THRIVE WITHIN MENOPAUSE

UNDERSTANDING PELVIC FLOOR

As an Exercise Physiologist and Menopause Specialist, I work with women every day who feel confused, frustrated, or uncertain about the sudden changes happening in their bodies during midlife. Symptoms like bladder urgency, leaking with exercise or coughing, pelvic heaviness, core weakness, or pain during intimacy often feel “new,” “random,” or “out of nowhere” - but they’re not.

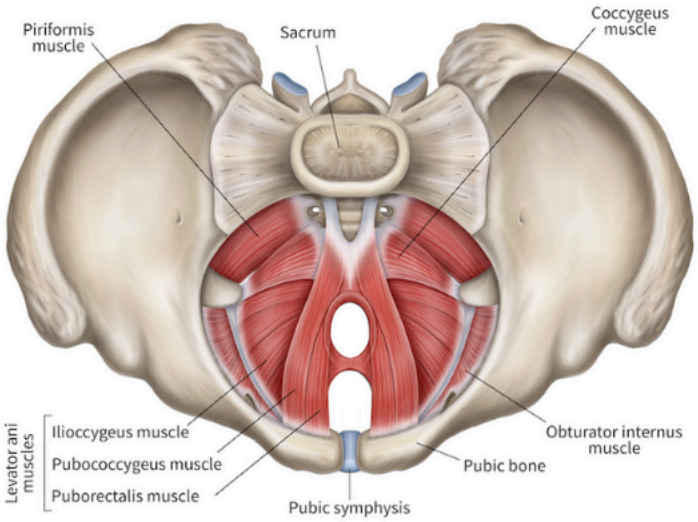
These changes aren’t in your head — they’re physiology, and they’re incredibly common during perimenopause, post-menopause, pregnancy, and postpartum recovery.
Once you understand what’s happening to your pelvic floor, your hormones, and your support structures, you can make confident, informed decisions about your body and your health.

Below, you’ll find educational information — plus practical, real-life strategies you can start using today to strengthen your pelvic floor, reduce symptoms, and feel more in control.

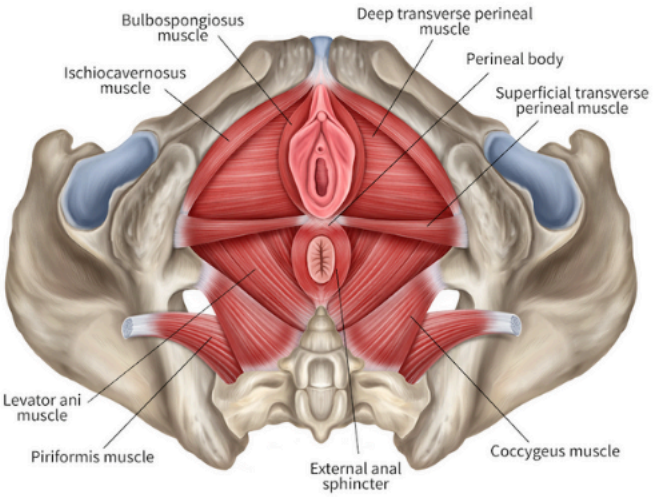
What Is the Pelvic Floor & What Is It Made Of?

The pelvic floor is a group of muscles, ligaments, fascia, and nerves that form a supportive “hammock” across the base of the pelvis. These structures work together to support the bladder, bowel, uterus, and stabilise the pelvis and spine.

Superficial Layer



Deeper Layer



For women, the pelvic floor muscles stretch from the tailbone to the pubic bone (front to back) and from one sitting bone to the other sitting bone (side to side). These muscles are normally firm and thick and have a hole for passages to pass through them. The pelvic floor muscles are the pubococcygeus, puborectalis, iliococcygeus and coccygeus. There are three passages in women (the urethra, vagina and anus). The pelvic floor muscles normally wrap quite firmly around these openings to help keep the passages shut. There is also an extra circular muscle around the anus (the anal sphincter) and around the urethra (the urethral sphincter). These sphincters give us conscious control over the bladder and bowel so that we can control the release of urine, faeces and wind and allow us to delay emptying until we are able to access a toilet. When the pelvic floor muscles are contracted, the internal organs are lifted, and the sphincters tighten the openings of the vagina, anus and urethra. Relaxing the pelvic floor allows passage of urine and faeces.

In women, pelvic floor function changes across different life stages:
✓ Pregnancy & birth stretch and load the pelvic floor, sometimes weakening the muscles or affecting nerve integrity.
✓ Postpartum, the pelvic floor requires time, rehabilitation, and progressive loading — just like any other muscle group after injury or stress.
✓ Perimenopause & post menopause bring hormone-related changes to collagen, connective tissue, and muscle tone, often leading to new or worsening pelvic floor symptoms.
✓ Aging also contributes to reduced tissue elasticity, slower recovery, and changes in bladder function.

A healthy pelvic floor supports:
– continence
– sexual function
– core stability
– pelvic organ positioning
– confidence in movement, lifting, laughing, and daily life

When the pelvic floor is functioning well, a woman can:
- Exercise without leaking
- Use a tampon comfortably
- Enjoy pain-free sex
- Cough, sneeze, jump, lift and run without fear
- Go to the toilet when convenient — not urgently or constantly
- Move without needing to think about her pelvic floor at all

Simple Clinical Guidelines

- The pelvic floor should be able to contract, relax, and lengthen — not just "squeeze."
- Over-recruitment - too much tension can be just as problematic as weakness.
- Optimal pelvic health requires breathing mechanics, core coordination, and whole body strength.

7 Common Pelvic Floor Dysfunctions

Pelvic floor dysfunction can present differently across life stages. Symptoms may include:

1. Constipation - increase water & fibre in your diet. Your stool should correspond to number 4 on the Bristol stool chart.
2. Dehydration - most women forget to drink any water through their day as our workload is in excess. making sure you have a drink bottle with you will start a hydration routine & will help remind you to drink water
3. Poor posture habits - leads to leaking urine & urgency - having a neutral pelvis whist sitting and standing can assist with this
4. Bladder Irritant - certain foods or drinks can irritate your bladder such as: alcohol, caffeine, chocolate, spicy food, artificial sweeteners - however this is a reminder that this is not for ALL women
5. Tension in pelvic floor - having a tight pelvic floor also correlates to having a weak pelvic floor. Both massage and breathing can assist with this
6. Strength pelvic floor - activation and reactivation - NOT just Kegels - completing functional movement patterns i.e. Sit to Stand
7. POP: bladder, uterus or rectum descends into the vagina - Organs not sitting in the correct place - can feel bulging. "HYPOpressive Method" has been found to be a useful method to assist with this.

Ways to Fix Simple Lifestyle Habits

Constipation:

- Drink 2-3 litres of water per day ** Seems hard but most women don't even have a drink bottle with them during the day, so learning to take a drink bottle around with you starts to get you in the routine of drinking water. It also shows you just how little you may be drinking.
- Eat 25-30grams of fibre per day (fruit, veggies, nuts, seeds, beans & legumes) e.g. ¼ cup flax seeds (usually eaten with yogurt) has roughly 12g fibre
- Move daily

- Use a squatty potty while on the toilet (yes it helps)

Posture:

- Become aware of your sitting/standing posture - your posture does dictate your alignment and therefore influences your pelvic floor function
- Practice correct breathing technique

Bladder Irritants:

- Complete a bladder diary (just for a week) - you will notice which foods and drinks make your symptoms worse & how often you urinate.

What to Look Out For - these are NOT normal!

- Leaking with coughing, sneezing, jumping or lifting
- Urgency (needing to rush to the toilet)
- Frequency (needing to go often)
- Difficulty holding gas
- Constipation or straining
- Heaviness/dragging in the vagina
- Pain with sex
- Difficulty emptying the bladder or bowel fully
- Deep pelvic, hip, or low back pain

Different type of Incontinency

There are different types of urinary incontinence which can be caused by a number of different issues.

1. Stress incontinence is triggered by pressure on your abdomen, for example when you laugh, cough, sneeze or do something physical like playing sport or lifting things.

2. Urge incontinence is triggered by an overactive bladder. It is characterised by strong ‘urges’ to go to the toilet and not making it in time.

3. Incontinence associated with chronic retention occurs when the bladder doesn’t empty properly, causing frequent leakage of small amounts of urine. It can be triggered by a full bladder pressing on the urethra, pelvic organ prolapse, nerve damage, certain medical conditions (like diabetes or MS), or medications that interfere with bladder function. Common signs include straining to urinate, a weak stream, feeling unemptied after toileting, dribbling, night-time leaking, minimal warning before urgency, and frequent UTIs.

4. Functional incontinence occurs when a person with normal bladder function cannot reach or use the toilet due to physical, cognitive, or environmental barriers. It may be caused by mobility issues, difficult-to-remove clothing, poor access or equipment, communication difficulties, or conditions like arthritis, cerebral palsy, dementia, or intellectual disability.

5. Faecal incontinence occurs when a person cannot fully control their bowels, leading to accidental leakage or passing faeces when they don't intend to, and it becomes more common with age or gastrointestinal conditions. It can be caused by weak anal muscles (often from childbirth, ageing, surgery, or radiation), constipation, severe diarrhoea, or other bowel disorders, and many people experience bladder issues alongside it. Because of the embarrassment, odour concerns, and fear of leakage, faecal incontinence can significantly affect emotional wellbeing, confidence, intimacy, and social participation.

Evidence & Australian Statistics

Incontinence

- 1 in 5 women with urinary incontinence also have faecal incontinence
- 65% women sitting in a GP clinic have some type of urinary incontinence but only 31% of these people report it to their GP
- 70% of people with urinary leakage do NOT seek medical advice or treatment for their problem.

Pregnancy & Postpartum:

- Up to 1 in 3 women leak urine during pregnancy or after birth.
- Around 50% of women experience some degree of pelvic organ prolapse after childbirth (not always symptomatic).

Perimenopause & Post menopause:

- Estrogen decline leads to reduced pelvic tissue elasticity, higher risk of urgency, frequency, and vaginal dryness.
- Urinary incontinence affects up to 40–50% of women over 50.
- Painful sex affects around 20–45% of postmenopausal women.

Red Flags — Seek Urgent Review If You Notice:

⚠ Sudden urinary retention (unable to pee)
⚠ Loss of bowel control
⚠ Severe pelvic pain
⚠ Unexplained bleeding
⚠ Rapid onset of vaginal bulging or pressure

These require immediate medical review - please book in to see your GP or gynaecologist.

Pelvic Organ Prolapse & Statistics

Pelvic organ prolapse (POP) occurs when one or more of the pelvic organs (bladder, uterus, bowel) descend and press into or through the vaginal canal due to weakened pelvic floor muscles and connective tissue. This can lead to sensations of heaviness, a vaginal bulge, discomfort with activity, urinary or bowel symptoms, and changes in sexual function. POP doesn't usually improve on its own, but early assessment and targeted management — including pelvic floor muscle training, lifestyle adjustments, pessaries or surgery when indicated can significantly improve symptoms and quality of life.

Some statistics to be aware of:

- Up to ~50% of Australian women are affected by pelvic floor disorders — including stress, urinary incontinence and pelvic organ prolapse, with lifetime risk increasing with age and childbirth.
- In a community-based study of older Australian women (aged 65–79), about 6.8% reported symptomatic pelvic organ prolapse, highlighting that POP is a significant component of pelvic floor dysfunction in older adults.
- Approximately 40% of women will experience some degree of POP during their lifetime, and around 11% will undergo surgery for prolapse or related pelvic-floor issues.

Simple Guidelines:

• Start with breathing + gentle activation, not maximal squeezing.
• Encourage regular bowel habits, hydration, fibre intake.
• Use symptom-modification strategies during exercise (load, breath, tempo).
• See a pelvic floor specialist early if symptoms persist — addressing issues early can improve outcomes dramatically.

How to Engage & Train the Pelvic Floor

A healthy pelvic floor is coordinated, responsive and able to switch "on" and "off" appropriately. If you feel nothing, that's very common, especially after birth or in menopause. It simply means you may benefit from **guided support.**

This 4-step system works well for MOST women:

STEP 1 - REALEASE IT

Gentle release work can restore normal muscle length and coordination, allowing the pelvic floor to function more effectively during movement, exercise, and daily activities.

- Use a tennis ball (or a softer ball if you are sensitive)
- To massage your pelvic floor with a tennis ball, place it under your buttocks, right beside your sit bone (ischial tuberosity) and the perineum (the area between your sit bone and anus)

- Gently sit or lean onto it, allowing deep breaths to release tension in the glutes, inner thighs, and pelvic floor muscles
- You can shift your weight and move your legs to target different tight spots in the glutes and outer pelvic region to ease internal tightness
- Breathe and soften: Take deep breaths, exhaling to let your pelvic floor and muscles relax around the ball.

STEP 2 — FIND IT

Find a comfortable position, either sitting or lying down. If you're sitting, gently stack your rib cage over your pelvis so you're upright but relaxed. Personally, I always teach pelvic floor in this position, as the chair will offer you feedback through each passage.

- Place one hand on your belly and the other on your rib cage.
- As you breathe in, imagine sending the breath into your hands, allowing your ribs to gently expand and your belly and pelvic floor to soften and widen.
- As you breathe out, feel your hands lower as your ribs and abdomen relax. Visualise the pelvic floor gently recoiling and lifting back up on its own, without force - or you could use the analogy of picking up a blueberry.

STEP 3 — STRENGTHEN IT

After a few breaths, once you can sense the natural movement of your pelvic floor, you can add a light pelvic floor contraction.

- As you breathe in, allow your rib cage and belly to softly expand. Imagine the pelvic floor gently widening and lowering, as if the vaginal and anal openings are filling with air.
- As you slowly breathe out, lightly engage the pelvic floor and deep abdominal muscles. Visualise the vagina and anus gently lifting upward toward the head using only a small effort (around 30% of your maximum strength).
- Continue to flow with your breath, allowing the pelvic floor to fully relax on the inhale and gently lift on the exhale. Focus on awareness and ease rather than trying to make it perfect.
- Think about sucking a spaghetti string or that blueberry up front, middle & back passage.

Repeat for 8–10 breaths, 2–3 times per day.

Pregnancy/Postpartum considerations:
- Avoid breath-holding
- Emphasise release as much as contraction
- Progress slowly and gradually

Perimenopause/Post menopause considerations:
- Watch for over-tightness (common due to stress + hormonal shifts)
- Prioritise relaxation, diaphragmatic breathing and pelvic mobility
- Combine PF work with hip, glute and core strength training

STEP 4 — INTEGRATE IT

Pelvic floor training should show up in real movements:

- Squats
- Lunges
- Deadlifts
- Carrying kids
- Pilates work
- Daily lifting

Use this pattern:
Inhale → relax → load
Exhale → gently lift → exert

This improves continence, stability, confidence and long-term pelvic health.

Modify Movements / Training

If you notice symptoms such as urine leakage or a sensation of heaviness or pressure through the pelvic floor, this may be a sign that your pelvic floor needs reduced load or additional support to work optimally.

There are seven simple training modifications you can trial to see whether they reduce — or even eliminate — these symptoms.

7 Modifications to Reduce Symptoms of Pelvic Floor Dysfunction *Using a 20kg weight plate or dumbbell* *Completing a goblet squat & with 4 sets of 10 reps & 90 seconds of rest between each set*	
Modification	**Modification in Practice: Kettlebell Goblet Squat**
Reduce the weight or load	Reduce the weight by 20%. e.g. Lower a 20kg Dumbbell to 16kg
Experiment with different set and rep ranges	Instead of 4 sets of 10 reps, reduce the volume to 2 – 3 sets of 10 reps or 4 sets of 6 – 8 reps using the 20kg weight plate or dumbbell.
Try a different breathing strategy	Try inhaling as you descend into the squat and exhaling as you stand up & avoid holding your breath.
Decrease the range of motion	Squat approximately 10cm above parallel instead of below the knee, to reduce the range of motion of the squat.
Change the position of the load or the implement used	Experiment with a front squat or a sumo squat.
Reduce the impact	N/A - While reducing the impact doesn't apply in this setting, an example would be to swap out a jump squat for a bodyweight squat.
Add more rest time	Increase the rest time between sets from 90 seconds to 120 seconds.

5. **SPECIFIC BREATHING FOR POP - but also diastasis recti, incontinence & more**

The term **'hypopressive'** means a reduction in internal pressure. This differs from many traditional exercises including common abdominal movements which are **'hyperpressive'** and increase pressure inside the body.

Pressure itself isn't the problem, but it will always seek out the body's weakest point. This is why increased pressure from injury, excessive training load, pregnancy or childbirth can contribute to symptoms such as urinary incontinence, hernias or pelvic organ prolapse. Traditional exercise approaches don't always resolve these issues because they rely heavily on conscious muscle contraction.

The core, however, is designed to function largely at a subconscious level. It needs to respond automatically during everyday activities — like running for a bus or quickly lifting a child without you having to think about engaging it.

Hypopressive exercises work by reducing pressure through the thoracic, abdominal, and pelvic regions. They help retrain the deep core system to manage pressure more effectively, both consciously and subconsciously. Over time, this improves resting tone and involuntary activation of the core muscles.

In simple terms, the core including the pelvic floor begins to function again as it was designed to: automatically, efficiently, and without constant effort or thought.

** **The hypopressive method should NOT be taught via a video and individuals would benefit from one one one training with a specialist for up to 5 sessions. Then it can be taken has a home program and completed daily. The more consistent you are the better results you will have.**

Starter Training Guidelines:

✓ Add 5–10 minutes of mobility + breath work daily
✓ Strength train 2–3x/week for glutes, hips, and core
✓ Use symptom-modification strategies during exercise
✓ Combine pelvic floor work with lifestyle foundations: fibre, hydration, walking, sleep

When to see a specialist

- Has ongoing leaking or heaviness
- Cannot feel your pelvic floor
- Experiencing pelvic pain
- Has worsening symptoms with pelvic floor training
- Is pregnant, postpartum, or postmenopausal with significant concerns

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