



4 POSTPARTUM Ps

THAT PELVIC HEALTH (AKA PELVIC FLOOR) PHYSIOS CAN TREAT

1 PEEING (OR POOPING)

Regardless of delivery method (vaginal or caesarean), more than 40% of women will report leakage of urine - often with a cough/laugh/sneeze/lift. 20% will report leakage of fecal matter - often associated with a 3-4th degree perineal tear. Some women also report stronger urges to go to the bathroom and may find it difficult to hold it in.

2 PRESSURE (PROLAPSE)

Pelvic Organ Prolapse (POP) is the descent of one, or more, of the pelvic organs (bladder, uterus, rectum, etc) toward the vaginal opening. It is typically associated with feelings of heaviness, dragging, or bulging in the vagina or around the opening. It can look and feel differently from person to person and day to day. Approximately 50% of women have some degree of prolapse. Symptoms can be reduced, and even eliminated, with pelvic floor physio and may not require surgery.

3 PAIN

It is normal to experience pain in the first 4-6 weeks after giving birth. Pain should be relatively manageable and improve with time, as should any bleeding. Ongoing pain in the pelvic region (hips, back, vagina, anus, perineum, scars (C-section/perineal tears, etc.), pain elsewhere in the body or pain with intercourse, vaginal exams or use of menstrual products should always be discussed with your health care provider.

4 PEAKING

Diastasis Rectus Abdominus (DRA) is a separation or stretching of the tissue down the middle of the abdominals. It is often seen as a peaking or hollowing. It can lead to feelings of a weak core, low back pain, pelvic floor dysfunction, and difficulty regaining pre-pregnancy abdominal form and function.

** We help with prenatal conditions and birth preparation as well

WHAT IS PELVIC HEALTH PHYSIOTHERAPY?

Pelvic Health Physiotherapists (PHPTs) are physiotherapists who have acquired additional education and training to treat conditions of the pelvic floor. PHPTs assess posture, movement, breath mechanics, abdominal wall function, scar healing/mobility, pelvic floor muscle function and coordination, and more.

Typical assessments and treatments run approximately 1 hour. With your consent, there may be an internal vaginal or rectal exam performed to assess the pelvic floor muscle function. This is not an absolute requirement to treatment, and may be declined at any point.

Pelvic Floor Retraining is the first line of defence for symptoms of urinary leaking and pelvic organ prolapse

*PELVIC FLOOR REHABILITATION IS MUCH
MUCH MORE THAN "JUST DOING KEGELS".*

FIND A PHYSIO:

<https://www.womenshealthcpa.com/find-a-physio>

