

**What to expect...**

Find out what we do with  
your pelvic health  
assessment.

**Knowledge is  
power!**

Learn more about  
your pelvic health.

YOU'VE COMPLETED YOUR ASSESSMENT

**BUT WHAT  
HAPPENS NOW?**

**Risk factors and  
symptoms...**

Understand why each  
question was asked.

**Who does what...**

Meet the team.



# Hello from the Perinatal Pelvic Health Service

Thank you for filling in your individualised pelvic health risk and symptom assessment. Your assessment will now be triaged by our team, and we will be in touch soon with any tailored care, information or support you might need.

## MEET THE TEAM



**Danielle Alebon**  
Pelvic Health  
Physiotherapist



**Helen Hunt**  
Clinical Lead Pelvic  
Health Physiotherapist



**Jenny Prescott**  
Specialist Midwife  
Perineal Trauma



**Toni Haines**  
Pelvic Health Therapy  
Support Worker



**Chloe Halliday**  
Pelvic Health Therapy  
Support Worker

## WHY DID WE ASK YOU TO ANSWER SO MANY QUESTIONS?

Pregnancy and birth can have a big impact on your body and pelvic health, and in turn your quality of life. By asking detailed questions about any symptoms you might have, we can make sure we get you the right help and support, if you need it, as quickly as possible. And even if you don't, you'll learn why good lifelong pelvic health habits started now are so important!

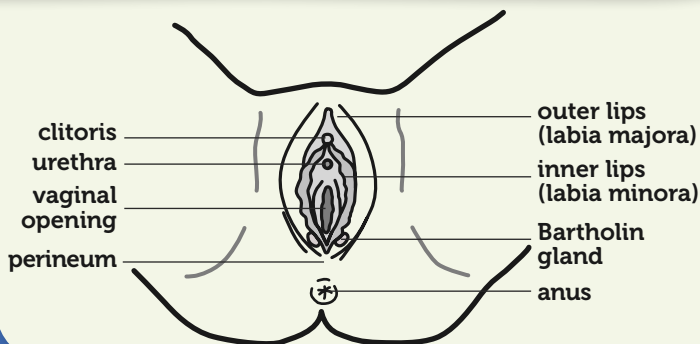


Please read the following pages to learn more about pelvic health, and understand why each question in the assessment was asked...

# WHAT DO WE MEAN BY PELVIC HEALTH?

Pelvic health is about taking care of a part of your body that some might find embarrassing to talk about. It's making sure that your pelvic organs (bladder, bowel, womb) and their support systems (pelvic floor muscles and pelvic ligaments) are working as they should. To sum it up, it describes the state of health, illness, or injury in the pelvic area. It's not just about treating problems when they come up (though that is important), but making sure, for your wellbeing, that your pelvic health is in the best possible shape now and for the future.

## LET'S TAKE A CLOSER LOOK...



### The Vulva:

Your vulva is what you see from the outside and the vagina is the muscular structure inside. Above your vagina is your urethra, the small hole you wee from. Every vulva is different. Sometimes your vulva may look different during pregnancy due to the increased pressure and weight of baby(s).

### Where is your perineum?

Below your vagina is your anus, which is a ring of muscle which helps to control when you need a poo. Your anus has two sphincter muscles, an internal ring which sits inside an external ring, like a circle inside a circle. Between your vagina and your anus is your perineum.



### The Pelvic Floor:

The pelvic floor muscles are a group of muscles that sit inside the pelvis. They attach from the pubic bone at the front, to the coccyx bone at the back, forming the floor of your pelvis. The functions of the pelvic floor muscles are:

- Control – they help you to control wee, wind and poo.
- Support – they act like a hammock to support your pelvic organs (bladder, uterus and bowel).
- Sexual function – they can help improve sex by increasing your sensation and orgasm.
- Stability - they help to manage forces going through the pelvis.

## WHY WE WANT YOU TO KNOW ABOUT IT...

**Knowledge is power!** Learning about pelvic health means you'll understand why looking after your pelvic health is an important lifelong practice, helping you to stay motivated to keep good habits going in the future, as well as teaching you what the risk factors are.

**Why we want to know about you:** We want to know about your pelvic health so that we can calculate your risk of developing pelvic health problems going forward, as well as helping you with any symptoms you might be struggling with now.



To learn about how to take care of your pelvic health visit [www.birminghamsolihullics.org.uk/our-initiatives/local-maternity-and-neonatal-system](http://www.birminghamsolihullics.org.uk/our-initiatives/local-maternity-and-neonatal-system)

# RISK FACTORS QUESTIONS & ANSWERS

Research tells us that the factors outlined over the next few pages increase your risk of developing pelvic floor dysfunction in your lifetime. Symptoms can include leaking wee (urinary incontinence); urgency to go to the toilet often (overactive bladder); bulge in the vagina, or a heavy dragging sensation (this could be a prolapse), accidentally pooing yourself or leaking wind (anal incontinence), problems with sex, such as having pain or reduced sensation, tummy muscle separation (diastasis), and lower back and pelvic girdle pain.

We asked you the following questions about risk factors:

**Is this a twin/  
triplet pregnancy?**

**Why we asked:**

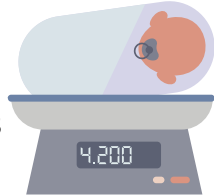
The additional weight of your babies can cause increased stretch of your tummy, back and pelvic floor muscles and ligaments.



**Was your baby(s)  
over 4kg?**

**Why we asked:** There has been an increased stretch throughout pregnancy.

If you have birthed vaginally, the pelvic floor and surrounding pelvic organs will have been under more stress.



**Did you have a pushing  
stage over 1 hour?**

**Why we asked:** The longer you are pushing, the more sustained pressure your pelvic floor muscles have endured.



**Were forceps used during  
your baby's birth?**

**Why we asked:** If forceps were used, this will have been to deliver your baby(s) safely. The use of forceps creates additional force/pressure through your pelvic floor muscles and pelvic organs.



**Was a venthouse used  
during your baby's birth?**

**Why we asked:** A venthouse is a cup which is attached to your baby's head using gentle suction, helping to assist and guide them through the birth canal. This can place additional strain on your pelvic floor muscles during birth.

**Did you have a tear or cut (episiotomy) to your vagina, vulva or epineum during birth?**

**Why we asked:** Having a cut or tear will have caused damage to part of your pelvic floor muscles. These muscles will need to heal and recover to allow your pelvic floor to regain strength and function



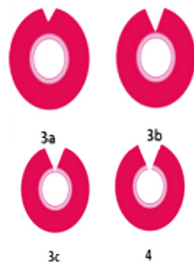
**Is your BMI over 25?**

**Why we asked:** Having a BMI over 25 means your pelvic floor needs to work harder to support your pelvic and abdominal organs. It is also linked with having higher levels of inflammation in the body which can result in higher levels of pain.



**Have you had a previous 3rd or 4th degree tear?**

**Why we asked:** A 3rd or 4th degree tear means you have had a tear through all your pelvic floor muscles, and it has extended to your back passage (anal sphincter muscles). This puts you at a higher risk of being incontinent of wind or poo. You will be offered an appointment with a specialist for a consultation and an optional scan of your anal sphincter muscles can also be provided.



**Do you have a long-term (chronic) lung condition or long-term (chronic) cough?**

**Why we asked:** When you cough, there is an increase in pressure in the tummy to produce the cough. That pressure is directed downwards towards your pelvic floor. This causes repeated straining of your pelvic floor muscles, which over time can weaken them.



**Did your baby's shoulders get stuck and need help from your midwife/doctor?**

**Why we asked:** Your midwife or doctor will perform additional emergency manoeuvres to help birth your baby(s). Your baby's shoulders, and the additional manoeuvres used, can both put additional strain on your pelvic floor.



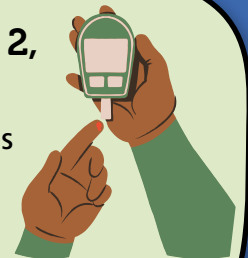
**Do you smoke?**

**Why we asked:** Nicotine reduces blood flow to the skin and can affect tissue health. If you have developed a cough due to smoking, this can weaken your pelvic floor muscles over time.



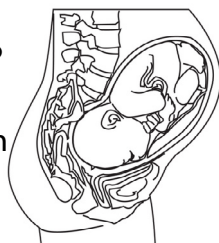
**Do you have diabetes (including Type 1, Type 2, or Gestational)?**

**Why we asked:** If sugar levels remain high for a long period of time, this can cause nerve damage which can affect bladder, bowel and sexual function.



**Was your baby born in back-to-back position?**

**Why we asked:** The most changes to your pelvic health are likely to occur during/ following the birth of your first baby.



**Keep going for the last 7 risk questions...**

### Are you over 30 years of age?

**Why we asked:** Our physical health is usually at its peak in our 20's. After 30, we start to lose 3-5% of our muscle mass every decade, including our pelvic floor muscle mass.

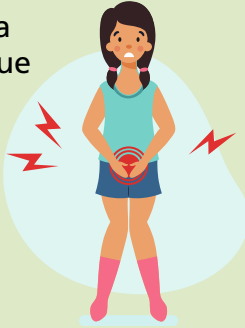
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### Have you been diagnosed with Gynaecological cancer before?

**Why we asked:** Gynaecological cancer can affect people in a number of ways, potentially altering bladder, bowel, sexual function and pain levels.

### Does your biological mother or sister(s) leak urine (urinary incontinence), regularly wee more than 7 times a day (overactive bladder), or leak poo (faecal incontinence)?

**Why we asked:** Research shows a connection between genetic tissue types (how flexible your connective tissue is) and risk of pelvic floor dysfunction. The pelvic floor muscles will have to be stronger to make up for the flexibility in the surrounding supportive tissues.



### Have you had any previous Gynaecological surgery under general anaesthetic?

**Why we asked:** Gynaecological surgery will have made some form of alteration to your pelvic anatomy, which can alter bladder, bowel, sexual function and pain levels.



### Do you regularly strain to have a poo (constipation)?

**Why we asked:** Similar to coughing, there is an increase in pressure in your tummy but this time with a prolonged downward pressure through the pelvic floor when you strain to poo. Constipation can also lead to pelvic pain, pain during sex and bladder symptoms.



### Do you have fibromyalgia?

**Why we asked:** There are multiple areas of the body that are affected by fibromyalgia. It is linked with having higher levels of inflammation in the body which can result in higher levels of pain.



### Would you consider yourself to be physically active?

**Why we asked:** Being physically active is essential for maintaining good pelvic health as well as overall health and wellbeing. It will reduce your risk of any potential health complications.



# SYMPTOMS QUESTIONS & ANSWERS

The following questions, that we asked you to answer, are common symptoms of pelvic floor dysfunction that we want you to be aware of. The information provided will help you to optimise your pelvic health throughout your lifetime.

Your answers to these questions are being triaged by the team. If you have symptoms, you will be offered support in the form of symptom specific resources and/or appointments.

## We asked you about the following symptoms:

**Do you have any leakage of wee (urine) when you sneeze/cough/jump/laugh/sing/lift/exercise?**

**Why we asked:** This is called stress urinary incontinence and is the most common symptom, but this doesn't mean you have to live with it. Any activity that causes the pressure in your tummy to increase, will create a downward pressure towards the pelvis. The pelvic floor muscles should give an upward resistance to close off the tube that leads to the bladder, to stop any wee from escaping. This action doesn't always happen for a number of reasons, but there are things you can do to improve this.



**Do you ever start to wee before you can reach the toilet or as you are pulling your underwear down?**

**Why we asked:** This is called urge urinary incontinence. When there is a sudden strong urge to have a wee, but you can't make it to the toilet in time. Some of the common triggers are; as you are getting to the toilet, as you're pulling your underwear down, at the sound of or putting hands in water, when you're in the shower, or when you're trying to get the key in the front door.



**When you need a poo (open your bowels), do you have to rush to get to the toilet?**

**Why we asked:** It is normal to want to get to the toilet quicker if your poo is very loose/runny (diarrhoea). And in some conditions, such as Irritable Bowel Syndrome, this maybe your normal. However, if you have to rush regardless of how hard or soft your poo is, then you may have bowel urgency.

**Do you feel you are able to control your wind?**

**Why we asked:** Losing control of wind can be for a number of reasons. It can be an embarrassing symptom and one that is less talked about.



**How many times do you have a wee (urinate) in a day?**

**Why we asked:** It is normal for the number of times you go for a wee to increase as your baby(s) gets bigger. However, if this continues after you've given birth, then you may have something called an overactive bladder. This is not something you have to live with, it is something that can be treated.



**Do you experience leakage of poo (faeces)?**

**Why we asked:** 1 in 10 adults will regularly experience leaking of poo in their lifetime. It is not often talked about, but it can be one of the most distressing symptoms of pelvic floor dysfunction.



**Do you have a wide gap in the middle of your tummy muscles and/or bulging in the middle of your tummy during certain movements? You may notice this during coughing, lifting, carrying, sitting up in bed, during exercise.**

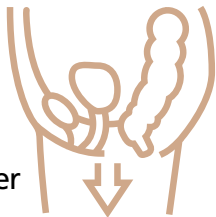
**Why we asked:** This is known as diastasis rectus abdominus muscle (DRAM) or tummy muscle separation and is a normal part of pregnancy. It makes room for your growing baby. Please access the resources for help with how to manage this.

**Do you need to use your hand or a device to support you to have a poo (open your bowels)?**

**Why we asked:** This is often referred to as splinting, there are a number of reasons why this may be needed to fully empty your bowels.

**Do you feel a heaviness, dragging, aching, in the vagina, vulva, pelvis, lower tummy, between your legs?**

**Why we asked:** During pregnancy, feeling heavy can be common, however this should resolve in the weeks after the birth. If it doesn't resolve, there may be a number of reasons for this.



**Do you experience pain with; sex, insertion of a tampon, or during vaginal examination with/without speculum?**

**Why we asked:** Pain can be present for a number of reasons and can be short-lived (acute) or long-term (chronic). There can be just one cause, but more often than not, there are a number of factors that will influence someone's pain experience.

**Since pregnancy, do you experience pain in the pelvis, hips or in the lower spine?**

**Why we asked:** During pregnancy and in the weeks after birth, aches and pains in these areas can be common. If it doesn't resolve, there may be a number of reasons for this.

**Have you noticed a bulge/lump at the entrance of or inside the vagina?**

**Why we asked:** Seeing or feeling a bulge at the entrance, inside of, or coming out of the vagina could be a sign of a prolapse. This is when one or more of the vaginal walls move downwards. This may have no symptoms, or it may give bladder, bowel, sexual or pelvic pain symptoms.

**Are any pelvic health symptoms negatively affecting your mental health?**

**Why we asked:** We recognise that any symptoms of pelvic floor dysfunction can be distressing and can affect your quality of life. These are normal feelings to have, but there is support that can be offered should you need it.



**If any of your answers change throughout the first year after birth, please notify us through your MYPATHWAY APP.**

For more symptom specific information and support whilst you are waiting for the outcome of your triage, please go to [www.birminghamshullhullics.org.uk/our-initiatives/local-maternity-and-neonatal-system](http://www.birminghamshullhullics.org.uk/our-initiatives/local-maternity-and-neonatal-system)