



# Pelvic Floor Exercise

an online resource  
created to accompany

## ***Pre- and Perinatal Massage Therapy:***

*A Comprehensive Guide to Prenatal, Labor  
and Postpartum Practice*  
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**this resource links to:**

**Chapter 5, page 159**





## Pelvic Floor Exercise

Pelvic floor exercise is for pregnancy, postpartum and throughout life! Follow your scope of practice regarding teaching exercise to your clients. Refer to appropriate pre- and perinatal exercise specialists, physiotherapists, and physical therapists as needed.

There are two different basic pelvic floor exercises also known as Kegel exercises. By doing both types, the client can strengthen and relax both her endurance muscles and the sprinter muscles.

1. **Tighten the muscle, hold for 10 seconds, and then relax for 10 seconds. Do 10 repetitions.** This longer lasting, first set of exercises addresses the slow-twitch fibers that make up 70% of the pelvic floor muscles that provide support and resist fatigue.
2. **Tighten and hold for 2 seconds, and then relax for 2 seconds. Do 10 repetitions.** The quicker second set of Kegels strengthens those fast contraction fibers that help open and close the bladder and bowel and that are so essential in sexual activity.

Physiotherapist Amy Stein suggests a contract and relax cycle of these two exercises three times a day.

In *The Birth Partner*, noted childbirth educator and physical therapist Penny Simkin advocates conditioning of the pelvic floor muscles as a woman approaches labor with another activity, known as bulging. The ability to let go of these muscles, while pushing to help the baby through them, is important in labor. Simkin suggests that pregnant women rehearse for crowning by consciously bulging out the pelvic floor at the end of a Kegel.

To do this, the woman exhales her breath and *gently* strains as though she were having a bowel movement. Alternately, as she contracts her



pelvic floor, she may imagine that it is like an ascending elevator. As she next releases the contraction, the “elevator” descends gradually. She bulges the pelvic floor by imagining the elevator reaching basement level. In completion, she brings the elevator back to the first floor so that it is engaged in supporting the uterus. Simkin recommends that, in the last 6 weeks of the pregnancy, she should increase her emphasis on the bulging phase of Kegels.

After birth, the pelvic floor muscles need extra special attention too. As part of the core, the pelvic floor muscles are meant to be intimately connected to the transverse abdominus muscle activating on demand and also automatically. The birth process can inhibit the reflexiveness of the core, and support is needed in reestablishing normal core function. There are many factors from the birth process that can inhibit the rehabilitation of the pelvic floor muscles. Some muscles remain hypertonic while others can be inhibited or hypotonic. If your clients have experienced perineal tears or episiotomy during birth, had a prolonged pushing phase, tailbone injuries or traumatic birth, all these could contribute to pelvic floor challenges.

Pelvic floor and core strength rehabilitation is a must for all childbearing people. Addressing the pelvic floor muscle with self massage and in consultation with a therapist trained in pelvic floor internal work is essential. Here is a list of well-respected online programs to refer clients to:

Fit 2 B: <https://fit2b.us/>

Institute For Birth Healing: <https://instituteforbirthhealing.com/>

Restore Your Core: <https://restoreyourcore.com/>

The Bloom Method: <https://thebloommethode.com/>



## References

*Institute For Birth Healing:* <https://instituteforbirthhealing.com>

*Simkin P (2018) The birth partner. 5th Ed. Boston: Harvard Common Press.*

*Stein A. Heal Pelvic Pain. NY: McGraw Hill, 2009.*

