



This leaflet is best used
on the advice of a
Healthcare Professional.



CARING FOR YOUR BLADDER AND BOWEL IN PREGNANCY AND AFTER CHILDBIRTH

Incontinence is a common problem during pregnancy and following childbirth. This can be either urinary incontinence or bowel incontinence or both. It can have a significant impact on your quality of life and your daily activities.

In fact 1 in 3 women who have ever had a baby wet themselves. There can be different degrees of urinary incontinence from occasionally wetting your pants to wetting your pants several times a day.

1 in 13 women following childbirth suffers with leaking from the back passage. 1 in 6 women will pass wind without being able to control it following childbirth.

Urinary Incontinence

Hormonal changes during pregnancy together with the increasing weight of the baby stretch the pelvic floor muscles which cause them to become weaker and may lead to incontinence.

Incontinence is common in women who have had children, especially if they had heavy babies, difficult births, forceps and vacuum assisted births, as the pelvic floor muscles become weak following childbirth. Tears or episiotomy (cut/stitches) of the pelvic floor during childbirth weakens the pelvic floor muscle further. Tears can vary in depth from 1st degree involving only the skin to a 4th degree involving the muscle and anal sphincter (opening of the back passage).

There are two main types of incontinence that may affect your bladder during your pregnancy and following childbirth. Stress Urinary incontinence and Overactive Bladder (Urge Incontinence).

What is Stress Incontinence?

Stress incontinence is the most common form of incontinence during pregnancy and following childbirth. It means you leak urine when you cough, sneeze, laugh, or exercise and sometimes during sex. It happens when the pelvic floor muscles that support the bladder becomes weakened during pregnancy and after childbirth so small amounts of urine may leak, but sometimes it can be quite a lot and can cause embarrassment.

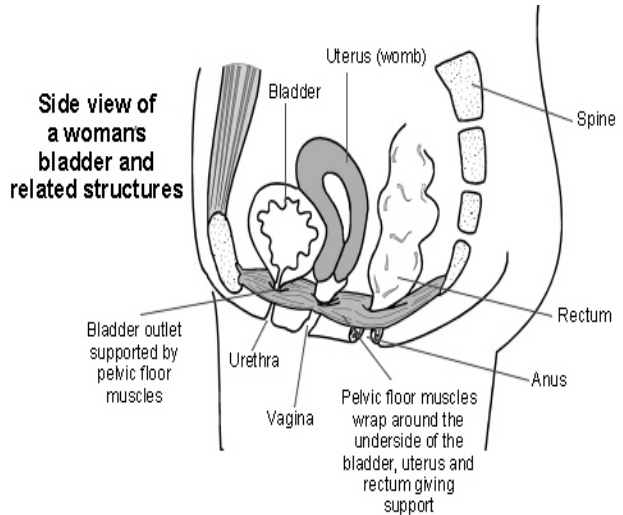
Can Stress Incontinence be prevented?

Stress Incontinence may occur for women of all ages. For women who do regular pelvic floor exercises during pregnancy and after the baby is born, stress incontinence is less likely to develop during pregnancy, following childbirth and in later life.

What are the Pelvic Floor Muscles?

The pelvic floor muscles provide a 'hammock' or 'sling' at the base of the pelvis that supports the bladder, vagina, womb and rectum (back passage) in women and helps to keep the openings of the bladder and back passage closed.

Side View of Female Pelvic Organs



What weakens the Pelvic Floor Muscles and causes Stress Incontinence?

Pregnancy and childbirth are the main causes of stress urinary incontinence.

Overweight and Obesity

Stress incontinence is common if you are overweight or obese. Weight loss is advised if you are overweight or obese, and can improve urine incontinence.

Bowel movement

Straining to have a bowel movement like 'pushing down' to have a bowel movement can over stretch your pelvic floor muscles.

Chronic Cough

A smoker's cough or a persistent cough can damage and overstretch the muscles.

Increasing Age

It is common with increasing age as the muscles become weaker after the menopause.

What are the Treatments for Stress Incontinence?

Pelvic Floor Muscle Exercises

Involves strengthening the pelvic floor muscles, so that they can give your bladder, vagina, womb and rectum support.

This will improve your bladder or bowel control and improve or stop any leaking. In women healthy pelvic floor muscles helps to keep the bladder, womb and bowel in the right place and prevents them coming down (prolapse).

The aim is to do the exercises 10 times, 3 times a day.

It is a good idea to associate doing the exercises with every day activities example – do the exercises when you feed the baby or when you are doing the washing up.

There are two types of pelvic floor muscle exercises which helps to strengthen the muscles.

One type of exercise helps the muscle work longer without getting tired (slow exercises) the other type (fast exercises), trains the pull of the muscles and helps prevent leakage of urine when coughing, laughing, sneezing and doing exercises.

It takes **time effort and practice** to do the exercises correctly. After several weeks the muscles will start to feel stronger and you will notice an improvement, so don't give up!

Learning to Exercise the Pelvic Floor Muscles:

These exercises can be done lying, standing or sitting.

- If sitting, set in a chair with your knees slightly apart.
- Breathe normally ~ Do not hold your breath.
- Imagine you are trying to stop wind escaping from your back passage.
- You will have to squeeze the muscles around the back passage. You should feel some movement in the muscles.
- Don't move your buttocks or legs.
- At the same time imagine you are passing urine and are trying to stop the flow of leaking urine. Squeeze the muscles around the opening from where you pass urine.
- Start by holding for a count of 5 seconds building to 10 seconds and then relax the muscles for 5 seconds. Repeat 10 times.

These are called **slow exercises** and will help to strengthen the pelvic floor muscles.

- **Fast exercise** are done in the same way as the slow exercises but when doing these exercises you hold for 1-2 seconds only. You should feel a quick lift in your muscles with fast exercises.
- Remember do not use your tummy, buttocks, back or leg muscles when doing any of the exercises.

To check if you are doing the Pelvic Floor Exercises Correctly

You can put 2 fingers into your vagina. You should feel a gentle squeeze when doing the exercises.

When you have sex try to exercise your pelvic floor muscles, ask your partner if they can feel your muscles tightening.

Continue doing the pelvic floor exercises as a part of your everyday routine, to prevent incontinence or control your incontinence.

Doing the pelvic floor exercises each day will help to keep the pelvic floor muscles strong and toned up.

During pregnancy, the hormonal changes that take place within the body often leads to the muscle of the bladder becoming relaxed. This together with the extra weight of the of the baby pressing on the bladder, can make you want to go to the toilet more frequently. This is normal during pregnancy and this often resolves after the baby is born.

Overactive Bladder (OAB)/Urge Incontinence

- Is when you get a sudden urgent desire to pass urine.
- You are not able to put off going to the toilet and sometimes urine leaks before you get into the toilet.
- If you have overactive bladder you tend to pass urine frequently both day and night.
- Some women also find that they leak urine during sex, especially during orgasm.

Understanding OAB/Urge Incontinence

- The bladder is made of muscle and stores urine, it expands like a balloon as it fills with urine.
- The outlet for urine, which is called the urethra, is normally kept closed and this is supported by the pelvic floor muscles.
- When about a mug full of urine is in the bladder messages are sent between the brain and the bladder and you become aware that the bladder is getting full.
- The bladder should be able to hold roughly a pint of urine.
- With OAB / urge incontinence the bladder muscles sends incorrect messages to the brain that the bladder feels fuller than it actually is. This means that the bladder muscles squeezes too early before the bladder is full and so you get the sudden urge to pass urine frequently.

What causes OAB/Urge Incontinence?

The cause is often not fully understood. Its symptoms may be made worse by having:

- Certain drinks. Drinks containing caffeine such as tea, coffee, coke, hot chocolate.
- Alcohol.
- Fizzy drinks.
- Some herbal teas containing caffeine example, green tea.
- All these drinks can irritate the bladder.
- Symptoms can also increase in times of stress.

Treatments for OAB/Urge Incontinence

- Drink 8 glasses of fluid per day, water is best. Avoid the drinks that irritate the bladder.
- Pelvic floor muscle exercises also help with OAB / urge incontinence over active bladder.
- Bladder retraining – slowly stretches the bladder so that it can hold a larger volume of urine. This means that more time can pass between feeling the urge to pass urine and having to get to a toilet.
- Avoid constipation.
- The Doctor may prescribe you medication but not during pregnancy.

Bowel Incontinence

During pregnancy many women may notice changes to their normal bowel habits. This may be due to the hormonal changes that affect the movement of food through the bowel. Together with the growing baby pressing on the surrounding bowel, this can lead to constipation.

Treatment for constipation

- Increasing your roughage / fibre intake. Having the recommended 5-7 portions of fruit and vegetables daily will help.
- Increase your fluid intake (ensure you have 8 glasses of fluid per day , water is best.)
- Try and have gentle exercise daily.
- Ensure that you sit on the toilet correctly to have both your bladder and bowels opened.

The best way to sit on the toilet to avoid straining



1. Sit leaning forward with your elbows on your knees allowing your tummy to relax.
2. Use a footstool or lift your heels up of the floor so that your knees are above your hips.
3. Don't hold your breath, breath out deeply.
4. After you have had your baby, when you are opening your bowels get a piece of toilet paper to place over your stitches and with your hand supporting try and avoid over stretching as you push.

After you have had your baby some women experience problems with their bowel this can be:

- Leaking of faeces (stool, poo, motion) without being aware that you need to use the toilet.
- Sense of urgency – having to rush to the toilet.
- A feeling of not being able to hold a bowel motion.
- Leaking faeces before getting to the toilet.
- Some women may pass flatus, “wind” without being able to control it.

Why does this happen?

The muscles around the back passage (anus) which are attached to the pelvic floor muscles may become damaged during child birth. The nerves around the anus may also be damaged.

What is the treatment?

- Pelvic floor muscle exercises helps to strengthen the muscles of the back passage.
- Avoid foods that may cause flatulence “wind” for example cabbage, beans, onions.
- Bowel retraining – this helps to give you more control over your bowel.
- If the above treatments do not help, you should be seen by your Doctor for further investigations.

Some other tips for a health bladder and bowel

Smoking

May cause coughing which can aggravate the symptoms of incontinence. Smoking is unhealthy for you and your baby. If you are having difficulties stopping, seek help from your GP/health professional.

Going to the toilet

Make sure that you sit down on the toilet. Do not hover over the toilet instead of 'squat'. Sitting down properly on the toilet helps you to empty your bladder and bowels properly.

Overweight and obesity

- Being overweight or obese puts more pressure on the pelvic floor muscles.
- Have a healthy balanced diet during pregnancy and after your baby is born.
- Include regular gentle exercise during pregnancy and after you have your baby.

SYMPTOM PROFILE

Please return your completed form to your Public Health Nurse or Practice Nurse or GP.

Name:		Date:	
Address:		Contact No.	
		Date of Birth	
How many pregnancies have you had?			
<p>Please read through all the statements below and circle Yes for the statements most relevant to you.</p> <p>You may circle as many statements as you feel are relevant to you.</p>			
I leak when I laugh, cough, sneeze, lift something, run or jump.		Yes	
I only ever leak a little amount of urine.		Yes	
I always know when I have leaked urine.		Yes	
Only my undergarment gets wet when I leak (not outer clothes).		Yes	
I feel a sudden strong urge to pass urine and have to go to the toilet quickly.		Yes	
I leak a moderate or large amount of urine before I reach the toilet.		Yes	
I feel that I pass urine frequently.		Yes	
I get up at least twice at night to pass urine.		Yes	
I squat over rather than sit fully down on the toilet seat to pass urine.		Yes	
My urine stream is weaker and slower than it used to be and it stops and starts.		Yes	
I feel as if my bladder is not completely empty after I have been to the toilet.		Yes	
I am not able to hold flatus (wind).		Yes	
I have to rush to get to the toilet to have my bowels opened.		Yes	
I leak small amounts of stool (poo).		Yes	
I have to strain to have my bowels opened.		Yes	
My bowel habit has changed recently.		Yes	
My stools vary, sometimes they are hard, sometimes they are soft.		Yes	
How long have you had your symptoms?	Weeks	Months	Years

If you have symptoms of incontinence the Public Health Nurse, Practice Nurse or GP can refer you to the Continence Care Clinic. Please tick if you wish to be referred to the Continence Care Clinic.

**REMEMBER INCONTINENCE CAN BE TREATED,
MANAGED AND IN MANY CASES CURED.**

**YOU ARE NOT ALONE,
HELP IS AVAILABLE DON'T SUFFER IN SILENCE.**

For further help and information contact

Your GP, Public Health Nurse, Continence Advisory Service.

www.hse.ie/continencecare

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Adapted from Patient Information.co.uk and The silent epidemic by Hanna Dahlen