Will Breastfeeding Affect Incontinence and Pelvic Symptoms?
Yes, often for as long as you’re nursing. Many breastfeeding women are unaware that a natural drop in estrogen – which persists for as long as you’re breastfeeding – may cause urinary incontinence to become more severe, and may lead to vaginal discomfort and sexual pain. If your symptoms are mild, simple remedies including the use of vaginal estrogen therapy may be helpful. It’s not necessary to delve into a full medical evaluation until a few months after you’ve finished breastfeeding, if your symptoms are still bothersome.

Checklist for a Healthy Pelvic Floor Before & After Childbirth
A mindset of prevention before, during and after childbirth can help you to avoid pelvic floor problems, or keep existing symptoms in control. These areas of your body, and aspects of your comfort and control, deserve a place in your health planning.

Tone Up Your Pelvic Floor. A regular pelvic floor exercise (‘Kegel’) routine can prevent symptoms before, during, and after childbirth.

Try Perineal Massage, Starting During Pregnancy. It’s ‘right at your fingertips’, and just might reduce your risk of perineal injury during childbirth.

Episiotomies Only When Necessary. Several research studies have indicated that this procedure is best to avoid whenever possible – in terms of preserving pelvic floor muscle strength, preventing severe lacerations into the rectum, and safeguarding sexual function. According to The American College of Obstetricians and Gynecologists, routine episiotomy should not be regarded as part of current practice. Keep in mind, however, that ‘selective’ episiotomy remains an important obstetrical tool – and in many cases represents the best care for baby and mom.

Understand Other Obstetrical Factors, Important to Your Pelvic Floor. Important links exist between pelvic floor function and forceps delivery, prolonged labor, macrosomia (large fetus), pelvic shape, and various labor and delivery ‘styles’. As you plan for childbirth and face decisions, keep these factors in mind – and remember that childbirth should not be viewed as an inevitable physical sacrifice.

Optimize Your Postpartum Healing. Promoting optimal recovery for the pelvic floor after childbirth is a frequently neglected aspect of women’s healthcare. Paying attention to your postpartum healing and rehabilitation may reduce the likelihood of problems.

Communicate. Whether you see a doctor or midwife, prenatal counseling should include discussion of laboring and pushing styles, perineal massage, forceps and episiotomies, cesareans and other aspects of childbirth that may influence pelvic floor function. Keep in mind that regardless of ‘pre-labor planning, your provider may still need to rely upon an unexpected strategy or procedure at the time of delivery.

When Should I Consider Seeing a Urogynecologist?
Incontinence and pelvic floor symptoms are common after childbirth. If they are not bothering you significantly, there is little risk in waiting to seek care. Unfortunately, countless women who are bothered by symptoms wait years before seeking care, unaware that help can be found. Numerous treatment options exist today in female pelvic medicine – including medications, physical therapy, non-surgical devices, office procedures and minimally invasive surgical options. If incontinence or pelvic floor symptoms continue to trouble you beyond the postpartum period (6 weeks-3 months), seeing a urogynecologist represents the next step in understanding your condition, and finding relief. Severe pain or problems any kind are never normal after coming home with your new baby. Always contact your obstetric care providers with any concerns or questions.

Adapted From: “Ever Since I Had My Baby: Understanding, Treating and Preventing the Most Common Physical Aftereffects of Pregnancy and Childbirth”, by Roger P. Goldberg, MD MPH

Since the birth of my baby, I can’t control my bowel movements

Normally bowel movements (stools) are stored in the rectum until the bowel sends a message to the brain that it is full, and the person finds a convenient bathroom. This voluntary control is provided by a ring of muscular tissue called the anal sphincter which surrounds the anal opening and lower rectum. This sphincter works together with other muscles, nerves and connective tissue that support the pelvic floor. Sometimes, through damage to any of these tissues, voluntary control is lost, allowing leakage of stool or gas. This is called anal incontinence. A specific type of anal incontinence is known as fecal incontinence.

Fecal incontinence means difficulty controlling your bowel movements. The loss may occur in association with a strong urge to defecate, or there may be no warning or sensation that an accident is occurring. Stool loss may occur during intercourse. Another common problem is smearing of stool on the undergarments after or in between bowel movements.

Many younger women are also troubled by fecal incontinence and as many as 10% of women over age 65 who are not living in nursing homes report troublesome loss of bowel control.

There could hardly be a more devastating problem to have to live with than the fear of losing control of your bowels. Yet, we know that most women with this problem do not bring it up with their doctors and often do not seek treatment even when they do. We also know that most primary care physicians do not routinely inquire about problems with stool loss.

It is important to know that while not everyone can be cured, most women with fecal incontinence can be helped substantially - often without surgery.

Anything that damages the anal sphincter, or the other muscles, nerves or connective tissue of the pelvis can cause uncontrolled loss of stool. Examples include:
• problems with hemorrhoids
• irritable bowel syndrome
• damage to the pelvic floor at the time of childbirth
• pelvic surgeries and scarring
• nervous system diseases like multiple sclerosis or Parkinson's Disease
• accidental injuries

There are several approaches that are used to decrease or stop uncontrolled loss of stool. What works best for any one person depends on the cause of her problem. Frequently used treatments include:

PELVIC FLOOR Therapy-including exercises, physical therapy, biofeedback, can strengthen and tone muscles.

MANAGEMENT OF STOOL CONSISTENCY-used to keep the stool soft but formed, a combination of fiber, exercise, fluids, and constipating medications like Immodium, can limit fecal loss.

SURGERY-can repair damaged muscles of the anal sphincter.

Generally, you must see a physician who has special training in the diagnosis and treatment of bowel incontinence. Urogynecologists, colorectal surgeons and gastroenterologists are all appropriate specialists. Be sure to ask if they have an interest and experience in treating bowel incontinence. Not all do.

The evaluation to decide what types of treatment might work best includes a physical exam, and special tests designed to understand how the muscles and nerves in your bowel area are working. These tests can include a special radiology procedure called a defecating proctogram, anal ultrasound or a test of rectal and anal function called anal manometry. Most people report that the tests are sometimes embarrassing, but not painful, and that the information they provide is can be critical to helping your doctors understand and treat the causes of your problem.

Sexual Problems
Since the birth of my baby, I have had problems with sex
What Sexual Problems Can Occur After Childbirth?
Changes to the Vagina or Perineum. Perineal injuries can increase the risk of sexual pain after childbirth, and are sometimes preventable. Widening of the vaginal entrance, due to stretch and separation is actually a very common anatomic change after childbirth. And for most women, it poses no problem. But for some, the vagina becomes extremely ‘loose’, and intercourse is simply not enjoyed in the same way for either partner. Many women who have noticed this problem are reluctant to tell their doctor, unaware that there are effective solutions.

Sexual Effects of Incontinence and Prolapse. Pelvic prolapse, urinary incontinence and anal incontinence can each have a negative impact on sexual identity and functioning.
“Coital Incontinence” refers to the actual leakage of either urine or stool during sexual intercourse, or even sometimes during orgasm. It is reported by up to 21% of women surveyed in a female pelvic practice, with 72% of these women reporting adverse effects on their sexual function.

Any Simple Tips for Restoring an Active Sex Life After Childbirth?
Countless psychological and emotional factors contribute to sexual function, and should all be considered if problems arise. However, purely physical changes around the pelvic floor may also impact your sex life after childbirth, and should not be overlooked.

Healing of the Perineum & Vagina. The perineum is a key anatomic area when it comes to sexual function— and also one that is highly prone to obstetrical injury. For this reason, up to 20% of women take longer than six months to resume comfortable intercourse. Women experiencing perineal or anal sphincter injury, and those undergoing forceps or vacuum delivery, are at even higher risk of painful intercourse. For some women, ‘loosening’ of vaginal tone can have a negative impact on sexual pleasure, including a loss of sensation, or difficulty reaching orgasm during intercourse for women able to do so before. Whether you had an episiotomy or ‘spontaneous’ perineal injury, attention should be devoted to this area after childbirth, to ensure full healing.

Avoid Swelling & Infection using ice packs as directed by your doctor or midwife, and proper hygiene to prevent infection and breakdown of your stitches as they heal.

Vaginal dryness is especially common during breastfeeding due to a drop in hormones, and may lead to sexual discomfort or pain. Various lubricants – some containing estrogen – may often provide relief.

Positions & Perineal Massage. The perineum may feel sensitive or less flexible as healing occurs; this does not necessarily indicate a problem. If tenderness persists internally or externally, despite simple remedies, occasionally other treatments may be warranted.

Timing. Returning to sex may prove to be a slower process than you or your partner had expected. Some women feel ready and able soon after delivery; others remain uncomfortable or uninterested for quite some time. Six months after vaginal childbirth, up to one in four women still report decreased sensation, worsened sexual satisfaction, and reduced orgasm compared with before the birth.

Rehabilitating the Pelvic Floor. Weak pelvic floor muscles may decrease sexual satisfaction by making the vagina feel ‘too loose’. In other cases, tenderness or ‘spasm’ of the levator muscles may lead to pain during penetration. Kegel exercises can improve vaginal tone, awareness of pelvic floor muscles, and the ability to relax them during intercourse. Biofeedback and/or pelvic floor physiotherapy may help to rejuvenate the pelvic floor muscles after childbirth, even if Kegel exercises failed. Biofeedback sensors signal when you’re contracting the correct pelvic floor muscles, and improve your
workouts. Pelvic floor stimulation, using electrical or magnetic energy, is another means to rehabilitate the pelvic nerves and muscles.