

Pelvic Floor Dysfunction in Pregnant Women and New Mothers, Preventable & Treatable



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Pelvic floor dysfunction or PFD is a broad term used to describe several physical conditions that occur mainly as a result from pregnancy and childbirth.

The pelvic floor looks like a sling or hammock that forms the floor of the bony pelvis and it serves several essential functions in our bodies. The internal layer or “pelvic diaphragm” work with the external muscles of the pelvic floor to support our internal organs, stabilize our bodies, allow for sexual function, urinary and bowel movements and assist in contracting and pushing in the birthing process. These muscles are prone to trauma from the various functions they perform. The stress of the growing uterus in the body during pregnancy coupled with the changing gravity, posture and production of the hormone Relaxin all contribute to weakening the pelvic floor muscles.

Pelvic floor muscles connect to the Transverse Abdominus (TVA) and they work together in harmony essentially hold the body upright. It is almost impossible to engage one without the other. Tightness in the hips combined with weak pelvic floor muscles creates PFD.

Diastasis Recti, Symphysis Pubis Dysfunction (SPD), Urinary and or fecal incontinence, pelvic pain, chronic lower back pain, piriformis syndrome, sciatic pain, pelvic organ prolapse are all conditions under the pelvic floor dysfunction umbrella.

1. **Diastasis Recti**- This is a separation of the right and left side of the Rectus Abdominus in the Linea Alba connective tissue more than 2 cm in width
2. **Symphysis Pubis Dysfunction** -A separation of the pubic bones, which often occurs during birth but sometimes during the third trimester.
3. **Urinary Incontinence**-Uncontrollable leakage from bladder.
4. **Fecal Incontinence**-Uncontrollable leakage of fecal matter from colon. Usually as a result from severe tearing during birth.
5. **Pelvic pain**-This type of pain can be during sex or when performing a movement that is irritating or uncomfortable, many possible underlying issues.
6. **Chronic lower back pain**-Unexplainable chronic lower back pain
7. **Sciatica**- pain that radiates from lower back down one leg along the sciatic nerve because of compression of the sciatic nerve

8. **Piriformis syndrome** – A result of an inflamed sciatic nerve but more localized

9. **Pelvic organ prolapse**-When organs of the pelvis fall because of weak pelvic floor muscles.

So how do fitness professionals help create beneficial, safe and effective exercise programming for pregnant clients and new mothers that hone in on the core and pelvic floor?

We must start by helping our clients improve their posture first and foremost, then work on proper breathing techniques and lastly incorporate larger exercises that do not isolate but recruit many muscles from the hip complex and surrounding muscles groups. By incorporating all three planes of motion instead of working primarily in the sagittal plane (forward and backward) when performing even the most basic of exercises (i.e., the squat) you must change the movement by foot placement, arm placement, direction, tempo, range of motion etc. The variety in actions creates good stress to the pelvic floor and core muscles. Additionally, increasing the adduction and abduction action simultaneously while performing various exercises will help activate and recruit pelvic floor muscles subconsciously. Anatomically speaking, everything is connected in the body. Understanding that big global movements of the upper body and lower body together affect the position and strengthen of pelvic floor and core muscles is essential. The body is most efficient at strengthening the small muscles when big muscle groups are stimulated in combination.