Understanding the complexities of pelvic health involves thinking beyond Kegels

by **LISA ABDELLAH**

MORE THAN A FLOOR

‘I have four children, all born via natural birth,’ shares Founder of Pelvic Care South Africa, Chrismari De Kock. ‘After the birth of my second child, I began to experience bladder leaks when I sneezed. One day, while jumping on a trampoline, I wet myself. I knew something was wrong then, but it was a once-off.

‘Some years later, jumping and jogging were impossible without leaking, and I had to wear pads during workouts. My symptoms worsened during my third pregnancy. I had to get up four times a night to go to the bathroom. Long car journeys terrified me.’

A gynaecologist advised Chrismari to do Kegel exercises, which strengthen the pelvic floor muscles (PFMs). Her symptoms didn’t improve. Pelvic health is more complex than strengthening muscles – it involves coordination, relaxation and integration with the rest of the body.

WHAT ARE THE PELVIC FLOOR MUSCLES?

These muscles and connective tissues are complex and have multiple functions. These include supporting important organs like the bladder, urethra, anus and, in women, the uterus, cervix and vagina. They help keep the pelvic organs in place, sustain bladder and bowel control, and help maintain sexual function.

Pelvic floor disorders (PFDs) include urinary incontinence (UI), pelvic organ prolapse, faecal incontinence and pelvic pain. However, weak PFMs aren’t always the culprit. Overactivity, tightness or coordination dysfunction can be just as responsible.

The pelvic floor is involved in *all* activities when you’re moving, even some static ones. A pelvic floor activation is a bodily inhibition – holding in a wee. When we feel safe, calm and relaxed, that’s when we let go, and the pelvic floor lengthens.

Even when breathing, the diaphragm lowers during inhalation, and the pelvic floor responds by gently lowering or relaxing to accommodate the pressure. When you exhale, it naturally returns to its resting position. If your PFMs are overactive or tight, they can’t drop properly during an inhale, which may increase downward pressure. This can contribute to leaking, pelvic pain or a sensation of heaviness known as prolapse.

A study published in the *Scandinavian Journal of Medicine & Science in Sports* found that 80% of elite female trampolinists aged 12 to 22 experienced involuntary urinary leakage. It wasn’t because their pelvic floor wasn’t strong. Trampolining is a high-impact sport, and this repeated strain on the body can overwhelm or fatigue the PFMs, so they’re less able to support the bladder and control the urethra, leading to leakage.

As the pelvic floor is part of the core, tightening to help the diaphragm, abdominal and back muscles control abdominal pressure, one possible cause of Chrismari’s UI was that her pregnancy created a continuous downward load on the pelvic floor. These muscles had to work significantly harder, causing them to stretch and weaken. When she coughed, her abdomen expanded, but if she couldn’t tighten her pelvic floor enough to counter the pressure, it would’ve been like removing the foil from a tube of toothpaste.

Your pelvic floor doesn’t just respond to breathing, as it also plays a huge role in stabilising your body during movement. Ask someone who leaks to stand on a wobble board. Tell them not to leak, and they’ll lose their balance. Tell them not to fall off the wobble board, and they’ll leak. These muscles work together, and if any of them are compromised, they have to choose between putting all their effort into working bilaterally, squashing the urethra, both sides at the same time, to stop you leaking, or working to give you dynamic stability to balance on the wobble board.

‘The physical symptoms are challenging, but the emotional impact can be just as devastating’

WHAT IF IT’S SOMETHING ELSE?

You might have a strong pelvic floor, but if your bladder is overactive, it produces stronger contractions that override pelvic floor control, causing you to leak. Many forms of constipation can be attributed to nutrition, diet, lack of movement, fluid or fibre, not muscle weakness.

Perhaps, you’re experiencing pain, whether musculoskeletal, such as pubic bone or groin pain, endometriosis or irritable bowel syndrome. Any of these may lead to tight PFMs because you’re in constant pain, so you’re bracing and guarding. Releasing the muscles might take the edge off, but it doesn’t necessarily resolve the underlying cause.

Conversely, a woman might attempt to support a prolapse by strengthening her pelvic floor, but if she overstrengthens these muscles, it may worsen symptoms by inhibiting their normal function. Now, she might experience lower back pain.

THE PSYCHOLOGY OF THE PELVIS

‘Women tend to suffer in silence, believing their symptoms are as much a part of ageing as droopy eyes or wrinkles,’ says Amy Rayment, a physiotherapist with a special interest in pelvic health and a collaborator in Pelvic Care. ‘In South African culture, we don’t discuss anything below the navel and above the knees.’

Shame, low self-esteem and constant discomfort affect your quality of life, and can develop into anxiety, depression, changes in confidence and ultimately socialisation. A study published in the *Journal of Pain Research* indicates that the prevalence of anxiety and depression in women with chronic pelvic pain (CPP) is 66% and 63%, respectively.

Chrismari recalls, ‘I couldn’t play with my children, pick them up without worrying I’d leak. I gave up hope of ever jumping, jogging or excercising confidently again. Frequent trips to the bathroom during the night left me constantly exhausted.’

‘Pelvic floor dysfunction affects every aspect of a person’s life. Through our network, I’ve met 50-year-old men who underwent cancer treatment, and now experience involuntary leakage, requiring them to wear incontinence pads. Many struggle with intimacy because they can no longer maintain an erection. The physical symptoms are challenging, but the emotional impact can be just as devastating.’

Your pain could also mean that your nervous system is on high alert. The nerve to the pelvic floor, the pudendal nerve, is the only peripheral nerve in the body with both somatic (sensory motor) and autonomic (background bodily) systems. If you’re startled by a loud noise, your body interprets it as a threat and goes into fight-or-flight mode. You tense up. You couldn’t poo if you tried. In the same way, sitting for too long might trigger protective reactions, which ring alarm bells and produce pain signals to protect you.

So, the pelvis and pelvic health become an interface of how we integrate with stress in our lives, whether we prioritise always being on the go, or taking regular breaks.

Pelvic health issues don’t happen overnight. We often ignore the gateway symptom. You’re pregnant, you give birth, maybe you leak a bit during a parkrun, but you don’t visit your doctor. You stop doing parkruns, start wearing pads. Two years later, you start leaking when you cough and sneeze. If you’d carried on doing parkruns, you’d be fitter than you are now. Or, you no longer leak since you stopped exposing yourself to the activity, but you haven’t addressed the underlying mechanisms.

Perhaps you noticed the symptoms when you increased your activity, running the parkrun at the same pace postpartum as you did before you got pregnant, thinking you should still be able to do it. Is there a deficit in the pelvic floor because of some known trauma, or is it a consequence or an

accumulation of a mismatch between our demands and our abilities, our load and our capacity?

Pelvic floor health issues can arise at any age. In most cases of pediatric bladder or bowel dysfunction, treatment often focuses on the parents. It's crucial to create an environment where children feel safe and supported, enabling them to normalise healthy behaviours. Amy, who has children, understands the importance of addressing social and emotional aspects of pelvic health management in young children. She recognises that in unfamiliar settings, such as starting a new school, children may feel insecure or hesitant to ask for permission to use the bathroom. This can negatively affect their pelvic health behaviours and potentially lead to long-term problems.

She believes education about pelvic health should start at the school level and that preventive healthcare is necessary.

TYING IT ALL TOGETHER

You don't have to suffer in silence. These symptoms are treatable. An interdisciplinary team – which may include a urologist, gynaecologist, gastroenterologist, sexologist, psychologist, neurologist, clinical nutritionist or movement practitioner – collaborates to identify the problem. Evaluation includes a thorough medical history, a physical exam, and, if necessary, additional tests or imaging. Then, they decide what needs to change and how. Treatment can involve lifestyle changes, as well as non-surgical and surgical interventions.

There are times when you need to improve your relationship with your muscles, invariably if you're a woman who's given birth, or a man who's had a prostatectomy (a surgical procedure to remove all or part of the prostate gland).

Chrismari used a pelvic chair, which uses high-intensity electromagnetic stimulation to activate the pelvic floor muscles, causing repeated contractions and relaxation. 'This helped me develop a clearer sense of what pelvic floor activation felt like,' she shares. 'From there, my recovery included learning how to use my pelvic floor more functionally during everyday movement, such as lifting my children, carrying groceries or managing pressure when coughing, sneezing or exercising.'

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Amy uses verbal analogies to help patients develop a mind-muscle connection. 'I ask them to picture themselves holding in wind, and once they've mastered that contraction, they attempt abdominal contractions and breathwork simultaneously. They progress from lying on their back, where an anti-gravity plane reduces load on the pelvic floor muscles, to lying on their side, even squeezing a ball between their thighs while contracting for functional progressions.'

For Chrismari, pelvic chair treatment was life-changing. It marked the start of her journey toward recovery and living a full, active life. 'I was packing the kids' lunches, and I sneezed three times. I immediately looked down and realised I hadn't leaked. I'd also slept through the night. I was like, "This is amazing!"'

Her treatment inspired her to start Pelvic Care, to remove the barriers to pelvic healthcare by offering accessible, affordable care, and encouraging women not to suffer in silence.

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ILLUSTRATIONS: FREEPIK, CREATED USING ADOBE FIREFLY