



## Postpartum Care and Pelvic Health By Elizabeth Papa, SPT Edited by, Amy Stein, MPT

The postpartum period is a time of tremendous emotional and physical changes. A woman's body is going through the work of returning to a non-pregnant state, a process that will take nearly half as long as the pregnancy, and possibly longer if the mother is nursing. Due to the changes associated with pregnancy and the potential trauma of the delivery process, dysfunction of the musculoskeletal system, including the muscles of the pelvic floor, may occur. While the vast majority of these postnatal aches, pains and problems resolve spontaneously, there are some that linger. The development of pelvic floor disorders such as urinary incontinence, dyspareunia (pain with sexual activity) and genital organ prolapse associated with pregnancy and delivery may take longer to resolve, affecting the quality of life of the new mother. Research has proven that there are ways to resolve many of these issues without medication and without surgery.<sup>1</sup>

Studies have shown that one in three women will experience urinary incontinence after child-

birth.<sup>1</sup> Additionally, 50% of childbearing women have some degree of genital prolapse, 10-20% of which are symptomatic.<sup>2</sup> Urinary incontinence, or the loss of bladder control, is a common and often embarrassing



problem that develops during and/or after pregnancy. Some people experience minor leaks or dribbles, while others may wet their clothes frequently.

During pregnancy women may experience stress incontinence due to pelvic floor and abdominal weakness, changes in hormone levels and the increasing weight of an enlarging uterus with 15% of women reporting stress incontinence after

their first vaginal delivery. Stress incontinence is defined as the loss of urine with the exertion of pressure on the bladder by coughing, sneezing, laughing, running or heavy lifting. The stress of vaginal delivery can further weaken the muscles of the pelvic floor, which are needed for bladder control. Various imaging techniques have revealed the mechanism of injury to be a result of direct muscle trauma, disruption of connective tissue support and nerve damage, with the greatest risk of damage occurring at the first vaginal delivery. These changes can

damage the bladder nerves as well as the supporting tissue leading to a dropped (prolapsed) pelvic floor. With prolapse, the bladder, uterus, rectum or small bowel may alter its anatomical position, protruding into the vagina; this can also be associated with urinary incontinence. Furthermore, the risk of prolapse increases with increasing parity.

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## Acupuncture and Pregnancy by Paula Haberman, PT, L.Ac.

Pregnancy is an exciting and wonderful time, but with the many physical and hormonal changes that occur, it can also be a time of extreme discomfort. Many pregnant women suffer from fatigue, nausea, reflux, back pain and a myriad of other conditions that are considered a "normal" part of pregnancy. Acupuncture is a safe, gentle and effective way to address these complaints.

Prenatal acupuncture has been used for thousands of years to help patients support a healthy pregnancy and uncomplicated delivery. Regular acupuncture during pregnancy sets

the foundation for a healthy mother and baby. Current research suggests that women who receive acupuncture during pregnancy often have a shorter and easier birth experience. Several European studies have concluded that women who received acupuncture once a week during the last month of pregnancy had significantly shorter labor than women who didn't receive any acupuncture. An Australian study conducted by Adelaide University in 2002 found that acupuncture during pregnancy had no adverse effects and was completely safe when performed by a trained acupuncturist

The Traditional Chinese Medicine (TCM) treatment for breech presentation has also been in use for thousands of years. It has a success rate of 75% and carries no risk to mother or baby. It is believed to release hormones that stimulate the uterus and increase fetal activity, which then encourages the baby to turn on its own. Generally, it is performed between weeks 32 – 36. When successful, the baby will turn within 24 hours of treatment. Sometimes only one treatment is needed, or it may take several treatments for the baby to turn.

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The mode of child delivery, whether vaginal or cesarean section, may play a role in the development of sexual dysfunction in the postpartum period. Vaginal delivery may result in perineal trauma due to vaginal tearing or episiotomy during delivery. The fear of dyspareunia, pain and/or soreness with intercourse, has been cited as one of the main reasons why women request elective cesarean sections, with hopes of reducing the risk of pelvic floor disorders. However, there is conflicting evidence regarding the potential protective effects of an elective cesarean section; some studies argue that pregnancy itself is the cause of pelvic floor disorders, not the delivery, while others state that women who underwent cesarean section experienced more dyspareunia than those who had an intact perineum after vaginal birth.<sup>3</sup> Approximately 53% of women experience dyspareunia up to three months following childbirth, with 32% of women experiencing dyspareunia up to six months postpartum.<sup>4</sup> Decreased sexual arousal and response has also been noted due to muscular and hormonal changes.<sup>5, 6</sup>

It is important to provide follow up care for women who have experienced traumatic birth or sustained trauma, as well as those who had a non-traumatic delivery, to ensure that they are not experiencing any sexual or physical difficulties. The physical therapist should be an integral part of the six to eight week post delivery period to assess for musculoskeletal changes and pathologies in order to determine and prioritize the needs of the mother.<sup>7</sup> Rehabilitation for pelvic floor dysfunction, such as pelvic floor muscle up-training or down-training, has been shown to be effective in reducing pain and dysfunction.<sup>1</sup> Pelvic floor muscle re-education is valuable for both its strengthening and pain relieving properties. Additionally, it will also encourage good circulation, speed healing and reduce swelling, as well as relieve stiffness and restore function. With the current trend of a shorter hospital stay postpartum, it is important to provide prompt, appropriate management to promote the resumption of normal sexual function and prevent long term physical and psychological morbidity. A physical therapist specializing in women's health/pelvic pain and dysfunction can play an essential role in the recovery process. With their specialized knowledge and expertise, the physical therapist can help assist the mother to return to better function within her daily life and focus on caring for her new baby.

## Areas to Address in a Postpartum Screening<sup>8</sup>

Area of the Body	Pathologies/Structures in Screening
Spine	Lumbopelvic alignment and mobility: sacroiliac, pubic symphysis, coccyx Thoracic and cervical spine joint alignment and mobility
Pelvic Floor and Perineum	Pelvic floor muscle strength and tone Perineal body and scar condition Bladder, bowel and sexual function and dysfunction Organ prolapse Ability to tolerate introutal penetration
Trunk and Extremities	Abdominal strength, tone and function Hip Rib alignment Thoracic outlet tests Carpal tunnel tests Breast support during exercise and nursing postures Foot and lower extremity kinetic chain changes



- Hay-Smith J, Morkved S, Fairbrother KA, Herbison GP. Pelvic floor training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD007471. DOI: 10.1002/14651858.CD007471.
- Chalhah C. Postpartum pelvic floor trauma. Curr Opin Obstet Gynecol. 2009; 21:474-479.
- Klein MC, Kaczorowski J, Frio T, Hubinette M, Jorgensen S, Gauthier R. A comparison of urinary and sexual outcomes in women experiencing vaginal and cesarean births. J Obstet Gynaecol Can. 2005; 27:332-339.
- Barrett G, Pendry E, Peacock J, Victor C, Thakar R, Mayounda I. Women's sexual health after childbirth. BJOC. 2000; 107:186-195.
- Handa V. L., Harvey L., Cundiff G. W., et al. (2004) Sexual function among women with urinary incontinence and pelvic organ prolapse. American Journal of Obstetrics and Gynecology 191 (3), 751-756.
- Chambless D. L., Sultan F. E., Stern T. E., et al. (1984) Effect of pubococcygeal exercise on coital orgasm in women. Journal of Consulting and Clinical Psychology 52 (1), 114-118.
- Thompson JF, Roberts CL, Currie M et al. Prevalence and persistence of health problems after childbirth: associations with parity and method of birth. Birth. 2002; 29(2):83-94.
- Jean M. Irion and Glenn L. Irion. Women's Health In Physical Therapy. Philadelphia: Lippincot Williams & Wilkins. 2010.



## Acupuncture and Pregnancy

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Acupuncture for labor induction is safe for the both the mother and baby as long as there are no serious compli-

cations with the pregnancy. It is most effective starting the week of the baby's due date. Several studies show a success rate of over 70%.

Some of the pregnancy related conditions that acupuncture can treat:

- ◆ Morning sickness/nausea
- ◆ Insomnia
- ◆ Low energy/fatigue
- ◆ Anemia
- ◆ Anxiety/depression

- ◆ Constipation/heartburn
- ◆ Back pain and sciatica
- ◆ Symphysis pubis pain
- ◆ Carpal tunnel syndrome
- ◆ High blood pressure (pre-eclampsia)
- ◆ Threatened miscarriage
- ◆ Breech presentation
- ◆ Pre-term, delayed and labor pain
- ◆ Lactation problems
- ◆ Postpartum depression

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