advice to women
  - Start exercises as soon as possible after childbirth- before discharge from ward
  - If painful or sore, try lying on your side, gentle, rhythmic tightenings and releases.
  - When comfortable – resume the ante natal exercise regime and advice and the Knack
  - Report any incontinence or perineal pain
- Health professional
  - Ask and document continence status
  - Provide written information
  - Teach pelvic floor exercises
  - Provide contact for follow up if symptoms persist (be aware of local guidelines)
  - Encourage life long pelvic floor exercises and care

# Dispelling the myths

- A strong pelvic floor does not cause a problem at delivery or lengthen 2<sup>nd</sup> stage

Agur 2008, Morkved 2007

- Stopping the stream of urine mid flow may identify a pelvic floor muscle contraction but should not be confused with, or promoted as the exercise as it may cause incomplete bladder emptying and increased risk UTI

Bump 1991

# Written information for women an example

- Ante natal
  - Fit for Pregnancy
    - Keep healthy and cope with the physical demands of pregnancy – exercises and advice to help you
  - Personal training for your pelvic floor  
[www.csp.org.uk/sites/files/csp/secure/personal\\_training\\_for\\_your\\_pelvic\\_floor.pdf](http://www.csp.org.uk/sites/files/csp/secure/personal_training_for_your_pelvic_floor.pdf)
- Post natal
  - Fit for the Future- Essential exercises and advice after childbirth  
[www.pogp.csp.org.uk](http://www.pogp.csp.org.uk)

# Referral to specialist care

## e.g. Women's Health Physiotherapy

### Ante natal

- Urinary or anal incontinence or have symptoms of prolapse that are becoming more severe despite Midwifery instruction in pelvic floor exercises and advice

### Post natal

- Women who experienced ante natal urinary or anal incontinence or have symptoms of prolapse
- Women who have had OASIS- ideally for advice with first few days post natal, followed up at 6 weeks for pelvic floor assessment
- New urinary, anal incontinence or symptoms of prolapse that are not improving with Midwifery instruction in pelvic floor exercises and advice

# Self assessment questions

1. What percentage of women experience stress urinary incontinence during pregnancy and after childbirth?
2. What percentage of women experience anal incontinence after childbirth?
3. What is the lifetime risk of needing prolapse or incontinence surgery?
4. What does the NICE Clinical Guideline 62 recommend about pelvic floor muscle training?
5. Who is responsible for the education of women about pelvic floor care?
6. What are the risk factors for pelvic floor dysfunction?
7. What types of tissue constitute the pelvic floor?
8. What can be the symptoms related to pelvic floor dysfunction?
9. What happens as the pelvic floor muscle contracts?
10. How does pregnancy and childbirth affect the pelvic floor?

# More self assessment questions

11. Why is a pelvic floor muscle training programme effective?
12. Describe an ante natal pelvic floor muscle exercise regime?
13. What advice would you give to women during pregnancy to protect the pelvic floor?
14. Describe a post natal pelvic floor muscle exercise regime?
15. When would you ask, about continence status?
16. where would you document continence status?
17. Have you found written information for women?
18. Are you happy with the content?
19. Do all women receive it?
20. Do you know how and where to refer women to specialist care for pelvic floor dysfunction?