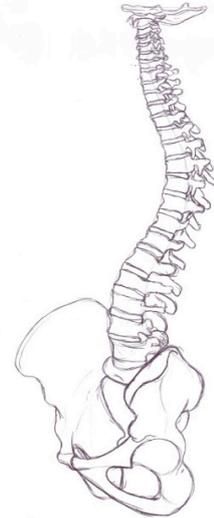


## Pelvic Floor

The Pelvic Floor consist of layers of sling like muscles. It runs from **tailbone into your pubic bone**, and it also connects into the **sit bones of either**. The Pelvic Floor runs through the **perineum**, which is sometimes cut (episiotomy) or tear during birth. All the muscles in the Pelvic Floor work together to supports the pelvic organs and your baby during pregnancy.

Like a trampoline, the Pelvic Floor can stretch and bounce back up in response to the pressure inside the body. During Pregnancy, the pressure of the baby's weight can cause the muscles to over stretch and become weak. As we strengthen the Pelvic Floor, we are not only creating support for the baby and the pelvic organs, we are also supporting the vulnerable joints and ligaments around the pelvis.



Postnatally, Pelvic Floor exercises help to regain tone in the Pelvic Floor. Assisted vaginal delivery (e.g. forceps, ventous, episiotomy or tear) can also cause trauma in the the Pelvic Floor. As long as you have gone through pregnancy and labour (even if you give birth with an emergency caesarean), your Pelvic Floor will need retraining .

Signs of Pelvic Floor trauma/ weakness includes:

- Incontinence
- Painful or uncomfortable sex
- Unable to empty bladder fully
- Instability in pelvis
- Diastasis Recti (abdominal separation)
- Pelvic organ prolapse

## Pelvic Floor and its relationship to breathing



We can imagine our abdominal region like an oval, the diaphragm on top and the pelvis in the bottom. In a neutral position, the diaphragm is at a slight dome, and the Pelvic Floor is at a slight convex like basin

As we inhale, the diaphragm contracts and pulls. The pressure of the inhaled air pushes down into the Pelvic Floor. This allow the Pelvic Floor to stretch downwards, stretching and releasing the Pelvic Floor.

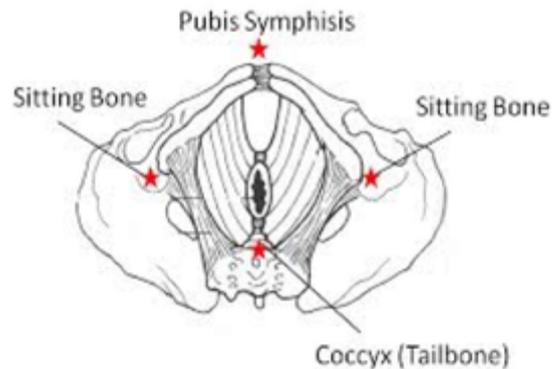
The Pelvic Floor returns to its resting position (slight dome) on the exhale. On a “long exhale”, the diaphragm continues to dome upwards, lifting the pelvic floor with it. In the same way, if we are to strengthen the Pelvic Floor, the connection should always be made on an exhale.

Trying to lift the pelvic floor on the inhalation can cause unnecessary stress and pressure in the abdominal and pelvic floor. If you are a beginner in a Pelvic Floor exercises, practice activating the pelvic floor on the exhale. It might not make sense in the beginning, but the more you practice, the easier it becomes.

## How to "lift" the Pelvic Floor?

To facilitate movement in the Pelvic Floor, we want to think about the 4 points we mentioned above—tailbone, pubic bone and two sit bones. As those 4 bony landmarks are where the Pelvic Floor is attached to.

- To contract from the back to front—pull the tailbone to your pubic bone
- To activate the superficial layer—connect your sit bones together
- To activate the whole Pelvic Floor—connect the 4 points together. (Squeeze into the middle and a little lift)



In relation to movement-

- To lift the Pelvic Floor—exhaling, pelvic tilts, and pulling the four points together.
- To release the Pelvic Floor—any movement that takes the sit bones away from each other and the pubic bone away from the tail. E.g. inhaling, squatting and an anterior pelvic tilt.