

# How to Address Pelvic Symptoms in Postpartum Patients Transitioning Back to Primary Care

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## Disclosure

I have no financial interests or relationships to disclose.



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## Learning Objectives

1. Understand normal pelvic injury rates and healing times after delivery
2. Identify medical conditions that greatly impact long-term pelvic floor symptoms
3. Describe the importance of behavior modification after delivery



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### **Pelvic floor muscles**

- Levator ani (pubococcygeus, puborectalis and iliococcygeus) and coccygeus muscles

### **Pelvic floor function (PF)**

- sum of PF activities that each contribute to overall organ support, urinary/fecal control

### **Pelvic floor dysfunction (PFD)**

- conditions due to muscle weakness, high/low tone, organ/ joint dysfunction

Definitions

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## Why Is Postpartum Important?

### General Physical Changes

- MSK stabilization of changing body
- Increased workload
- Hormone shifts soften and stretch
- Delivery is traumatic
- Changes are long-lasting

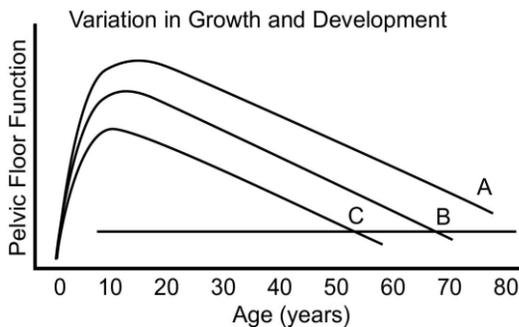
### Pelvic Floor Changes

- Pelvic floor muscles stabilize spine and pelvis
- Support pelvic organs
- Maintain abdominal and pelvic pressures

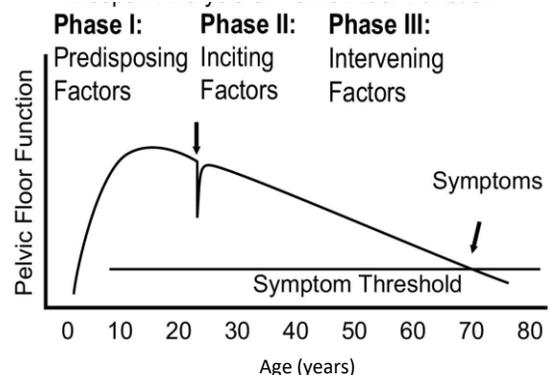
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## Epidemiology

### Function Before Delivery Impacts Long-Term Function



### Lifespan of Pelvic Floor Function



Handa VL. Obstet Gynecol Clin North Am 2016 | DeLancey. J Obstet Gynecol 2008

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COMMON MYTHS

#1 Pelvic muscles are only activated with kegels



Inhale | DESCEND

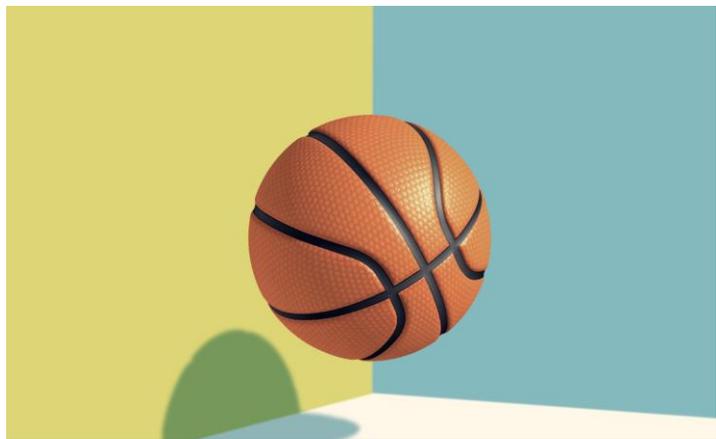


Exhale | LIFT

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COMMON MYTHS

#2 If I stay healthy, everything will go as I plan



No 'bouncing back'

Healing time is **6 months** – 2 years

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COMMON MYTHS

#3 'Natural' delivery will keep me healthy



95% of first deliveries tear the perineum

20% injure muscle insertion to pelvis

Permanent nerve damage (urethra, labia, anus)

Longer push → HIGHER RISKS

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COMMON MYTHS

#4 Breastfeeding will help recovery



Decreased estrogen → LESS muscle prolif

Stem cells start healing at 5 days

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**RISK FACTORS**

More serious injuries to the pelvic floor occur in 1-4 in 10 first deliveries

- Forceps
- Anal sphincter laceration (identified)
- Episiotomy
- Older age
- Longer pushing (>78 min)

Delancey JO. Biomechanics of vaginal birth. Annu Rev Biomed Eng 2009

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**RISK FACTORS**

Cesarean section also has risks

- US rate 32%
  - Norm BMI 20%
  - Very Obese 43%
- Primary elective 3-11%
- Injury to **abdominal wall**, surrounding organs
- Causes of maternal death: hemorrhage, hypertensive disorders, sepsis, unsafe abortion/embolism

ACOG CO #394. Obstet Gynecol 2007

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# Symptom Onset

## 1<sup>st</sup> Year Postpartum

- Urinary incontinence (20%)
- Prolapse of pelvic organs (to or past the hymen) (20-50%)
- Accidental bowel leakage (5%)
- Asymptomatic anal sphincter injury (40%)

## 5-10 Years Postpartum

- Urinary incontinence (26%)
- Prolapse of the pelvic organs (to or past the hymen) (14%)
- Accidental bowel leakage (12%)

Handa V et al. Mothers Outcomes After Delivery (MOAD) Studies. 2011-2018

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# How to Discuss Postpartum?

## Validated Questionnaires

- PFIQ-7
- PFDI-20

**Pelvic Floor Impact Questionnaire—short form 7 (PFIQ-7)**

Name \_\_\_\_\_ DATE \_\_\_\_\_

DOB \_\_\_\_\_

**Instructions:** Rate extent of your bladder, bowel, or vaginal symptoms affect your activities, relationships, and feelings. For each question, check the response that best describes how much you are affected. Responses range from never affected to your worst. Circle the response that best describes how much you are affected. Please make sure you mark an answer in all 7 sections for each question.

How do you respond to conditions in the following areas?

	Never	Slightly	Moderate	Severe	Very severe
1. Ability to do household chores (cooking, cleaning, shopping)	<input type="checkbox"/>				
2. Ability to do physical activities such as walking, swimming, or other exercises?	<input type="checkbox"/>				
3. Entertainment activities such as going to movies or concerts?	<input type="checkbox"/>				
4. Ability to travel by car or bus for a distance greater than 30 minutes away from home?	<input type="checkbox"/>				
5. Participating in social activities outside your home?	<input type="checkbox"/>				
6. Emotional health (nervousness, depression, anxiety)?	<input type="checkbox"/>				
7. Feeling frustrated?	<input type="checkbox"/>				

**Pelvic Floor Distress Inventory Questionnaire - Short Form 20**

Please answer all of the questions in the following survey. These questions will ask you if you have certain bowel, bladder or pelvic symptoms and if you do how much they bother you. Answer each question by putting an X in the appropriate box or boxes. If you are unsure about how to answer, please give the best answer you can. Write answering these questions, please consider your symptoms over the **last 6 months**.

	YES	NO	How much does this bother you?			
			Not at all	Slightly	Moderate	Severe
1. Do you usually experience pressure in the lower abdomen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you usually experience heaviness or dullness in the lower abdomen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you usually have to push on the vagina or around the pelvis to have a complete bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you usually experience a feeling of incomplete bladder emptying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you ever have to push up in the vaginal area with your fingers to start or complete urination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you feel you need to strain too hard to have a bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you feel you have not completely emptied your bowels at the end of a bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you usually lose stool beyond your control if your stool is loose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## History-Taking

- Provocation (trigger)
- Quality (volume, day/night)
- Region (location)
- Severity (urgency, pain)
- Timing (onset, frequency)

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# Resources

## Reliable Patient Education

Voices for PFD website navigation: About, Pelvic Organ Prolapse, Bladder Control, Bowel Control, Resources, Community, Find a Provider, Events.

Banner: Join the Dialogue. Sign up for our Pelvic Floor Dialogues Newsletter. Sign Up Now.

Footer icons: Find a Provider, Tools for Patients, Join the Dialogue.

## Inconsistent Online Information

- Most patients access health information online
- Popular websites are low quality, written for high school to college-level readers, and may be biased

American Urogynecologic Society | www.voicesforpfd.org

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# Resources

### Third and Fourth Degree Perineal Tears

Perineal tears are damage to the anal opening and anus that occur during a range of severity.

**Voices for PFD AUGS**

### Pelvic Floor Muscle Exercises and Bladder Training

If you are experiencing urinary leakage, pelvic floor muscle exercises (Kegels) and bladder training are two things you can do to help control your urinary symptoms.

**Voices for PFD AUGS**

Diagrams of the female reproductive system and pelvic floor muscles.

### IUGA® Constipation

A Guide for Women

1. What is constipation?
2. What causes constipation?
3. How is constipation diagnosed?
4. How can constipation be treated?
5. Can constipation be prevented?
6. When should you see a doctor?
7. Glossary of terms

**What is constipation?**

Constipation is a condition, not a disease. Constipation means a stool is not passed easily or regularly. This may mean having a bowel movement fewer than once every three days and the stools being smaller than the hard and difficult to pass.

**What are the symptoms of constipation?**

Some people who are constipated find it painful to have a bowel movement and feel bloated or uncomfortable. However, the constipation itself is not painful. Some people who are constipated do not feel any pain at all. Some people who are constipated do not feel any pain at all. Some people who are constipated do not feel any pain at all.

**What are the causes of constipation?**

Many normal experiences contribute to some cases of constipation. It is more common in women and older people. It is also more common in people who are pregnant and in people who are taking certain medications. It is also more common in people who are taking certain medications.

**How is constipation diagnosed?**

The doctor will ask you about your symptoms and how long you have had them. They will also ask you about your diet and lifestyle. They may also do a physical exam. They may also do a test called a colonoscopy.

**How can constipation be treated?**

There are many ways to treat constipation. Some people find that making changes to their diet and lifestyle can help. Some people find that taking over-the-counter medications can help. Some people find that taking prescription medications can help. Some people find that taking surgery can help.

**How can constipation be prevented?**

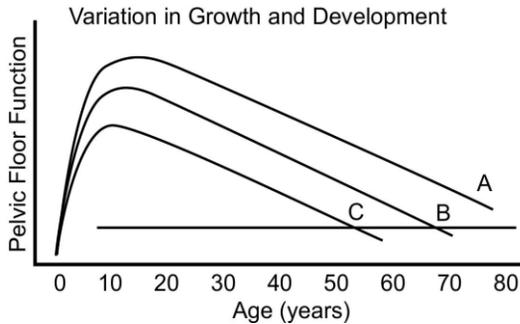
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American Urogynecologic Society | International Urogynecological Association

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## Primary Care Impact

### Function Before Delivery Impacts Long-Term Function



- Prevention and treatment of **obesity** may reduce the burden of PFDs
- Identify and treat comorbid conditions
- Obstructive sleep apnea, diabetes, HTN, cardiac, tobacco use, steroid use

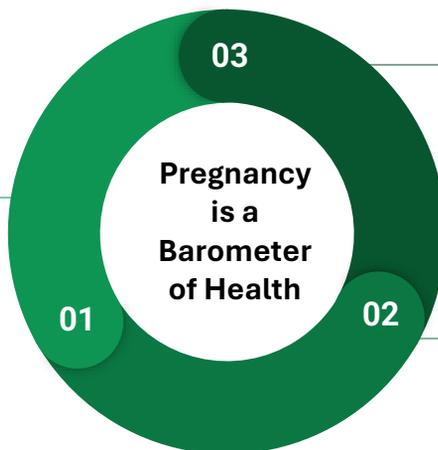
Handa VL. Obstet Gynecol Clin North Am 2016 | DeLancey. J Obstet Gynecol 2008

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## Redefining Postpartum Care

### Chronic Conditions

HTN, Obesity, Diabetes, Thyroid, Renal, Mood, Substance Use



### Lifetime Risks

- Preterm Birth, Gestational DM, HTN, all associated with increased lifetime risk of cardiometabolic diseases

### Ongoing Postpartum Care

- Contact at  $\leq 3$  wks
- Comprehensive visit at  $\leq 12$  wks includes full assessment of physical, social & psychological well-being

ACOG CO #736. Obstet Gynecol 2018 | Healthy People 2020 CDC.gov

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## COMMON CHALLENGES

### For physician

- Medical details
- Changing body (2yrs)
- Time-consuming education
- Co-morbid conditions
- Put “baby first”



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## COMMON CHALLENGES

### For patients

- Poor memory
- Medical literacy
- Societal, individual expectations
- Cultural influences
- Put “baby first”



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## Diagnostics

### Physical Exam

- Mobility, strength, coordination
- Pelvic exam
- Toilet positioning

### Other

- Rule out other etiologies
- Clarify expectations
- Home bladder, food diary
- Weight management



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## Pelvic Floor Exercise

### Pelvic Floor Muscle Exercises and Bladder Training



If you are experiencing urinary leakage, pelvic floor muscle exercises (Kegels) and bladder training are two things you can do to help control your urinary symptoms.



#### Pelvic Floor Muscle Exercises

Learn how to strengthen the pelvic floor muscles. Pelvic floor muscle exercises (PFME) are most helpful for women with mild to moderate urine leakage. Women with severe urine leakage often need more than exercises to improve.

Like any other form of exercise, it is important to do PFME correctly and regularly. Unfortunately, because pelvic muscles are hidden from view, it is hard to know if you are doing them correctly. To be sure that you are working the right muscles:

- Imagine you are going to pass gas and squeeze the muscles that would prevent that gas from escaping from your rectum. Squeezing the muscles around the rectum will also strengthen those around the vagina and under the bladder.

#### LEARN THE TERMS

**Pelvic floor muscle exercises (Kegels):** Exercises that strengthen the muscles of the pelvic floor. Squeezing and relaxing of the pelvic muscles can improve and prevent urinary and bowel leakage.

**Bladder training:** Behavior therapy that helps you use your bladder more effectively so that you don't feel the sudden urge to go.

**Pelvic floor muscles:** The pelvic floor muscles at the pelvic floor support the vagina, bladder, and rectum.

**Urethra:** Tube from the bladder to the outside of the body that urine leaves through during urination.

**Overactive bladder (OAB):** Urinary urgency usually without urinary leakage.

- Use a hand mirror to look at your vaginal opening and the perineum (the space between the vagina and rectum). You should see the perineum lift up when you contract your pelvic muscles.

- While lying or sitting, place one finger inside your vagina. Squeeze as if you were trying to stop urine from coming out. You should feel your finger lifted and squeezed if you are correctly contracting your pelvic muscles.

- No one should be able to tell you are doing PFME if you are easily moving, you are not using the right muscles.

- You should not be contracting the gluteus ("butt") or thigh muscles.

Keep your stomach and back muscles relaxed as you work those pelvic muscles. And, do not squeeze your legs together or hold your breath while doing the exercises. Try this routine:

1. Start by pulling in and holding a pelvic muscle squeeze for 3 seconds then relax for an equal amount of time (3 seconds).
2. Do this for 10 repetitions three times a day.
3. Try to hold for 1 second longer each week until you are holding for a 10 second squeeze.
4. Remember to rest and breathe between contractions. Relaxing can be as important as squeezing.
5. At the beginning, do the exercises while lying down. As you get stronger, do the exercises while sitting or standing.

If you are not sure that you are doing the exercises correctly, ask your medical provider at a pelvic exam to check if your squeeze is working the right muscles. Or, ask for a referral to a physical therapist who

- Enrolling continent women in structured pelvic floor muscle therapy **early in pregnancy** may prevent the onset of UI in late pregnancy and postpartum
- Physiological and behavioral aspects of a program impact results
- Overall MSK **strength and coordination** essential

American Urogynecologic Society | Cochrane Database System Review 2017

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# Avoid or Reduce

triggers or irritants,  
constipation (straining),  
extremes of bowel  
consistency, immobility,  
low estrogen



Treatment (1<sup>st</sup> Line)

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# OTC Options

diapers or pads,  
absorbable underwear,  
incontinence devices,  
balanced diet, food  
resources, postnatal  
yoga and other group  
activities, reframe



Treatment (1<sup>st</sup> Line)

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## Counseling for Future Pregnancy

- Repeated injury decreases muscle regeneration ability
- Impact of induction of labor over spontaneous is unknown
- Risk of repeat obstetric anal sphincter injury is low (1-5%) in future



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### Musculoskeletal

- Core rehabilitation
- Pelvic floor focused
- Use tools (Toilet Stool)



### Dietary

- Fluid type and amount
- Healthy food, sustainable pattern
- Use tools (Bristol Stool Scale, motility studies)



### Lifestyle & Long-Term

- Control predisposing and worsening factors **especially obesity**
- Activities of daily living (sit/stand, walking, weight training)
- Estradiol (Estrace, Vagifem, Estring)

Treatment (Needs Engagement)

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## Applying Pregnancy Information

- Postpartum “6 wks” is cultural, not medical
- Expect heavy bleeding, pain, exhaustion, UI
- **1 in 4 return to work within 10d**
- 1 in 5 stop breastfeeding by 6wks
- Avoid pregnancy for 6mo, pref  $\geq 18$ mo
- HTN: BP check  $\leq 10$ d (stroke risk)
- GDM: testing



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## Conclusion

- Pelvic injury occurs with all delivery types
- Diagnostic tools and online resources are available
- Use data to help patients set reasonable goals
- Primary Care Providers are an essential part of transitioning through the postpartum period and developing new and beneficial habits

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## How Many Patients Experience Perineal Body Tearing at Their First Delivery?

- A. 10%
- B. 50%
- C. 95%
- D. Not Sure

## What Condition Is Most Likely to Increase Risk of Pelvic Symptoms?

- A. Hypertension
- B. Depression
- C. Obesity
- D. Not Sure

## **Do Patients Need Counseling on Toilet Behavior After Delivery?**

- A. No (they should return to normal)
- B. Yes
- C. Maybe (only if symptomatic)
- D. Not Sure