

# A Wee problem

Wet yourself laughing lately? Don't let incontinence rain on your preg parade



PUSH



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**I**f you think urinary incontinence is a condition that strikes pensioners who pushed out six to eight babies during their child-bearing years, think again. According to the Continence Foundation of Australia ([continence.org.au](http://continence.org.au)), women who have one baby are nearly three times more likely to wet themselves than those who haven't had any, and problems usually start during pregnancy, not just after birth.

"I was 30 weeks pregnant with Mariah, my first child, when it happened to me," explains Effie, 31. "I had caught a bit of a cold and a niggle in my throat developed into a nasty cough. One night, I started coughing in bed. I got up to get a glass of water and as I stood over the kitchen sink, I had another coughing fit. Suddenly, I felt something warm and wet gush down my legs. My first thought was that my waters had broken and I was

going into early labour, but then I took a closer look and realised I'd peed myself! I couldn't believe it. I remember grabbing the mop for the floor and a towel for myself and thinking, 'Oh my God, I just wet my pants. I actually wet my pants'."



## Who is affected by incontinence problems?

Current statistics reveal that one in three women over the age of 35 experience some level of urinary incontinence. So why are we so vulnerable? "Hormonal changes during pregnancy soften the connective tissue in the pelvic floor muscles and change the control you have over your bladder and bowel," says Dianne Edmonds, physiotherapist and director of The Pregnancy Centre ([thepregnancycentre.com](http://thepregnancycentre.com)). "Of course, the effect of the extra weight of your baby pressing

on the bladder may contribute to making it harder to hold onto a full bladder and you may need to go to the toilet more frequently."

After the birth, however, urinary incontinence is more likely to be caused by the effects of the delivery. "How big your baby was, how many babies you've had, how long you were pushing and whether forceps were used or not can all have an effect on your pelvic floor muscles, which help keep the opening of the bladder shut," explains Edmonds. Incontinence can also be caused by being overweight or obese, by chronic coughing from smoking or asthma or by constipation (if you're regularly straining to empty your bowel, either before, during or after pregnancy). "Taking iron tablets during pregnancy can cause some women to become constipated," says Edmonds. If this applies to you, talk to your midwife, GP or obstetrician about ways to get the fibre you need to combat it.



## How do I know if I have a problem?

According to the Continence Foundation of Australia, a normal bladder empties four to eight times each day; can hold between 400 to 600 millilitres of urine, but usually feels quite full at about half this amount; tells you when it's full, but gives you enough time to get to the loo; and empties completely each time you go and doesn't leak at any other time.

It all sounds straightforward, but what happens when your bladder decides to buckle under the pressure? "There are two main types of urinary incontinence," explains Edmonds. "Stress incontinence is where you leak urine with any kind of physical exertion such as coughing, sneezing, laughing, lifting things, playing sport or exercising. Urge incontinence is when you need to get to the toilet in a hurry, but you're unable to hold on until you get there."

The degree of urinary incontinence differs from woman to woman, but it commonly affects a lot of new mums. "After giving birth, a woman may be so severely incontinent she can't make it to the toilet in the hospital, but often that's a temporary situation, which usually resolves itself within a few weeks," says Edmonds. "Another woman might have no problem with incontinence in the beginning, until she starts exercising again several months after having her baby and notices that everything hasn't gone back to normal. For other women, they might continue to leak a little urine only when they cough or sneeze, which isn't normal either."

Samantha, 32, was horrified when she was left standing in a puddle of her own wee shortly after having her second son, James. "I was playing with my older son Charlie in the lounge room when I suddenly had this overwhelming need to wee. I rushed to the bathroom, but I didn't make it in time. My bladder gave way and I just stood there weeing on the tiles. I was flabbergasted. Nothing like that ever happened after I gave birth to Charlie. I just considered it a one-off until it happened a second time. After that, I took myself to see my GP."

But for many women, incontinence is regarded as a taboo and often they don't seek help because they feel embarrassed or they simply don't know help is available.



## So, what can be done to stop the waterworks?

Get in early with your pelvic floor exercises. Studies have shown that regularly working your pelvic floor muscles during pregnancy reduces the risk of urinary incontinence, although you should carry on doing it once the baby arrives too. "Starting pelvic floor exercises within the first few days after childbirth will help the muscles to recover more quickly," says Edmonds. "Even women who've had stitches can do pelvic floor exercises."

Doing them right is vital, though, otherwise you'll get nowhere – you may even aggravate the problem. "Research has shown that only 49 per cent of women did the exercises correctly, with 25 per cent actually bearing down when doing them," says Edmonds. She recommends checking out your technique with a health professional, regardless of whether you have a problem with urinary incontinence or not, because not only do well-toned pelvic floor muscles help support the lower spine and pelvis, they also increase sexual sensation.

Equally important is learning other good bladder and bowel habits. For instance, drinking less to prevent leakage actually makes your urine more concentrated and can irritate the bladder, meaning you'll feel like going more urgently. And going to the toilet "just in case" is also not a good idea because it trains the bladder to hold less than it should. "You could end up with a smaller bladder capacity so eventually you'll have to go to the toilet more often," says Edmonds.

While some cases of urinary incontinence can resolve themselves, it should never be regarded as a transient condition. "Don't assume that incontinence will go away by itself or resign yourself to putting up with pelvic floor problems just because you've had a baby," says Edmonds. "Seek treatment from someone who is specially trained to deal with this condition such as a continence physiotherapist or a continence nurse advisor, or else you're risking long-term bladder or bowel problems." Don't suffer in silence; there are places you can seek help.

For further advice, you can phone the National Continence Helpline on 1800 330 066 or visit their website at [continence.org.au](http://continence.org.au).

*"It's estimated around 40% of pregnant women are affected by incontinence and 30% post childbirth"*

## Perfecting your pelvic floor technique

"Correct technique is critical," says Edmonds. Here's how to give your pelvic floor muscles a thorough workout during pregnancy and after the birth.

### 1 TO IDENTIFY YOUR PELVIC FLOOR MUSCLES, TRY THIS TEST

Midway through emptying your bladder, try to stop the flow of urine. "But don't do it regularly as an exercise, as it may lead to other bladder problems," warns Edmonds.

### 2 GENTLY PULL YOUR MUSCLES UP INSIDE YOUR PELVIS

"Once you can do that, without having to hold your breath or tighten your bottom and leg muscles, pull them in more firmly and see how long you can hold for," explains Edmonds. "Aim to work up to an eight- to 10-second hold, in sets of 10, three times a day."

### 3 YOU CAN DO YOUR PELVIC FLOOR EXERCISES ANYWHERE

Sitting, standing or lying down positions are all good and it's fine for your lower tummy muscles to pull in at the same time as your pelvic floor, says Edmonds. "Also, after pregnancy, protect your pelvic floor muscles by lifting and holding them every time you cough, sneeze or pick up your baby or other heavy items like a pram."

### 4 DON'T GIVE UP AND KEEP GOING UNTIL YOU SEE RESULTS

"Some women may notice an improvement in six weeks, but it could take up to six months to see long-term results," says Edmonds. It's important to keep up with pelvic floor exercises even once you've returned to normal after pregnancy.

For more advice, visit The Pregnancy Centre ([thepregnancycentre.com](http://thepregnancycentre.com)), or the Pelvic Floor Exercise website ([pelvicfloorexercise.com.au](http://pelvicfloorexercise.com.au)). **COSMO**