

**Short Communication** 

# Addressing Incontinence and Pelvic Pain after Childbirth

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Childbirth is a profound and transformative experience, but it can also bring about significant changes to a woman's body, particularly the pelvic region. Among the common postpartum issues are incontinence and pelvic pain, which can impact daily life and overall well-being. Understanding these conditions, recognizing their symptoms, and exploring effective treatments are crucial steps in managing postpartum recovery [1].

### Understanding Postpartum Incontinence

Incontinence refers to the involuntary leakage of urine or feces. After childbirth, many women experience some degree of urinary incontinence, often due to the stretching and weakening of pelvic floor muscles during pregnancy and delivery. There are two primary types of incontinence common after childbirth:

**Stress Incontinence:** Leakage of urine during activities that increase abdominal pressure, such as coughing, sneezing, laughing, or exercising.

*Urge Incontinence:* A sudden, intense urge to urinate followed by an involuntary loss of urine, often associated with an overactive bladder [2].

## Causes of Postpartum Incontinence

Vaginal Delivery: The process of delivering a baby vaginally can stretch and weaken the pelvic floor muscles, which support the bladder and urethra.

*Episiotomy or Tearing:* Surgical cuts (episiotomies) or natural tears during delivery can damage pelvic floor muscles and nerves [3].

**Prolonged Labor:** Extended labor can increase the risk of pelvic floor trauma.

*Large Baby:* Delivering a larger-than-average baby can exert more pressure on the pelvic floor [4].

#### Managing and Treating Postpartum Incontinence

**Kegel Exercises:** Regularly performing Kegel exercises can help strengthen the pelvic floor muscles. To do a Kegel, tighten the muscles you use to stop the flow of urine, hold for a few seconds, then release. Aim for several sets a day.

**Bladder Training:** This involves scheduling bathroom visits and gradually increasing the time between urinations to train the bladder to hold urine longer [5].

*Lifestyle Modifications:* Reducing caffeine and alcohol intake, maintaining a healthy weight, and avoiding heavy lifting can help manage incontinence.

*Physical Therapy:* A specialized pelvic floor physical therapist can provide personalized exercises and treatments to strengthen the pelvic floor.

*Medical Treatments:* In some cases, medications or surgical interventions might be necessary. Consult a healthcare provider for options such as pessaries, injections, or surgical repairs [6].

#### Understanding Postpartum Pelvic Pain

Pelvic pain after childbirth can manifest in various ways, including pain during intercourse, chronic pelvic pain, or pain related to specific activities like walking or sitting. This pain can stem from several causes:

*Pelvic Floor Dysfunction:* Overstretched or weakened pelvic floor muscles can lead to pain and discomfort.

*Scarring:* Episiotomy or tear scars can cause pain and sensitivity [7].

**Nerve Damage:** The nerves in the pelvic region can be damaged during childbirth, leading to chronic pain.

*Musculoskeletal Issues:* Changes in posture and muscle alignment during pregnancy can contribute to postpartum pelvic pain [8].

#### Managing and Treating Postpartum Pelvic Pain

*Pelvic Floor Exercises:* Similar to managing incontinence, strengthening the pelvic floor can alleviate pain. Kegel exercises are particularly beneficial.

*Physical Therapy:* A pelvic floor physical therapist can offer techniques such as manual therapy, biofeedback, and specific exercises to address pain.

*Pain Relief Options:* Over-the-counter pain relievers, warm baths, and heating pads can provide temporary relief.

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*Posture and Body Mechanics:* Ensuring proper posture and using ergonomic supports can reduce strain on the pelvic region.

Counseling and Support: Chronic pain can affect mental health. Counseling or support groups can offer emotional support and coping strategies.

*Medical Interventions:* In some cases, medications, nerve blocks, or surgery may be necessary to address underlying issues [9].

#### Seeking Professional Help

It is essential for women experiencing postpartum incontinence or pelvic pain to seek professional help. Early intervention can prevent these issues from becoming chronic problems. Healthcare providers, including gynecologists, urologists, and pelvic floor physical therapists, can offer comprehensive evaluations and tailored treatment plans.

Postpartum incontinence and pelvic pain are common but manageable issues. With appropriate care, including exercises, lifestyle modifications, and professional treatments, women can achieve significant improvement and regain their quality of life. Addressing these concerns openly and promptly is vital for postpartum recovery and long-term well-being [10].

#### References

- 1. Michaela H. Pelvic pain in women after childbirth and physiotherapy. Ceska Gynekol. 2023;88(3):214-20.
- Hui WA, Xiaolan FE, Zishu LI, Yan LI, Xiong R. A rehabilitation programme focussing on pelvic floor muscle training for persistent lumbopelvic pain after childbirth: A randomized controlled trial. J Rehabil Med. 2021;53(4).

- 3. Huber M, Malers E, Tunón K. Pelvic floor dysfunction one year after first childbirth in relation to perineal tear severity. Sci Rep. 2021;11(1):12560.
- 4. Xiangsheng T, Long G, Yingying S, Xiao A, Ping Y, Mingsheng T. Personality traits predict regression of pelvic girdle pain after pregnancy: a longitudinal follow-up study. BMC Pregnancy Childbirth. 2021;21(1):353.
- Burani E, Marruganti S, Giglioni G, Bonetti F, Ceron D, Cozzi Lepri A. Predictive Factors for Pregnancy-Related Persistent Pelvic Girdle Pain (PPGP): A Systematic Review. Medicina. 2023;59(12):2123.
- Höder A, Stenbeck J, Fernando M, Lange E. Pelvic floor muscle training with biofeedback or feedback from a physiotherapist for urinary and anal incontinence after childbirth-a systematic review. BMC Women Health. 2023;23(1):618.
- Schütze S, Krepsz J, Lorenz M, Schütze J, Kersten M, Janni W, et al. Impact of postpartum pain and birth pain management on the pelvic floor function. A retrospective study including over 300 mothers. Eur J Obstet Gynecol Reprod Biol. 2022;269:71-6.
- 8. Mamipour H, Farazmehr S, Negahban H, Nazary-Moghadam S, Dehghan-Manshadi F, Nezhad MN, et al. Effect of Core Stabilization Exercises on Pain, Functional Disability, and Quality of Life in Pregnant Women With Lumbar and Pelvic Girdle Pain: A Randomized Controlled Trial. J Manipulative Physiol Ther. 2023;46(1):27-36.
- 9. Aota E, Kitagaki K, Tanaka K, Tsuboi Y, Matsuda N, Horibe K, et al. The impact of sedentary behavior after childbirth on postpartum lumbopelvic pain prolongation: a follow-up cohort study. J Womens Health. 2021;30(12):1804-11.
- Rastislav D, Eva V. Physiotherapy in a patient with diastasis of the rectus abdominis muscle after childbirth. Ceska Gynekol. 2023;88(3):180-5.