



PHYSIOTHERAPY ANTENATAL INFORMATION

Exercises and advice
during pregnancy

Developed by The Coombe Physiotherapy Department.

This booklet has been designed to advise you on:

- looking after your pelvic floor
- exercising in pregnancy
- managing common musculoskeletal conditions and
- preparing for labour and birth.

If you have any difficulty following the advice or exercises in this booklet, or find that your symptoms are not improving, please ask to be referred to the physiotherapy department by a member of your team.

You can contact the physiotherapy department directly by calling 01 408 5319 or by emailing physio@coombe.ie.



We have developed a series of educational videos to help you on your pregnancy journey. When you see the video icon throughout this booklet, click on it to watch our video containing more information on that topic.

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Exercise in pregnancy

Exercising during your pregnancy will increase your energy levels, improve your mood, aid sleep patterns, improve posture, prevent backache and help to regulate a healthy weight gain over the course of your pregnancy.

Mild to moderate exercise is good for both you and your baby. Most pregnant women will find a programme of moderate exercise beneficial. Brisk walking, swimming or aqua aerobics classes are excellent.

If you are used to exercising you can continue with your normal routine if you feel well.

If you are not used to exercising, you may wish to start with some low impact activities such as walking, swimming, exercise bike or gym ball exercises.

Begin with 15 minutes of continuous activity, 3 times a week, gradually increasing to 30 minutes at least 5 times a week. As your pregnancy progresses remember that it is natural to slow down.

Tips for exercising:

- Drink plenty of water.
- Work within your limits – avoid getting too hot or breathless, **you should be able to maintain a conversation at all times while exercising.**
- Listen to your body – stop if you are uncomfortable, tired or unwell.
- If you have a pre-existing medical condition or complications in pregnancy it is best to get advice from your midwife or doctor before starting a new exercise programme.

Your spine and pelvic joints in pregnancy

Your pelvis consists of three bones and three joints; one of these joints is at the front (pubic joint) and two are at the back (sacroiliac joints). The spine consists of many small bones (vertebrae). The joints of the spine and pelvis are supported by ligaments and muscles which help to provide stability and maintain good posture.



Hormonal changes in pregnancy soften the ligaments and the joints become more mobile. This helps later in labour and delivery of your baby. The increasing weight of your growing baby, changes in posture and your centre of gravity can lead to low back pain (LBP) or pelvic girdle pain (PGP) in pregnancy.

How to avoid backache

1. Maintain good posture

- **Standing** – stand tall with weight evenly on both feet. Keep your “tummy” and “seat” muscles tucked in.
- **Sitting** – sit well back into your chair so that your lower back is fully supported. It may be necessary to place a small rolled up towel at the small of your back, ie. the normal curve of your back. Do not cross your legs. Very soft low chairs and sofas should be avoided. Sitting on a gym ball is recommended.

- **Lying** – keeping your knees bent, whether lying on your back or on your side. This tends to reduce back pain. Sleep on your side and try placing a pillow between your legs running from your pubic bone to your ankles while lying on your side. When getting out of bed keep your knees bent, roll onto your side and push up into a sitting position using your arms, swinging your legs out over the side.

2. Bending, lifting and carrying

- **Bending** – bend down into a squat when reaching into low cupboards, making beds, gardening etc. Make sure you put one foot in front of the other to counteract the extra weight. Always bend your knees, keeping your back straight, and don't stoop.
- **Lifting** – avoid heavy lifting, whenever possible. To lift correctly, stand close to the object, facing it, feet apart with one foot in front of the other. Squat down, bending your knees and keeping your back straight. As you lift, bring the object in as close to you as you can. Never twist your body as you lift.
- **Carrying** – If you have to carry heavy bags, distribute the weight evenly on each side of you. If carrying babies or small children, change from one hip to the other frequently.

Around 1 in 5 women experience pain in their pelvis during pregnancy. If you have symptoms that do not improve within a week or two, or interfere with your normal day to day life you may have PGP and you should ask for a referral to the physiotherapy team.



General tips for managing PGP/LBP:

- Walk in supportive footwear, swing arms.
- Choose a rucksack over a handbag for symmetry.
- Rest when you can.
- Sit to get dressed and undressed.
- Stand with equal weight through both legs.
- Keep your knees together when getting in and out of a car. A plastic bag on the car seat may help you swivel.
- To turn in bed, try squeezing your buttocks, gently draw in your tummy muscles and keep your knees together as you roll.
- To get out of bed, roll onto your side and drop your legs over the edge of the bed, use your arms to push your body up.
- When going upstairs, try leading with the less painful leg. When going downstairs, try leading with more painful leg. Take one step at a time.
- Avoid using breaststroke when swimming or else use your arms more than your legs. Keep the kick to a minimum.
- Maintain good posture when standing, sitting, lying and when bending.
- Also make sure you avoid:
 - Prolonged standing and sitting
 - Asymmetrical postures such as standing on one leg, twisting as you bend, carrying heavy weights on one side, sitting with legs crossed and/or body twisted
 - Carrying a baby/toddler on one hip
 - Lifting heavy weights, pushing or pulling heavy objects
- Place a pillow between your knees when sleeping on your side, and when turning over, keep knees together as much as possible.



Daily Exercises

The following exercises may be carried out twice a day to start. Do a small number of repetitions eg. 5 and gradually increase up to 10-15 (or until fatigued).

Do each set more than twice a day if you feel able to. STOP the exercises if you feel unwell and remember to keep breathing whilst performing the exercises.

1. Tummy Tightener

- Lie on your back with knees bent OR on the side OR sitting on gym ball (pelvic neutral for all start positions).
- Gently pull your bellybutton in towards your spine as if you were trying to zip up a tight pair of trousers.
- You can place your hands on your tummy to feel it tightening. Hold for 5 seconds.
- Relax and repeat.



2. Pelvic Tilt

- Lie on your back with knees bent.
- Tilt your hips back to flatten your lower back into the floor.
- Then tilt your hips forward to make a curve in your lower back.
- Relax and repeat.
- You can also try doing this in sitting, standing, in the all 4's position, or using a gym ball.



3. Knee Rocking

- Lie on your back with knees bent. You can try this with your knees and ankles together or at hip width apart.
- Slowly rock your knees from side to side.
- Use your tummy muscles to control the movement.
- Keep your shoulders and upper back on the floor throughout.



4. Cat Arching

- Kneel on the floor, making sure that your hands are directly under your shoulders and knees under your hips, with your back flat, so that you look like a table.
- Now arch your back like a cat by tightening your tummy muscles and stretching your back towards the ceiling.
- Relax to flatten your back and repeat.



5. QL Stretching

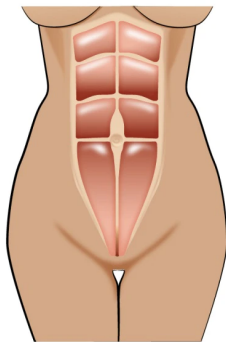
- Whilst standing against a wall with feet apart and away from wall OR sit crossed leg on the floor.
- Place your left hand on left hip.
- Push your hip towards the right.
- Whilst reaching over to the left with your right hand, tilt your torso to the left.
- Aim to feel a stretch on the right side.
- Repeat on other side.



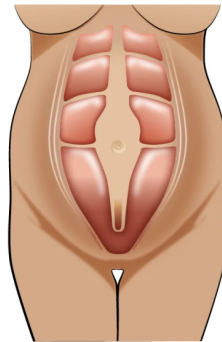
Abdominal Muscles

Your abdominal muscles act like a corset to support your lower back, pelvis and trunk. These muscles will stretch naturally as your baby grows. As they stretch they may weaken. It is important to use these muscles correctly to maintain their strength, to provide support for your back and to encourage good posture.

Where your abdominal muscles meet at the mid-line there is a long fibrous strip called the linea alba. During pregnancy, hormones cause this fibrous strip to soften and stretch, and the abdominal muscles also stretch during this time. These changes can cause the muscles to separate. This separation is known as diastasis recti DRAM and is very common towards the end of pregnancy and can continue in the postnatal period.



Rectus Abdominus



Abdominal Separation

How will I know if my abdominal muscles have separated?

Towards the end of pregnancy you may have noticed a slight bulging/doming along the middle of your abdomen while you were doing certain activities, for example sitting up in bed or lying back into the bath. This can be a sign of separation of the abdominal muscles.

Exercises such as sit-ups, planks and high impact exercises need to be avoided initially. Also avoid any activities that increase abdominal pressure, or cause doming of the abdominals, such as straining with constipation and repeated heavy lifting. For some women, compression such as tubigrip or belly band can help in the early stages, but seek the advice of a physiotherapist regarding this.

Activating your deep abdominal muscles

1. Lie on your back propped up on pillows or a wedge support with knees bent, feet on the floor and relax into the floor.
2. Find neutral spine – neither too curved nor too arched.
3. Lay your hands on your abdominal muscles.
4. Breathe in gently allowing your tummy to rise. As you let the breath out, keep your back and ribs relaxed while drawing in your lower tummy (at the navel/belly button level) towards the spine. You will probably feel some tension in the muscles under your fingers. Keep your spine and your pelvis in a neutral position.
5. Keep this contraction in the deep abdominals for 2 or 3 breaths and then relax fully.

Once you are happy with this exercise, you can try using this muscle in a variety of positions.

This is the muscle to use for support when you are being physically active with bending, lifting, and standing for a period of time. You can increase the length of hold of the abdominal contraction as you strengthen these muscles. Be sure not to hold your breath.

Other helpful tips:

- Get in and out of bed by rolling onto your side first to avoid putting too much strain on your abdominal muscles.
- Avoid leaning back in the bath or sofa and use your arms as much as possible to support you.
- Always tighten your tummy muscles before lifting your baby, the car seat or anything heavy. Try to keep the object that you are lifting close to the middle of your body.
- Avoid sit-ups or any exercise that causes your tummy to bulge in the middle.
- Please visit www.coombe.ie to view our physiotherapy postnatal videos, check out our video on 'DRAM & Returning to exercise'.



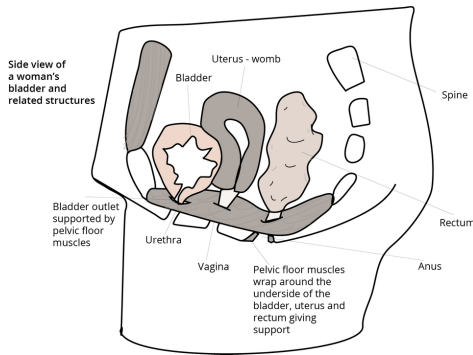


Pelvic floor muscles (PFM)

This is the group of muscles spanning the base of your pelvis, held in place by ligaments that support the pelvic organs. They are important for the control of your bladder and bowel.

The pelvic floor muscles act like a hammock to support the pelvic organs. Pelvic floor muscle exercises will strengthen the muscles and retrain them to be effective in supporting the pelvic organs.

The increasing weight of your baby during pregnancy, followed by the delivery, may weaken your pelvic floor muscles.



Problems with the pelvic floor muscles can lead to:

- Leaks from the bladder during laughing, coughing, sneezing or exercise.
- Reduced support for the pelvic organs leading to prolapse.
- Sexual problems such as pain or leaking of urine, during intercourse.
- An urgent desire to empty the bladder and/or leaking before getting to the toilet.
- Difficulty controlling wind.
- An urgent desire to pass a bowel motion and/or leakage from the back passage.

Many things can affect the pelvic floor muscles including pregnancy, childbirth, menopause, surgery, constipation, being overweight and more. It is important to keep the pelvic floor muscles strong through all stages of life. To try to prevent problems exercise your pelvic floor muscles every day.

Finding the pelvic floor muscles (PFM).

In order to exercise the pelvic floor effectively it is important to make sure you are tightening the right muscles. Here are a few tips for finding the pelvic floor muscles and checking that you are doing your exercises correctly.

Use a mirror to look at your perineum – the area between your vagina and back passage area down below. When you are squeezing the muscles of the pelvic floor correctly you should see the back passage and perineum draw inwards slightly.

Another way of finding the pelvic floor muscles is to try and stop the flow of urine towards the end of the flow when you are emptying your bladder. Try to feel your pelvic floor muscles tightening as you try to stop the flow of urine. Once you have stopped the flow, relax and let your bladder empty completely. This stop-test should **not** be carried out as an exercise but may be useful for locating the right muscles.

To exercise the pelvic floor, squeeze in around your back passage as if you are trying to stop yourself from passing wind. Squeeze and lift the muscles from the back passage towards the front. Try to squeeze as hard as you can without clenching your buttocks, and make sure you are breathing normally.

Long squeezes

- Tighten your PFM, hold them tight, then release and let them fully relax. How long can you hold the squeeze?
- Repeat the squeeze and hold until the PFM tire. How many times can you repeat the squeezes?

Short squeezes

- Quickly tighten your pelvic floor muscles, then immediately let them go again. How many times can you do this quick squeeze before the muscles tire?
- **Always let the muscles fully relax after each squeeze.**

The Knack

Draw up and tighten your pelvic floor muscles before coughing, sneezing, laughing, bending (or any activity that increases the intra-abdominal pressure) to help the pelvic floor muscles resist the downward movement of the pelvic organs.

Goal - 10 squeezes x 10 seconds 3 times a day



Pelvic floor muscle exercises

- Aim to do long squeezes, holding for 10 seconds, relax the muscles for 10 seconds then do 10 short squeezes.
- You may need to start with 'little and often' if you find that you can only hold the squeeze for a short time, or only do a few before the muscles tire.
- You should do your PFM exercises at least 3 times a day. Starting in lying and sitting positions and progressing to standing and active positions such as walking and bending.
- Build up your exercise routine gradually over the next weeks and months. If your muscles were weak, you should notice an improvement in 3 months. Then keep up the practise to maintain the improvement.

Pelvic floor exercises are for life – try and develop a daily pelvic floor muscle exercise routine.

The squeazy app can be a helpful reminder!



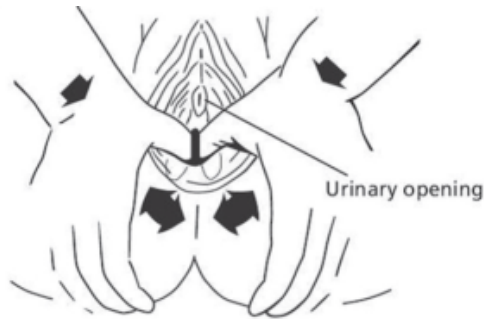


Perineal Massage

Preparing the pelvic floor for labour & delivery

Perineal massage from approximately 36 weeks pregnancy can reduce the likelihood of having a perineal tear or episiotomy. Women who practice perineal massage for the last four weeks of their pregnancy are less likely to report perineal pain at three months postnatal.

Using a natural oil such as coconut, Vitamin E or olive oil massage the perineum and vaginal opening (up to 4/5 cms deep) with your index finger or thumbs; use circular or U-shaped movements firmly enough to cause a slightly uncomfortable stretch sensation. This can be done for 5- 10 mins a day from 36 weeks of pregnancy.





Tips for helping yourself in labour

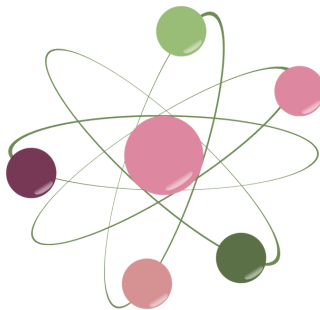
Early first stage

Being upright and active in early labour is recommended as gravity helps your body to progress. Activities such as walking, going up and down stairs, or sitting on your gym ball and moving your hips and pelvis and leaning forward when resting can all be useful. The following positions may help with contractions or when you are resting. You can rock or circle your hips in any of these positions.

1. Sitting against a table relaxing forward or sitting facing backwards on a chair.
2. Kneeling against a chair piled with pillows, or a beanbag or gym ball, relaxing forward.
3. Adopt a four point kneel position.
4. Leaning against your partner.
5. Standing, leaning forwards against the wall, or leaning your back against the wall with feet well forward.
6. Sitting on a step, chair or gym ball, lean slightly forwards onto your lap.
7. Leaning forward over a work surface or furniture.
8. Sitting, using your partner for support.

Your birthing partner can help by:

- Encouraging you to relax and breathe calmly.
- Massaging your back.
- Suggesting a change of position, encouraging you to stay as upright and forward as possible.
- Cooling your face with a wet flannel.
- Offering sips of water
- Giving you the support and encouragement you need.



First stage

During this stage, your contractions will be dilating (opening) your cervix (neck of womb) to allow your baby to be born; it is normal for these contractions to feel uncomfortable or painful.



Some pain relief options for this stage

- Breathing techniques
- A warm bath or shower
- A TENS (transcutaneous electrical nerve stimulation) machine
- Comfortable positions

Managing contractions

- Give a long sighing breath out when the contraction starts
- Start breathing and relaxing at the beginning of each contraction, imagine each contraction as a wave and keep above it with your breathing. There is only one contraction for you to deal with – the one you are having. Deal with them one by one.
- Belly breathe with each contraction. In through the nose, make your baby belly big and out through the mouth, sigh and relax.
- Some women may have the choice to labour in water (a bath or birthing pool) to help with the discomfort/pain.

As your labour progresses, your midwife will guide you about other forms of pain relief such as entonox, pethidine and epidurals. Where possible, you are encouraged to discuss all pain relief options with your midwife in advance.



Pain relief options

TENS

The word 'TENS' stands for transcutaneous electrical nerve stimulation. This involves passing a gentle electrical current through flat pads on your back. It works better if started early in labour.

You, your birth partner or midwife place the electrodes to your back. These are connected to a small battery-operated stimulator. You can hold this and give yourself small doses of electric current.

The small electric current stimulates the body to produce endorphins. Endorphins are natural painkillers.

Gas and air

Using gas and air (entonox). You can be given entonox to help with labour pain. Entonox is half nitrous oxide and half oxygen.

You breathe in or inhale the entonox through a mouthpiece, which you hold yourself. You should start breathing it as soon as the contraction begins. Try not to bite down on the mouthpiece as tension in the jaw results in tension on the pelvic floor which is to be avoided. Entonox can be used at any time during labour.

Using entonox will not take the pain away completely but will reduce it. It also helps to focus your breathing. It takes 15 to 20 seconds to work. It works best if you use it at the start of a contraction and take long, slow, deep breaths.

There are no harmful side-effects to you or your baby. It can make you feel dizzy, light-headed or a little nauseous. If you find these symptoms are bothering you, stop using it and the effects wear off very quickly.

Massage

Reduces pain and tension in muscles, improves circulation and blood oxygenation. Reduces stress and anxiety. Practice with your partner prior to labour.

1. Paraspinal massage – Downwards strokes to lateral edges of spine.
2. Sacrospinal massage - Heel of hand circular motion sustained pressure.

As you progress from late first stage to second stage, your mood will alter; you may feel emotional, weepy, angry or tired. This is quite normal – your birth partner will be able to support and help you through this stage.

Second stage

Your cervix has now dilated fully and you can actively help to push your baby out into the world. When you feel the normal desire to push, you should work with this feeling, adopting a position which is both practical and comfortable for you. Your midwife will guide you in pushing with your contractions and will usually be happy for you to adopt the position of your choice. Listen to your body and be ready to change position if you feel the need.

Try not to hold your breath; instead, as you push, let your breath escape through your lips. There will be several pushes in one contraction.

As your baby's head is about to emerge, work with your midwife to control the speed of delivery.

Pushing - Breathe **IN** through the nose, make your baby belly big and **OUT** through the mouth, make your baby belly hard.

Crowning - Breathe your baby into the world. Two short breaths to one long, Pursed lips. Choo. Choo. Chooooooooo

Sometimes labour does not go to plan and for various reasons you may be advised to change position or have a caesarean section. The main goal is to make sure your baby's health is protected. Your midwife will guide you through your labour and support you in making choices.

Third stage

During the third stage, the placenta (afterbirth) is delivered, and you may be asked to help by pushing.

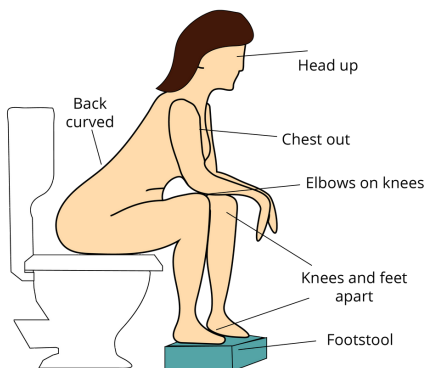
Once the third stage is complete it is important to make sure that you empty your bladder within 4-6 hours of your baby being born or 4-6 hours of the catheter being removed if present. On the postnatal ward you will be asked to measure your first two voids. Please ensure you sit down to empty your bladder. Do not hover as this will give an inaccurate measurement. This will help with your bladder function in the postnatal period. If you have any difficulty passing urine after the delivery or have reduced sensation from your bladder make sure to inform your midwife or doctor.

Tips for managing common conditions in pregnancy

Constipation

Constipation may cause you to strain on the toilet which adds pressure and unwanted stretch to your pelvic floor muscles. Sitting correctly on the toilet can help with emptying your bowels more easily. Try resting your feet on a small step/stool to make it easier to empty without straining. Try to drink enough fluids to help prevent this. If you become very constipated and are having difficulty emptying your bowels speak to your GP.

Sitting on the toilet to empty your bowel



Leg cramps

These are due to changes in body chemistry and changing pressures in the abdomen. Wearing very high-heeled shoes or sitting cross-legged can make leg cramps worse.

Some women find that it helps to exercise their feet before going to bed:

- Ankle circles 10 times each way briskly.
- Calf stretches leaning against a wall.
- Alternatively in sitting – with your legs out straight, pull your toes up to stretch the calf, hold for a few moments then release.
- Massaging the calf muscles.

If this advice does not help, your doctor may be able to give you some medication, so do ask.

Rib-flare

This is the name given to discomfort over your lower ribs. It is due to your growing baby pushing your ribs away from their normal position. Try to change position frequently and avoid sitting on low chairs and in other positions which bring your ribs close to your pelvis. You may find temporary relief by lifting your arm on the affected side and bending sideways away from the ache.

Round ligament pain

If you are occasionally getting a sharp, jabbing sensation in your lower abdomen, you could be experiencing round ligament pain. This may be felt on one side or both sides. Usually the right side is affected. This pain is not harmful to you or your baby.

This pain most commonly begins in the 2nd trimester (13 weeks) and, for most people, eases in the 3rd trimester (28 weeks).

The round ligament connects your womb to the pelvis. As the baby grows, these ligaments stretch allowing the womb to enlarge.

When your abdominal muscles are strong, the ligaments are more supported. Therefore, strengthening the lower tummy muscles can help reduce the risk of pain.

Your posture when you are sitting and standing will influence how much this ligament is stretched. Make sure that you don't arch your back too much as this may increase your pain.

Contact your doctor if you have severe abdominal pain, chills, fever or painful urination.

Varicose veins

Varicose veins are usually caused by weak vein walls and valves. This causes the veins to swell and enlarge, and usually occurs in the legs. The veins may appear blue or dark purple, and are often lumpy or bulging.

Other symptoms include:

- Aching, heavy and uncomfortable legs.
- Swelling in the feet and/or ankles.
- Burning or throbbing in your legs.
- Muscle cramp in your legs, particularly at night.
- Dry, itchy and thin skin over the affected vein.

How do they occur?

Sometimes the walls of the veins become stretched and lose their elasticity, causing the valves to weaken.

If the valves don't function properly, blood can collect in your veins, which become swollen and enlarged, causing the varicose veins.

During pregnancy, the amount of blood increases to help support the developing baby. This puts extra strain on your veins.

Increased hormone levels during pregnancy also cause the muscular walls of the blood vessels to relax, which also increases your risk.

Vulval varicose veins may also develop as the womb begins to grow and puts increased pressure on veins in the pelvic area.

Although being pregnant can increase your risk of varicose veins, most women find that their veins significantly improve after the baby is born.

Varicose veins are rarely a serious condition and they don't usually require treatment.

However, speak to your midwife, GP or obstetrician if:

- Your varicose veins are causing you pain and discomfort.
- The skin over your veins is sore and irritated.
- The aching in your legs is causing irritation at night and disturbing your sleep.

How can I prevent and ease varicose veins?

- Use compression stockings: discuss with your midwife, doctor or obstetrician beforehand.
- Exercise regularly – walking in the swimming pool may bring relief.
- Avoid standing up for long periods.
- Elevate the affected area when resting.

Carpal tunnel syndrome

The carpal tunnel is located in the wrist. Many tendons which move the thumb and fingers pass through this carpal tunnel on their way to the hand. A nerve called the median nerve also sits in this tunnel with tendons, so there is very little room.

The nerve is responsible for giving you the feeling in the thumb and fingers, and also makes the tendons work properly.

Hormonal changes during pregnancy can cause swelling in many parts of your body including the wrist and carpal tunnel.

Any swelling will increase the pressure on the median nerve inside the tunnel. This pressure on the nerve causes the symptoms known as carpal tunnel syndrome. Symptoms are most likely to occur from the fifth or sixth month of pregnancy.

You may feel one or more of the following symptoms:

- Pain, pins and needles, numbness or burning in the thumb, index, middle or ring fingers.
- Tingling or numbness of your entire hand.
- Weakness in the hand and forearm.
- Pain that shoots from your hands up the arm as far as the shoulder.
- Your symptoms are worse at night or first thing in the morning.
- You may drop objects.
- You may have trouble performing dexterous tasks such as writing because of reduced grip.
- Hands are swollen, hot and sweaty.



Self-management of carpal tunnel syndrome

1. Elevate your arms with pillows or cushions when lying or sitting down – this can help reduce swelling in the tunnel.
2. Apply ice cubes wrapped in a wet towel to the front of your wrist for 10-15 minutes, 3-4 times each day. Do not use ice if you can't tell the difference between hot and cold.
3. Speak to your pharmacist about medication that may help your pain but is safe to take throughout pregnancy.
4. Ask for referral to the physiotherapy department for a wrist splint. Always ensure the metal bar is flat and follow your physiotherapist's instructions for when and for how long you should use it.
5. Try to keep wrists in a neutral position when undertaking activities of daily living such as writing, eating and washing.
6. Try to limit repetitive activities such as typing for long periods.
7. Avoid any heavy lifting as this will cause the tendons to swell and further reduce space within the carpal tunnel.
8. Avoid placing hands in hot water as this will further increase inflammation.
9. Pace yourself with hand actions or positions that make your symptoms worse (e.g. ironing, driving).

Reference page

- [Squeezy App](#)
- [HSE PGP guidelines](#)
- [POGP](#)
- [Future Learn Women's Health after Motherhood](#)
- [Trinity College Dublin MAMMI Study](#)

Glossary of terms

Bladder - where urine is stored until you go to the toilet to pass water.

Uterus - the hollow organ in which the foetus/baby develops in pregnancy (sometimes called the womb).

Transverse abdominal (TA) - The deepest abdominal muscle running across the front of the lower tummy working with the lower back muscles to support the spine.

Neutral spine - the position of the lower spine when it is midway between arched and curved.

Pelvic floor muscles - the group of muscles spanning the base of your bony pelvis, held in place by ligaments which support the pelvic organs. Pelvic floor muscles exercises/ kegals will help keep these muscles strong.

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