

# Pregnancy Guide



Everything that's helpful, honest, and practical that you need to know about your bladder, bowel, and pelvic health before, during, and after your pregnancy.

2023

continence **NZ**

## A dedication

This guide is dedicated to anyone who finds they need to learn to care for their bladder, bowel and pelvic health in new ways before, during and after their pregnancies. We know it's not always easy.

He waka eke noa

We are all in this canoe together (A Māori whakatauki)

## Continence NZ is here to support you

Continence NZ was established to provide a service to support anyone in New Zealand, at any stage of life, who is dealing with continence problems. We provide information and education to the general public, caregivers, and health professionals.

**Continence Helpline 0800 650 659**

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## ABOUT THIS GUIDE

Ngā mihi nui kia koutou, greetings to all.

Continence NZ has put together this guide with help from pelvic health physiotherapists. The aim is to educate people about bladder and bowel control (also known as continence) in pregnancy and after childbirth.

Pregnancy may be the first time you hear about the pelvic floor. There are often no problems prior to pregnancy so it's not talked about much. Pregnancy and childbirth put you at increased risk of having problems and there's a lack of awareness about where to go for information or help when you need it. Many people don't even know that support is available.

We want to change that.

In this guide, we discuss where the pelvic floor muscles are, and how to strengthen them. Having well-functioning pelvic floor muscles can help with both prevention and management of bladder, bowel and pelvic health problems. It will also help with your delivery and recovery afterwards, and prevention of these issues later in life.

We discuss how to recognise that something may not be quite right and what you can do to help yourself. There is also information on how to seek further help from a health professional if you need to.

**Noho ora mai**  
**Continence NZ**

# 01

## THE PELVIC FLOOR MUSCLES

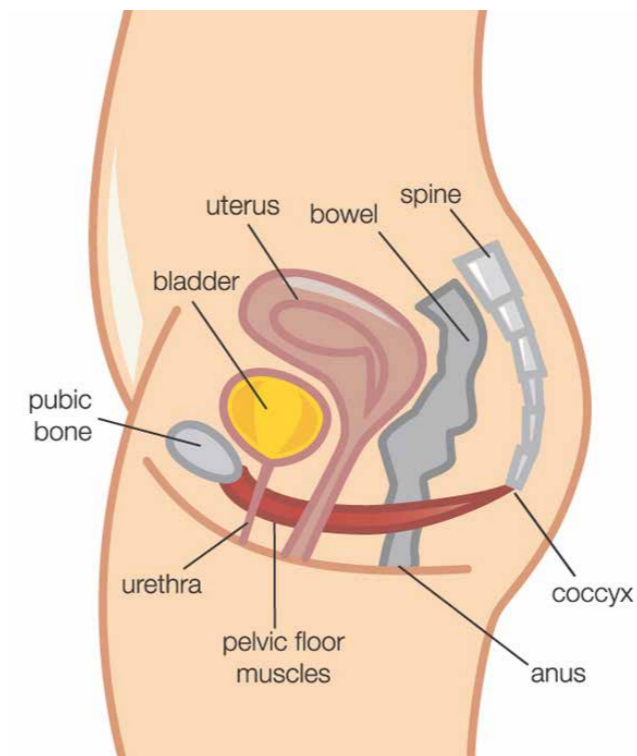
Let's learn about the pelvic floor muscles, and how to get them working well.

1 in 3 of those who have ever had a baby wet themselves.

**But we know that strengthening your pelvic floor can help with this!**

### WHAT ARE THE PELVIC FLOOR MUSCLES?

The pelvic floor muscles are the layer of muscles stretching from the pubic bone at the front, to the tailbone at the back. They form the floor of the pelvis.



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### WHAT DO THE PELVIC FLOOR MUSCLES DO?

- Support the bladder, bowel and uterus (womb)
- Close off the bladder and bowel to help prevent any leaking
- Control the urge to go to the toilet
- Relax at the right time for the bladder and bowel to empty
- Play a part in
  - Sexual response and orgasm
  - Stability of the trunk and pelvis

### HOW DO YOU DO PELVIC FLOOR EXERCISES?

The first step is to correctly tighten these muscles.

- A pelvic floor contraction feels like you are squeezing and lifting – up inside the vagina and anus.
  - It can be hard to know if you are doing it correctly. You could try:
    - Imagining you are squeezing around a tampon and pulling it in
    - Imagining holding onto a fart
    - Imagining stopping the flow of urine (you can try this, but it is a test only and not a way to exercise your pelvic floor)
- It's also important to feel the muscles relax fully after each squeeze and lift.

Let's get started with strength training:

- Lie or sit supported
- Relax your tummy, bottom and thighs
- Squeeze and lift your pelvic floor muscles
- Hold as long as you can – build up to an 8 – 10 second hold
- Rest for 10 seconds between each one
- Repeat 10 times if you can – or if not, work up to 10
- Do this three times a day

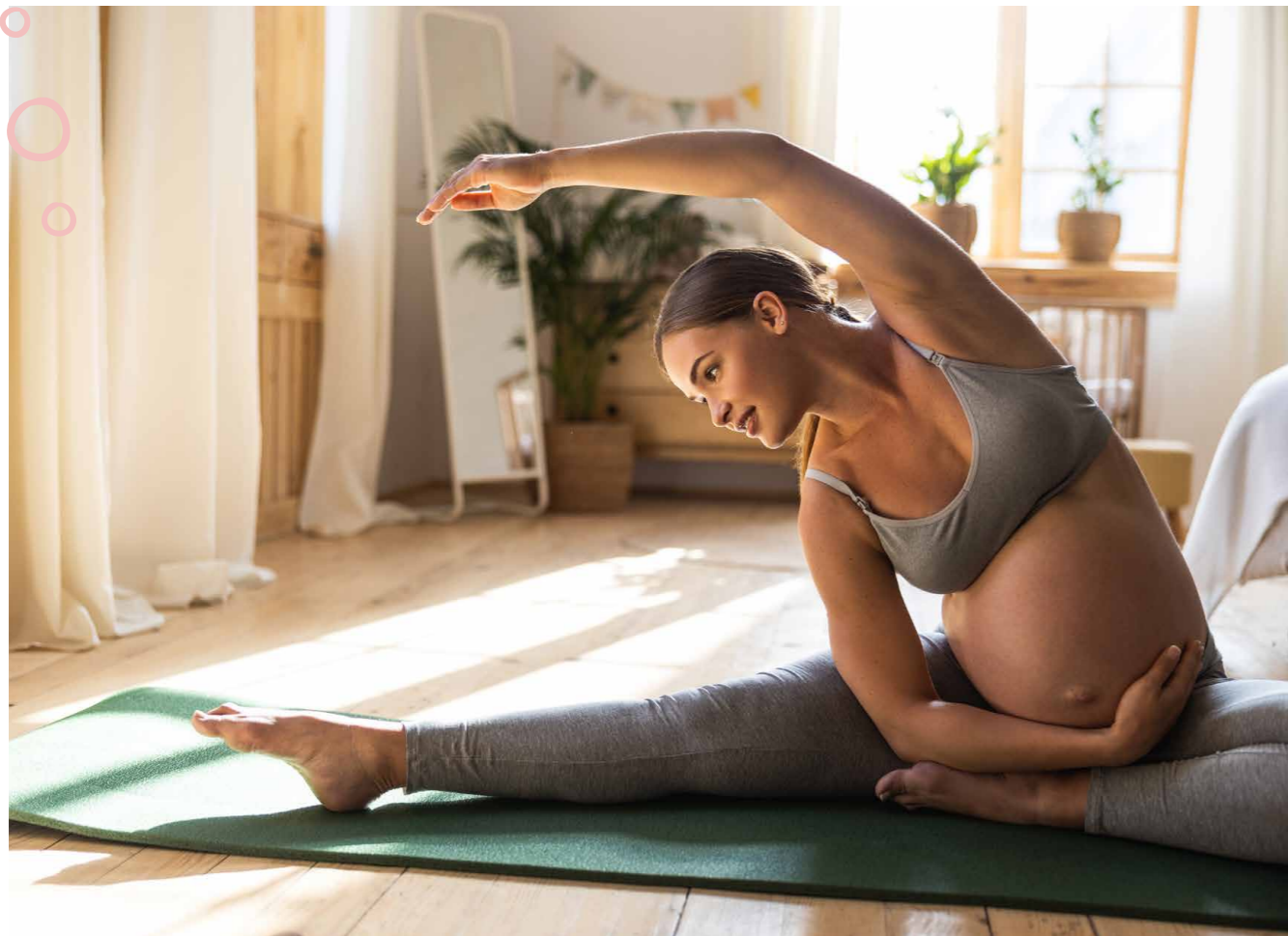
When you do a pelvic floor muscle contraction it's ok to feel a gentle drawing in of your lower tummy muscles. BUT be careful not to suck in strongly or pull up under your ribs.

Ideally, you should be able to hold a contraction for 10 seconds and feel it relax and

let go completely afterwards. If you can only hold for one or two seconds, that's fine, start there and build it up to holding for 10 seconds.

### Never be afraid to ask for help!

Studies have found that people are often not confident they are doing their pelvic floor muscle exercises correctly. Even those who had been doing them, and thought it was correct, found that their technique improved with help from a pelvic health physiotherapist.



### PELVIC FLOOR MUSCLE TONE

Pelvic floor muscles need to be strong and coordinated to function well.

Sometimes there are changes to tone which can lead to problems.

*Lower tone in the pelvic floor muscles – meaning they may be weak and lengthened.*

This can lead to:

- Leaking
- Trouble making it to the toilet on time
- Less support of the pelvic organs

*Higher tone in the pelvic floor muscles – meaning they may be tight and shortened.*

This can lead to:

- Pain with vaginal penetration – e.g. sexual activity, vaginal exam
- Trouble inserting or removing a tampon
- Difficulty emptying the bladder and bowel
- Bladder leakage and urgency to get to the toilet (high-tone muscles are not necessarily strong)

If you are unsure about the tone in your muscles, you may need to see a pelvic health physiotherapist for an assessment.

**Working with a pelvic health physiotherapist one to one on an individualised intensive pelvic floor muscle training programme has been shown to prevent pregnancy and postnatal incontinence. This can also help you to stay motivated to get stronger.**

### CHANGES TO THE PELVIC FLOOR WITH PREGNANCY AND CHILDBIRTH

During pregnancy, changing hormones cause the pelvic floor muscles and other structures to soften and stretch, and they may become weaker.

During a vaginal delivery, the pelvic floor muscles stretch to allow the baby through, and they can sometimes be injured.

After baby:

- Pregnancy and childbirth changes may mean your pelvic floor muscles are weaker.
- If you have a Caesarean Section, you can still have pelvic floor weakness due to pregnancy changes.

# 02

## PELVIC FLOOR MUSCLE PROBLEMS

The information in this section will help you understand more about the problems that can occur when the pelvic floor muscles are not working at their best.

You may experience:

- Bladder and bowel problems
- Prolapse
- Sexual problems and pain

There are a number of factors that may mean you are more at risk of pelvic floor problems in pregnancy and after childbirth. These include:

- You are older and it's your first pregnancy (more than 35 years old)
- You have had several vaginal deliveries
- You had an assisted vaginal birth (forceps or vacuum)
- You had a vaginal birth where baby came out facing backwards
- Your pushing stage of labour was more than 1–2 hours
- You had a third or fourth-degree tear

Note: There is more information later in this section and in **Section 3**, about management of these issues.

**It is estimated that 25% of people in New Zealand aged 15 years or over, have either urinary or bowel incontinence, or both.**

### ○ Bladder problems

#### WHAT IS YOUR BLADDER?

Your bladder is a muscular sac that holds urine (wee) until it is time to go to the toilet. It is in your lower belly area and the pelvic floor muscles help hold it in place.

Normally your bladder:

- Doesn't leak
- Can hold 1–2 cups (250–500ml) of urine
- Empties 4–8 times a day (more when pregnant)
- May wake you up once a night to go the toilet (more if pregnant)
- Tells you when it is full
- Gives you time to get to a toilet
- Completely empties each time

**If you have any of the following symptoms, please check with your midwife or GP as you may have a urinary tract infection. This requires treatment and should not be ignored.**

- An urgent or frequent need to urinate
- A burning or stinging sensation when passing urine
- Blood in the urine

#### CHANGES TO THE BLADDER WITH PREGNANCY AND CHILDBIRTH

During pregnancy, the growing baby takes up space so there's less room for your bladder to expand and you may need to go more often.

After baby, it's common in the early days to have some leakage and be less aware of when

your bladder is full. This should settle within a few weeks.

### TYPES OF BLADDER LEAKAGE

Leakage from the bladder (urinary incontinence) may:

- Vary in amount from a few drops to losing everything in your bladder
- Occur a few times a day, or as little as once a month

Leaking is common but not normal. You can do something about it.

### Stress incontinence:

This means you leak urine with activities such as:

- Coughing or sneezing
- Straining
- Lifting
- Exercise
- Vomiting

### Urge incontinence:

Urgency is where you get a sudden, overwhelming urge to pass urine. If you don't get to the toilet in time, you may have urge incontinence, where you lose control and leak.

This is sometimes associated with things such as:

- Arriving home after being out
- Passing the toilet or thinking about going to the toilet
- Running water

### Mixed incontinence:

Some people suffer from a combination of both stress and urge incontinence.

Having symptoms before pregnancy or that develop during pregnancy means you are more likely to have problems after baby is born regardless of the type of birth you have. So now really is a good time to start working on your pelvic floor.

### SELF-HELP TIPS

#### Fluid intake:

Drink enough fluid to keep your urine a pale yellow/straw colour. For most people this is around 6–8 cups per day.

As a guide:

- In pregnancy this should be about nine cups
- If you are breastfeeding try to drink about 10 cups

#### Bladder irritants:

Some people may find that certain things cause them to feel the need to go to the toilet more. This includes caffeine (tea, coffee, Coke), artificial sweeteners and fizzy drinks.

#### Pelvic floor muscle exercises:

Pelvic floor exercises can make a difference to all types of bladder leakage. See [Section 1: The pelvic floor muscles](#).



Seven out of ten women with stress incontinence can become dry, or significantly improved by doing pelvic floor exercises.

See a pelvic health physiotherapist if you have concerns. Evidence shows pelvic health physiotherapy is by far the most cost-effective intervention for preventing and treating mild to moderate incontinence.

#### Further help:

- You may also need advice on urgency control and bladder retraining
- See [Section 9: How to get help](#)

## o Bowel problems

### WHAT IS YOUR BOWEL?

The bowel is part of your body's digestive system. It processes what you eat and then removes waste that your body doesn't need.

When we go to the toilet the bowel empties a bowel motion, also known as faeces, poo, or stools.

### NORMAL BOWEL FUNCTION

A 'normal bowel' varies and is different from one person to another – bowels are very individual.

Your bowel motions should:

- Be soft and well-formed
- Be easy to pass – no straining is required
- Cause no pain when being passed

- Cause no bleeding
- Leave you feeling that your bowel has been fully emptied

You should:

- Have full control and no leakage
- Be able to hold wind if you choose to

### CHANGES WITH PREGNANCY AND CHILDBIRTH

Changes to bowel function in pregnancy and after baby is born are common.

This may be due to:

- Normal hormone changes
- Altered diet and fluid intake
- Reduced exercise and activity levels
- Baby taking up space

### AFTER BIRTH

- It often takes a day or two for your first bowel motion to occur
- It may feel strange and possibly a little uncomfortable
- If you have bruising, swelling and/or stitches this may add to the discomfort
- Even if you have had stitches, a bowel motion should not cause further damage, and it is safe to do
- It may take a week or two for your normal bowel routine to return
- Most people are a bit nervous about their first bowel motion and this is normal



### Tips for your first bowel motion after baby:

- Take your time
- Use the technique described below in **How to empty your bowel**
- After vaginal delivery: You could try using some folded toilet paper or a maternity pad and holding it over your vagina and perineum (in front of the anus) for support
- Gently wipe from front to back
- After Caesarean Section: You may find supporting your tummy with your hands or a folded towel is helpful

### HOW TO EMPTY YOUR BOWEL

1. Go as soon as you get the urge (if you can)
2. Get into a good emptying position
  - Sit on the toilet with feet flat on the floor or on a small footstool
  - Lean forward from your hips with a straight back
  - Keep knees apart, elbows on knees and relax your tummy
3. Use a good emptying technique
  - Take some slow deep breaths into your tummy
  - If you need to help get things moving – do not strain
  - Try the belly bulge – push your tummy out so that it bulges forward and keep breathing

### SELF-HELP TIPS FOR THE BOWEL

#### Fibre and fluid

Eating a healthy diet with plenty of fibre and fluid helps to keep your bowel motions softer so they are easier to pass.

Sources of fibre include:

- Fruit, vegetables, seeds, nuts
- Multigrain/wholegrain breads and cereals
- Fibre supplements such as psyllium (talk to your midwife, GP, or pharmacist before taking)

Fluid intake:

- 9–10 cups of fluid per day if pregnant or breastfeeding
- You may need more when it's hot or if you are exercising

#### Remain active

Being active and moving about through the day can help keep bowels working well. See **Section 5: Exercise during pregnancy and after birth**

#### Try to go when you get the urge

If you miss or ignore the urge to go to the toilet for your bowel, you may have missed your chance for the day. A bowel motion can become drier and harder the longer it stays inside. This might lead to constipation and or haemorrhoids (see later in this section).

#### Don't strain

Use the technique described on this page in **How to empty your bowel**





**Tip – For some people, having a warm drink and something to eat first thing in the morning can help get the bowel moving a bit better.**

### CONSTIPATION

Some people find they get a bit constipated during pregnancy or after having a baby. In most cases, constipation lasts a short time and is not serious.

Common signs of constipation include:

- Not getting an urge to go
- Fewer bowel motions than you usually do
- Having to push hard or strain
- Hard, lumpy or small bowel motions which can be painful to pass
- Feeling like you haven't completely emptied
- Bloating or tummy pain

### SELF-HELP TIPS FOR CONSTIPATION:

- See previous section on:
  - Self-help tips for the bowel
  - How to empty your bowel

**Sometimes you may need a bit of extra help. Talk to your midwife, GP or pharmacist as you may need laxatives or a fibre supplement. Use of laxatives is better than straining. It's likely you will only need them for a short period.**

### HAEMORRHOIDS

Haemorrhoids (also called piles) are common during pregnancy and after birth.

Haemorrhoids are enlarged or swollen veins, and can be inside or around the anus (back passage).

They can be caused by:

- Constipation or straining on the toilet
- Extra pressure that occurs during pregnancy and childbirth
- Symptoms may include:
  - Pain around the anus during and/or after a bowel motion
  - Fresh blood on the toilet paper when you wipe after a bowel motion
  - A bulging lump and/or itching around the anus

### SELF-HELP TIPS FOR HAEMORRHOIDS:

- Talk to your midwife, GP or pharmacist as you may need pain medication, cream, laxatives or a fibre supplement
- Avoid scratching, getting constipated and straining on the toilet. See earlier in this section: **Self-help tips for the bowel and How to empty your bowel**

Most haemorrhoids that develop during pregnancy or labour will shrink in the weeks following the birth. After haemorrhoids get better you may find the skin where they were remains stretched or loose and hangs a bit. This is normal.

### FAECAL INCONTINENCE (LOSING CONTROL OF YOUR BOWEL)

Faecal (bowel) incontinence means leakage from the bowel. It can:

- Be a small or large amount
- Occur without you knowing

- Be associated with a sudden urge to get to the toilet
- Be solid or liquid, or loss of wind

This sometimes happens after childbirth. Often it just needs managing for a short time until things return to normal.

### SELF-HELP TIPS FOR FAECAL INCONTINENCE:

- Start strengthening your pelvic floor muscles – focus on squeezing the muscles around the anus (see **Section 1: The pelvic floor muscles**)
- Ensure you empty well (see How to empty your bowel). An empty bowel is less likely to leak later on
- Speak to your midwife or GP about medication to help
- See a pelvic health physiotherapist or continence nurse for help with managing

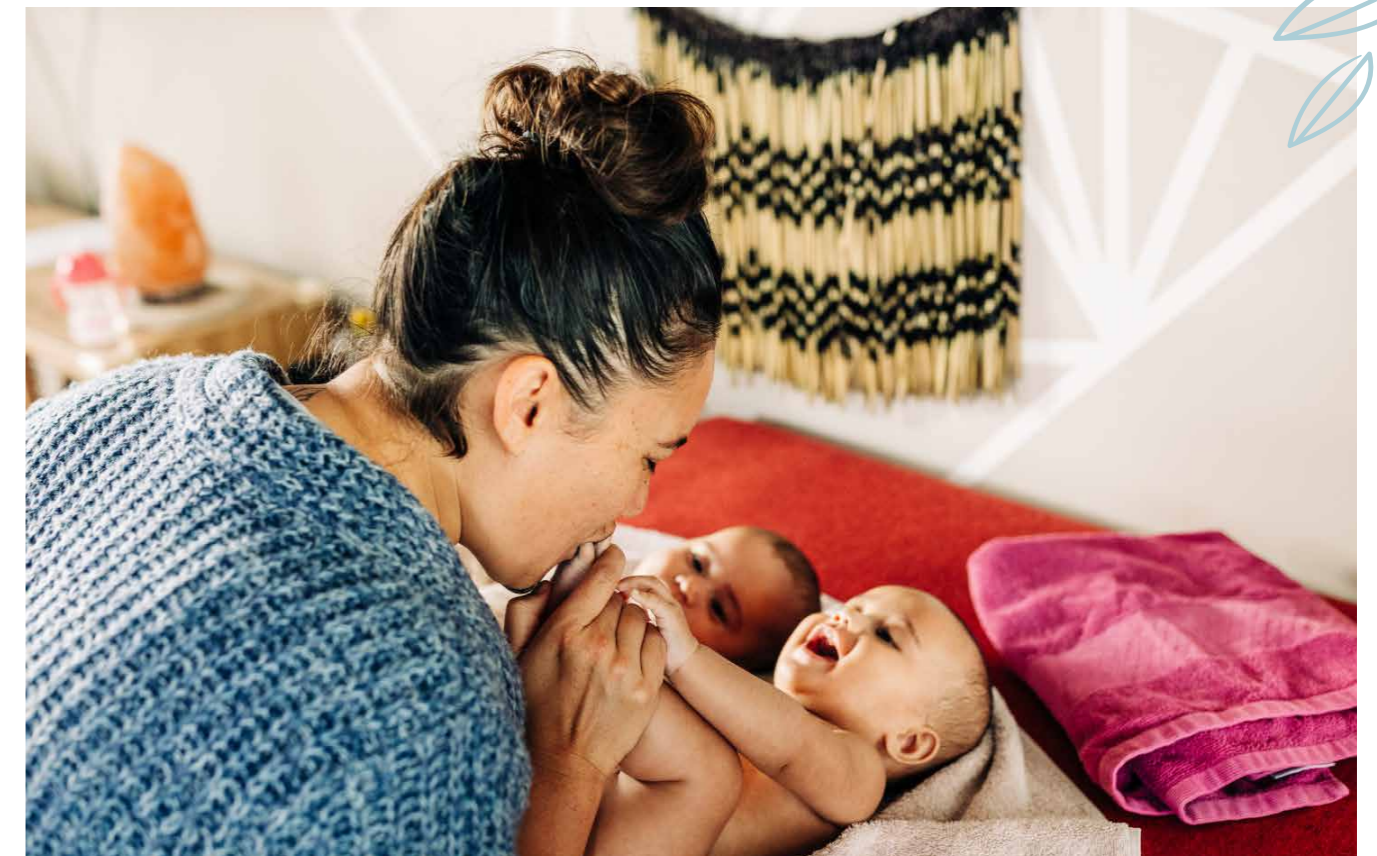
## o Prolapse

### WHAT IS A PROLAPSE?

The pelvic organs (bladder, bowel and uterus) are held in place by the pelvic floor muscles, ligaments and connective tissue. A prolapse is where one or more of your pelvic organs has slipped down from their normal position.

You can have a prolapse of your bladder, bowel or uterus, and you can have more than one type of prolapse.

**Prolapse is very common and may occur following the birth of a baby, or many years later but in most cases, it is very manageable.**





### HOW DO I KNOW IF I HAVE A PROLAPSE?

Everyone is different, some people have no symptoms. Others have mild or more bothersome symptoms.

Common symptoms may include:

- A heavy or dragging sensation in the vagina
- A sense that 'something is coming down' in the vagina, like you have a 'slipped' tampon
- A bulge or lump that you feel or see in the vagina
- Changes to urine flow
- Difficulty emptying your bowels

Symptoms may be worse:

- At the end of the day
- If straining to empty your bowel
- After long periods of standing
- With heavy lifting
- During or after exercise

### WHY DOES A PROLAPSE HAPPEN?

A prolapse can result from anything that puts pressure on the pelvic floor. The main contributing factors are:

- Pregnancy and childbirth
- Constipation and repetitive straining on the toilet
- Repeated heavy lifting
- Frequent high-impact exercise
- Excess weight
- Chronic cough – often related to a chest condition or smoking

**Pregnancy and vaginal birth can contribute to prolapse. You can also have a prolapse if you:**

- Have never been pregnant
- Have a Caesarean delivery

### SELF-HELP TIPS:

Firstly – don't panic. It is common after having a vaginal delivery to have a feeling of discomfort and heaviness. This usually settles in the first few weeks.

There are lots of things you can do to help yourself including:

- **Strengthen your pelvic floor muscles**
  - Strengthen and then keep your pelvic floor strong. Research shows this can help:
    - Prevent a prolapse getting worse
    - Improve the prolapse, and reduce symptoms
- **Care with lifting**
  - Limit heavy lifting and use the technique described in **Section 3: Pelvic floor care**
- **Keep bowels soft**
  - So that you avoid becoming constipated
- **Don't strain**
  - See earlier in this section **How to empty your bowel for best position and technique**
- **Exercise with care**
  - Walking is a good place to start. See **Section 5: Exercise during pregnancy and after birth**
- **Rest if needed**
  - Lying down even for a short period can help reduce symptoms
- **Monitor weight gain**
  - Research shows that weight loss can help to improve and manage symptoms

See a trained pelvic health physiotherapist if you are concerned. Evidence shows pelvic health physiotherapy is by far the most cost-effective intervention for preventing and treating mild to moderate prolapse.

They will:

- Assess you and diagnose any prolapse
- Check your pelvic floor and ensure you are doing your exercises correctly
- Help you work out and modify the things that may be contributing or making it worse
- Help guide you safely back to all the things you love, including exercise

**Listen to your body. If you are uncomfortable or the activity you are doing causes you to feel any prolapse symptoms then stop – do not ignore this. Start doing pelvic floor exercises and seek help.**

### Perineal tears

The perineum is the area between your vagina and anus. It becomes more flexible during pregnancy to prepare for delivery, but it can still tear.

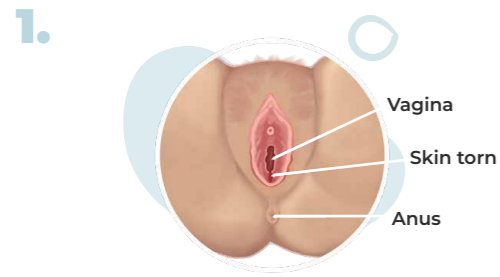
Tears to this area are very common. Often these don't require any treatment, or they may just need a stitch or two.

### HOW IS A PERINEAL TEAR DIAGNOSED?

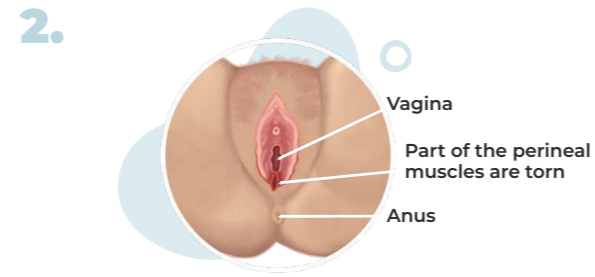
Your midwife or doctor will check your perineum after your baby is born and assess to see if you have a tear. Then they will decide what treatment may be required.

**Third or fourth-degree perineal tears affect 3 in every 100 births. They are more common with first births. Most people with this type of tear will recover well with treatment and support. Getting help from a pelvic health physiotherapist can help prevent longer term problems with bowel control.**

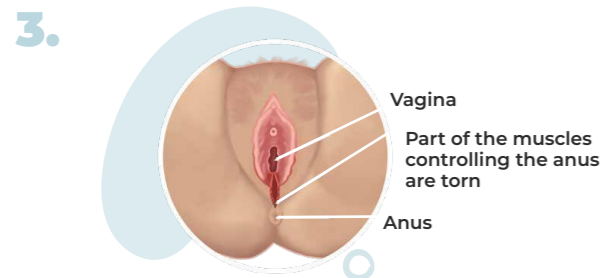
There are four types of perineal tear:



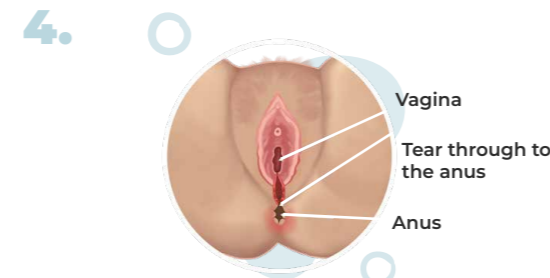
**First-degree tears** are small tears of the skin which heal quickly and do not require stitches.



**Second-degree tears** affect the perineal skin and outside layer of the pelvic floor muscles.



**Third-degree tears** involve tearing of the perineal skin, outside layer of the pelvic floor muscles and the anal sphincters (the muscles that control the back passage and anus). A third-degree tear is divided into three types.



**Fourth-degree tears** extend further than a third-degree tear – through the sphincter muscles to the anal canal.

#### HOW IS A PERINEAL TEAR TREATED?

Second, third and fourth-degree tears are stitched to help make sure the area heals and functions well again.

Third and fourth-degree tears are stitched in a hospital theatre by a trained doctor.

Sometimes you may also have an internal vaginal tear or labial tear. Many of these injuries heal on their own without needing to be stitched.

#### WHAT IS AN EPISIOTOMY?

This is a small cut of the perineum that your midwife or doctor may do to help increase the space for baby to pass through. A typical episiotomy is like a second-degree tear. This might be done if:

- Your baby needs to be born quickly
- You require forceps or vacuum (ventouse) assistance
- There is a risk of third or fourth-degree tear

#### SPEAK TO YOUR MIDWIFE OR DOCTOR IF THE AREA WHERE YOUR STITCHES ARE:

- Becomes red, hot, and or swollen
- Starts to smell
- Has a strange discharge
- Becomes more painful
- Is still sore after six weeks

#### TIPS TO HELP WITH HEALING AND MANAGEMENT OF PERINEAL TEARS AND EPISIOTOMIES:

- Take it easy over the first six weeks
  - You need time to recover and heal
  - Avoid sitting or standing for long periods
  - Rest often
  - Elevating your bottom on pillows can help with pain and swelling
- Your midwife can give you advice about:
  - Medication to help:
    - Ease the pain
    - Keep bowel motions soft
  - Looking after your perineum
- Emptying your bladder
  - Pouring warm water over your vaginal entrance and perineum may help prevent stinging
  - After emptying your bladder, hold toilet paper on the perineum to absorb moisture rather than wiping
- Bowel care
  - Avoid straining
  - Keep bowel motions soft – have plenty of fluid and fibre
  - See **Tips for your first bowel motion**, earlier in this section
- Pelvic floor muscle exercises (refer to **Section 1**)
  - This can help with pain, swelling and healing
- Sexual activity – see **Section 6: Sex during and after pregnancy** for more information

#### ◦ Pelvic floor muscle injury

In **Section 1: The pelvic floor muscles**, we discussed basic pelvic floor anatomy. The pelvic floor muscles have two main layers – the superficial and the deep layers. The deep layer is also known as the levator muscles.

To allow the baby's head to come down the vaginal canal during birthing, the muscles need to stretch. Sometimes this causes an injury called a levator avulsion.

If this is your first baby or you have a forceps delivery, the risk of a pelvic floor muscle injury is higher.

#### SYMPTOMS OF LEVATOR AVULSION INJURY

- Feelings of vaginal looseness
- Weakness in the pelvic floor muscles
- Prolapse

#### WHAT SHOULD I DO IF I HAVE SYMPTOMS

Make an appointment with a pelvic health physiotherapist (you could also talk to your GP or midwife about a referral).

A pelvic health physiotherapist who has extra training in assessment of levator avulsion injury will be able to carry out a vaginal examination and let you know if you might have an injury. They will give you advice and help you develop a management plan, including return to exercise.

Having a levator avulsion means you are at greater risk of developing a prolapse. Identifying these injuries means you can take steps to help prevent prolapse from occurring later in life. (See Section 3: Long-term pelvic floor care)

# 03

## PELVIC FLOOR CARE

### o Pelvic floor care in pregnancy

In pregnancy, pelvic floor care includes pelvic floor exercises and perineal massage.

#### PELVIC FLOOR EXERCISES

Start doing pelvic floor exercises early in your pregnancy, even if you have no problems. This will help prevent them from starting. (See **Section 1: The pelvic floor muscles**)

#### Pelvic floor muscle exercises help reduce:

- The chance of deeper perineal tear
- The length of the pushing stage of labour

It is helpful to have strong, functional pelvic floor muscles during pregnancy so start your exercises early and you will be much less likely to leak urine as your pregnancy progresses. You are also less likely to have bladder and bowel leakage for up to six months after delivery.

#### PERINEAL MASSAGE

Perineal massage is an easy and helpful way to prepare your pelvic floor and perineum (the area between your vagina and anus) for the stretching that occurs during delivery.

#### Perineal massage helps reduce:

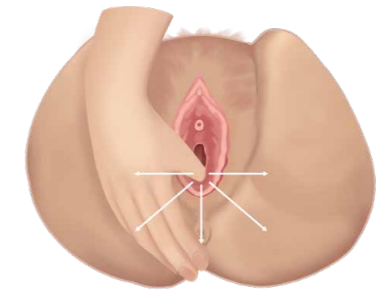
- The chance of deeper perineal tears
- The likelihood of an episiotomy

**When should I do perineal massage?**  
Start any time between 34 and 36 weeks of pregnancy.

**How often should I massage?**  
Aim for 5 minutes, 2–3 times a week until baby is born.

**What should it feel like?**  
It will feel like a strong stretch but should not cause pain, bruising or bleeding.

**How do I do perineal massage?**  
This can be done by you or your partner. There is no one way to do this but here are some ideas.



- **Before you start**
  - o Wash your hands
  - o Have some water-based lubricant or natural oil to use. **Avoid** Bio-oil, Vaseline, or baby oil
  - o Find a comfortable position – e.g. reclining back on pillows, lying on your side, sitting on the toilet or standing with one foot on a chair



- **To massage**
  - Oil or lubricate to start, insert 1–2 fingers or thumbs, 3–4 cm into the vagina
  - Continue to breathe and keep pelvic floor muscles relaxed throughout the stretch
  - **Sweep**
    - Start on the side of the vagina then sweep down and around the back of the vagina to the other side in a U shape
    - If you are doing this yourself, you may need to change hands and position to reach the other side
    - Continue to sweep side to side with a gentle stretch on the tissue
    - Repeat 5–10 times
  - **Stretch and hold**
    - Start on one side of the vagina
    - Stretch the perineal tissue outward like you are trying to make the vaginal entrance bigger
    - Hold this initially 10–15 seconds, then as you become used to the sensation hold for up to 1 minute
    - Repeat around the lower half of the vaginal entrance

- Massage
- Pressure
- Warm compress

## ○ Pelvic floor care after vaginal and Caesarean delivery

After a vaginal delivery, your pelvic floor muscles have been stretched and will need some time to recover. Starting pelvic floor exercises early can help reduce pain and swelling.

After a Caesarean delivery, your pelvic floor muscles may be weak due to changes in pregnancy so it's important to strengthen them.



## ○ Pelvic floor care during delivery

Your midwife may suggest techniques to help your baby's head emerge slowly and gently, giving the skin and pelvic floor muscles time to stretch.

- This may include:
  - Asking you to stop pushing, and breathe or pant instead
  - Use of techniques on your perineum, such as:

## After vaginal delivery

### Pelvic floor exercises - see [Section 1](#)

- Start whenever you are feeling comfortable – any time from the day after baby is born
- It's normal not to feel much happening for the first few days
- Begin with a few on and off exercises (like a gentle pumping action)
  - Do 10 at a time
  - Repeat 3–6 times a day
  - This can help reduce pain and swelling
- To strengthen
  - Slowly build up to holding for 8–10 second holds
  - Rest 10 seconds
  - Repeat 10 times
  - Do 3 times a day
- **Stop** if you feel pain and try again in a few days

### Rest

- Helps you to recover
- Rest as needed if you are tired or uncomfortable
- Even sitting or lying for a few minutes, especially in the first few days after baby is born, can be helpful

## After Caesarean delivery

### Pelvic floor exercises - see [Section 1](#)

- Start **after** catheter has been removed and you feel ready
  - Build up to 8–10 second holds
  - Rest 10 seconds
  - Repeat 10 times
  - Do 3 times a day
- **Stop** if you feel pain and try again in a few days

### Rest

- Helps you to recover
- Rest as needed if you are tired or uncomfortable
- Even sitting or lying for a few minutes, especially in the first few days after baby is born, can be helpful

After vaginal delivery	After Caesarean delivery
<p><b>Activity and exercise</b></p> <ul style="list-style-type: none"> <li>Your pelvic floor is recovering</li> <li>Gradually increase your activities and exercise</li> <li>You will need to modify your activity initially</li> <li>See <b>Section 5: Exercise during pregnancy and after birth</b> for more information</li> </ul>	<p><b>Activity and exercise</b></p> <ul style="list-style-type: none"> <li>You have had abdominal surgery and your body needs time to recover</li> <li>You will often be feeling better by 4 weeks, but it pays to take care for another 2–4 weeks</li> <li>Gradually increase your activities and exercise after 6 weeks.</li> <li>See <b>Section 5: Exercise during pregnancy and after birth</b> for more information</li> </ul>
<p><b>Bowel function</b></p> <ul style="list-style-type: none"> <li>Use correct bowel emptying technique, as described in <b>Section 2</b></li> <li>Try using some folded toilet paper or a maternity pad and holding it over your vagina and perineum (in front of the anus) for support</li> <li>Gently wipe from front to back</li> <li>Keep bowel motions soft</li> </ul>	<p><b>Bowel function</b></p> <ul style="list-style-type: none"> <li>Use correct bowel emptying technique as described in <b>Section 2</b></li> <li>Support your tummy by holding a folded towel over your stitches if it feels uncomfortable</li> <li>Keep bowel motions soft</li> </ul>
<p><b>Position change</b></p> <ul style="list-style-type: none"> <li>Try tightening your pelvic floor while changing positions</li> <li>To get out of bed <ul style="list-style-type: none"> <li>Tighten pelvic floor and gently pull in your lower tummy</li> <li>Roll onto your side</li> <li>Use arms to push yourself up from side lying</li> </ul> </li> <li>Moving from sit to stand <ul style="list-style-type: none"> <li>Shift to the edge of seat or bed</li> <li>Lean forward from hips</li> <li>Tighten pelvic floor and gently pull in your lower tummy as you stand up</li> </ul> </li> </ul>	<p><b>Position change</b></p> <ul style="list-style-type: none"> <li>Try tightening your pelvic floor while changing positions</li> <li>To get out of bed <ul style="list-style-type: none"> <li>Tighten pelvic floor and gently pull in your lower tummy</li> <li>Roll onto your side</li> <li>Use arms to push yourself up from side lying</li> </ul> </li> <li>Moving from sit to stand <ul style="list-style-type: none"> <li>Shift to the edge of seat or bed</li> <li>Lean forward from hips</li> <li>Tighten pelvic floor and gently pull in your lower tummy as you stand up</li> </ul> </li> </ul>

cont.

After vaginal delivery	After Caesarean delivery
<p><b>Coughing and sneezing</b></p> <ul style="list-style-type: none"> <li>Tighten pelvic floor</li> <li>Gently pull in lower tummy</li> <li>Try pressure with your hand over your perineum or stitches to brace and support if needed</li> </ul>	<p><b>Coughing and sneezing</b></p> <ul style="list-style-type: none"> <li>Tighten pelvic floor</li> <li>Gently pull in lower tummy</li> <li>Try gentle pressure with your hands or a folded towel over your stitches on your tummy if needed</li> </ul>
<p><b>Lifting</b></p> <ul style="list-style-type: none"> <li>Your pelvic floor will be weak so be careful to limit lifting initially</li> <li>Try breathing out and gently tighten your pelvic floor and lower tummy as you lift</li> <li>See over the page in <b>Tips for long term pelvic floor care</b> for advice on how to lift correctly</li> </ul>	<p><b>Lifting</b></p> <ul style="list-style-type: none"> <li>Try and avoid lifting anything heavier than your baby for 6 weeks</li> <li>Try breathing out and gently tighten your pelvic floor and lower tummy as you lift</li> <li>See over the page in <b>Tips for long term pelvic floor care</b> for advice on how to lift correctly</li> </ul>
<p><b>Sex</b></p> <ul style="list-style-type: none"> <li>If you have concerns or problems returning to sexual activity, see <b>Section 6: Sex during and after pregnancy</b> for more information</li> </ul>	<p><b>Sex</b></p> <ul style="list-style-type: none"> <li>If you have concerns or problems returning to sexual activity, see <b>Section 6: Sex during and after pregnancy</b> for more information</li> </ul>

### o Long-term pelvic floor care

Your pelvic floor will continue to be important throughout life. It needs to be strong enough to:

- Prevent leakage of bladder and bowel
- Support pelvic organs (bladder, bowel and uterus)
- Help your core to work well
- Assist normal sexual function

#### Pelvic floor exercises

- Hold 8–10 seconds (if you can)
- Rest 10 seconds
- Repeat 10 times (if you can)
- Do 3 times a day



### TIPS FOR LONG-TERM PELVIC FLOOR CARE

There are some simple things you can do on a daily basis to help protect yourself from pelvic floor problems as you get older.

- Pelvic floor exercises
  - Can prevent and treat pelvic floor problems
  - Make it a habit – attach them to things you normally do like:
    - Waiting for the jug to boil
    - Checking in with social media
    - Lying in bed at night
  - See **Section 1: The pelvic floor muscles** to review how to do pelvic floor exercises
- Bowel function
  - Avoid constipation and straining
  - See **Section 2: Pelvic floor muscle problems**
- Lifting and lowering
  - To lift

- Keep a small hollow in your lower back
- Bend at your hips and knees like you are going to sit on the toilet
- Breathe out and tighten pelvic floor and lower tummy as you lift
- To put something down, e.g. baby capsule
  - Keep a small hollow in your lower back
  - Bend at your hips and knees like you are going to sit on the toilet
  - Breathe out and tighten pelvic floor and lower tummy as you lower something down
- Position change
  - Tighten your pelvic floor and lower tummy as you change positions, such as getting up from bed or a chair, getting in and out of the car
- Coughing and sneezing

- Quickly and strongly tighten your pelvic floor when you cough or sneeze
- Maintain a healthy weight
- Appropriate exercise
  - Exercise is important for many reasons. After pregnancy and birth your abdominal muscles are stretched and the pelvic floor is likely to be weaker. Take your time when you return to exercise and increase gradually. See **Section 5: Exercise during pregnancy and after birth** for more information.

### Correct lifting technique:

- Stand close to what you are lifting
- Bend your knees, keep your back straight and push your bottom out behind you – as though you were going to sit on the toilet
- Breathe out and squeeze and lift your pelvic floor and pull in your lower tummy as you lift



# 04

## LOWER BACK, PELVIC AND ABDOMINAL CONCERNS IN PREGNANCY

A range of natural changes occurs during pregnancy to help your body adapt and be ready for the birth. These changes may put stress and strain on areas that do not usually have so much load, causing pain and altered function.

Three common areas where you may notice these normal changes having an effect are the abdominal wall, lower back and around your pelvis.

### o Abdominal wall – diastasis

Most people develop a widening between the abdominal wall muscles and connective tissue, down the centre of their tummy. This is known as diastasis or diastasis recti.

It may occur above, at, and/or below your belly button.

A diastasis looks like a bulge or feels like a gap. If you notice this with exercise or daily activities, you should try to modify what you are doing so that it doesn't happen.

### How do I know if I have a diastasis?

#### You may notice:

- A bulge down the centre of your tummy
- A gap between the tummy muscles

### WILL IT GO AWAY AFTER CHILDBIRTH?

- In a lot of cases, yes
- If it is still present after six weeks, you may need to seek help from a pelvic health physiotherapist or qualified and trained fitness professional for targeted exercises





## ○ Low back and pelvic girdle pain in pregnancy

Low back pain and pelvic girdle pain are both common in pregnancy. Low back pain affects more than two-thirds of people, and pelvic girdle pain affects almost one in five.

There are several things that may contribute including:

- Postural changes
- Weakened muscles
- Increased joint and ligament mobility

### **CAN I STILL EXERCISE IF I HAVE LOW BACK PAIN OR PELVIC GIRDLE PAIN?**

Yes exercise can help:

- Ease pain
- Improve posture
- Strengthen supporting muscles

Exercise should not make your pain worse.

For more information, see **Section 5: Exercise during pregnancy and after birth.**

### **SELF-HELP TIPS:**

- Try to avoid activities that cause pain
- Sitting – Avoid crossing legs, sit up straight and sit with weight evenly spread across both buttocks
- Standing – Take care with posture and stand with equal weight on each leg
- Take care with lifting – See **Section 3** for advice on lifting technique
- Sleep/resting – Use pillows to help increase comfort
- Support garments or braces may be helpful e.g. tubigrip, pelvic and lumbar support belts, pregnancy compression shorts/tights. (Speak to a pelvic health physiotherapist for individual advice)
- Try to continue normal daily activities, and have a balance between rest and exercise

### **WILL IT GO AWAY AFTER CHILDBIRTH?**

- For many, yes it will go away
- If you still have pain after delivery, consider seeing a treatment provider who treats low back pain and pelvic girdle pain after pregnancy
- Don't ignore symptoms – seek help early

#### Lower back pain and pelvic girdle pain

- Can occur separately or together
- Affects more people as pregnancy goes on
- Can interfere with work, daily activities and sleep



# 05

## EXERCISE DURING PREGNANCY AND AFTER BIRTH

### o Exercise in pregnancy

#### IS IT SAFE TO EXERCISE IN PREGNANCY?

Yes, it is! Physical exercise is recommended for everyone who is having a healthy pregnancy. Check with your midwife.

#### Regular activity helps:

- Reduce high blood pressure
- Improve fitness
- Manage weight gain
- Improve sleep
- Prevent diabetes in pregnancy
- Improve mood

#### WHAT SHOULD YOU BE DOING?

Recommendations:

- 150 minutes of moderate intensity exercise per week
- ('Moderate intensity' means your heart rate increases a bit, but you can still talk)
- Exercise three days per week, but being active every day is encouraged
- Aim for a combination of:
  - o Aerobic activity such as walking, cycling, freestyle swimming, low impact exercise classes or water aerobics
  - o Strengthening exercises such as light weights or body weight exercises, modified for pregnancy
  - o Yoga or Pilates or gentle stretching, modified for pregnancy
- Pelvic floor muscle exercises are important – try to do some every day. **See Section 1: The pelvic floor muscles**

As your pregnancy progresses, you may need to make some changes to the amount or type of exercise you are doing. Listen to your body and rest when you need to.

#### WHEN SHOULD YOU START?

It's a good idea to be physically active right from the start of your pregnancy.

If you were active before you got pregnant, it's usually fine to keep going (check with your midwife).

If you were not exercising before you got pregnant, start slowly, and build up to the recommended levels.

Even if you're not doing 150 minutes per week, every minute counts, so keep moving!

#### SAFETY PRECAUTIONS

- Avoid:
  - o Exercise that involves physical contact or danger of falling
  - o Scuba diving
  - o Exercise at high altitude (more than 2500 m) unless you were used to this before getting pregnant
- Take care exercising in temperatures above 25 degrees
- Have adequate food and fluids – drink plenty of water before, during and after activity

- If you are doing high-intensity or high-impact exercise, speak to your midwife to check this is ok

#### WHAT YOU NEED TO WATCH OUT FOR WHILE EXERCISING

If you develop any of the following, stop exercising and talk to your midwife or GP

- Shortness of breath
- Chest pain
- Regular or painful uterine contractions
- Vaginal bleeding
- Persistent loss of fluid from the vagina
- Dizziness or fainting

After week 16, it's better not to exercise lying flat on your back. Try doing exercise on your hands and knees, lying on your side, or sitting up.

### Exercise after baby is born

In the first few months after childbirth, try to rest and enjoy time with your baby. If you feel like some gentle exercise such as walking, then do so – it's safe to be active but there is no need to rush.

Take it slowly as your body is recovering from pregnancy and delivery. Gradually increase activity and exercise from six weeks.

#### WHAT SHOULD YOU BE DOING?

- Try to gradually build back up to 150 minutes per week of moderate intensity activity
- For advice on what sort of exercise is suitable, refer to [pelvicfloorfirst.org.au](http://pelvicfloorfirst.org.au)
- Build up pelvic floor and abdominal strength before participating in more vigorous or high-impact exercise (see the next page for information about returning to running)



#### EARLY SIGNS YOU ARE NOT READY TO RETURN TO EXERCISE YET

Symptoms that indicate you may have issues include:

- Bladder or bowel leakage
- Pelvic, back or abdominal pain
- Vaginal pain
- Pelvic organ prolapse

Sometimes there are injuries during childbirth. You may need to take extra time to return to exercise if you have had:

- A forceps or ventouse delivery
- A large baby
- A long pushing stage of labour – more than 1-2 hours

Consider carefully – when is the right time to resume your exercise? If you are unsure or having problems, talk to your midwife, GP or pelvic health physiotherapist.

#### RETURNING TO RUNNING AFTER CHILDBIRTH

Guidelines recommend that you:

- Wait at least three months before returning to running
- Have an assessment with a pelvic health physiotherapist to check your pelvic floor, abdominals and general condition

# 06

## SEX DURING AND AFTER PREGNANCY

Pregnancy brings many physical, hormonal and emotional changes. After baby is born, there are more changes. While some people enjoy and want to have sex during or after pregnancy, others don't. That's ok, everyone is different.

### SEX WHILE YOU ARE PREGNANT

For most people:

- Sexual activity won't harm your baby
- Having sex during pregnancy won't cause a miscarriage. Most miscarriages occur because the baby isn't developing normally.

There are occasionally times when it may not be safe to continue having sex. Talk to your midwife about this.

If you're experiencing discomfort:

- Try using water-based lubricant (designed for sexual activity)
- Try changing position

If you have pain or stomach cramps, STOP, and speak to your midwife.

### SEX AFTER BIRTH

It's common to feel tired, sore, or not have much time or energy during the first few months, so you may not feel like sexual activity.

Beginning to have sex again is a personal choice and the timing of this varies for everyone.

A few tips:

- **Bleeding and tissue healing**
  - After baby is born it's recommended that you wait at least 4–6 weeks before having sex
  - If you have had a tear or an episiotomy, you need to wait until the area is completely healed

- **Altered sensation**

- Sensation may be different after having a baby. Over time, this should improve. Try strengthening your pelvic floor to help. See **Section 1: The Pelvic Floor.**

- **Pain**

- Hormonal changes associated with pregnancy and breastfeeding may mean your vagina is drier and more sensitive. Use a water-based lubricant (designed for sexual activity).
- A healed perineal tear may initially cause discomfort during sex. This should not continue.
- Some people develop tight pelvic floor muscles, which can be a source of pain. Seeing a pelvic health physiotherapist can help.

- **Anxiety about sexual activity**

- It's common to feel a bit anxious the first time you try to have sex after a baby.
- Take your time to make sure you are aroused and ready.
- Use water-based lubricant (designed for sexual activity).
- Feeling anxious can make your pelvic floor muscles tighten, causing pain, so try to relax.



07

# CONTINENCE CHALLENGES AND MENTAL HEALTH

Pregnancy and birth are very challenging times. That's why it's important to look after your mental health and wellbeing. In fact, it's just as important as looking after your physical health. If you are feeling positive and good about things, then you'll be more able to deal with the challenges that come during this time, such as continence problems.

**Continence difficulties can add more stress. They may:**

- Make you feel emotional at times, like embarrassed, frustrated, or anxious and worried that you might leak in awkward or social times
- Be exhausting because it takes extra energy to cope and get sorted when you're already tired
- Affect the quality and length of your sleep if you need to get up to the toilet more
- Make you want to stop exercising or being active

- Affect your confidence about going out, which means time outside walking or catching up with your friends, family, whānau, and your community can be impacted
- Start to affect your relationships – embarrassment can cause you to pull back, or a fear of intimacy might possibly develop with your partner
- Affect your confidence at work, if you're working.

Understandably, you may find these kinds of experiences overwhelming at times. They can naturally start to affect your mental health and wellbeing. It's so important to seek help for both mental health and continence issues when they start to negatively impact your daily life.

## Waiho i te toipoto, kua i te toiroa

.....

**Let us keep close together, not wide apart**

### A HELPFUL APP

Positively Pregnant is a free NZ app to help you build up your mental health and wellbeing during pregnancy. It provides resources, strategies, and tools to help you reflect and de-stress. For further information visit the website here:

[www.positivelypregnant.org.nz](http://www.positivelypregnant.org.nz)

### SOME HELPFUL CHECKLISTS TO SEE HOW YOUR MENTAL HEALTH IS DOING

- PADA has developed this checklist that only takes minutes to do. It can help you check in with yourself.

<https://pada.nz/wp-content/uploads/2021/04/How-are-you-really-Final-for-web.pdf>

- Depression.org offers this self-test to see if depression or anxiety have become a problem for you. If it has, it also helps you to find the best help.

<https://depression.org.nz/is-it-depression-anxiety/self-test/>

### NEED SOME HELP?

If you're concerned about your mental health and wellbeing:

- Talk to your partner or someone else you trust, like a close friend or close family or whānau member.
- Ask your GP, midwife, or Plunket nurse for advice.
- For continence stress and anxiety support, call NZ Continence Helpline 0800 650 659.
- Call one of these support services:
  - Text or free call 1737 to speak with a trained counsellor, 24/7
  - Depression Helpline 0800 111 757
  - Healthline 0800 611 116
  - Plunketline 0800 933 922

### TO FIND A GP OR COUNSELLOR NEAR YOU

Visit this helpful listing to find a doctor or counsellor in your area:

<https://www.mentalhealth.org.nz/get-help/in-crisis/find-a-gp-or-counsellor/>



**There is no health without mental health.  
Good mental health boosts our physical health,  
creates resilience,  
helps us to feel happy, confident, and secure.**



Mental Health Foundation

08

## SELF-ASSESSMENT – HOW DO I KNOW IF I HAVE A PROBLEM?

Try completing the following quiz:

YES

NO

Do you ever need to rush to get to the toilet for your bladder or bowel?

Do you ever have accidents with your bladder or bowel on the way to the toilet?

Do you have trouble emptying your bladder or bowel?

Do you accidentally leak when coughing, sneezing, lifting or during exercise?

Do you feel a sense of something 'falling out' or of heaviness or bulging in your vagina or pelvis?

Do you have reduced sensation with sexual activity?

Do you have pain with sexual activity?

Do you have pain emptying your bladder or bowel?

Do you find you need to strain when emptying your bladder or bowel?

Do you have pain using a tampon?

If you answer yes to any of the questions above, you may have a problem with your pelvic floor. See Sections 1, 2, and 3 earlier in the guide for help.

If your symptoms do not settle, or if you are wanting more support or guidance, seek help from a pelvic health physiotherapist.

# HOW TO GET HELP

09

There is help available for pelvic health problems but knowing how to find it can sometimes be difficult.

This section has suggestions on where to go for advice.

You could:

- Speak with your midwife, Plunket nurse or doctor for advice
- Book an appointment or ask to be referred to an appropriate health professional, depending on your problem. This might include a pelvic health physiotherapist, continence nurse, gynaecologist or other provider.

**If you are experiencing problems during pregnancy or after baby is born, you don't have to put up with them. Getting the right help can improve the quality of life, mental health and wellbeing of yourself and your whānau.**

## WHO CAN HELP:

### Continence nurses

Continence nurses are registered nurses with extensive training in continence care. They can provide a full continence assessment of your bowel and bladder issues and work with you to develop a management plan to suit your needs. They will liaise with other health professionals to ensure you get all the support you need.

To access a continence nurse, get a referral from your GP. The continence nurse may visit you at home or see you in a continence clinic.

### Continence NZ

Continence NZ runs a free Continence Helpline on 0800 650 659. You can also visit [www.continence.org.nz](http://www.continence.org.nz) for advice and information, and for links to continence health professionals in your area.

### Depression Helpline

You can contact the Depression Helpline on 0800 111 757 or free text 4202 to talk to a trained counsellor about how you are feeling or to ask any questions. It is available 24/7.

### GP

Your GP or General Practitioner is the first port of call when you have a health issue. They know all about a range of health conditions. You can chat to them about any concerns you have about your bladder, bowel or pelvic health. They can refer you on to see another health professional, such as a continence nurse or pelvic health physiotherapist.

If you enrol with a GP, the cost of visiting them is subsidised so you pay less each time you see your doctor. You can check the list of GP clinics and their fees here:

[www.healthnavigator.org.nz/healthcare-in-nz/types-of-health-providers/general-practitioner-gp/?tab=27198](http://www.healthnavigator.org.nz/healthcare-in-nz/types-of-health-providers/general-practitioner-gp/?tab=27198)

### Midwife

Midwives are registered health professionals who look after you during pregnancy, labour and birth, and the first six weeks after birth. You can chat to them if you have any concerns about your bladder, bowel or pelvic health during or just after your pregnancy. They can support you and refer you on to other health professionals.

Finding a midwife:

[www.findyourmidwife.co.nz/](http://www.findyourmidwife.co.nz/)





### Obstetrician-gynaecologists

Obstetricians are doctors who specialise in caring for you during pregnancy, childbirth and the recovery period afterwards. You can be referred to see a free public obstetrician by your midwife if you have any complications. Or you can choose to have a private obstetrician and pay for their service.

Obstetricians are usually also gynaecologists, who specialise in issues with your reproductive system, including your pelvic floor.

Find an obstetrician-gynaecologist:  
[integrate.ranzcog.edu.au/find-o-and-g](https://integrate.ranzcog.edu.au/find-o-and-g)

### PADA (Perinatal Anxiety and Depression Aotearoa)

PADA is a national charity that provides advocacy and awareness about anxiety and depression due to pregnancy, childbirth and parenting. Its website [www.pada.nz](http://www.pada.nz) has a screening tool which can indicate whether you might need some help. It also has lots of helpful information, tips and resources.

### Pelvic health physiotherapist

A pelvic health physiotherapist has trained as a regular physiotherapist then completed post-graduate training. They have expert knowledge and skills in the specific area of health relating to the pelvic area.

Pelvic health physiotherapists:

- Are qualified to perform vaginal and rectal examinations – this should be offered to you as part of your assessment
- Can offer comprehensive assessment and treatment for:
  - Pregnancy and post-natal pain and dysfunction
  - Bladder and bowel problems
  - Pelvic organ prolapse
  - Pelvic and sexual pain
  - Exercise advice
- Work in both hospitals and private practice
  - For the hospital:
    - A referral from your midwife or a doctor is needed
    - Treatment is free
    - There is often a wait to be seen which may be many months
  - For private treatment:
    - You can make an appointment without a referral
    - You need to pay for the treatment (ACC may contribute in some cases)
    - You will usually be seen within 1–4 weeks

Finding a pelvic health physiotherapist:

- [Contenance New Zealand website: for a continence service provider](#)
- [Physiotherapy New Zealand website: Find a physio, search in 'Pelvic, women's and men's health'](#)
- Google 'pelvic health physiotherapy' in your area, or ask around

### Plunket nurse

Plunket nurses are specialist registered nurses who support whānau in New Zealand. They carry out health assessments and advocate for the health and wellbeing of the whole family. They can connect you with local support services and other health professionals.

You can enrol with Plunket here:  
[www.plunket.org.nz/plunket/what-we-offer/sign-up-with-plunket/](http://www.plunket.org.nz/plunket/what-we-offer/sign-up-with-plunket/)

10

## REAL STORIES – YOU ARE NOT ALONE



### **“Don’t miss out on life” – Emma**

An Auckland mum and grandmother, who spent more than two decades trying to live with incontinence, is encouraging others to get the help they need and stop missing out on life.

Watch Emma’s story here: [www.youtube.com/watch?v=\\_hZsWjLikro&t=4s](https://www.youtube.com/watch?v=_hZsWjLikro&t=4s)



### **“It’s ok to ask for help” – Jenny-May and Kaz**

Broadcaster Jenny-May Clarkson and her buddy Kaz sat down with continence nurse and educator Janet Thackray for a relaxed chat, to share their experiences.

Watch their video here: <https://www.youtube.com/watch?v=mtf5Jb4blsl>



### “Listen to your body” – Jo

“Pelvic floor dysfunction has quite literally changed my life, it limits my ability to simply run around with my family and play the sports I want to, comfortably. It has also changed my career path; I have been a nurse for 16 years, now I am also a pre and postnatal trainer because of this. I would not wish it on anyone. I recommend if you can do your best to avoid it by temporarily changing your lifestyle during your pregnancy and early (3–6 months) postnatal period then it will be worth it.”

Read Jo’s full story here: [www.continence.org.nz/pages/Real-Stories:-Jo-/293/](http://www.continence.org.nz/pages/Real-Stories:-Jo-/293/)



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Dragon Community Trust

Pub Charity Limited

Continence Foundation of Australia

# 12

## GLOSSARY

**Anal sphincters** – Ring of muscle surrounding your anus which controls its opening and closing.

**Anus** – The opening at the end of your rectum where poo comes out.

**Bladder** – A muscular sac that holds urine (wee) until it is time to go to the toilet. It is in your lower belly area and the pelvic floor muscles help hold it in place.

**Bowel** – Part of your body's digestive system. The bowel processes what you eat and then gets rid of the waste that your body cannot use.

**Bowel incontinence** – When you are unable to control wind, liquid or solid poo from the anus, causing leakage.

**Caesarean section or C-section** – A surgical procedure where your baby is delivered through a cut in your abdomen.

**Connective tissue/fascia** – A structure of connective tissue that surrounds muscles, groups of muscles, blood vessels, and nerves, binding some structures together, while permitting others to slide smoothly over each other.

**Contraction** – A tightening or squeezing.

**Constipation** – When you are not passing poo as often as normal, you have to strain more than usual, you are unable to totally empty your bowels, or your poo is abnormally hard.

**Episiotomy** – A small cut of the perineum that your midwife or doctor may do to help increase the space for baby to pass through.

**Faecal incontinence** – When you can't control liquid or solid poo from the anus and have leakage.

**Forceps delivery** – When a health care provider applies an instrument called forceps, that are like tongs, to your baby's head to help guide the baby out of your birth canal during a vaginal delivery.

**Haemorrhoids** – Swelling of the blood vessels in your anus.

**Incontinence** – When your bladder or bowel leaks, or you have accidents.

**Laxatives** – Medicine to help ease constipation, to soften poo.

**Leakage** – Accidental loss of wee or poo.

**Levator muscles** – A layer of your pelvic floor muscles that help support the pelvic organs.

**Levator avulsion injuries** – To allow the baby's head to come down the vagina during delivery, the muscles, connective tissue and nerves need to stretch. Sometimes this causes an injury. A more significant injury is called a levator avulsion. This is a tear of the pelvic floor where it attaches to the pelvis.

**Pelvic floor muscles** – The layer of muscles stretching from the pubic bone at the front, to the tailbone at the back. They form the floor of the pelvis.

**Pelvic floor muscle exercises** – Exercises to help the pelvic floor muscles work effectively and prevent bladder and bowel problems such as leakage.

**Perineal massage** – An easy and helpful way to prepare your pelvic floor and perineum for the stretching that occurs during delivery.

**Perineum** – The area between your vagina and anus.

**Prolapse** – When one or more of your pelvic organs are no longer sitting where they normally would.

**Sexual pain** – Pain when you have sex.

**Stress urinary incontinence** – When you leak wee when you do things like sneeze, cough or lift something heavy.

**Urge incontinence** – When you feel like you are busting to wee and then have leakage.

**Uterus (womb)** – The organ where a baby develops in pregnancy.

**Vagina** – A tube leading from the vulva to the womb.

**Vaginal examination** – When a health professional uses a finger to check inside your vagina, to see how your pelvic floor muscles and other parts are working.

**Ventouse delivery** – Where a cup is fitted on top of your baby's head and held there by suction, pulled gently to assist with delivery as you are pushing.

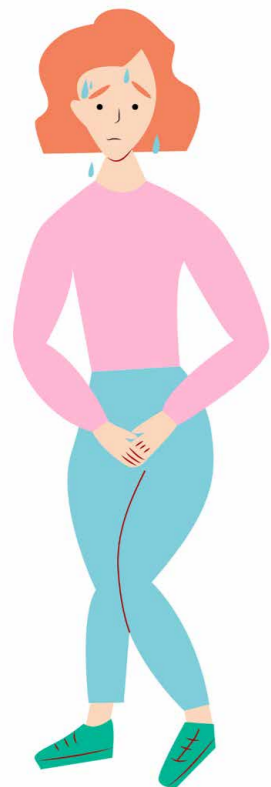
# Pregnancy Guide – Easy Read Version

## Pelvic floor muscles

Your pelvic floor muscles are very important. They need to be strong to keep your wee from leaking out. Having a baby can make them weaker.

## Pelvic floor exercises

You need to do pelvic floor exercises to keep your pelvic floor muscles strong. Watch our video to see how to do them. A pelvic health physiotherapist can help you make sure you are doing them well.



## Weeing problems

Lots of people have problems with wee accidents after having a baby. You might leak wee or feel like you are suddenly busting to go to the toilet. It is important to get some help.

## Pooing problems

You can have some trouble doing a poo when you are pregnant, or after having a baby. It can give you a very sore tummy.

You can also get haemorrhoids which are bumps that really hurt when you poo.

- Make sure you poo when your body tells you to
- Do not push too hard
- Ask for help from your midwife or doctor

Another problem is when your poo gets very runny. You might have some accidents.

- Ask for help from your midwife or doctor



## Other problems

There are some other problems you can have after being pregnant.

- If something does not feel right in your body, it is important to ask for help from your midwife or doctor.
- If anything hurts when you go to the toilet, it is important to ask for help from your midwife or doctor.
- If you do not get help the problems can get worse.



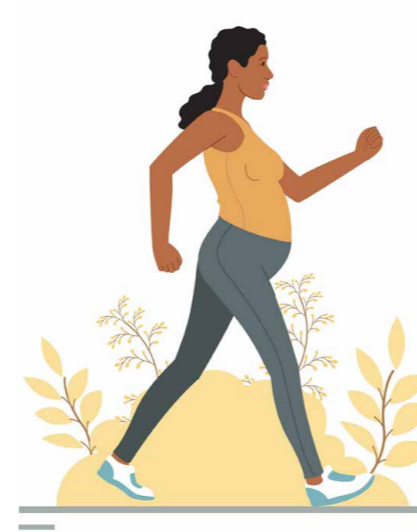
## Keeping your body healthy

- Drink plenty of water.
- Do not drink too much tea, coffee or Coke.
- Eat lots of healthy foods like fruit, vegetables, brown bread and cereal.



## Exercising when pregnant

- It is safe to exercise when you are pregnant.
- Walking and swimming are some good ideas.
- Talk to your midwife about other good exercises.
- Make sure you drink plenty of water and eat enough food to give you energy.
- If anything hurts or you get dizzy, stop exercising and ask for help from your midwife or doctor.



## Exercising after your pregnancy

- In the first few months after you have your baby, try to rest as much as you can.
- Gentle exercising like walking is fine. Take it slowly as your body is recovering.
- If you like to run, wait at least three months to start running again. And check with your doctor or midwife first.
- Make sure your pelvic floor is strong before you do fast exercises.
- Talk to your midwife or doctor before doing fast exercises.
- If you leak wee or poo when you exercise, ask for help from your midwife or doctor.



## Sex

Some people enjoy and want to have sex during or after pregnancy, others don't. That's ok, everyone is different. It is your choice.

## Your mental health

Pregnancy and birth are very challenging times. That's why it's important to look after your mental health and wellbeing. If you need some help, speak to your midwife or doctor.

## Mental health help

- Text or free call 1737 to speak with a trained counsellor
- Free call the Depression Helpline 0800 111 757
- Free call Healthline 0800 611 116
- Free call Plunketline 0800 933 922

## When to get help

You should get some help if:

- You have wee accidents or leak wee
- You have poo accidents or leak poo
- Something does not feel right in your body
- Something hurts in your body



## Where to get help

These are some people who can help you:

- Your midwife
- Your Plunket nurse
- Your doctor

They can refer you to a special health professional, like a pelvic health physiotherapist, if you need more help.

If you need help making an appointment, ask a family member or friend you trust.

**If you are experiencing problems during pregnancy or after baby is born, you don't have to put up with them. Getting the right help can improve the quality of life, mental health and wellbeing of yourself and your whānau.**



## Still have a question?

**Call us free on our Continence Helpline  
0800 650 659**

Here at Continence NZ we have experienced continence nurse specialists who can advise you. Every day they talk with New Zealanders with continence challenges from all over the country. Our team is also very understanding and caring – you don't have to be embarrassed talking to them at all. They know how hard it can be sometimes.

A nurse can chat with you about your own situation, and then offer practical advice and let you know where to go for further help near you if that's needed.

All enquiries are free and confidential.





# Pregnancy Guide

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