

IMPACT OF POSTNATAL EXERCISE (KEGELS) ON HEALTH

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Abstract

Pelvic floor muscle exercises (also known as Kegel exercises)—when performed correctly and consistently—help to strengthen the pelvic floor muscles. These exercises were developed in the late 1940s by Dr. Arnold H. Kegel, an American gynecologist, as a nonsurgical way to prevent women from leaking urine. They also work for men plagued by incontinence. Kegel exercises can help make the muscles under the uterus, bladder, and bowel (large intestine) stronger. They can help both men and women who have problems with urine leakage or bowel control.

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INTRODUCTION

Pelvic floor muscle exercises (also known as kegel exercises)—when performed correctly and consistently—help to strengthen the pelvic floor muscles. These exercises were developed in the late 1940s by Dr. Arnold H. Kegel, an American gynecologist, as a nonsurgical way to prevent women from leaking urine. They also work for men plagued by incontinence. Kegel exercises can help make the muscles under the uterus, bladder, and bowel (large intestine) stronger. They can help both men and women who have problems with [urine leakage](#) or [bowel control](#). The reason for developing Kegel exercises was because Dr. Arnold realized that his female patients experienced urine leakage problems after giving birth. Another name for the exercise is pelvic floor muscle training (PFMT). Kegel exercise is one of the most effective ways of controlling urinary incontinence naturally. It has many benefits for women with no negative side effects. The value of improving urinary incontinence with Kegel exercise is now widely accepted. Kegel exercises can help make the muscles under the uterus, bladder, and bowel (large intestine) stronger. They can help both men and women who have problems with [urine leakage](#) or [bowel control](#). Kegel exercises can be done any time you are sitting or lying down. You can do them when you are eating, sitting at your desk, driving, and when you are resting or watching television.

REVIEW OF LITERATURE

Jose C et al. (2021) conducted a study to evaluate the effectiveness of structured teaching programme on knowledge regarding Pelvic floor muscle exercises in prevention of Urinary incontinence among premenopausal women. The study was conducted at tertiary teaching hospitals in Bangalore. It is quantitative quasi experimental research conducted among 40 premenopausal women who were admitted in St. Martha's Hospital Bangalore. Self-structured questionnaire was used to assess the knowledge on pelvic floor muscle exercises. The pretest was administered to control and experiment groups, followed by which post-test was done for the control group. Whereas

the experiment group were given a Video Assisted Teaching Programme on Pelvic Floor Muscle Exercises and then administered a post-test. The mean of pretest was 13.02 with standard deviation of 4.02 whereas the post-test mean score was 19.22 with the standard deviation of 3.62. The present study concluded there is an improvement in the knowledge level after the administration of Video Assisted teaching programme on pelvic floor muscle exercises and the study also revealed there is no association between the knowledge scores and the selected demographic variables (age, educational status and place of residence) and clinical variables (parity, type of delivery and urinary incontinence).

De Vinaspre RR et al (2021) conducted a study on training women's pelvic four muscle during pregnancy postpartum for urinary incontinence. The study was conducted at primary health centers. This evidence implementation project used the JBI evidence implementation framework. First, we conducted the PFMT baseline audit: to assess the criteria for midwife training, we sent a questionnaire to all midwives. To measure the criteria for PFMT and urinary incontinence risk assessment, we reviewed the medical records of 60 women selected through consecutive sampling and 15 other women at risk of urinary tract infections (UTIs) for the inclusion criteria in a PFMT program. Second, we used the Getting Research into Practice guidelines to identify barriers to the fulfillment of each criterion and design and implement strategies to improve compliance. Finally, we repeated the audit to measure compliance and verify the changes. The midwives received updated PFMT, optimizing compliance with the first criterion from 67 to 100%. The remaining criteria – providing PFMT for pregnant women, identifying women at high risk of incontinence, and facilitating a supervised PFMT program for women at high risk of UTIs – went from 0% compliance to 17, 96, and 67%, respective. The study concluded that This project was effective in building consensus, improving midwives' practice, and facilitating mothers' PFMT. The project continued during the novel coronavirus [coronavirus disease 2019 (COVID-19)] epidemic in Spain as the midwives, women, and managers were involved in the change because of a well-designed registration system and the use of online tools for communication between midwives and women.

Yount SM et al. (2021) conducted a study on Prenatal and postpartum experience, knowledge and engagement with Kegels. A longitudinal, prospective, multisite study research design was adopted. The study was carried out at four sites across the United States. Postpartum women completed the Pelvic Floor Control Questionnaire that incorporated the Sandvik Severity Index. At 3 and 6 months postpartum the women's UI, performance of Kegels, and affect on life was reviewed through seven questions. Institutional Review Board (IRB) approval was obtained. Participants were 368 predominately multiparous, white women. Approximately 20% of women reported prepreg Nancy UI. Multiparous women reported similar incidence rate of UI regardless of birth history. Among one-fifth of the participants, persistent UI was reported as 45.2% at 3 months and 44.1% at 6 months postpartum. Only 25% of these women sought care. Women learned about Kegel exercises from written information or their provider. Women performed an average 16 Kegels twice daily. Kegel performance increased at 3 months post birth but dropped by 6 months. UI was associated with age >35 and parity. Prevalence of UI before and during pregnancy and postpartum is high, yet consistent Kegel performance postpartum is low. Screening for UI is necessary and high-quality referrals for treatment are needed. Consistent education is needed for all women. Education and support should be individualized. Future research is needed to identify techniques that motivate women to routinely perform Kegel exercises.

Okeke H et al. (2020) conducted a study to determine the knowledge and practice of Pelvic Floor Muscle Exercises Among Pregnant Women. Cross-sectional descriptive design was adopted for this study. Pretested structured questionnaire was administered to the sample of 252 antenatal women in selected antenatal clinics selected through simple random sampling. Data were collected and analyzed using SPSS version 25. Results show that although majority (71.0%) of the women were taught PFMEs, only 38.37% practice the exercise. The difference in proportion between those who were taught and those who practice PFMEs were statistically significant ($p < 0.05$). Major reasons by the respondents for noncompliance with the exercise routine include forgetting (40.4%), being too tired (35.9%), and being too busy (18.0%). The study concluded that despite the relatively high level of knowledge of PFMEs, level of practice was low. Hence, it was recommended that antenatal care providers should explore ways of improving compliance with taught exercise regime such as helping the women identify/develop appropriate cues to exercise.

AIM OF KEGEL EXERCISE

The aim of kegel exercises is to improve muscle tone by strengthening the pubococcygeus muscles of the pelvic floor. Kegel is a popular prescribed exercise for pregnant women to prepare the pelvic floor for physiological stresses of the later stages of pregnancy and child birth. Kegel exercises are said to be good for treating vaginal prolapsed and preventing uterine prolapsed in women and for treating prostate pain and swelling resulting from benign prostatic hyperplasia and prostitutes in men. Kegel exercise may be beneficial in treating urinary incontinence in both men and women.

Kegel exercises may also increase sexual gratification, allowing women to complete pompoir and aid in reducing premature ejaculation in men. The many actions performed by kegel muscles include holding in urine and avoiding defecation. Reproducing this type of muscle action plan can strengthen the kegel muscles. The action of slowing or stopping the flow of urine may be used as a test of correct pelvic floor exercise technique.

GOALS AND BENEFITS OF KEGEL EXERCISES

Always empty your bladder before doing Kegel exercises. As a beginner, you should find a quiet, private place to sit or to lie down before doing your exercises. As you practice, you'll find you can do them anywhere. When you first start doing Kegel exercises, tense the muscles in your pelvic floor for a count of three, then relax them for a count of three. Keep going until you've done 10 repetitions. Over the next several days, practice until you can hold your muscles tense for a count of 10. Your goal should be to do three sets of 10 repetitions every day. Don't be discouraged if you don't see the results you want immediately. According to the [Mayo Clinic](#), Kegel exercises may take as long as a few months to have an effect on urinary incontinence. They also work differently for each person. Some people show great improvement in muscle control and urinary continence. However, Kegels may prevent your condition from getting worse.

WHY KEGEL EXERCISES MATTER

Many factors can weaken your pelvic floor muscles, including pregnancy, childbirth, surgery, aging, excessive straining from constipation or chronic coughing, and being overweight. The pelvic floor muscles support the womb, the bladder, and the bowels. If the muscles are weak, these pelvic organs may lower into a woman's vagina. Besides being extremely uncomfortable, this can also

cause [urinary incontinence](#). Men may also experience weakening in the muscles of their pelvic floor as they age. This can lead to incontinence of both urine and feces, especially if the man has had [prostate surgery](#).

You might benefit from doing Kegel exercises if you:

- Leak a few drops of urine while sneezing, laughing or coughing (stress incontinence)
- Have a strong, sudden urge to urinate just before losing a large amount of urine (urinary urge incontinence)
- Leak stool (fecal incontinence)

HOW TO FIND THE RIGHT MUSCLES

A Kegel exercise is like pretending you have to urinate and then holding it. You relax and tighten the muscles that control urine flow. It is important to find the right muscles to tighten.

Next time you have to urinate, start to go and then stop. Feel the muscles in your vagina (for women), bladder, or anus get tight and move up. These are the pelvic floor muscles. If you feel them tighten, you have done the exercise right. Your thighs, buttock muscles, and abdomen should remain relaxed. If you still are not sure you are tightening the right muscles:

- Imagine that you are trying to keep yourself from passing gas.
- Insert a finger into your vagina. Tighten the muscles as if you are holding in your urine, then let go. You should feel the muscles tighten and move up and down.

EXERCISE 1

The first exercise works on the ability of the muscles to “hold” over a length of time, building a strong dam to hold back urine.

1. Slowly lift and draw in the pelvic floor muscles and hold to a count of _____. Then, release.
2. Rest for _____ seconds in between each contraction. Rest is just as important as the exercise, so never skip this step.
3. Once you have rested, contract your muscles again.
4. Do this exercise in the _____ position.
5. Repeat _____ times.
6. Do this _____ times per day.

NOTES: _____

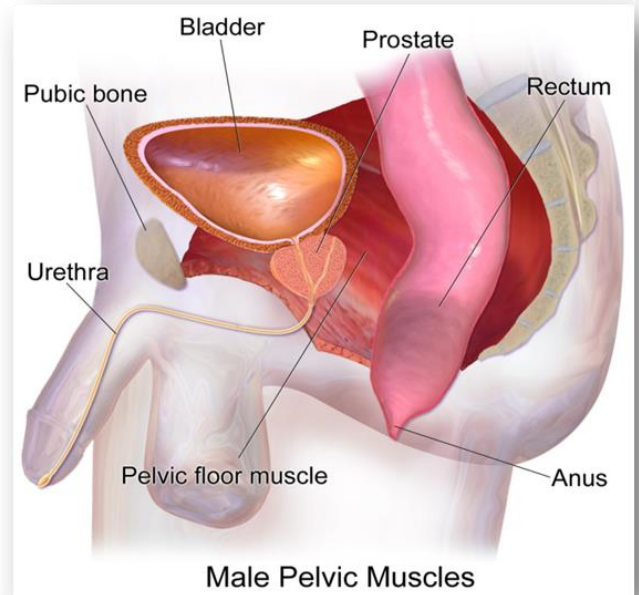
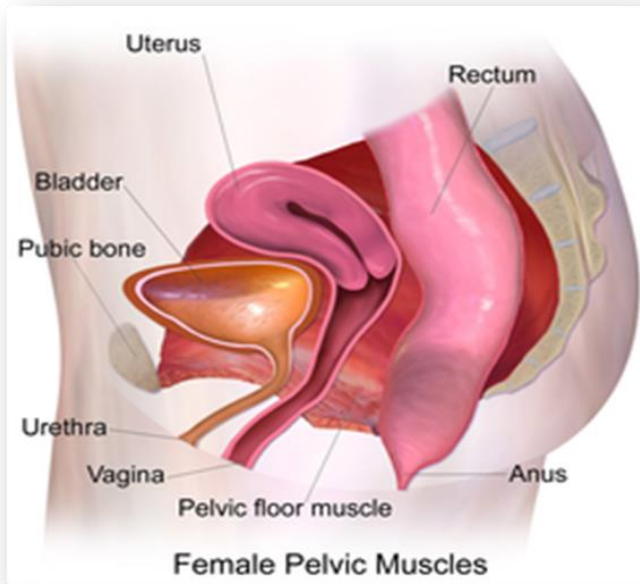
EXERCISE 2

The second exercise is a quick contraction. The muscles are quickly tightened, lifted up, and let go, working the muscles that quickly shut off the flow of urine (like a faucet) to help prevent accidents. This exercise helps improve the ability of your muscles to respond quickly when you sneeze, cough, or make sudden changes in your position.

1. Squeeze your muscles quickly and strongly for just a second or two.
2. Release the contraction for just the moment, and contract again.
3. Your goal is to do _____ repetitions of this exercise _____ times a day.
4. Begin with as many as you can, and build up to this goal.

5. Do this exercise in the _____ position.
6. Make sure to relax the pelvic floor between each repetition.

PELVIC FLOOR MUSCLES IN FEMALE AND MALE



HOW TO DO KEGEL EXERCISES

To get started:

- A. Find the right muscles:** - To identify your pelvic floor muscles, stop urination in midstream. Once you've identified your pelvic floor muscles you can do the exercises in any position, although you might find it easiest to do them lying down at first.
- B. Perfect your technique:** - To do Kegels, imagine you are sitting on a marble and tighten your pelvic muscles as if you're lifting the marble. Try it for three seconds at a time, and then relax for a count of three.
- C. Maintain your focus:** - For best results, focus on tightening only your pelvic floor muscles. Be careful not to flex the muscles in your abdomen, thighs or buttocks. Avoid holding your breath. Instead, breathe freely during the exercises.
- D. Repeat three times a day:** - Aim for at least three sets of 10 to 15 repetitions a day.

Don't make a habit of using Kegel exercises to start and stop your urine stream. Doing Kegel exercises while emptying your bladder can actually lead to incomplete emptying of the bladder — which increases the risk of a urinary tract infection.

Once you know what the movement feels like, do Kegel exercises 3 times a day:

- Make sure your bladder is empty, then sit or lie down.
- Tighten your pelvic floor muscles. Hold tight and count 3 to 5 seconds.
- Relax the muscles and count 3 to 5 seconds.
- Repeat 10 times, 3 times a day (morning, afternoon, and night).

- Breathe deeply and relax your body when you are doing these exercises. Make sure you are not tightening your stomach, thigh, buttock, or chest muscles.

After 4 to 6 weeks, you should feel better and have fewer symptoms. Keep doing the exercises, but do not increase how many you do. Overdoing it can lead to straining when you urinate or move your bowels.



WHEN TO DO YOUR KEGELS

Make Kegel exercises part of your daily routine. You can do Kegel exercises discreetly just about any time, whether you're sitting at your desk or relaxing on the couch.

WHEN YOU'RE HAVING TROUBLE

If you're having trouble doing Kegel exercises, don't be embarrassed to ask for help. Your doctor or other health care provider can give you important feedback so that you learn to isolate and exercise the correct muscles.

In some cases, vaginal weighted cones or biofeedback might help. To use a vaginal cone, you insert it into your vagina and use pelvic muscle contractions to hold it in place during your daily activities. During a biofeedback session, your doctor or other health care provider inserts a pressure sensor into your vagina or rectum. As you relax and contract your pelvic floor muscles, a monitor will measure and display your pelvic floor activity.

TIPS FOR SUCCESS

With practice and dedication, you can take control of your urinating habits and strengthen your pelvic floor muscles. Here are some helpful tips.

- ❖ Do kegel exercises anytime, anywhere! Try to incorporate them into your daily routine.

- ❖ Drink up – Your body needs fluids, so be sure to drink enough to stay well hydrated. But, don't drink too much at night. Sip on fluids during the day instead of gulping quickly to reduce urinary frequency and urgency. Stop fluids two hours before bedtime to decrease getting up at night.
- ❖ Reduce fluids that can irritate the bladder, such as coffee, soda, tea, alcohol and sugar substitutes, and limit citrus drinks.
- ❖ Elevate your legs in the evening. This helps your kidneys to produce more urine so you can eliminate more before bedtime.
- ❖ Do not urinate "just-in-case."
- ❖ Never strain to urinate or strain during a bowel movement.
- ❖ Take your time when you're in the bathroom. After you've finished urinating, relax a bit, and then urinate again. This practice, called double voiding, really helps empty the bladder.
- ❖ Squeeze before you sneeze! Maintain a constant contraction throughout any activity that would cause a leak (cough, sneeze, laugh, lifting, positional changes). Make this a lifetime habit.
- ❖ Increase fiber intake to 20-30 grams a day. Increasing fiber can help prevent constipation. Being constipated presses on the bladder and may cause urinary urgency. Increasing fiber intake is not recommended for everyone; discuss your fiber needs with your medical provider.
- ❖ Quit smoking. Cigarette smoking irritates the bladder and is associated with bladder cancer. In addition, coughing associated with smoking may lead to increased incontinent episodes.
- ❖ Women can try wearing a tampon to help control leaks when jogging, running, dancing, or engaging in other energetic activities. The tampon puts a bit of pressure on your urethra, helping to prevent leakage.
- ❖ Remember to fill out your voiding diary (placed in the front pocket of your packet at your appointment) to monitor improvements.
- ❖ If you are overweight (as diagnosed by your medical provider), work with your provider, nutritionist or dietician, and develop a weight-loss plan to reach a healthier weight. Weight loss of 5-10% has been shown to help decrease urinary incontinence symptoms by decreasing the pressure from the abdomen onto the bladder. Being overweight can also lead to diabetes, which can lead to urinary incontinence.

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