Caring for the PF after a Traumatic Birth

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Caring for the PF after a Traumatic Birth

1. Immediate Post Natal Care

2. Long term sequelae in Post Natal women wrt pelvic & perineal pain conditions
Caring for the PF after a Traumatic Birth

Immediate PN care

- Analgesia
- Ice fingers
  - Wrapped in wet cloth or inside clean pad
  - 10 – 15 mins
  - 2\textsuperscript{nd} hrly
- Don’t sit on ice
- Never burning
- For pain & swelling
Caring for the PF after a Traumatic Birth

- Positioning
  - Side lying
  - Sit on 2 rolled towels w one towel strip under each thigh

- Perineal hygiene
  - Wash w warm water x 4 – 6/ day
  - No soap
Caring for the PF after a Traumatic Birth

**Bowels**
- Type 4 = soft & formed
- 25 – 30 g fibre/ day
- 2.5 – 3 litres fluid / day
- Fibre supplements -
  - Metamucil, Psyllium
  - Normafibe, Benefiber
- Aperients - Normacol
- Glass hot water 1st in am
- Exercise

**The Bristol Stool Form Scale**

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Separate hard lumps, like nuts (hard to pass)</td>
</tr>
<tr>
<td>2</td>
<td>Sausage-shaped but lumpy</td>
</tr>
<tr>
<td>3</td>
<td>Like a sausage but with cracks on its surface</td>
</tr>
<tr>
<td>4</td>
<td>Like a sausage or snake, smooth and soft</td>
</tr>
<tr>
<td>5</td>
<td>Soft blobs with clear-cut edges (passed easily)</td>
</tr>
<tr>
<td>6</td>
<td>Fluffy pieces with ragged edges, a mushy stool</td>
</tr>
<tr>
<td>7</td>
<td>Watery, no solid pieces ENTIRELY LIQUID</td>
</tr>
</tbody>
</table>
Caring for the PF after a Traumatic Birth

**Bowels**

- Feet on a 15 cm stool
- Knees higher than hips
- Bulge abdomen OUT
- Support stitches w toilet paper on hand or pad

Reproduced by the kind permission of Ray Addison, Nurse Consultant in Bladder & bowel dysfunction. Wendy ness colorectal nurse specialist.
Caring for the PF after a Traumatic Birth
Pelvic floor mm exercise

- Prevent pelvic organ prolapse
- Stop leakage of urine or flatus when you cough, lift, bend, sneeze etc
- Increase bowel control
- Help you hold on when you want to go to the toilet
- Improve sexual response
- Increase circulation
- Promote healing
Caring for the PF after a Traumatic Birth
Pelvic floor mm exercise

- Imagine stopping flow or holding wind
- Squeeze & lift in anus & vagina
- Hold for 3 - 5 sec, do 5 reps = 1 set; do x 3/day
- Progress- inc sec hold, inc reps
- Functional bracing - ie grip up BEFORE cough, sneeze, lift, bend & to help hold on when wanting to go to toilet (bladder & bowel)
Caring for the PF after a Traumatic Birth

Perineal & Pelvic pain
Preferring Elective CS
◆ 17% (33) O & G^ 
◆ 7 - 24% O & G * 
◆ 4.4% midwives * 
◆ 45.5% urogynae #

^Al-Mufti R 97; *MacDonald C et al 02; *Wright et al JB 01; *McGurgan et al 01; #Wu JM et al 05
Pelvic & Perineal Pain

Reasons for Preferring CS

- 80 - 93% perineal injury
- 83% anal injury
- 81% urinary incontinence
- 58% sexual dysfunction
- 24 - 39% foetal injury
- 17 - 39% convenience
- 27% fear
- 7% pain

MacDonald C et al 02; Wright et al JB 01; McGurgan et al 01; Wu JM et al 05
Dissatisfaction w sexual Fn 12/12 aft birth assoc w not BEING sexually active at 12/40 (x 11 higher chance) & assoc w older mat age at delivery

Satisfaction not assoc w CS

Women X 5 less likely to be sexually active aft 3rd / 4th degree tear Van Brummen et al 2006

Assoc btw AVD : perineal pain & dyspareunia Hicks et al 2004
Pelvic & Perineal Pain

**Obstetric Contributing factors**

- **Pelvic or perineal pathology** e.g.
  - *Endometriosis* (usually dec pain in preg & BF); if adhesions - worsening of pain in preg
  - *Scar fibrosis* - episiotomy, perineal tear scar
  - *Taut fourchette*

- **Trauma – physical** e.g.
  - # (*coccyx in delivery*) - coccydynia
  - *Child birth, haemorrhoidectomy*; anal fissure due to constipation

- **Hormonal changes** – atrophic vaginitis due to low oestrogen in pregnancy & BF; years without E2
  - E2 = pink, moist, elastic, well vascularised
Pelvic & Perineal Pain
Pudendal Neuralgia

- Pain = burning, painful cold sensation, electric shock
- Pain assoc w: p & n; stinging; numbness; itching
- Other: sexual arousal syndrome – unpleasant, inappropriate; pain worse in sitting, better on toilet seat; worse during course of day, improved or nil pain at night
Pelvic & Perineal Pain

PFM dysfunction
i.e., over contraction
Background - PFM contraction
Background - PFM relaxation
Background - Failure of Relaxation PFM

PFM over activity
Background

PFM over activity: Sequelae for PFM

- Short, tight, tense, bulky, myalgia PFM
- Overloaded PFM
- Myofascial trigger points (MFTP) -> local pain in PFM and/or ref pain to LS, abdomen, perineum, pelvis, rectum, labia
- Urethral, vag or anal pain & symptoms via PFM compression
- Increased bulk of PFM -> decreased vag capacity AP & lat
- Decreased (n) ROM, decreased CHRS ability -> decreased vag fn
Background

PFM over activity: Sequelae

- Obstructed defaecation - puborectalis syndrome; dec evacuation

- Obstructed voiding - interrupted stream, straining, residuals, retention, overflow, UTIs, freq, urgency

- Decreased vaginal function -
  - Intercourse - dyspareunia, vaginismus, apareunia
  - Tampons, Pap smears
  - VEs, vaginal US, dilators

- Pudendal Nerve - neuralgia/entrapment of PN via compression in Alcock's canal

- Associated psychological issues
Background

Pain & Pelvic Floor Muscle (PFM) over activity
Background
Pain & Pelvic Floor Muscle (PFM) over activity

Pain
PFM contraction
Background

Pain & Pelvic Floor Muscle (PFM) over activity

Pain

PFM contraction

Perineal Pain
Background
Pain & Pelvic Floor Muscle (PFM) over activity

PFM over activity

Pain contraction

Pain

Perineal Pain
Background
Pain & Pelvic Floor Muscle (PFM) over activity

Pain / anticipation of Pain ->
Avoidance ->
Issues
Pelvic & Perineal Pain
Aims of management
Pelvic & Perineal Pain

Aims of management

- Decrease pain via elimination noxious stimulus
- Decrease PFM over activity, myalgia, MFTP
- Decrease pressure in Alcock’s canal
- Pudendal nerve protection
- Address bladder, bowel, vaginal function or sexual issues as appropriate
- General exercise advice
- Give self management strategies
- Other- posture, MS, techniques for penetration
- Team work !!
Pelvic & Perineal Pain - Assessment

**OPQRST – ASPN** System

- **Onset**
- **Provocation**
- **Region / Radiation**
- **Severity**
- **Time** - e.g., night or day
- **Associated Symptoms**
- **Pertinent Negatives**

- +surgical, O & G history, meds, past Rx, trauma/issues
Assessment

Other symptoms

- Dysmenorrhoea
- Dyspareunia, apareunia, “vaginismus”
- NMPP,
- Dyschezia
- Sexual dysfunction
- Bowel - Constipation & straining; obstruction; IBS
- Bladder -, voiding, urgency, dysuria, terminal dysuria
Presence, location & type of pain in vagina
Myalgia, over activity, trigger points, mm bulk?
Reproduce pt’s pain?
- Superficial perineal mms (PV, perineum)
- Puborectalis (PR mm) esp at 6 o’clock
- Pubococcygeus (PC mm) & PR mm from attachment to insertion
- Palpate & evaluate PR & PC mms: at rest, contract, hold, relax & stretch i.e. normal physiological properties of voluntary skeletal mm
Symmetry, compare (L) w (R)
Rx - education re voluntary mm

- Education re (n) physiology of skeletal mm, (n) A & P, feel own thenar eminence CHR

- Education re results of over-contraction of PFM

- Voluntary mm

- Cw biceps, hamstrings etc

- Hamstring stretches to “burning” as reference point
Rx – education.

PFM = Voluntary Skeletal mm

Diagram:
- Contract
- Hold
- Relax
- Stretch
Rx - “Down training” PFM

- Down training PFM via Contract-Hold-RELAX (CHR) exercises +/- abdo bulge +/- stretch w thumb or dialtor +/- MFTP Rx

- Role PFMC in maintaining pain & benefit of PFM CHRS exs in decreasing pain
Rx: Stretches- manual or w dilator
Rx: EMG biofeedback
Rx : EMG biofeedback
Rx: EMG biofeedback
Rx: Techniques for penetration

- SI, tampons, VE, US, Pap smear, dilator

Techniques for penetration:
- Jaw relaxed
- Hands relaxed
- Breathing - exhale “O” shaped mouth
- Very slowly, in stages, 1cm @ a time, with ea exhale or each relax of CHR ex
Treatment: Other

- Vulval skin care
- Appropriate lubricants
- Trigger point therapy, MF releases
- Medications- Endep, Lyrica, Botox, E2
- Gen ex advice: Nerve protection - dec sitting; no straining, abs, sit ups, rowing, cycling
- Posture; other musculo-skeletal Rx; acupuncture, massage
- Research