

Heal Postpartum Pain, Incontinence with Physical Therapy

by Raquel Perlis, P.T.

You're about to learn three "secrets" that few pregnancy books talk about—and many doctors don't know about. In fact, they may be the best-kept secrets of treating postpartum pain and incontinence (urine leakage).

1. After childbirth, you don't have to "live with" vaginal pain, joint pain, or incontinence.
2. Drugs and surgery are not the only treatments.
3. Women's health physical therapy (PT)—a specialized type of PT—can relieve or eliminate problems following delivery. Growing numbers of studies are proving the effectiveness of women's health PT, and thousands of new moms are testaments to its success. The American Physical Therapy Association has even created the Section on Women's Health, which is devoted to this up-and-coming specialty.

Vaginal pain after childbirth

It's normal to feel vaginal discomfort the first couple of times you have intercourse after delivery. (Tip: Don't push past your comfort level, or the discomfort may turn into pain.) The culprit may be unhealed vaginal tears, episiotomy scars, a forceps or vacuum delivery, the baby's pressure on your pelvic nerves during childbirth, having abstained from sex for weeks or months, and/or low estrogen levels during breastfeeding.

In most cases, your vaginal tissues should heal by your six-week checkup. If you still have pain, tell your doctor. If he or she dismisses your prolonged pain as "normal"—and says, "Just wait for it to go away"—find another physician. If your doctor hasn't heard of women's health PT, refer him or her to the resources at the end of this article.

How can PT help?

Your physical therapist will use a variety of hands-on techniques to stretch, release, balance, and desensitize the muscles, nerves, connective tissue, skin, and scar tissue in your pelvis, vagina, legs, and abdomen. She may also use ultrasound to heal any episiotomy scars.

She'll probably teach you Kegel exercises—vaginal contract-and-release exercises—to strengthen and relax your muscles, promote blood flow, and increase vaginal elasticity. She may add biofeedback to ensure you're doing the exercises correctly (many women don't) and to track your progress. When you're ready, she may introduce dilators to stretch and desensitize the vagina.

Incontinence after childbirth

Some new moms may also develop stress incontinence, meaning leakage of urine when they cough, sneeze, cry, laugh, lift, or exercise—in other words, whenever there’s pressure on their bladder.

This loss of bladder control stems from sagging support: weakened or injured pelvic muscles after pregnancy and childbirth; injured pelvic nerves; or diastasis recti, a surprisingly common condition in which the growing fetus stretches the mother’s abdominal wall until it splits down the middle. Fortunately, diastasis recti usually heals on its own. But when it doesn’t, incontinence may result.

How can PT help?

Your physical therapist may use hands-on techniques to stabilize your pelvic, back, and abdominal muscles before she prescribes strengthening exercises. If you have diastasis recti, she’ll give you specialized abdominal exercises (traditional sit-ups won’t help). She’ll probably prescribe Kegel exercises to strengthen your pelvic floor muscles and add biofeedback to help you isolate the muscles that control urination. If you can’t recruit the correct muscles, she may “jump-start” them with therapeutic electrical stimulation.

Joint pain after childbirth

Many new moms have back, hip, neck, and even carpal tunnel (wrist) pain. There are several possible causes: the physical strain of carrying an unborn baby; the pregnancy hormone relaxin, which relaxes the ligaments that connect bones; and, of course, the rigors of labor.

How can PT help?

Your physical therapist will use treatments familiar to anyone who’s had traditional physical therapy: stretching and strengthening exercises, hands-on techniques, ultrasound, electrical stimulation, heat, ice, and posture retraining. But she’ll tailor the exercises to a body recovering from childbirth, and she’ll teach you how to nurse, burp, and hold your baby in ergonomic, body-friendly ways.

How soon will you feel better?

In most cases, physical therapy visits are weekly. Typically, postpartum patients require 10 to 12 visits for vaginal pain, 4 to 6 visits for incontinence, and 6 to 8 visits for joint pain (unless they have a pre-existing condition such as arthritis or fibromyalgia). At the end of their course of treatment, most women feel significantly or completely better.

Here’s more good news: Most health insurance plans cover physical therapy for postpartum conditions.

RESOURCES

American Physical Therapy Association, Section on Women's Health
www.womenshealthapta.org > Consumers > Women's Health PT Locator
(800) 999-2782 x 3229

The International Pelvic Pain Society
www.pelvicpain.org
(847) 517-8712

National Association for Continence
www.nafc.org
(843) 377-0900

National Vulvodynia Association
(Vulvodynia is chronic pain of the vulva, the outer vaginal area.)
www.nva.org
(301) 949-5114

The V Book
By Elizabeth G. Stewart, MD, and Paula Spencer
www.thevbook.com/

The Vulvar Pain Foundation
www.vulvarpainfoundation.org
(336) 226-0704

Raquel Perlis, P.T., is a registered physical therapist specializing in women's health physical therapy and pelvic pain physical therapy. Based in Wellesley, MA, she has lectured in hospitals, universities, and other facilities to increase awareness of physical therapy's role in maternal health. Visit www.pthelp.com.