

Antepartum Considerations

Who might benefit from pelvic physio referral?

- All pregnant people at 35 weeks
- Earlier if...
 - Pain (low back, pelvic girdle, symphysis pubis)
 - Wanting direction on exercise in pregnancy

Symphysis Pubis Pain – Hot Tips

- Consider central sensitization: be mindful of language that tells people their bodies are ‘unstable’ or ‘weak’
- Avoid end range asymmetrical movements
 - Slow down a bit more!
 - Stand with feet slightly wider than hips, equally weighted
 - Sit to put on socks
 - Butt first into car

Delivery Considerations

Remember the 3 Ps to protect the pelvic floor

P_{erineal} massage

- Begin at 35 weeks
- 3-5 min, 3 times per week (in the shower is a good time to do this)
- Goal is to learn to intentionally relax pelvic floor in face of stretch “ think soft”

P_{osition}

- Anything but lithotomy allows for movement of sacrum and decreases risk of tearing

P_{ushing}

- High Valsalva pushes are out: consider open glottis pushing, or half full lung pushing
- Patient lead pushing: only push when urge to push

PROLONGED PUSHING:

*Causes increased
risk of perineal
tearing*

Primip > 3 hrs
Multip > 2.5 hrs

Continued Pushing:

Patient may still have a successful spontaneous vaginal delivery, but there is greater risk of perineal trauma

Assisted Vaginal Delivery:

Patient will hopefully have a successful vaginal delivery, however increased risk of tearing, and episiotomy might be needed. NOTE: forceps delivery is a major risk factor for levator ani avulsion which cannot be repaired.

Cesarian Section

Pelvic floor will remain intact, but patient undergoes surgery and there is a higher risk of post-opp pain.

The Fourth Trimester

Weeks 0 - 2

- REST, REST, REST, & HEAL, HEAL, HEAL
- (also pooping and establishing breastfeeding)

Weeks 2 - 4

- Correction of the flexion
- Beginning to re-establish connection with breathing, pelvic floor, core

Weeks 4 - 6

- Intuitive movements that feels good
- Walking, kitchen squats, counter push ups, etc

Assessing the Pelvic Floor at the Six Week Visit

Ask about:

- **Leaking:** leaking present at 8 weeks PP is likely not going to improve by itself – refer!
- **Prolapse:** Sensation of pelvic pressure/fullness
- **Sex:** women can return to sex when their bodies feel ready... but pain with sex is NEVER normal

Look for:

- **Diastasis rectus:** more about function than size
- **Tissue Healing:** look at the tear repair, assess for widened genital hiatus and pelvic organ prolapse
- **Movement:** Feel for how well your patient is able to contact and relax their pelvic floors muscles

Weeks 6 - 14

- Preparation for return to impact
- Loading exercises, core, glute and pelvic floor strengthening

Weeks 14 - 16

- return to impact