



ROLE OF PHYSIOTHERAPY FOR WOMEN HEALTH

Pharmaceuticals

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KEYWORDS

WOMEN HEALTH PROBLEMS DURING PREGNANCY

Pelvic girdle pain and stress urinary incontinence are common amongst pregnant women. These symptoms often occur due to hormonal changes and the ever increasing weight of your baby and uterus. The mounting pressure of the uterus on the bladder gives less room to store urine just when it's becoming more difficult to stop the flow. We may notice that you leak urine when you sneeze or find it harder to hold your urine when you need to 'go'. Urinary incontinence in pregnancy should not be ignored as research suggests that if you develop stress urinary incontinence during your pregnancy, or within 6 weeks following the birth of your baby, pregnant women are more likely to suffer from incontinence 5 years later. An assessment with a Women's Health Physiotherapist is often all need to prevent this. Making sure that pregnant women are doing the right pelvic floor exercises; activating the correct muscles for a suitable length of time is important in maintaining a strong pelvic floor through your pregnancy and beyond.

Pilates based pelvic stability exercises are also valuable through pregnancy to strengthen the supporting muscles of the pelvis and ease the pressure on the pelvic floor. An internal assessment may not be appropriate whilst you are pregnant and therefore an assessment of the muscles of abdomen and pelvis is often an efficient way of pelvic floor re-training in pregnancy. 1 in 3 women experience low back pain during pregnancy whilst 1 in 5 experience pelvic girdle pain. This is often a result of the hormones Relaxin and Oestrogen relaxing the ligaments which support the pelvis. The pelvis bones and sacrum slot together like a loose puzzle relying on the ligaments and muscles to provide joint stability.

In pregnancy the extra strain on these ligaments can cause pain and movement dysfunction. In such conditions the muscles supporting these ligaments become extra important in providing stability and control. There is much evidence to support physiotherapy providing stability and control. There is much evidence to support physiotherapy for pelvic pain in pregnancy and the treatments may be offered include:

- Connective tissue release of the abdomen, back, hips and pelvis
- Provision of Pilates based pelvic stability exercises
- Provision and fitting of pelvic stability belts
- Advice on sleeping positions, exercise and movement modification

ROLE OF PHYSIOTHERAPY IN OBSTETRIC CARE

Physiotherapy plays an important role in obstetrics both with the antepartum and postpartum woman. Manual techniques and education regarding posture, back care, and modification of daily activities all help to ensure optimal postural alignment, which minimizes joint stress in pregnant women. Physiotherapists instruct women in transversus abdominus, multifidus, and pelvic floor coactivation, which strengthens core stability and is beneficial in the prevention and treatment of back pain.

Effective treatment for correct muscle activation, strengthening, and utilization of the necessary supporting structures can minimize pregnancy-adapted postures, pelvic floor coactivation, which strengthens core stability and is beneficial in the prevention and treatment of back pain. Postpartum pelvic floor muscle (PFM) pain, dyspareunia, episodes of urinary or fecal incontinence, abdominal diastasis, and symptoms of pelvic joint dysfunction (affecting the sacroiliac joint and symphysis pubis) are all conditions that can be treated with specific physiotherapy interventions.



ROLE OF PHYSIOTHERAPY IN ANTENATAL CARE

Antenatal period is the period during pregnancy

Aims of adequate antenatal care:

1. To detect and treat any physical or psychological defect.
2. Prepare the parents for the birth and care of the baby.
3. Give confidence to the woman in her own abilities through an understanding of how her body functions and the various changes occurring during pregnancy and birth.

Psychological preparation for pregnant women

It was established that most primigravidae and large number of multigravidae experience an increase in anxiety during pregnancy and have fears about childbirth. The most usual anxieties are that the baby will die in utero, will not be born normally and will not be healthy.

Role of physiotherapist during pregnancy:

Assess physical health and identify any musculoskeletal or neuromuscular problems that could be aggravated by pregnancy. The physiotherapist should identify and try to prevent any problem. e.g. pregnant woman should perform:

- leg exercises to prevent varicose veins.
- Abdominal contractions are taught to be practiced in sitting, lying and standing positions.
- Pelvic tilting and postural correction exercise from various positions.
- Pelvic floor contractions are taught in stride sitting with elbows resting on the knees.

Advise on back care and lifting:

Back strain is minimized when the spine is held in its normal curves. So it is important to teach the woman how to adapt positions which minimize stress. So, Postural correction exercises are practiced from different positions:

- Standing.
- Sitting.
- Lying position.
- Crock lying position

Lifting advices:

It involves lifting from a height and carrying as well as lifting from the ground level.

The principles to follow when lifting are:

- Foot should be apart to increase the base of support.
- Any object to be lifted must be held close to the body.
- When lifting from the ground, it is important to ensure that the weight is light enough to be lifted comfortably.
- When lifting from a height, it is important to hold the object close to the body and to make sure that the height is easily reached

Treat any problem with appropriate physiotherapy skills:

- **Pubis pain** :is often related to diastasis of the rectus abdominis muscles due to repeated pregnancies. This pain is treated by pelvic support as a firm elastic corset which modified to fit under the main bulb of the baby.
- **Lumbar pain:** may be eased by soft tissue kneading and mobilization
- **Cramp:** occurs most commonly in the calf muscles. It can be relieved by slow, sustained stretch on the muscles, and by foot exercises.

Teach methods for controlling tension and pain:

- Neuromuscular tension: The physiotherapist must teach the pregnant woman how to recognize tension and how to deal with it though:
- Relaxation techniques that taught as a mean by reducing stress in all life situation. During labour, relaxation principles can reduce the severity of pain.
- Breathing awareness can help with relaxation during painful contraction of labour.
- Postural correction to avoid postural problems
- Leg exercises to improve circulation and maintain tone of the muscles which support foot arches, also to prevent edema and varicose veins.
- Pelvic floor contraction and relaxation to get pelvic floor muscles strong and elastic.
- Abdominal exercises.
- Arm exercise for preparation of lactation and to allow free flow of milk

ROLE OF PHYSIOTHERAPY IN POST-NATAL CARE

The immediate weeks after the birth of your baby is an important time for your body. Your body undergoes many changes during pregnancy and continues to change post-natally. A pelvic floor assessment is important to establish the cause of these symptoms. A Women's Health Physiotherapist can assess women after delievery from 6 weeks post-natally or after your 6-week check up.

Pelvic floor re-training and exercises should be started after 6 weeks.



Postnatal exercise

- The aim of exercising after the baby is born is gradually to regain and then improve the former level of fitness.
- Once the baby is born, women should return to exercising as soon as they feel able but this should be a gradual process
- Postnatal depression is less likely in women who return to exercising relatively soon after birth but only if the exercise sessions are positive rather than negative experiences

- Internal manual therapy techniques to relax the pelvic floor muscles, including trigger point release, myo-fascial stretches, scar massage, neural mobilizations.
- Myo-fascial release of the connective tissue of the abdomen, hips and pelvis which support the pelvic floor
- Relaxation and breathing techniques
- Advice on toileting and positional modifications
- Provision of pelvic floor exercises and general exercise to assist in release and re-training of the pelvic muscles
- Provision of vaginal dilators, pelvic floor educators or muscle stimulators to assist in the release and relaxation of pelvic muscles
- Assessment and treatment of any unresolved low back, hip or pelvic pain



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