Your pelvic health for the long term

Pelvic health isn't just a postpartum consideration - it's a lifelong one.
Hormonal changes through perimenopause and menopause can impact pelvic floor, bladder, bowel and bone density in ways that we often aren't warned about.

This checklist covers 6 key areas so you know what to prioritise now, and what changes may be worth getting checked out in the future rather than dismissing them as "part of getting older".

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1. Pelvic floor function

This should be integrated into your weekly routine ongoing, not just the postpartum recovery phase. Your pelvic floor, like the rest of our body, needs maintenance for life.

- ☐ Pelvic floor exercises 3 x per week - *mix of quick contractions and longer holds*
- ☐ Pelvic floor work integrated into functional movement - *lifting, gym sessions, gardening*
- ☐ Technique reviewed by pelvic health physio as required - *another birth, pelvic surgery or significant hormonal shift (e.g. changes with peri-menopause/ menopause)*

2. Bladder health

Small changes are worth noticing early, not waiting until they become bigger problems. Bladder concerns often limit the type and amount of exercise women do, leading potentially to reduced muscle mass, bone density and overall wellbeing. For this reason it is so important to address symptoms early, and keep you moving feeling confident.

- ☐ Not leaking with coughing, sneezing, laughing or exercising
- ☐ Not doing "just-in-case" wee's - this helps ensure the bladder does not slowly increase your urgency to toilet over time
- ☐ You are aware of your fluid intake, and the impact of caffeine on urgency/ frequency
- ☐ Any new urgency, frequency or leaking is addressed early- *? UTI, ? change in hormones, ? change in pelvic floor strength*

- [ ] Aware that declining oestrogren through perimenopause/ menopause can impact bladder and urethral tissue - *topical oestrogens may be an option help manage this*

3. Bowel health

Bowel concerns don't get talked about nearly as much as bladder symptoms - but they definitely still cause concerns for many people. Repeated straining is one of the most significant, and preventable, contributors to pelvic floor strain over a lifetime. Each time we strain on the toilet, there is a large amount of downward pressure through your pelvic floor. It is ideal to avoid this from happening to promote good long term pelvic floor health.

For other people, the opposite may be the concern (bowel leakage or urgency). This can really impact confidence and daily activities, and should be addressed early.

- [ ] No regular straining to empty the bowel
- [ ] Getting adequate hydration and fibre day to day
- [ ] Using good toilet positioning - *knees above hips, using stool, no breath holding*
- [ ] Constipation or irregularity is addressed early, not pushed through
- [ ] Any changes in bowel continence or urgency is addressed promptly

4. Pelvic pain

Pelvic pain is not something to put up with. Any new onset of pain should be addressed with your GP or pelvic health physiotherapist initially to determine if it required onward referral e.g. gynecologist.

- [ ] No new onset of ongoing or recurring pelvic pain
- [ ] No pain with intercourse
- [ ] New or persistent pain to be addressed and assessed early by a health professional

5. General strength and wellbeing

Strength training is one of the most proactive things you can do to not lose muscle mass and protect your bone density as you age.

- [ ] Resistance training 2-3 x per week covering all major muscle groups
- [ ] Progressively increase load over time, not staying at the same weight for years
- [ ] Add in some impact exercises for bone density 1 x per week e.g. Jump squats, skipping
- [ ] Discuss menopause symptom management with a GP that you trust when required