

Pelvic Health and Pregnancy: Protecting and rebuilding your pelvic floor from pregnancy through postpartum

Pregnancy brings amazing changes to the body, but also changes to the pelvic floor that can affect continence, core stability, and sexual function. This article offers a clear, patient-friendly guide to pelvic health before, during, and after pregnancy, with practical steps you can take now, plus an overview of therapies that may help you recover or enhance pelvic floor function after birth.

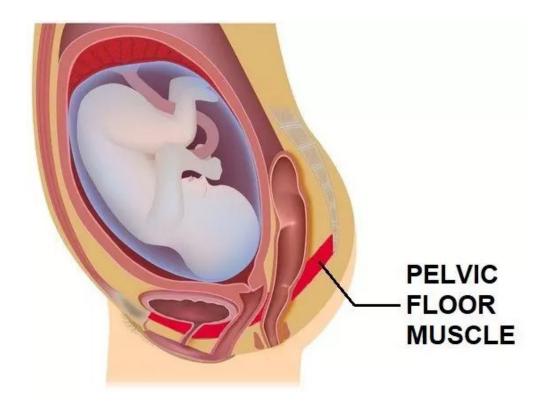
We mention two modern approaches the *Perifit Care+* and the *Emsella Chair* so you can discuss these with your healthcare team if they're appropriate for you.



Why pelvic health matters in pregnancy and after

The pelvic floor is a sling of muscles supporting your bladder, uterus, and bowels. It helps control urination, maintains continence, supports the spine, and contributes to sexual function. Pregnancy, birth, and postpartum recovery can stretch and strain these muscles. Common issues include urinary leakage with coughing or sneezing, urgency or frequency, pelvic heaviness, vaginal ballottement or bulging sensations, pelvic pain, and changes in sexual function.

Proactive pelvic health care can reduce symptoms, speed recovery, and improve quality of life. Early assessment and guided exercises are beneficial, even if you've had a previous birth or have mild symptoms.



Protecting your pelvic floor during pregnancy

Here some important tips:

Prevention and awareness: learn to "brace" and relax your core safely, practice diaphragmatic breathing, and avoid breath-holding or excessive straining when lifting, coughing, or sneezing.

Pelvic floor exercises (Kegels): aim to identify and gently strengthen the pelvic floor muscles. A qualified pelvic health physical therapist can help you distinguish between correct and incorrect muscle use.

Posture and core support: maintain good posture, avoid prolonged standing or sitting in the same position, and use supportive seating and pillows as needed. Use proper lifting and posture techniques: bend the knees, keep the spine neutral, and avoid deep twisting when picking up or carrying objects.

Exercise: regular, moderate exercise (where cleared by your obstetrician) is usually encouraged. Activities like walking, pregnancy-safe yoga, and gentle swimming can support pelvic health. if you're new to exercise, start with short, consistent sessions and increase gradually as advised by your clinician

Diet: a high-fibre diet, adequate hydration, and regular movement help reduce constipation and straining that can stress the pelvic floor.

Red flags to watch out for

Seek prompt assessment if you notice:

- Sudden or severe urinary leakage, possible urinary tract infection symptoms, pelvic pain that is new or worsening, a heavy or bulging sensation in the vagina, or painful sexual activity.
- Pain with activity, the feeling that the pelvic floor isn't fully supported, or any concerns about bowel movement changes.

When to start pelvic rehab postpartum and how to approach it

Most women can begin gentle pelvic floor work after vaginal delivery or caesarean section once cleared by their obstetric team. Healing times vary, so a personalised programme is essential to protect tissues and address individual needs. An initial evaluation may assess pelvic floor strength and coordination, check for prolapse symptoms, and review bladder function to guide a targeted plan.

A typical postpartum approach combines pelvic floor physical therapy with activity modification and gradual strengthening. You may also receive guidance on bladder habits, preventing constipation, and returning to sexual activity to support overall recovery and reduce leakage or pelvic pressure.

For ongoing support, several options can complement hands-on therapy.

Perifit Care+ is a home-based pelvic floor training device that connects to an app to guide and monitor exercises, offering real-time feedback on contraction quality and endurance. It can be a helpful adjunct between in-person healthcare visits, but should be used under your clinician's guidance to ensure suitability for your stage of healing.

The Emsella Chair provides non-surgical electromagnetic stimulation of the pelvic floor and may be considered after an evaluation, especially if access to regular therapy is limited. Treatments occur in clinic over several sessions, with minimal downtime, and are integrated into a broader pelvic health plan or can be used in isolation.

If prolapse or urinary symptoms persist despite conservative care, minimally invasive or conventional surgical options may be discussed with a urogynaecologist. Any decisions should involve a balanced discussion of risks, benefits, and recovery.

If you're considering pelvic rehab postpartum, talk with a pelvic health clinician to tailor a plan to your recovery timeline and goals. For information and guidance, you can contact Lancashire Gynaecologist or explore our services.





The Lancashire Gynaecologist

Mr Eric Mutema is a highly experienced and respected Consultant Obstetrician and Gynaecologist. He founded his private practice, the Lancashire Gynaecologist, to provide a service to women in Lancashire and beyond and respond to the shortage of specialist gynaecological services available to women missing out on individualised care and treatment. The Lancashire Gynaecologist offers patients individual attention, an empathetic, compassionate approach and patient-centred care. His patients will receive a full consultation that takes their overall health into account and subsequent treatments will be tailored to meet the needs of the individual woman. So please don't wait and put off seeking treatment; we're available, convenient and we can help you.



For more information, contact

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