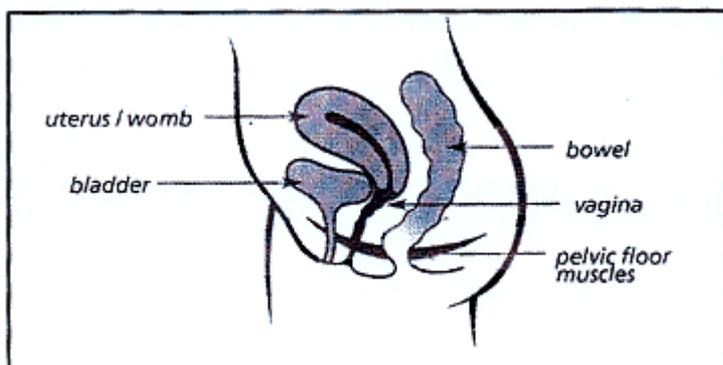


Issue 17 article nov: 2001

THE PELVIC FLOOR

- The significance of the pelvic floor increases during and after pregnancy.
- In this article I would like to introduce you to the pelvic floor and its neighbours,
- to explain the role of osteopathic treatment, and to emphasise the importance of exercise.
- I will address the specifics of pelvic floor exercises either in the next issue of ABC
- or in a special pamphlet devoted to that subject - more of that at the end.



WHERE IS IT ?

The pelvic floor is similar in shape to a hammock or a funnel. This 'hammock' is made up of inter-woven muscles, ligaments, tendons and connective tissue.

It is suspended between your pubic bone at the front, your two sitting bones at each side, and coccyx or tail bone at the back. It is about the size of an open hand. As well as being called floor it is also known by its more anatomical name, the perineum.

WHAT DOES IT DO?

The pelvic floor acts as a supporting platform to stop your innards (the viscera, or contents of abdominal cavity) falling out. It provides openings for the anus and urethra, at the back and front, and acts to hold in or release solid and liquid waste which pass through these passages. women there is a central passage, the vagina, which enables you to procreate and give birth. can see that the pelvic floor tissues need to be able to hold a good tone as well as relaxing

only when, you want them to.

THE PELVIC FLOOR AND ITS NEIGHBOURS

Complementary health practitioners, yoga and t'ai chi teachers etc. do not treat, or exercise, of the body in isolation. Inevitably one part affects or is affected by its neighbour and by other distant structures - and the pelvic floor is no exception.

One osteopathic teacher likened the abdominal region to a muscular bag. In this image the top the bag is the respiratory diaphragm. This the muscle that you use to breathe. The sides of the are the back and stomach muscles and the base of the bag is the pelvic floor.

Good tone in all these muscles is necessary to hold the viscera in their correct position. It is enough having just a well-toned pelvic floor. If the sides of this muscular bag are slack, then innards will sink with gravity and their weight will compromise the tone of the pelvic floor.

The pelvic floor and the respiratory diaphragm are physically connected to each other, and function more effectively when they work in unison. They are designed to move up and together and to move down and relax together. Because of this, it is better to co-ordinate the movements of your pelvic floor exercises with your breathing.

THE ROLE OF OSTEOPATHY

As the pelvic floor has to perform so many different tasks it contains many different sorts of This means that in a relatively small area there can be various different combinations of tissue e.g. scar tissue, tight tissue and lax tissue.

As I explained in ABC issue no 14 'Physical Preparation for Birth' a previous injury to an cause the tissues to tighten up. Pain symptoms may only appear during pregnancy when that cannot stretch as well as it should. I'll give you an example: a woman who was 22 weeks was experiencing pain in her left buttock. She was fit, active, very flexible and going to an birth class. Examination of her pelvic floor revealed marked tightness on the left side, but she not remember any injury. Then a week later she remembered her hen night: one minute she talking to her friends as they waited for a taxi and the next she landed on the pavement on her hip. It had not hurt much at the time as she was happily inebriated, but those tissues had the contracture. Exercise alone had not been able to sort out that left/right imbalance, and it some good deep manual stretching on one side to persuade those tissues that they could stretch.

So when a pregnant women presents at my clinic, I will always examine the following:

1. The front, middle and back of the pelvic floor, checking the overall tone, and treating any imbalances.
2. I will check the length and strength of the muscles that need to work to turn the baby as descends the birth canal.
3. I will test the joints surrounding the pelvic floor.
4. Is there any scar tissue from previous tears or episiotomies or pelvic inflammatory disease? will show the patient how she can stretch this herself.
5. Last but by no means least I will check the coccyx.

This is the tiny tailbone right at the bottom of the spine. A fall onto the coccyx can be very as some major pelvic floor ligaments and muscles attach there. The pain can reappear during pregnancy. Sometimes these old restrictions can be eased from the outside, but in other cases

tissues need to be released per rectum. It is a very straightforward procedure and can ease pain.

Equally if you are post partum and experiencing back, coccyx or buttock pain, I would these same tests.

DO I REALLY HAVE TO EXERCISE?

You have my sympathies, because, as most of my friends know, I have an allergy to exercise, not practise what I preach. However if you identify, stretch and tone the correct muscles pregnancy, you will need fewer contractions to birth your child and are less likely to tear. Post-natal techniques are equally important to help you regain tone more quickly and lessen likelihood of stress incontinence and later prolapses, not to mention making sex more

You can divide your pelvic floor muscles into three groups. The ones at the back are around anus. You can feel these if you clench your buttocks as if to stop passing a bowel motion and not the ones to use when giving birth. The ones in the middle tighten around the vagina and best way to identify these is to feel them tighten around a finger in the vagina (similar to to a tampon). These are the ones you want to learn how to control. The front group are around urethra, and can be felt if you try to hold in urine in any long queue for the ladies toilet. can be hard to differentiate between the three but it will become clearer with practice.

It seems that there is a need for some clear guidance about pelvic floor exercises and a charity BIRTHLIGHT are planning to produce a booklet in the next few months to which I may contribute. If anyone has any thoughts, or has had experience of biofeedback exercises please contact me. In the meantime guidance can be obtained from myself or from an active birth

I would also recommend the following books.

Yoga for Pregnancy

by Françoise Freedman and Doriel Hall.

Published by Cassell & Co ISBN 0 7063 7667 6

Postnatal Yoga

by Françoise Freedman with Doriel Hall.

Published by Lorenz Books

ISBN 0 7548 0499 2

They can be obtained from BIRTHLIGHT at PO Box 148, Cambridge CB4 2GB or from their website www.birthlight.com or from me at one of my clinics.

.