



Always by your side

Postnatal care

of your pelvic floor
and pelvic health

A guide for new mums, to help recover their pelvic floor after childbirth.

Written in collaboration with
Amanda Savage, one of the UK's
leading pelvic health specialists.
MCSP MSt (Cantab)





If you leak, your pelvic floor is telling you it needs attention. It is your body's early warning sign that all is not well - DON'T IGNORE IT

Hello & welcome

As if there aren't enough things to think about when you've just had a baby without having to add in bladder or bowel issues. Urinary or faecal incontinence, basically leaks, are very common after childbirth with 1 in 3 women who have had a baby experiencing leakage at some point. During pregnancy, hormones are produced that let your whole body stretch to accommodate your growing baby. These hormones also affect your pelvic floor muscles, which are the muscles and tissues that support the bladder, the bowel and the uterus.

Most mums don't realise that carrying the weight of your baby through pregnancy causes stretching to these muscles so even if you deliver with a caesarean section, they are affected just by being pregnant. This stretching can lead to an accidental leak of urine or poo.

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Fortunately, research has shown us that most women can massively improve the strength, tone and skills of their pelvic floor muscles by simply doing regular pelvic floor exercises. In addition, exercises can calm 'overactive' nerves for those experiencing 'jumpy' or 'irritable' sensations in their bladder. That means you can get back to doing all the things you love!

The first few weeks after birth



Immediately after the birth focus on caring for your perineum as it heals. Cleanliness to prevent infection, pelvic floor gentle squeezes/pulses to stay connected and improve blood flow to the perineum, sitting comfortably & learning to relax to prevent pain patterns.

Getting into a routine of twice daily pelvic floor exercises, introducing concepts of fast and slow training exercises.

Remembering to use The Knack (see page 7) when coughing/sneezing lifting the baby

You are more likely to develop stress incontinence after birth if you:

- Had bladder or bowel problems before or during pregnancy
- Had a long labour
- Had a large baby
- If during the delivery you needed stitches, forceps or experienced a tear

Most women who leak urine after childbirth find that it goes away in the first few weeks, as the stretched muscles and tissues recover.

However, for some women it can take months while others find their pelvic floor never recovers fully without taking positive actions.



0-2 Weeks after the birth

0-2 weeks

All mums should focus on rest & recovery, initial wound healing and formation of a healthy healed perineal or caesarean scar.

A. Keep the wound clean & prevent infection

- Prevent infection getting into the area
- Quickly recognise if there is an infection and seek treatment
- Manage the bleeding (lochia) without irritating your skin

B. Reduce discomfort and pain so that you can enjoy being a mum.

After a vaginal delivery

To help haemorrhoids, bruising and swelling to go down & promote healing of any tears or stitches:

- Apply ice/cooling packs (or sit in warm baths)
- Sit comfortably & change positions regularly to keep pressure off your healing bottom
- Use gentle pelvic floor exercises to promote blood flow and healing
- Ensure you eat well and stay hydrated to have regular bowel movements.

After a surgical delivery:

Avoid straining the scar which might cause it to breakdown as it is trying to heal – this is why you need to get lots of help with caring for the baby & housework and stick to simple exercises & activities, which make you feel good but don't make the abdominal muscles pull on the scar.

C. Start early days exercises to help your body (and any scars) stretch naturally:

Introduce Movement to Feel Good and to prevent your body tightening up in a painful guarding pattern

- Notice if you are holding tension in your gluts, pelvic floor or hunching over.
- Encourage your body (and an abdominal or perineal scar) to stretch naturally using simple stretches like side to side bends or twists (standing or lying), overhead arm stretches, butterfly pose or cat/cow.
- Activate your core muscles with your breath, for gentle short holds. Enjoy pelvic tilts and simple arm & leg movements that mimic every day activities like opposite leg & arm stretches.
- Avoid straining and excess pressure on scars as they heal, no sit ups or crunch exercises, heavy weights or high impact activities at this stage.
- Walk daily (start with just 10 mins then build up) to encourage your circulation, improve posture, boost your mood & move naturally.

2-4 Weeks after the birth

2-4 weeks

A- Find your pelvic floor

Research has shown us that most women can massively improve the strength, tone and skills of their pelvic floor muscles by simply doing pelvic floor exercises (also known as Kegels).

A strong healthy pelvic floor supports your pelvic organs to prevent prolapse, helps closure of the bladder tube to prevent leaks, and helps you control bladder urges. The pelvic floor muscles also have to release to fully empty the bladder and bowel. You need to be able to both contract and relax the muscles for comfortable sex and sexual pleasure.

Kegels

A Kegel is basically a pelvic floor contraction, achieved by squeezing and lifting the pelvic floor muscles.

Try this; tighten the muscles around your anus and vagina and lift them upwards towards your navel. Imagine you are trying to stop wind or hold in the contents of your bladder. Can you do it?

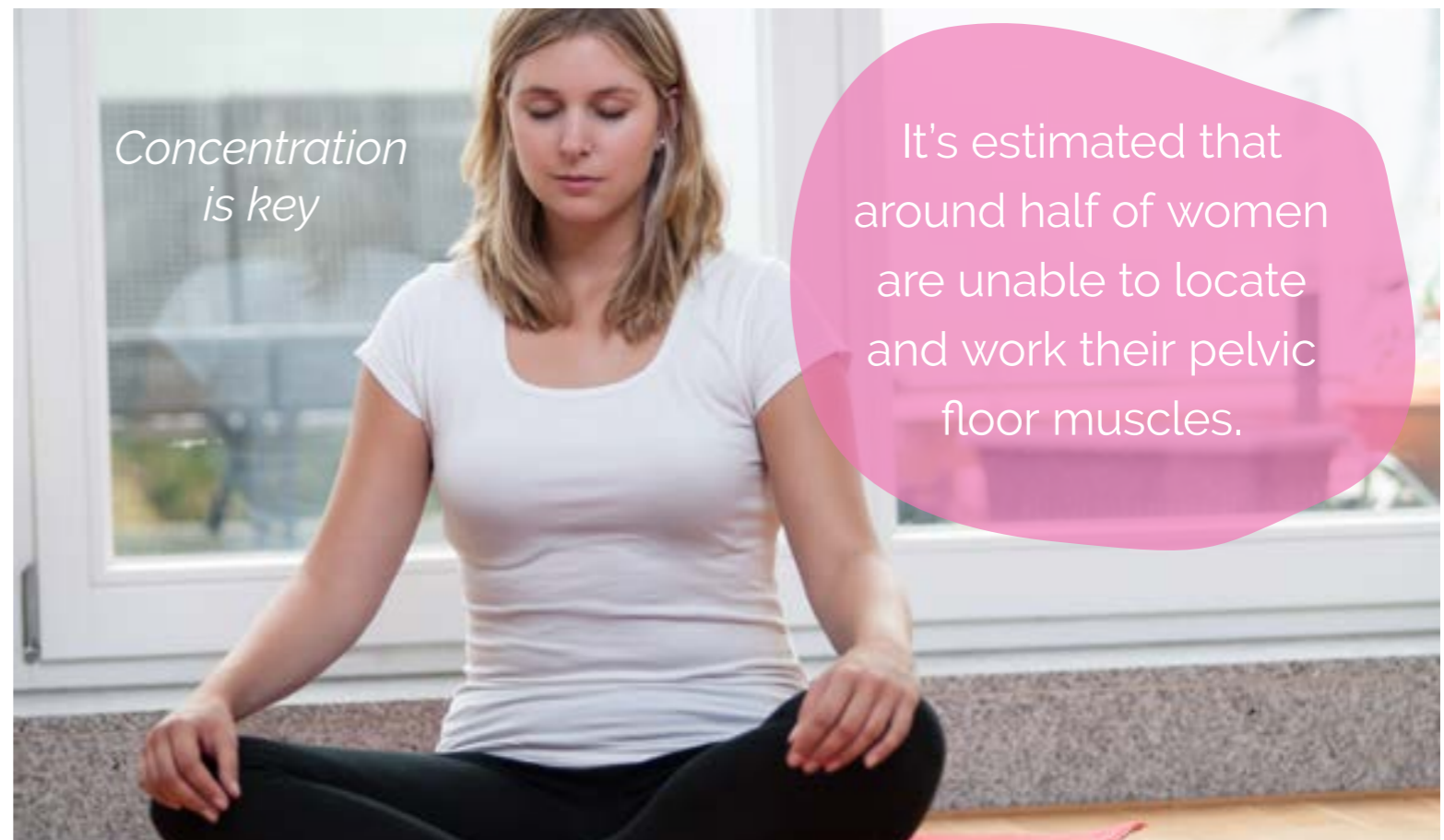
If you find yourself squeezing your legs together, or tensing your buttocks, this is a sign you haven't located the correct muscles, and may need some assistance - see page 15. If you are confident that you've performed a Kegel, then you can start to do them regularly to improve your muscle strength, co-ordination and ability to relax too.

Pilates & yoga

Pilates and yoga are both excellent for the pelvic floor. Not sure where to start? See our pelvic floor exercise playlist on YouTube.

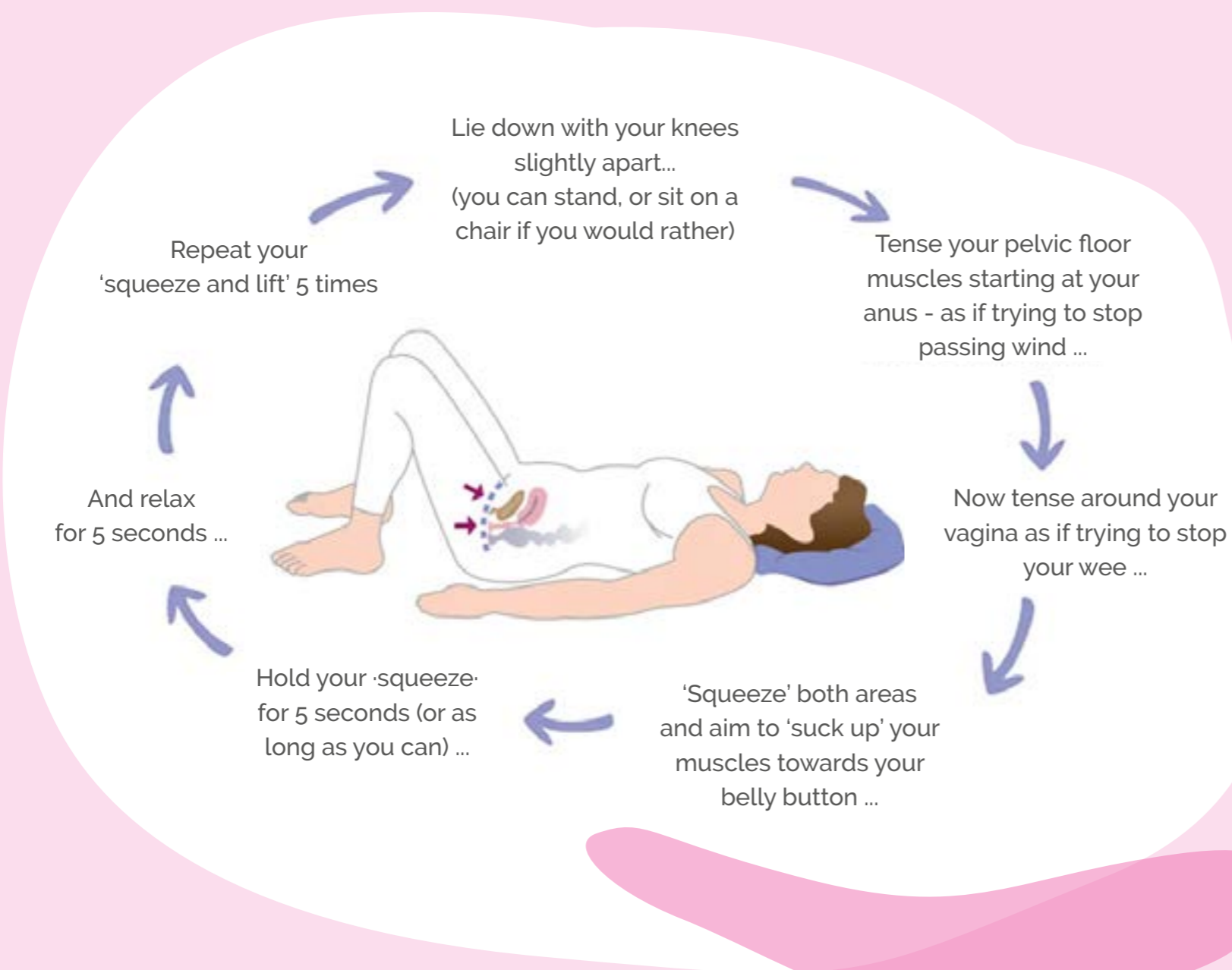


Kegel8®
Pelvic Floor Exercise
Techniques



B. Practise holding your contractions

This is a classic first position to start practising. **Please note** you don't have to do this lying down, pelvic floor exercises can be done in any position. It is also important you relax between squeezing and lifting.



4-6 Weeks after the birth

4-6 weeks

Make it a routine

Try using the **10 - 10 - 3** method as way of incorporating pelvic floor exercise into your daily routine.

- 1. Perform a 10 second slow Kegel:** squeeze and lift the muscles around your anus and vagina. Repeat up to 10 times.
- 2. Perform 10 fast Kegels:** Squeeze and lift quickly for 2 seconds and then fully relax. The relaxation part is important!
- 3. Repeat 3 times a day.** Repetition and persistence are key!



The Knack

Need a quick win with improving bladder leakage? The Knack is the magical art of drawing up your pelvic floor muscles just before you cough, sneeze, laugh or pick up something heavy. It is during these times that your pelvic floor muscles are put under sudden pressure and are forced to quickly react to save you from embarrassment. Research has confirmed it works to stop urine leakage.

Watch Physiotherapist, Amanda Savage, speak to Kegel8 Founder and Managing Director, **Stephanie Taylor**, explaining The Knack technique.



Kegel8®
Have You Got
The Knack?



Other lifestyle changes to think about...

Nutrition for healing and wellbeing Many foods, including fruits, vegetables, healthy fats, and protein sources, have been shown to reduce inflammation, improve immune function, promote healing, and provide the fuel necessary for you to get on the mend. If you need help getting all the nutrients your body needs you can find our range of supplements to the right including collagen, Vitamin D3 and magnesium supplements.

Balancing rest and activity

Sleep also is key to helping your body's repair process so maybe take the opportunity to sleep when your baby does.

6 week check with your GP

This is the time to speak up and ask for help with anything worrying you - pain in the perineum, stitches not feeling healed, haemorrhoids, itchiness, bladder or bowel leaks or lack of control. Your GP can refer you to a specialist physiotherapist or you may have a number for your maternity unit - do get in touch with them for an assessment.

**go
better**



The great outdoors

Walking for cardiovascular exercise, fresh air, daylight which all helps with sleep patterns – both yours and your baby!

Better toilet habits

Bowels love a routine and you can train a “bowel habit”. Try to establish a ritual that your body can get used to and lets you empty your bowel regularly before you become constipated. Constipation is a leading cause of incontinence and prolapse. Straining on the loo stretches and weakens your pelvic floor muscles. This creates a self-perpetuating cycle, which can be broken by improving your diet and by adopting good sitting positions on the toilet

Elevate your knees when you poo

Humans are designed to 'go' in a squatting position, so that the bowels can empty properly. When you sit on a standard toilet your colon is kept partially closed by a muscle called the puborectalis. Try a toilet stool such as the Go Better toilet stool to achieve the squatting position on the toilet.

6-12 Weeks after the birth

You are now at the stage when you can progress from regular traditional pelvic floor exercises but let's just check you are happy you are doing the exercises correctly.

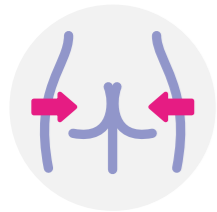
6-12 weeks

Struggling to squeeze?

Research has shown us that most women can massively improve the strength, tone and skills of their pelvic floor muscles by simply doing regular classic pelvic floor exercises. However, do check that you are doing them correctly & the most up to date way.

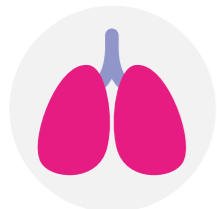
Did you know?

50% of women don't know how to produce an effective pelvic floor contraction. These are the common mistakes...



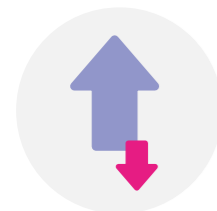
Squeezing your buttocks

It's important to isolate the pelvic floor and not tense other muscles like your glutes or abs.



Remember to breathe...

Always focus on your breathing when Kegeling. You should be able to breathe normally; don't strain or hold your breath!



Lift, don't push

This one is very important: you must squeeze and lift! Pushing down on the muscles is counter-productive as it puts undue pressure on the pelvic floor.



Don't give up!

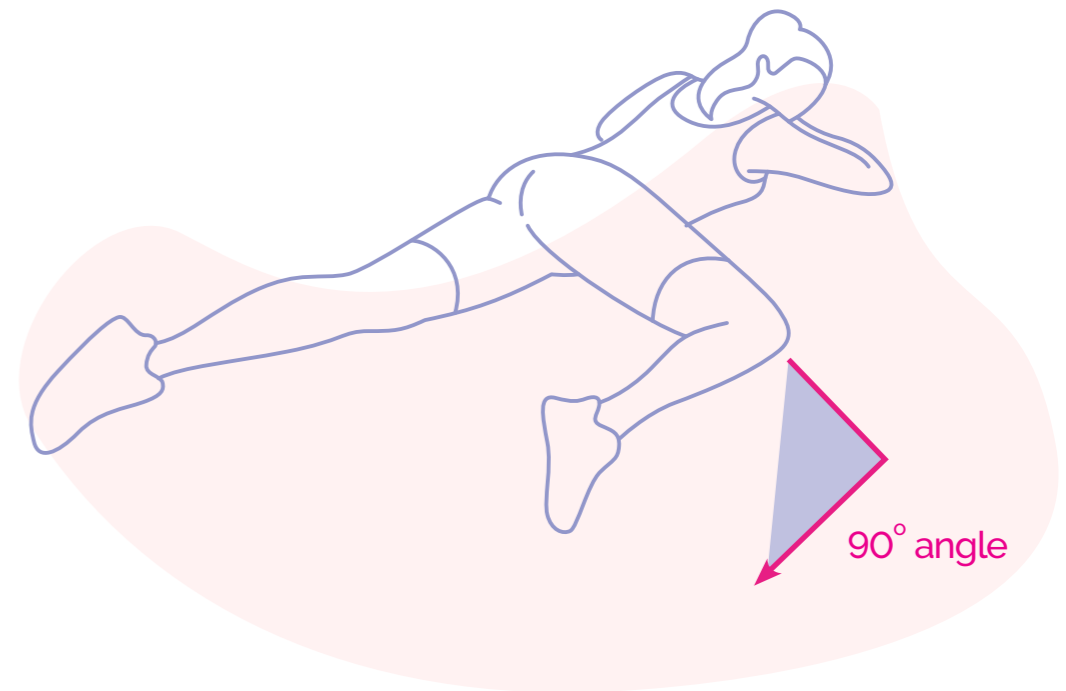
It takes persistence, practise, and patience to see results but it will be worth it. Make them a part of your daily routine and you'll see results before too long.

Try this position

Here's another great position to hold while you do your pelvic floor exercises. Lying like this will help isolate the pelvic floor muscles and prevent you from squeezing your buttocks or tensing your abdominal muscles;

Lie on your stomach, resting your head on your hands with your legs out straight. Then bring one leg out to the side, bending your knee to a 90 degree angle. Simple!

With this pose you should really feel the focus on your pelvic floor muscles.



6-12 Weeks after the birth

So now you can progress to include functional tasks

6-12 weeks

Mastered the squeeze?

There are two types of pelvic floor exercises (or Kegels);

Slow Kegels - holding your 'squeeze and lift' for at least 5 seconds, and **Fast Kegels** - with these you hold your 'squeeze and lift' for just 2 seconds and relax for just 2 seconds!

Exercising in this way specifically targets the fast twitch muscle fibres in your pelvic floor - these are the fibres responsible for fast reaction to control urine when you cough, laugh, sneeze, jump and run. With such quick contractions these exercises can be tough but they are essential to a healthy pelvic floor; so here's a great way to help get the motivation and rhythm you need:

Aerobic Pelvic Floor Routine:

1. Position yourself in front of a step - this can be an aerobics step, or just the bottom step of your stairs in your home.
2. Step up onto the step, one foot after the other as you would in an aerobics class, squeezing and lifting your pelvic floor muscles as you do so.
3. As both feet land on the step, step back down and release your squeeze and lift, relaxing your pelvic floor muscles as both feet return to the floor.
4. And repeat 10 times. The great thing about this exercise is you can actually do it in the gym or even a step class and no one will even know.

Some useful video links if you need to build up to the step exercises...



Abdominal exercises for a stronger pelvic floor



Using arm weights to strengthen your pelvic floor

With such quick movements it can help to chant as you exercise: **squeeze 1, 2 as you step up; and relax 1, 2 as you step down.**



6-12 Weeks after the birth

6-12 weeks

Good bladder habits help bladder control

Things to think include;

- Use the bathroom when needed but aiming to build up to 2 hours between wees
- Fully empty your bladder each time you visit the toilet – make sure you take enough time and don't rush!
- Drink enough fluids, especially water (but don't overdo it – you need 1.5-2 litres total fluids in any 24 hour period – much more than that and you will be in the toilet all the time!
- Keep a healthy weight
- Quit Smoking



Introduce core exercises

Remember, don't rush into anything too strenuous! We know how much pressure new mums put on themselves to get back into shape but be careful not to do too much too soon. If your pelvic floor feels heavy it is important to slow down.

We know that your main priority now is your child. However, in order to take care of them, it is essential that you keep taking good care of yourself!

Find a local postnatal exercise class or join something online. The instructor should have extra training in the needs of a postnatal mum and should ask you lots of questions about yourself and your body to give you the best exercises for your level. No running till 12 weeks (and then start slowly with a tool like NHS C25K app) - but there's lots you can do in advance and from 6 weeks you can introduce power walking, swimming, low impact exercises and resistance training to lower limbs and core. Even spinning if you are comfortable sitting on the seat!



12 weeks – time to evaluate your progress

If you're not making progress and still experiencing bladder problems ask for a referral to a specialist physiotherapy team. There are many types of incontinence that you might be experiencing.

Types of Incontinence

Stress Incontinence

Stress incontinence is leakage that occurs when the bladder is under pressure or high impact, such as when you cough, sneeze, laugh or jump. This can be a common problem if pelvic muscles have weakened during pregnancy or childbirth, or from frequent stretch and strain from a chronic cough or constipation.

Urge Incontinence

Urge incontinence is the loss of urine associated with sudden and strong impulse to urinate that cannot be delayed. Most people can hold on, however, if you are suffering from urge incontinence, the bladder may feel fuller than it is. Sometimes, the bladder contracts early when it's not very full. This can make you suddenly need the toilet and leak urine before you get there.

Nocturia

If you suffer from urge incontinence, you may also find that you have the need to frequently pass urine during the night and wake to do so – this is a condition called nocturia. Nocturia is not always related to an underlying condition. It may be caused by pregnancy, ageing, fluid intake just before bedtime and the consumption of alcohol and caffeinated beverages.

Frequency Incontinence

Frequency incontinence is where you feel like you need to pass urine many times during the day and night and you may also experience urge incontinence. This may be due to an infection or partial blockage of the urinary tract or a condition such as diabetes. Some lifestyle changes can help the situation along with pelvic floor exercises to tighten those crucial muscles.

Feecal Incontinence

Feecal incontinence is a result of a dysfunctional coordination of the internal and external sphincter muscles, and pelvic floor muscles. If you suffer from feecal incontinence you will uncontrollably pass gas, and leak liquid and/or solid feces occasionally, or multiple times a day.

If the sphincter becomes damaged then you can lose the sensation to go to the bathroom, and it can open to allow soft or small pieces of stool to leak without you realising.

Bowel incontinence can really damage your self-esteem and quality of life. It can result in depression, anxiety, and social isolation, as you become no longer comfortable leaving the house. If you are suffering, take comfort in knowing that you are not alone. Bowel incontinence is more common than asthma and diabetes, reports suggest it affects over 53 million Europeans (figure from Bladder & Bowel Support Company, 2018), however, the true figure is likely to be even greater.

1 in 10 women with bladder leaks will develop bowel leaks too.



Treatments for feecal incontinence are widely available, and often bowel incontinence can be treated with conservative (non-pharmaceutical) therapies alone.

Flatus (flatal) Incontinence

Flatus incontinence is a symptom of bowel (anorectal) dysfunction. It is defined by it being more noticeable when you pass wind, and being unable to restrain it, leaving you embarrassed. Flatulence is part of a normal, healthy digestive system and cannot be completely prevented, usually being odourless and inoffensive.

If your internal sphincter has nerve damage, you may not be stimulated by the gas as it passes through. Therefore, you can pass wind without realising it was coming.

Flatus incontinence can be treated with conservative, non-medical treatments. Therefore, there is no reason to not get your condition diagnosed and begin a programme of treatment now. Often a lifestyle change as simple as reviewing your diet can see a great improvement in your flatus incontinence.

12 weeks plus

Try Resistance

If you feel you know what you are doing but need more motivation and/or focus you can use a device to make your exercises more effective.

If basic pelvic floor exercise is either not working or not challenging enough for you, we recommend trying Kegel weights. Much like with regular workouts, using weights helps to improve strength and measure progress. It might also be especially helpful if you're struggling with bladder issues.

- ✓ 3 progressive sizes and weights to use over time to reach your goals.
- ✓ Patented indicator tail moves down when you are exercising the kegel muscles correctly, and locator bobble helps find your pelvic floor muscles without inserting too high so you get results fast.
- ✓ Medical Grade CE marked Class 1 is also available on NHS by prescription.



Clinically proven
70% success
rate with stress
incontinence in
only 12 weeks



If you feel you can't tell what your muscles are doing or they feel very weak, you can introduce a stimulation device to use an electrical current to help the muscles work.

Kegel8® Ultra 20 pelvic toner

If you are struggling to locate your pelvic floor and exercise it independently, we recommend the Ultra 20 Electronic Pelvic Toner. This uses Neuromuscular Electronic Stimulation (NMES), painless electronic currents to exercise your pelvic floor. You can either use a probe, which is inserted a few centimetres internally and delivers the NMES directly to the pelvic floor muscles, or electrode pads on your skin to stimulate the nerves that are connected to your pelvic floor muscles.

It accurately locates your pelvic floor muscles and exercises them for you. The **"smile"** feature shows you in real time when your pelvic floor muscles are in work and rest mode.

Use the Ultra 20 to get your pelvic floor into shape, and then to maintain good pelvic floor strength and support for your pelvic organs,

Most women notice results with the Ultra 20 after only 4 weeks

★★★★★ Trustpilot

After 2 difficult labours I knew I needed to do something about my weak pelvic floor. I would go for a run and I would leak. If I was to sneeze I would wet myself slightly. Although I didn't expect real results until after 12 weeks of use, I'm seeing results much sooner. Thank you Stephanie Taylor for creating these toners and changing peoples lives including mine.



Medically Proven

[Shop Ultra 20 >](#)



Week 1

With 45 minute sessions, your toner will help you find your pelvic floor muscles.

Week 4

You'll start to feel a real difference. More control, less leaks, more confidence.

Week 12

Your pelvic floor is strong and you have a pleasurable and confident sex life.

How to know if you are squeezing correctly

If you don't need to use electronic stimulation and you can already contract your pelvic floor muscles correctly, the next step is to practise doing your exercises independently, which nurtures the mind-muscle connection further. But you need to do them regularly & effectively.

Biofeedback Trainer

Our Kegel8® Biofeedback trainer can be helpful for you to check that you are doing your exercises correctly, especially if you need to focus on relaxing fully between contractions.

Just like with any bit of gym kit, it is fun to have tasks to do and targets to reach. If you tend to get distracted when exercising, using a device that makes you concentrate can be motivating and help get them done.

How does it work?

The Kegel8 Biofeedback device shows you what you are doing with your muscles when you contract them independently. The soft, air-filled vaginal probe connects to the small handheld monitor. With each Kegel, you squeeze the probe and the monitor displays the strength of your squeeze on a scale of 1 to 6.



How do I know if my pelvic floor is too tight or too loose?

Pelvic floor muscles can be too tight from over exercising or them or because you are a 'gripper'. This is a common issue with athletes.

If these muscles are always tight this can lead to problems with leakage as muscles can fatigue, they can cause pain when passing urine or the bladder may not empty properly.

You can experience pain in the vagina, back passage or even pain when you have sex. It is key to not tighten up as you need to let go and this can be a difficult exercise to do.

For more information, watch this video with our expert **Amanda Savage**.



Kegel8
Can the Pelvic Floor Be
Too Tight?

Caesarean delivery - pelvic floor care

Although many women worry about doing any exercises after a Caesarean section, careful movement is good for you as it helps your circulation, stretches out your abdominal wall, regains your posture, engages your pelvic floor and supports your back.

ALL mums should do pelvic floor exercises, including after a caesarean as though a C section does offer some protection, it is the weight of carrying a baby through pregnancy that causes stretching not just the birth. Many C sections also follow an attempt at a vaginal delivery so there may have been strain. All the information on pelvic floor exercises apply to you too!

Note: Only start to do these things again when you feel able to do so and do not find them uncomfortable. Your healthcare professional will advise when you are ready to fully exercise again normally around 6 weeks after a C section.



Prolapse after childbirth

It's thought that around half of all mothers will develop prolapse symptoms at some point following childbirth. For some, it happens straight away, for others it doesn't happen until they reach menopause.

Prolapse is when one or more of your pelvic organs shift out of place. Sometimes only a little movement inside can cause a lot of bothersome symptoms, yet other women can see and feel a large bulge or protrusion without any bother.

It is a complicated condition and you will need advice from your GP or a specialist physiotherapist to understand fully what is going on for you.

Having a postpartum prolapse at a time when you're recovering from giving birth and becoming a new parent couldn't be more distressing. But we're here to help put your mind at rest and show you that you have options.

How Do You Treat a Prolapse After Childbirth?

There are various treatments for a postpartum prolapse. Which one is best for you will depend on the severity of your symptoms.

Depending on the type and severity of your prolapse, your options include surgery, lifestyle changes, using an electronic pelvic toning device, or even doing nothing.

Every woman is unique so there is no one-size-fits-all solution to prolapse. It's all about finding out what works for you. We encourage you to treat and manage your prolapse with every aspect of life in mind; from toilet habits, to exercise to sex.

Many lifestyle changes can be enough to treat mild and moderate prolapses. These include daily Kegel / pelvic floor exercises, maintaining a BMI of less than 30, and avoiding constipation.

However, it's important to know that prolapse will never just go away on its own. If it's affecting your life now, you should consider taking steps to manage and treat prolapse as soon as possible.

























We also have an eBook with lots of information about dealing with a prolapse here so feel free to download to find out more



Returning to your hobbies and sport

It is key that you remember the toll your body has taken and for your long term health you need a graduated return to running and other sports. The graphic here is from a professionally developed set of Postnatal Running Guidelines (featured by **The Chartered Society of Physiotherapy**). gives you really good guidance on how you can progress your exercise regime through the weeks post birth.

EXAMPLES OF EXERCISE PROGRESSION IN THE POSTNATAL RUNNER

Weeks Postnatal	Examples of Exercise Progression				
Weeks 0-2	 Pelvic floor muscle strength & endurance	 Basic core exercises e.g. pelvic tilt	 Walking for Cardiovascular exercise		
Weeks 2-4	 Progress walking, pelvic floor muscle/core rehab				Introduce squats, lunges & bridging in line with day-to-day requirements
Weeks 4-6	 Low impact exercise - static cycling	 Low impact - cross trainer	Individualise according to postnatal recovery, mode of delivery, perineal trauma & saddle comfort		
Weeks 6-8	 Scar mobilisation	 Power walking	 Increase low impact exercise	 Add dead lift	 Add resistance to lower limb & core
Weeks 8-12	 Introduce swimming	 Dependent if lochia stopped & wound healing satisfactory	 Spinning if comfortable sitting on a spinning saddle		
Week 12 & Beyond	 Graded return to running	 Goal specific	 Consider running coach	 Consider risk factors e.g. obesity	 Modify according to signs & symptoms

Source - Goom T, Donnelly G & Brockwell E. Returning to running postnatal - Guidelines for medical, health and fitness professionals managing this population. March 2019



Returning to sexual intimacy

When you are busy with a new-born baby, sex can drop quite low on your 'to do' list. If it isn't even comfortable when you do find the moment, it is all too easy to lose the intimacy in your adult relationship. Let's explore for a moment what might classify as "good" sex? First you should definitely be able to actually have sex. All the parts should be able to fit together successfully without feeling there is a block. Sex should be without pain. And most importantly sex should bring pleasure for you. **Try these 3 steps:**

1. Pelvic Floor Exercises Improve Sexual Health Too

Commit to a couple of weeks of daily pelvic floor exercises to bring about proper change in these muscles.

The pelvic floor muscles play an important role in giving you a sense of closure around your partner as well as support and friction to create your own pleasurable sensations.

Taking time out to deliberately exercise the pelvic floor muscles will bring blood flow to the area, tone and tighten the muscles and improve your ability to feel the walls of the vagina during sex.

Many women report they are able to reach orgasm more easily, and that their orgasms are more powerful, after focusing on pelvic floor muscle exercises. Not sure where to start? See our playlist on YouTube.



[Kegel8® Pelvic Floor Exercise Techniques](#)



2. Keep a personal lubricant in your bedside table drawer

The hormone changes of pregnancy and breastfeeding can leave your body surprisingly dry at the vaginal opening and deeper inside.

When you are trying to grab a quick sexy moment, with maybe less time than usual to get in the mood, your body may not produce enough natural lubrication.

This can make insertion painful or the movement of your partner inside you can feel like a friction burn.

Using a personal lubricant during your foreplay (it works best if you put it on both of you) can make a magical transformation to your comfort and enjoyment.

3. Talk to Your Partner

You can and will enjoy comfortable sex again – but you must be brave to let your partner know what you are experiencing.

Reducing Vaginal Dryness

With all the hormonal changes women experience, from pregnancy and breastfeeding, through the changes associated with the perimenopause to general ageing, you may find that your body no longer makes enough natural lubricating secretions for the vagina opening and the vaginal tube. Sex without enough lubrication in this area can distort and drag creating a friction burn, pain and discomfort.

The quality of personal lubricants is key and it is important to ensure that they are pH balanced to the normal vaginal pH of between 3.8pH and 4.5pH. Lubricants with a higher pH are too alkaline and can lead to UTIs, Thrush and Bacterial Vaginosis.

Spending more time on foreplay and using lubricants, oestrogen gels and pessaries are amongst the most popular forms of treatments for vaginal dryness.



Kegel8 Miracle Balm Natural Intimate Care

A beautifully nourishing intimate balm that restores and revitalises dry, thin vulva tissue

[Shop Miracle Balm >](#)



Kegel8 Dilator Lubricating Comfort Gel

Excellent lubricating properties for total comfort and formulated to be skin and body-friendly

[Shop Comfort Gel >](#)



GYNTIMA Vaginal Suppositories

Vaginal probiotic to help balance vaginal pH levels & protect against bacterial vaginosis, infection and odour

[Shop Vaginal Probiotic >](#)

Vaginal looseness & lack of sensation

Vaginal looseness and lack of vaginal sensation are usually closely linked. There are many highly sensitive nerve endings in the skin and tissues of the vulva, clitoris and vagina opening.

This is why foreplay and touch are such an important part of intimacy and reaching a state of arousal. There are not as many nerve endings within the vagina. You will feel aware of “pressure” and “deep touch” more than light sensations. Sexual pleasure of penetrative sex comes from the rubbing and build-up of friction against the vaginal walls.

The vaginal walls at the base and the sides are layered with the pelvic floor muscles. These muscular walls can become weakened and stretched with childbirth experiences or, over time, from repeated coughing, straining from constipation or carrying a lot of weight.

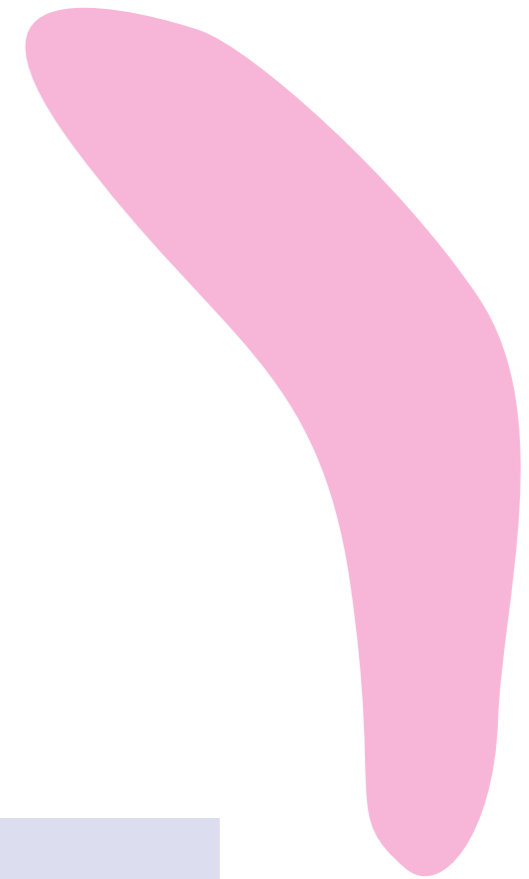
It is important to regularly exercise the pelvic floor muscles. These muscles need to have good tone and firmness to make the space feel tight and close to your partner, for the pleasure nerve endings to get activated. They also need to be able to relax fully for comfortable insertion and deeper contact with your partner.

Clues that lack of pelvic floor tone might be a problem for you are:

- It feels a bit dull and boring inside during sex
- You want to grip your partner but nothing happens
- You feel there is too much room inside (you might also notice this with tampons or sex toys)

Regular pelvic floor exercises will:

- Bring blood flow to the area to nourish the tissues & improve nerve sensitivity
- Improve your ability to relax the perineum and vagina
- Help you become aware of your internal and external muscles, improving your sensitivity and ability to use your muscles actively during sex
- Strengthen the muscle tissue for better tone and closure



Pain and discomfort

If sex is painful it is not your fault. And it can be sorted.

It is easy to fall into a pain-avoidance cycle. If you experience pain when you have sex, your body recoils from the idea of sex again. Your partner doesn't want to hurt you either so may draw away from intimacy too. But feelings of rejection, disappointment, fear and anxiety can add to the vicious cycle.



Common causes of painful sex are

- Lack of natural lubrication making it uncomfortable for body parts to slide and glide past each other.
- Vaginal atrophy (thinning of the tissues lining the vagina due to age or hormone changes)
- Uncomfortable stretching of sensitive tissues of the vulva or vaginal opening such as childbirth scars, surgical scars or previous areas of trauma.
- Tension in the pelvic floor muscles and surrounding muscles (gluts, inner thighs, hamstrings) making it difficult to relax to let things in and out, or causing spasms or cramp sensations.
- Joint problems (eg stiff lower back or hips) making it difficult to get into position comfortably, or creating tension or pain when you sustain a posture.
- Sexual positions which don't suit your personal anatomy. If you have developed some prolapse (movement of the uterus or vaginal walls) or have changed partner or developed a back problem you may need to explore variations or modifications to suit you.
- Infection in the area, or associated with inflammation from a nearby area (such as a urinary tract infection).
- Fear, anxiety and stress have a big impact on sexual pleasure. Be open and honest with your partner. Or you may need to seek professional help with these areas.

Increasing sex flexibility

When postnatal sex is just a bit flat you may need to increase your flexibility in the spine, pelvis, and hips for comfortable sex. Besides antenatal and postnatal pelvic girdle pain (PGP) and back problems, you can go stiff in your back and hip joints quietly, with no pain at all, no apparent loss of ability to walk, sit, and carry. However, we are not at our optimum function anymore. With our bodies it is easy not to notice what you are missing.

Clues that your back/hips might be stiff:

- When you wake in the morning you feel like you have to “get going” for a few minutes before you feel like yourself?
- After you have been sitting for a while, your first few steps are painful or difficult
- You seem to be living with constant back ache.
- When you try to pick up your pace to run or walk fast or do your sport, you get backache or a proper pain.
- And/or your legs feel really heavy, like you are walking through thick treacle.
- You realise that don't really properly stand up straight anymore.

With sex this manifests as:

- A sense that you can't let go and fully relax,
- You can't take your partners weight onto you,
- You can't get comfortable or
- You can't get close enough (which then means you are not getting enough external stimulation of the clitoris, making reaching an orgasm dependent on penetration alone – which is not enough for most women)

If you think this might be a problem for you try:

Spending a week or two focusing on stretches for your lower back, inner thighs and hips. If you had PGP during pregnancy and it is still niggling, go back to your physiotherapy team and ask for a postnatal review and assessment of your spine.

If you think that your delivery might have triggered a back or hip problem ask your GP to refer you for a physiotherapy assessment. Even with a caesarean there can be hidden trauma, possibly from being unable to feel your lower half properly yet trying to move about, or sleeping on a hospital bed for a night or two.



Try the following positions for more comfortable intercourse.

Modified Missionary

A pillow underneath to tilt your pelvis will move pelvic organs back out of the way, supports your spine, helps you relax and helps make your partner feel less heavy

Spooning

There is no weight on your spine, pelvis or rubbing on the vulva skin. You do not need to be too active. You can control the speed and depth of insertion. However, there may be pressure against the base of the bladder which could be irritating.



Straddling

Place several pillows between your partners thighs to help manage the depth of penetrations. You may need to lean far forward to help with insertion. This position keeps your partner's weight away from your hips and pelvis. There is less rubbing on the posterior wall of the vagina.

Kneeling

There is no pressure on your belly but might push into the bladder more.



Standing

Being a little more adventurous about how & where you have sex may increase your libido. The shower is a good option if you worry about leaks.



Tone your pelvic floor

Women don't have that many nerve endings inside the vagina. Inside, we feel 'pressure' and 'deep touch' more than light sensations. The sexual pleasure we feel comes from the rubbing and build up of friction against the vaginal walls. The vaginal walls at the base and the sides are layered with the pelvic floor muscles.

Clues that lack of pelvic floor tone might be a problem for you are:

It just feels a bit dull and boring inside during sex. You want to try to grip your partner but nothing happens. You feel there is too much room inside (you might also notice this when using tampons).

If you think WEAK pelvic floor muscles might be a problem for you:

A Kegel is basically a pelvic floor contraction, achieved by squeezing and lifting the pelvic floor muscles. Try this; tighten the muscles around your anus and vagina and lift them upwards towards your navel. Imagine you are trying to stop wind or hold in the contents of your bladder. Can you do it? If you find yourself squeezing your legs together, or tensing your buttocks, this is a sign you haven't located the correct muscles and may need some assistance - see page 25. If you are confident that you've performed a Kegel, then you can start to do them regularly to improve your muscle strength, co-ordination and ability to relax too.

Pilates & yoga

Pilates and yoga are both excellent for the pelvic floor. Not sure where to start? See our pelvic floor exercise playlist on YouTube.



Kegel8®
Pelvic Floor Exercise
Techniques



Kegel8®
Abdominal exercises for
a stronger pelvic floor

Make pelvic floor muscle training a focus for few weeks trying to make some impact on your muscle tone. Do ENOUGH exercises to make the muscles change and grow. Consider using aids such as a biofeedback device or vaginal weighted cones to enhance your standard pelvic floor exercises.



Our **Kegel8 Biofeedback** trainer can be helpful for you to check that you are doing your exercises correctly, especially if you need to focus on relaxing fully between contractions. Just like with any bit of gym kit, it is fun to have tasks to do and targets to reach.



Our clinically proven **Kegel weights** have a 70% success rate in improving stress incontinence within weeks in clinical trials. 3 progressive sizes and weights to use over time to reach your goals. Beat leaks, accidents and improve intimate sensation for you and your partner.

Kegel8 Pelvic Toner

Pelvic toners automatically activate weak pelvic floor muscles and calms bladder nerves using e-stim for clinically proven results. Locates and exercises Kegel muscles even if you can't, restoring strength and control in weeks.



You can use a probe or electrodes, whichever suits you better.

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'Kegel8 has given me a new lease of life.'

Terry's Story - Birth Trauma Prolapse
Read more here on our blog:

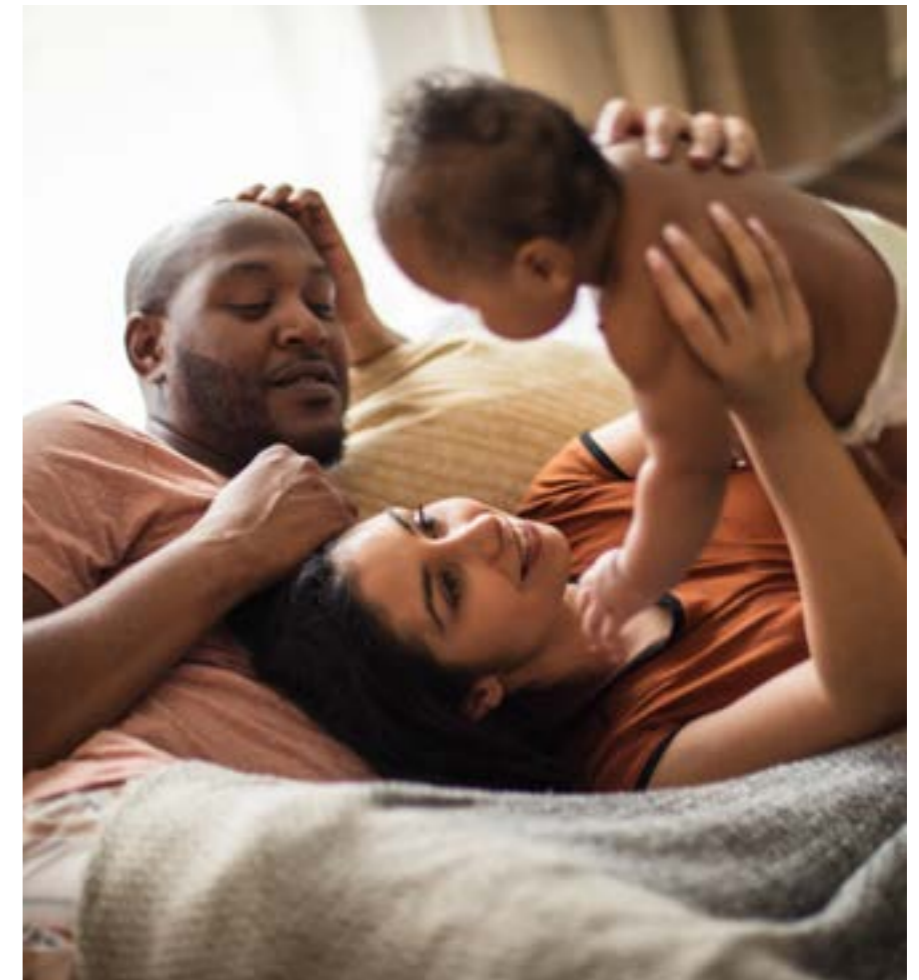
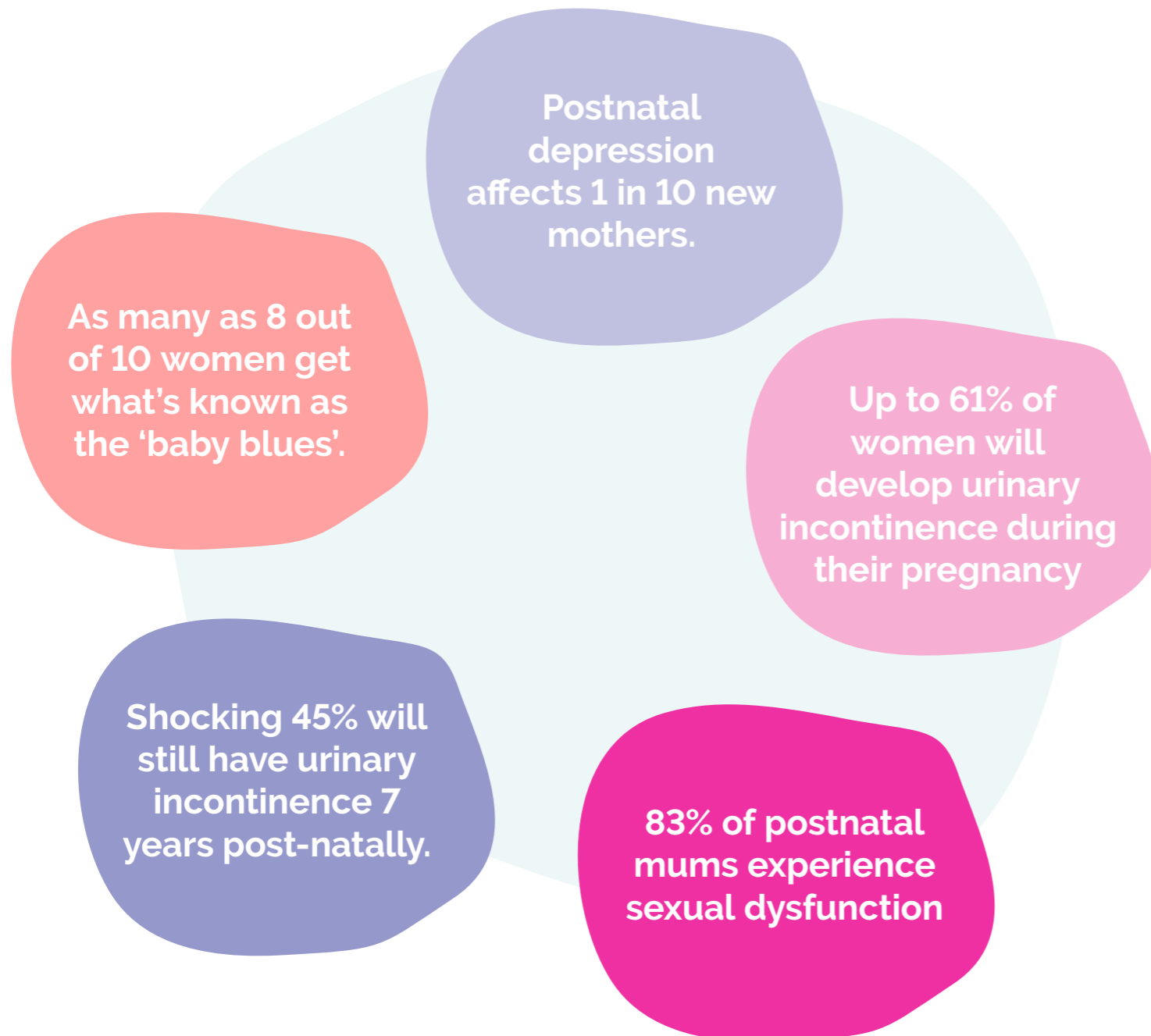


Read Terry's Kegel8 Success stories



Moving forward

You are going through a monumental change in your body and life so you might need help. No problem is too intimate to share with health professionals and everything can be sorted out, you just need to seek help.



Realistic expectations: life is different after a baby. Happy mum means happy babies. Taking into account all the time restraints you have, if you can create good habits now in terms of your own health goals then returning to work and your hobbies will hopefully be easier.

Preparing for the future: looking after yourself is a priority to feel good now but also to get your body ready for a future pregnancy or for the next stage of life.

We hope you've enjoyed this eBook

Further reading at Kegel8.co.uk

We're here to help!

If you have questions or simply need some advice, please get in touch and our advisors will be on hand to help.

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Our opening hours are:

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Empower & educate
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The graphic displays several eBook covers including: 'Learn more about Pelvic He for Men', 'Learn more about Leaks', 'Learn more about Pelvic Pain', 'Dealing with Sexual Intimacy Issues', and 'Learn more about Prolapse'. The covers feature images of people in various settings, such as a woman running on a beach and two women walking together.