Postpartum Incontinence

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The childbearing year is a time of excitement, change and new experiences. During postpartum recovery, a woman experiences changes in her body, emotions and mind. Much of the physical recovery will occur without significant purposeful effort. Some tissues will need direct rehabilitation to return to prepregnant functioning. Poor recovery from pregnancy and childbirth may lead to long term poor habits and deconditioning. This deconditioning may lead to dysfunction, injury and pain many years after childbearing is over. There are three major areas to consider in postpartum recovery: abdominal muscles, pelvic floor muscles and upper/lower back muscles. All areas are equally important to full recovery. This article will focus on the dysfunction and recovery of the pelvic floor muscles (PFM). Click here for information on abdominal muscle training.

The pelvic floor muscles (PFM)

The PFMs are a band of muscles stretching from the pubic bone to the tailbone. These muscles surround the vagina, urethra, and rectum. They support the pelvic organs, and close off the urethra and rectum to maintain continence. The PFM are internal, voluntary muscles. You can not see these muscles contract and often it is difficult to feel them contract. However, they are skeletal muscles (just like the biceps) and can be trained. Sensations in the vagina area are often dull, and difficult to interpret. Stress incontinence is the involuntary loss of urine in response to increases in intra abdominal pressure i.e. laugh, cough, sneeze, lift. This condition is strongly related to PFM weakness and is the most common type of incontinence during and after pregnancy.

Approximately 14 million Americans, of all ages, are incontinent. Any leaking of urine is considered incontinence and is a symptom of some dysfunction. Continence is very complex. Physicians agree that a strong PFM is essential to long term pelvic health. Unfortunately, many women are told that leaking is an unavoidable consequence of childbearing and aging. Furthermore, they are told that the only treatments for incontinence are drugs (which often do not work in postpartum women) or surgery. Both of these statements are untrue. Incontinence is common after childbirth but it is certainly controllable and often avoidable. Additionally, there are many conservative treatments which have been shown to be 80% effective in curing incontinence. Conservative management of incontinence may include: pelvic muscle exercises (also known as Kegel exercises), biofeedback, bladder training, vaginal weights, and training the pelvic floor to contract at the correct time during activities of daily living (ADL). The best time to strengthen any muscle is immediately after the trauma, while the patient is young and healthy.

In order to effectively train any muscle one must perform the exercise correctly and consistently with maximal effort. Increasing the size of any muscle can take 4 to 6 months of appropriate training. Since you can not see this muscle and sometimes can not feel this muscle, how do you know when you are doing it correctly? It is very easy for women to do the exercises incorrectly and/or to give up all together. Many women hear about Kegel exercises during prepared childbirth classes. Studies have shown that only 49% of women can perform PFM contractions correctly after verbal instruction. Women often need more than just verbal instruction to be effective with these exercises.

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What you can do

1. After the 6th postpartum week visit, when the tissues are healed, women should palpate the muscle by placing the index finger into the vagina up to the second knuckle. Touch the wall of the vagina and contract the PFM (do a Kegel contraction). The tissue should squeeze and lift the finger into the body. Often the contraction is weak. It is important to make sure you are doing the exercises correctly. If tissue pushes the finger out of the vagina; stop exercising and seek professional instruction before proceeding with the exercises.

2. Training phase begins about 4 to 6 weeks postpartum. Training should include:
   quick flicks - quick maximal PFM contractions followed by full relaxation
   long holding - contract and hold the PFM contraction then relax fully

In the beginning you may only be able to hold the contraction for 3 to 4 seconds. That is a good place to start. Gradually increase to 10-second holds, making sure to check your progress with your finger. When the muscle is weak it is necessary to do the exercises few and often (6 sets per day). Work up to 40 to 60 PFM contractions per day. In the beginning it is best to concentrate while exercising. It is also best to start doing the exercises lying down where gravity is not pulling down on the muscles. When you are stronger, you can do the exercises sitting or standing while performing other activities such as driving or standing in line at the grocery store. It is best to start lying down in a quiet place where you can concentrate.

3. It is important to remember to contract the PFM before lifting, sneezing, coughing, laughing, exercising. This is usually an automatic contraction but often must be reconditioned after vaginal deliveries

4. Maintenance phase is not fully understood. It is important for all women to realize the importance of long term PFM exercises. "You brush your teeth every day, you wash your face every day, you do your PFM exercises every day." It is a part of maintaining health. If incontinence returns, you should go back into the training phase.

A small percentage of women will still have symptoms of incontinence despite attempts to strengthen the PFM on their own. These women will need more than verbal instructions to rehabilitate the area. Ask your physician for a referral to a skilled physical therapist for advanced pelvic floor muscle training.