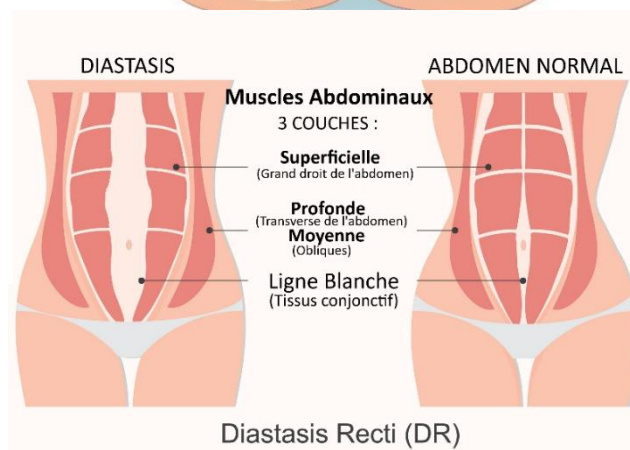
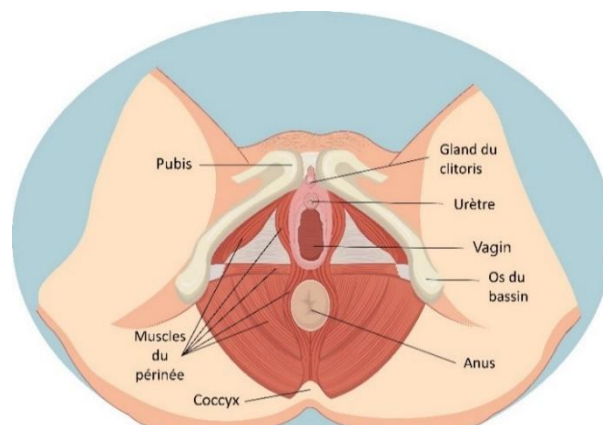
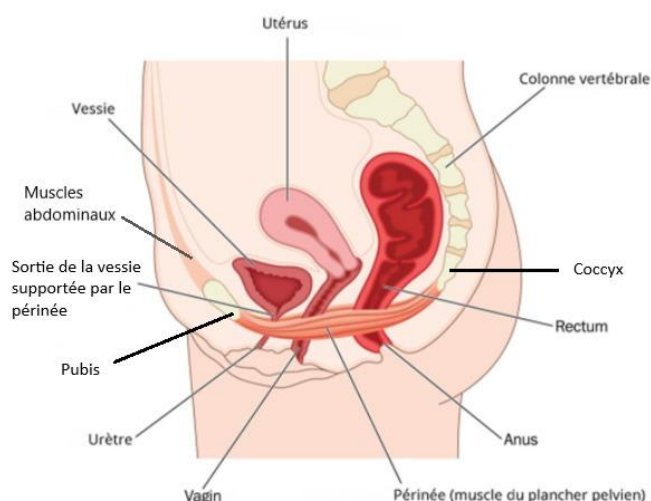


PHYSIOTHERAPY CHARTER AFTER CHILDBIRTH : REHABILITATION OF THE PELVIC FLOOR AND ABDOMINAL WALL

• What is the perineum?

The perineum or pelvic floor is a group of muscles extending from the pubic symphysis to the tailbone. It plays a role in urinary and anal continence, the stability and support of organs as well as sexual function.



Picture 1 (sagittal view)

Uterus – spine – coccyx/tailbone - rectum – anus – pelvic floor – vagina – urethra – pubis - bladder outlet supported by the pelvic floor - abdominal muscles - bladder

Picture 2 (gynecological view)

Pubis – glans of the clitoris – urethra – vagina – pelvis bone – anus – coccyx – pelvic floor muscles – pubis

Picture 3 (diastasis recti)

Diastasis recti (abdominal muscle separation) – abdomen before first pregnancy

Abdominal muscles – 3 layers – superficial (rectus abdominis) - deep (transverse abdominal muscle) - white ligne

• Who is pelvic floor rehabilitation meant for ?

"To all of you, ladies!"

Pelvic floor rehabilitation is recommended for all women who have given birth, whether via vaginal delivery or cesarean section.

Whether or not there are any symptoms, a complete assessment is recommended to evaluate any changes due to pregnancy and childbirth with the aim of preventing or treating possible disorders.

What types of disorders may occur?

- Urinary disorders: stress urinary incontinence, urge incontinence, frequent urge to urinate, difficulty urinating, nocturia
- Anorectal disorders: gas and/or fecal incontinence, difficulty evacuating, constipation
- Sexual disorders: pain during intercourse, inability to be penetrated, loss of vaginal sensation
- Other disorders: organ prolapse, vulvar pain, abdominal pain, abdominal muscle separation (diastasis), neuralgia, ...

What to expect during a physiotherapy session?

1) First contact (medical history)

A complete review of your medical history (obstetric, gynecological, and general) and current symptoms is essential.

It is crucial to discuss your experiences regarding bodily changes since pregnancy and delivery and to define your treatment goals.

2) Clinical examination

With your consent, the physiotherapist may perform an internal and/or external pelvic floor examination. The internal exam involves a manual vaginal touching to evaluate the ability of your muscles to contract and relax.

Peripheral muscles (abdominal, back and pelvic muscles) and your overall posture will also be assessed.

3) Treatment goals

The medical history and clinical examination help establish a personalized rehabilitation protocol. Specific goals will be set according to your needs: improving pelvic function, strengthening/working the pelvic floor muscles, relieving pain and/or preventing potential complications.

At the end of the treatment, a final assessment will be carried out to determine whether your goals have been achieved.

4) What does a session look like ?

« Is it just gymnastics ? **FAUX**

« Is it just working with a probe ? » **FAUX**

Let's debunk these myths — postnatal rehabilitation involves pelvic and pelvic floor, abdominal, postural, and breathing work.

It is a rehabilitation process designed **to treat and to prevent** the development of disorders.

Pelvic floor treatment, includes **manual techniques (no instruments)** and **instrumental techniques**, adapted to each patient and evolving throughout treatment.

Both can be performed internally or externally to guide the patient.

Manual techniques include:	Instrumental techniques (with probe, ultrasound or surface electrodes) :
<ul style="list-style-type: none"> Working muscle contraction and relaxation with the therapist's hands Working on perineal and/or abdominal scars Using massage techniques for possible pain 	<ul style="list-style-type: none"> Biofeedback: visual feedback of your efforts by displaying muscle movements on a screen Electrostimulation (internal or external): used in cases of pain or complete inability to contract the pelvic floor

Regardless of the technique used, pelvic floor rehabilitation should always respect the patient.

The function and balance of the pelvic floor, as well as any disorders you may experience, depend on other parts of the body. These must be included in the rehabilitation process — through **abdominal, postural, and breathing exercises, among others**.

This balance also depends on various factors, which is why **education and counseling** are key parts of the treatment and are tailored to the patient's knowledge and needs. Knowing your pelvic floor and how to care for it throughout life is a vital mission for the physiotherapist (e.g., proper toilet posture, effects of constipation, carrying the baby, lifting, correct posture, etc.).

The physiotherapist can also guide you in resuming physical activity to avoid injury.

Important notes :

- Rehabilitation involves close collaboration between you and your physiotherapist to achieve your goals.
- Pelvic floor rehabilitation is complex and requires care by a specialized physiotherapist.
- Clear, transparent, and reassuring communication between you and the physiotherapist is essential for effective, collaborative, and personalized treatment.
- You are free to choose your physiotherapist and to change at any time if you wish (law of July 24, 2014).

- **How to choose your physiotherapist ?**

It is advisable to consult a physiotherapist specialized in pelvic health (search for one on <https://www.luxkine.lu/> using the filters: gynecological / urological / proctological rehabilitation). When contacting a physiotherapist, be sure to ask if she is specialized in pelvic floor rehabilitation.

