The big squeeze: hold tight for a pelvic floor revolution

For years, women have suffered from complications in silence, with little help available, but now the NHS is rolling out new clinics

By Jessica Hatcher-Moore
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Jessica Hatcher Moore's GP told her incontinence was normal after having a baby | CREDIT: Philip Hatcher-Moore

How's your pelvic floor? For decades, this body part has been neglected and ignored, resulting in generations of women suffering with incontinence and other issues in squeamish silence. Now it's enjoying a renaissance – with celebrities such as Kate Winslet speaking out about their experiences with pelvic floor dysfunction, and books, podcasts and revolutionary new products aiming to end the stigma and get us all lifting and lowering our way to better pelvic health and happiness.

Last week, the NHS announced that it is rolling out new clinics for pregnant women and new mothers to prevent and treat pelvic floor issues – following research showing that one in three women experiences urinary incontinence in the first year after having a baby and up to three-quarters of these women continue to experience symptoms in the following 12 years after giving birth.

If you're one of the millions of women who've been unable to go near a trampoline since having children, you'll know that this investment is long overdue.

"It's time we started lifting the taboo by talking openly to our children about these things, and instigating good pelvic health from the start," says Kate Walsh, physiotherapy manager and clinical lead at Liverpool Women's Hospital.

The pelvic floor is a hammock of muscle and connective tissue that's strung between the coccyx at the back and the pubic bone at the front. When the muscle isn't healthy – if it's weak, too tight, or if there's structural damage, commonly caused by childbirth – it can result in fecal or urinary incontinence, pain and prolapse (when the uterus, bladder or bowel drops down due to lack of support).

Such problems are not new, but given the capabilities of modern medicine, they are becoming less and less acceptable.

Britain fares particularly badly in our awareness and treatment of the pelvic floor. All new mothers in France get a course of individual physiotherapy sessions to re-educate their pelvic floor, while in the UK, they leave hospital with nothing more than a leaflet telling them to "squeeze" regularly while sitting comfortably. The world's leading pelvic health researcher, Professor John DeLancey at the University of Michigan, says that by making the exercises sound so simple, we render them ineffective: "If you were a weightlifter, lifting 1lb frequently wouldn't improve your muscle power," he points out.

I interviewed DeLancey and dozens of other experts and mothers for my new book, *After Birth* – the book I wish I'd had when my children arrived. After a straightforward first birth, my pelvic floor was slow to recover. After six months, I saw my GP, who told me that a degree of incontinence and prolapse was perfectly normal after a big baby and it should get better with time. Even if it didn't, she said, she wouldn't propose treatment until I'd finished my family. My initial relief at being "normal" turned to outrage. What other debilitating condition does our health system refrain from treating on the basis that it might happen again?

Female pelvic floor dysfunction can manifest in 250 different ways, meaning a standardised approach just doesn't work, says Walsh. She believes every woman needs advice that is tailored to her – and not just to her body but also to her goals and her lifestyle.

NICE, which sets the standard for medical care in the UK, recommends that all women with incontinence are offered a three-month trial of supervised pelvic floor muscle training with a physiotherapist or other specialist, but "not enough people know this," Walsh says. In some cases, just one appointment with a specialist could be enough to set a woman on the right track.

Among the women I spoke to was Carrie, who had her first baby when she was in her 20s, a caesarean, which had little long-term impact on her body, and her second aged 39, a vaginal birth. The doctors used forceps and she tore badly, but they stitched her up and sent her home with no mention of further implications.

As her second baby grew into a toddler, she started to become very constipated; she could feel her bowel bulging but was unable to empty it. "It was very embarrassing," she recalls. Her GP said it was anxiety and sent her away with a laxative. She went back again and again, but each time left feeling like she'd wasted the GP's time. Then Carrie started bleeding constantly, alongside her other symptoms. "I couldn't exercise, I was finding it difficult to even go for a walk. It was just awful," she recalls. She eventually saw a private gynaecologist, who immediately diagnosed a prolapse as a result of her second labour and perimenopausal bleeding, and referred her for physiotherapy.

A year later, a specialist NHS physiotherapist had overseen her rehabilitation; now in her late 40s, she can walk for miles without symptoms and go days without thinking about her pelvic floor. "I just wish somebody had explained that these were potential implications of the birth," she says, speaking about her experiences for the first time years later.

Instrumental births – particularly the use of forceps, which are still used in the UK despite becoming almost obsolete in many countries – are associated with injury to a woman's pelvic floor. Beyond that, women who sustain injuries during birth don't routinely receive the aftercare they need to rehabilitate them.

The Elvie trainer targets pelvic floor muscles

Experts are calling for a more joined up, multidisciplinary approach, and welcome the news about new clinics for mothers on the NHS.

Pelvic floor muscle training (or Kegels) is proven to reduce incontinence, but research shows women need specialist guidance first. Many mistakenly believe we should squeeze the muscle – in fact, women should be shown to fully lift, hold, then fully lower the muscle. It's recommended that you do three sets of these exercises, ideally while standing up, two or three times each week for up to three months in order to see a reduction in symptoms.

Compliance is a problem and this is where biofeedback devices such as the Elvie Trainer come in – it is inserted into the vagina and you can monitor your exercise achievements on your phone. The NHS recommends the app Squeezy, which sets exercise plans and sends reminders.

Electronic muscle stimulators are also available, which promise to restore continence, but physiotherapists caution that these are no substitute for an examination; if a woman with a too-tight pelvic floor used an electronic muscle stimulator, for example, she could make it worse.

NICE does not endorse electronic stimulators, saying there is not enough evidence to show they improve symptoms when compared with supervised muscle training. Physiotherapists do sometimes recommend them – for instance when a woman can't do a voluntary contraction – but using them effectively usually requires personalised advice.

The arrival of new products and promise of specialist clinics give campaigners hope that the pelvic floor revolution is finally happening, freeing women of debilitating problems they have suffered in silence with for too long.

Laetitia Gordon-Furse, host of the *New Leaf* podcast for new and working mums, says: "There is a huge movement of change coming, looking at how we view the postnatal experience and how we provide adequate physical support for all women throughout their lives."

***After Birth* by Jessica Hatcher-Moore is available from Telegraph Books for £14.99. To order, visit books.telegraph.co.uk or call 0844 871 1514**

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