



Let's Talk Pelvic Floor

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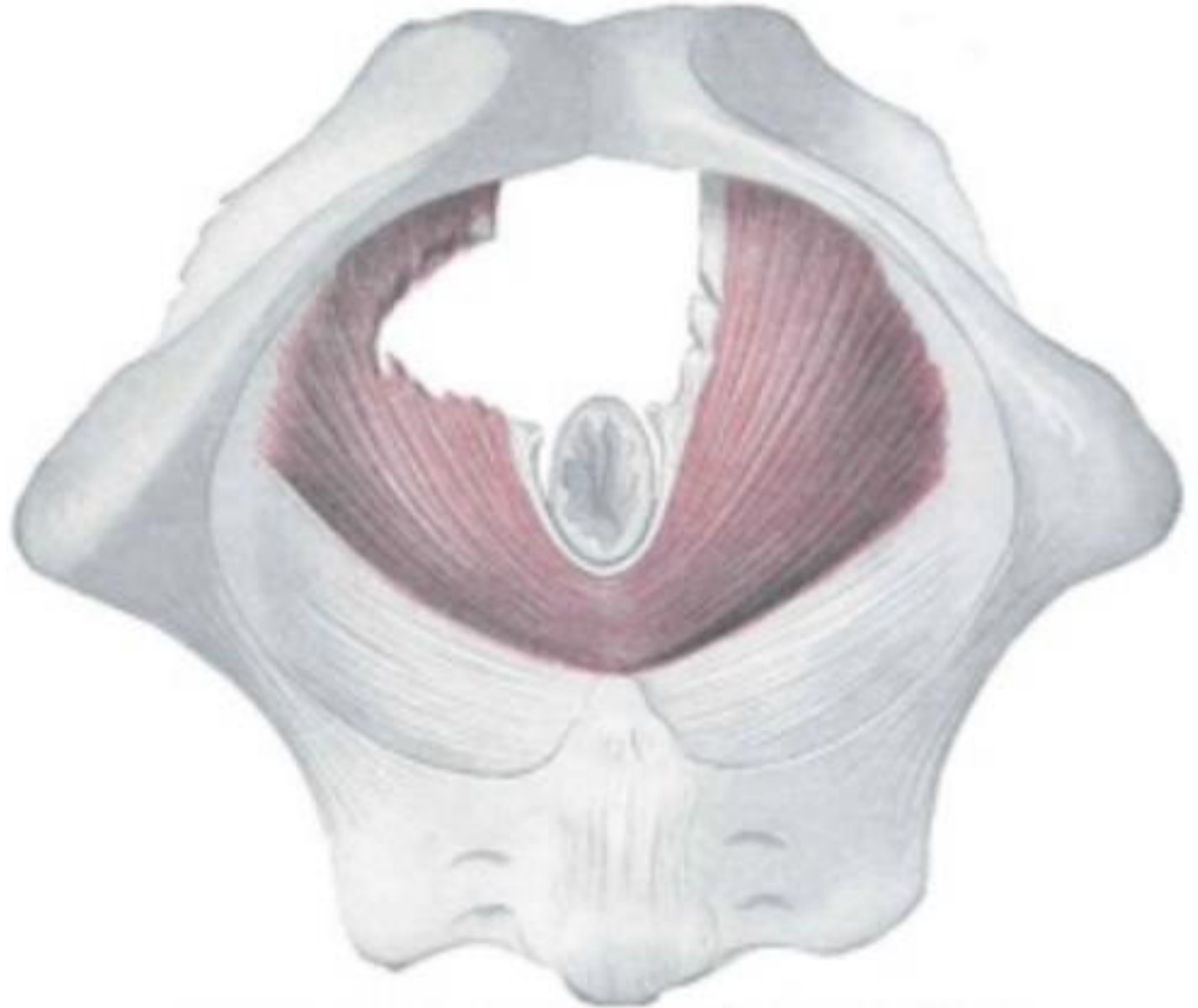
Pelvic Health Physiotherapist

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WOMEN'S CLINIC



During Vaginal delivery, the PFM's need to stretch 1.5-3 times their resting length

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- 10-30% → irreversible overdistention or avulsion
 - Weaken the PFM by 1/3rd
 - Double the risk of anterior wall POP
 - Triple the risk of apical POP
 - Double the risk of recurrent prolapse following surgery.





ASK

Women will not
disclose this,
you need to ask

Health seeking for PFD between 12.9-38%

(Parera et al, 2014)(Pedersen et al, 2018).

Embarrassment, shame

Normalisation

Unaware it is remediable

It interferes with social activities, exercise participation, sexual function

Urinary Function?

- Continent pregnant women who perform antenatal PFMT are 62% less likely to experience UI in late pregnancy
- UI in pregnancy → predictor for UI later in life
- Grade A, Level 1 evidence for the role of PFMT as first line treatment for UI



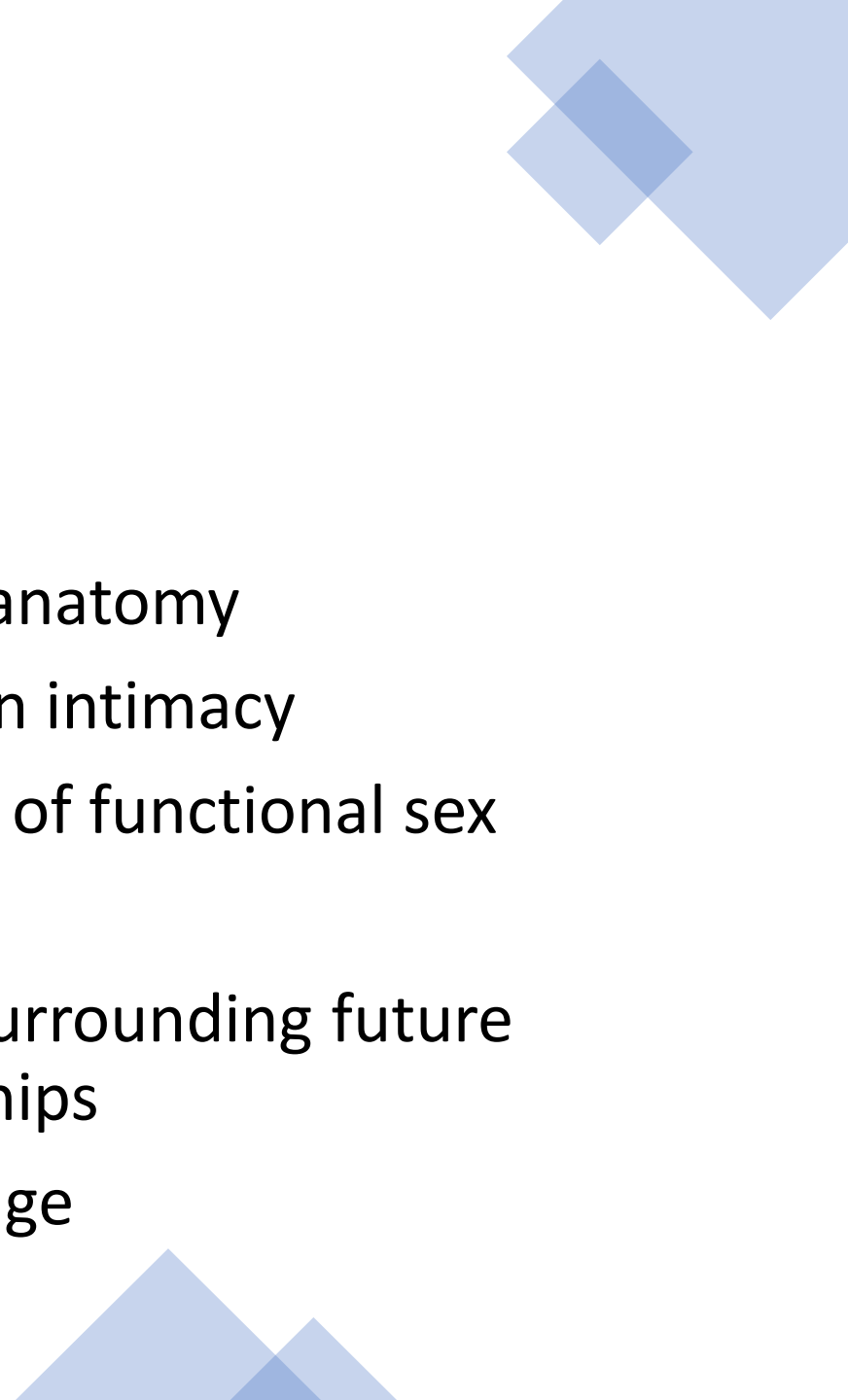


Bowel
Function



Sexual Function

(Darmody et al, 2020)

- Pain
 - Change in genital anatomy
 - Reduced interest in intimacy
 - Grief over the loss of functional sex
 - Fear
 - Anxiety and fear surrounding future intimate relationships
 - Reduced body image
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Pelvic Organ Prolapse:

PFMT reduces POP symptoms and severity (Hagen et al, 2014)(Hagen et al, 2017)

Forceps

Age over 35

OASIS

>4kg

Prolonged second stage



Thank you