

77 facts on (no) bladder control

that it is time we spoke about



GUIDE BOOK



THE CONTINENT
OF WOMEN

We want every woman in India to have access to reliable knowledge about **urinary incontinence**, so that she knows where to seek support and how to deal with it.



THE CONTINENT OF WOMEN

On our website **continentwomen.in** you can:

- sign up for free webinars and workshops,
- find valuable advice and tips,
- download a guide book,
- order bladder control pads samples.

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77 facts on (no) bladder control that it is time we spoke about

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Cutout micturition diary

WE'RE ON YOUR SIDE

Thousands of women experience urinary incontinence (bladder leakage) and it is high time we started talking about it openly. Because urinary incontinence is a very widespread condition.



And, like any condition that affects your daily life, it requires attention, consultation with a specialist and a change of habits. Whether you are thinking about prevention or want to facilitate the treatment – if you take up the right daily habits, you can make a real difference to your health and daily comfort. And every one of us, regardless of age or health condition, has the right to take care of themselves.

1 What will you find inside?

We have gathered facts about incontinence to give you a comprehensive knowledge base in an accessible form. We are open, straightforward and honest about the problems that stem from incontinence and ways to address them. In developing the content, we sought help from specialist in various fields.

This guide will help you learn the right habits that will effectively improve your health by preventing incontinence or facilitating treatment.



Keep in mind that coping with UI is not just a way of relieving discomfort. It is also about taking reasonable care of yourself and your health.

77 facts about (no) bladder control is the first guide for women in India, in which we talk about incontinence in a clear and simple manner. We explain the risk factors and the most common causes, we discuss how incontinence comes about at different stages of life, and give practical tips on how to prevent and reduce its effects.

2 Urinary incontinence terminology

Urine leakage, incontinence, involuntary urination, urine loss – these are terms used to refer to a very common condition, around which, unrightfully, a lot of silence and ambiguity has grown.

Urinary incontinence is usually light to moderate. However, any degree of involuntary urination is something you should not accept.



WHAT TERMS CAN YOU COME ACROSS?

- UI (short for urinary incontinence)
- incontinence
- involuntary urination
- urine leakage
- urine loss
- lack of bladder control
- uncontrollable peeing
- sensitive bladder

We would like prevention and treatment to be talked about in a simple, honest and factual manner.

In our guide, we mostly use the term urinary incontinence because we find it to be the most precise, yet understandable and objective term. You, however, are free to use the words that you think best reflect your experience.

3 We ask your age

If, at this point, you have just thought 'Well, okay, lots of information, I'll come back to this guide when I'm older', we strongly encourage you to keep on reading now. Incontinence actually is age-related, i.e. the older we get, the more likely we are to develop incontinence. However, this does not mean that urinary incontinence only affects older people.

On the other hand, you can be eighty years old and not experience incontinence at all.



4

'Just a few drops'

'I sometimes let a few drops out', 'I thought it's just the way it is as you get older', 'What's there to treat? You know, when you're old – you sneeze, you pee' – this is what we heard from women with whom we talked about incontinence. Meanwhile, any uncontrolled urination, however light it can be, is a reason to contact a specialist and seek a solution to the problem.

Urinary incontinence can vary in severity and happen at different ages – but never treat it as something normal that you have to get used to. Although there are different opinions on when we can talk about incontinence – is it already a few drops or does there need to be more uncontrolled urine? – it is worth adopting the following approach: any situation where you lose urine is unacceptable. Each deserves attention. Regardless of how old you are, what your general health is, how many times you have been pregnant and what your childbirths were like – approach the phenomenon of urinary incontinence with honesty and openness to action, and do not underestimate it.

Contact a specialist whenever you observe a problem.

In Points 19–20, we explain what a visit to a specialist can look like step by step and how to prepare for it.

BODY ZONE – HOW DOES IT WORK?



5 Micturition – an important concept

Let's start with medical terms – urination is called micturition, while bowel movement – defecation. It is useful to know these words in order to fully understand instructions given by your doctor, who may tell you, for example, to keep a micturition diary (see → Points 71–77).

6 How often should one urinate? Proper bladder function

The question in the title may be surprising because it concerns – seemingly – one of the most natural and obvious functions of our body. However, it is worth knowing the correct patterns of urination to spot any abnormalities.

The bladder volume ranges from 400 to 700 ml. A properly working bladder lets you know you need to pass urine when it is about two-thirds full. This means that, during a visit to the toilet, we should pass about 250 millilitres of urine at an interval of about 3 hours, i.e. 6–8 times a day. At night, a maximum of one urination is allowed.

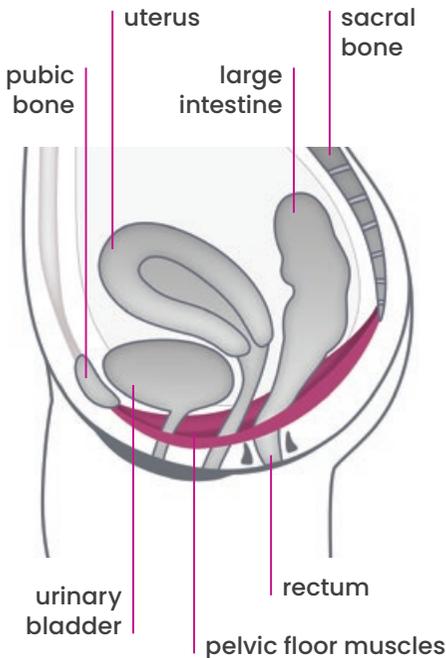
Healthy urination lasts about 30 seconds and is unrestricted, painless and without pressure felt on the bladder. The stream of urine should be continuous.

URINATION WHEN YOU ARE HEALTHY

	How much?	How long?	How often?
			
	approx. 250 ml	30 seconds	6-8 times per day

7 Pelvic floor muscles

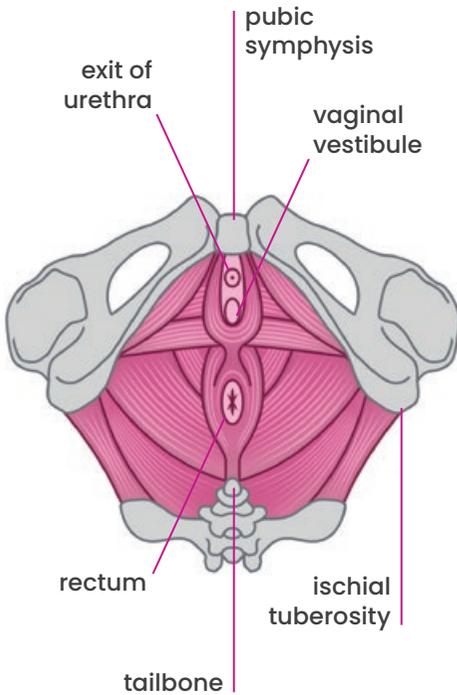
The pelvic floor muscles (PFMs), which we are going to bring up throughout this guide, are of great importance for our health and quality of life. You have probably heard of them already – the pelvic floor muscles are commonly known as Kegel muscles.



What hides within the pelvis?

Pelvic floor muscles (PFMs) is the medical name for the so-called Kegel muscles.

Prof. Arnold Kegel, whose name is commonly used to refer to PFMs, was an American gynaecologist that, in the 1950s, developed scientific grounds for pelvic floor muscles rehabilitation.



The pelvic floor muscles are responsible for:

- supporting the pelvic organs and keeping them in the right alignment;
- controlling of urination and bowel movement;
- stabilising the trunk;
- facilitating sexual functions.

PFMs close off our pelvis from below, creating a kind of hammock.

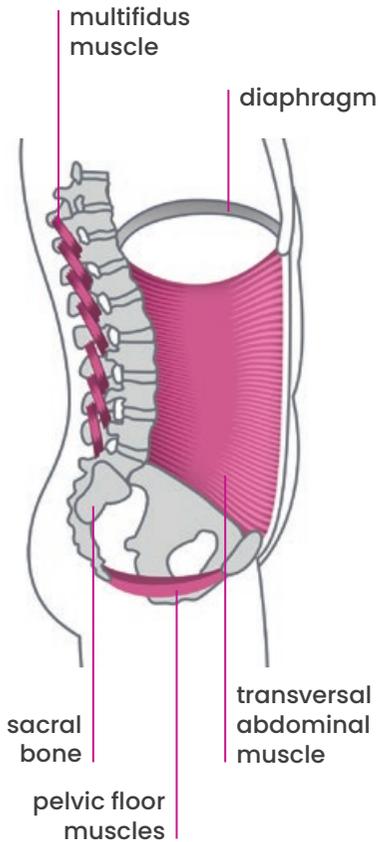
It is a group of muscles (ligaments, fascias) with strong blood supply and innervation that support many organs, such as the urethra, bladder, uterus and rectum, within the pelvis.

The pelvic floor is attached to the inner surfaces of the pelvic bones between:

- the pubic bone at the front;
- the tailbone at the back;
- laterally between the ischial.

They actually form three layers of tissues joined together, i.e. three hammocks, one on top of the other. The pelvic floor muscles are divided into an inner, middle and outer layer. They are made up of tonic and phasic fibres – the former can maintain prolonged tension, while the latter are needed for quick reactions when the intra-abdominal pressure increases (e.g. while sneezing, coughing, laughing or jumping).

The proper tension and rapid contraction of the pelvic floor muscles must occur before sneezing, bursting out laughing or lifting an object. This prevents urine leakage.



The pelvic floor is part of the stabilising mechanism of the trunk – along with the diaphragm, the transverse abdominal muscle and the multifidus muscle located on the back. Interactions between these muscles determine the proper functioning of our locomotor system. The pelvic floor muscles are therefore essential to pass stool properly, are involved in childbirth and support sexual functions.

The whole creates a kind of corset (abdominal cylinder), which is responsible for stabilising our core. Imbalances in this area put strain on other parts of the body – usually the lumbar spine and the pelvic floor are overloaded, which results in bladder dysfunction, among other things.

Intra-abdominal pressure

The aforementioned anatomical structures affect the balance of intra-abdominal pressure.

Intra-abdominal pressure normally increases on inhalation and decreases on exhalation.

Any breathing disturbance, changes in spinal and pelvic alignment, or changes in abdominal muscle tension also affect intra-abdominal pressure. In addition, there are many external factors that affect this area. The issue of taking care of intra-abdominal pressure – for the purpose of reducing the pelvic floor load – will recur in various chapters of this guide.

An efficient pelvic floor is one that is strong, well supplied with blood and able to maintain optimal muscle tone as well as to relax – because it will respond automatically in certain situations. During physical strain, jumping, sneezing, coughing or pushing, intra-abdominal pressure rises abruptly, which, due to the function of the abdominal muscles and the diaphragm, exerts pressure on the previously mentioned organs and thus on the pelvic floor. Subsequently, the pelvic floor muscles tighten to counterbalance the pressure increase. However, during the process of passing urine or stool, the pelvic floor relaxes, reducing its tension.

The pelvic floor muscles work constantly with little force, tensing and relaxing, and thus adapt to our activities and body posture.



The pelvic floor carries the load throughout our whole life, so it is worth taking good care of it, whatever your age.

If the pelvic floor muscles do not work properly, this can lead to:

- urinary incontinence:
 - when the pelvic floor is weakened and unable to close in time in order to prevent urine leakage,
 - when the muscles are constantly tightened more than they need to be, i.e. over-reactive, which causes difficulties in bowel movement, the need to push and a feeling of constant bladder pressure;
- flatulence or faecal incontinence;

- lowered reproductive organs – with failing muscles and damaged pelvic floor tissues, the vaginal walls, urinary bladder, rectum and uterus can lower, which is most often felt as a lump in the vagina / heaviness in the perineum;
- sexual dysfunction – pain during intercourse, reduced sexual satisfaction;
- painful periods;
- pain during a gynaecological examination.

Look after your pelvic floor

How to do it? Start with the correct posture, proper breathing and introducing habits that will support the function of the pelvic floor and minimise strain on its structures. Find out more in Points 24–33.



8

Kegel muscles

Kegel muscles are a common name for the pelvic floor muscles, as we explained in Point 7. Therefore, if you want to learn in detail how they function, do not skip this Section.

IDENTIFY THE TYPE OF INCONTINENCE

9 Why is it important to know your UI type?

Urinary incontinence is a symptom and its causes can vary. Responsible for this condition are the bladder and the pelvic floor muscles. How they fail to perform will help determine the type of incontinence.

A proper diagnosis of the problem will allow you to choose the right treatment.

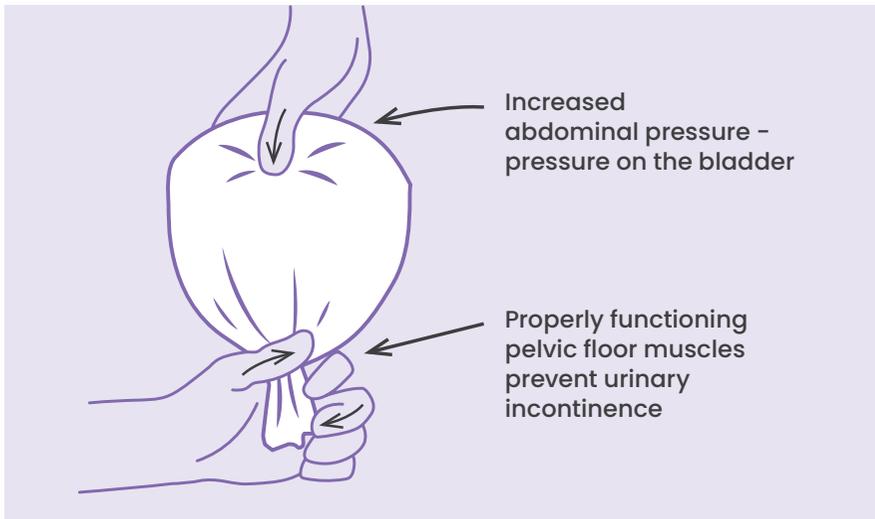
10 Stress urinary incontinence

This type manifests itself when you bend, squat, run, jump or lift heavy objects, but also when you change body position, laugh or cough. During such activities, the abdominal muscles tighten and the pressure in the abdominal cavity increases, pushing on the bladder. This, more or less, looks like rapidly squeezing a plastic bag full of water.

What stops urine from getting out are the pelvic floor muscles – when they work properly, they keep the urethra and the lower part of the bladder in the right place.

If the pelvic floor muscles are weak or strained, they are unable to perform their function, i.e. react properly and, by tightening, close the sphincter to keep urine in the bladder.





DEGREES OF STRESS URINARY INCONTINENCE

1st degree	loss of a few drops due to exertion, e.g. lifting heavy grocery bags
2nd degree	incontinence during light physical activities, e.g. running, jumping, climbing stairs, gardening chores
3rd degree	urinary incontinence while sitting or lying down, with little or no change in body position that could cause it

If you do not act as soon as at 1st degree, incontinence is likely to progress.

11 Urge urinary incontinence

It occurs when communication between the brain and the bladder fails. In a healthy body, the bladder is in constant connection with the brain. Receptors in the bladder wall tell you how full it is and how urgently you need to go to the toilet. When this mechanism fails, the brain does not properly inform the bladder of the need to urinate, which is felt as urgent pressure.

DIVERSE CAUSES OF URGE INCONTINENCE



bad habits



urinary tract irritations



smoking



neurological disorders

You may feel the need to go to the toilet all the time, which is a symptom of overactive bladder, or, in contrast, you may feel an urge when it is too late, which indicates underactive bladder.

Overactive bladder is often referred to as 'key in lock syndrome' and is characterised by a very strong urge to urinate on the way to the restroom that is difficult to stop. Another symptom can be daytime pollakiuria (urinating more than 6–8 times a day) and nocturnal pollakiuria (urinating more than once during the night).

Underactive bladder (overflow incontinence) involves reduced sensitivity to increasing amounts of urine in the bladder. We do not feel the need to go to the toilet for many hours. Instead, urine is kept in the bladder until it starts to leak out on its own. In addition, the bladder is not completely emptied.



IS IT NORMAL OR IS IT NOCTURIA?

Until 60, we should not get up at all at night to go to the toilet. After this age, it is considered normal to urinate 1–2 times a night. More frequent urination is a sign of a disorder called nocturia or nycturia.



12 Mixed urinary incontinence

It combines the symptoms from Sections 10 and 11. If you read the descriptions of stress and urge incontinence and you recognise your symptoms in both sections, you probably have mixed incontinence.



13 UI – a symptom of other disorders

Urinary incontinence can be a symptom of other disorders and diseases. Therefore, do not ignore even its smallest episodes and be sure to consult a specialist.

Whether or not incontinence is related to other conditions, talking to a professional will help you get the right treatment.

14 Summary of UI types

STRESS UI



no prior feeling of pressure (with increased abdominal pressure)

URGE UI



constant need to go to the toilet or completely sudden urination

MIXED UI



a combination of both types of UI

HONESTLY – WHERE DOES IT COME FROM?

15 Causes of urinary incontinence

Learn about the most common causes of incontinence and the risk factors.



Genes – if some family member has had UI, there is an increased risk that you will also experience it, and it is worth thinking about prevention



Past pregnancies and childbirths (both natural and by C-section), in particular:

- giving birth to a large baby – over 4 kg;
- heavy labour with perineal trauma or instrumental delivery (forceps, vacuum extraction)



Lifestyle factors:

- work involving excessive physical effort;
- sedentary lifestyle;
- obesity;
- wrong type of physical activity;
- bad technique of physical exercises;
- smoking;
- constipation (poor diet, dehydration);
- high stress



Age-related – connective tissue deterioration and reduced collagen fibres



Treatments and surgeries within the pelvis, abdomen, lumbar spine



Hormonal disorders

– menopause, decrease in oestrogen levels



Poor toilet habits, such as pushing to urinate or stopping the flow of urine



Incorrectly performed everyday activities, such as standing up or lifting



Diseases causing chronic cough



Taking certain medications, e.g. diuretics or drugs against kidney disease, high blood pressure, diabetes



Pressure disorders in the abdominal cavity

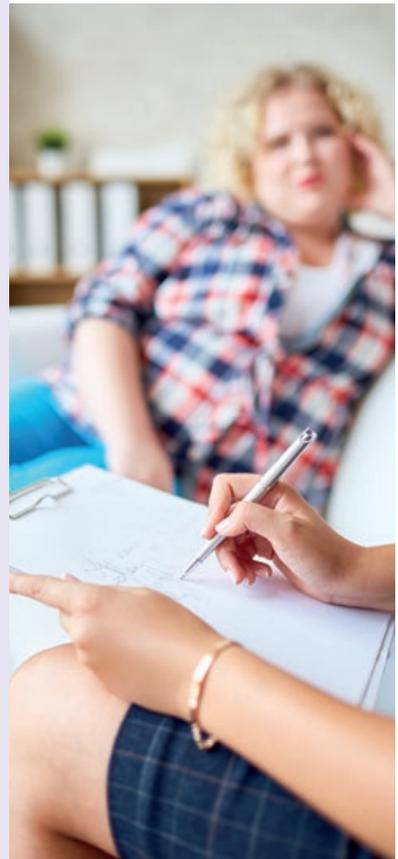


Abnormal tension of muscles forming the abdominal cylinder



Chronic cystitis

Urinary incontinence has very different causes and just as many different ways of treating them. Therefore, do not undertake any therapy alone, but go to a specialist for a diagnosis.



16 Adequate protection

Urinary incontinence is a problem that affects our daily hygiene. It often reduces your everyday comfort and discourages you from enjoying your favourite activities. For example – you may be reluctant to go out for a walk when you are not sure you will have access to a toilet. You may feel uncomfortable among people due to fear that someone will smell urine or notice a stain on your clothes.

In addition to treatment and prevention, it is worth taking care of suitable, discreet absorbent products that not only cope with moisture caused by urine, but also with unpleasant odours while remaining gentle on the skin.



Seni Lady pads with side gathers are a perfect protection against urinary incontinence thanks to their special properties and design. They come in 9 sizes, each with different levels of absorbency so you can choose the right product for your needs.

You can buy Seni Lady pads at pharmacies, medical shops and online stores. You can read more about bladder control pads in Points 53–65.



17

Urinary incontinence specialists

Treatment and prevention of urinary incontinence involves a number of different measures and possible courses of action can be indicated to you by different specialists:

- gynaecologist, urologist, general practitioner, neurologist,
- urogynaecology or urology physiotherapist,
- midwife.



SUPPORTING DIET. A dietitian can also help in urinary incontinence. First of all, weight loss helps reduce UI symptoms at any age; secondly, the dietitian will suggest how to change eating habits to be lighter and less irritating on the urinary tract.

18 Who is urogynaecology physiotherapist?

With the advancements in medicine and the increasing number of women's conditions, a new specialisation in physiotherapy has been established – urogynaecology physiotherapy. Physiotherapist of this specialisation, also known as pelvic floor therapist, deals with:

- urinary, faecal, flatulence incontinence;
- lowered pelvic organs;
- pelvic and abdominal pain;
- therapy of scars after perineotomy or perineal tear, after C-section, as well as after surgical procedures, laparoscopy and laparotomy;
- diastasis rectus abdominis (DRA);
- painful periods;
- painful intercourse;
- endometriosis;
- problems during pregnancy and after childbirth.



During a visit, the specialist conducts a thorough interview, including the assessment of the body posture, the range of movement in the spine and joints, body tension points, the abdominal integuments, and scars. They also assess the condition of the pelvic floor muscles. Based on this assessment, they analyse muscle strength, capacity and reaction to load, and select therapy and exercises adapted to the given problem and dysfunction.



GOOD HABITS... FOR GOOD. Any form of treatment you undertake with a specialist should go hand in hand with lifestyle changes. By introducing good habits (see Point 24 onwards), you will boost the effectiveness of your treatment. It is worth sticking to them permanently – your overall health will benefit from it.

19 How to prepare for a visit?

A frank discussion with your doctor, physiotherapist or midwife is the best thing you can do for yourself if you are suffering from urine loss – although you may feel uncomfortable at first. Prepare for it, then, watch your body carefully and write down answers to the following questions:



1. **How often do you urinate during the day and night?**
2. **How often do you experience urine leakage associated with physical activity (bending, lifting, coughing, sneezing, gymnastics)?**
3. **How many times a day do you feel a strong, sudden urge to urinate? Do you ever not make it to the toilet on time?**
4. **When did the first symptoms of incontinence occur?**

Preparing for the interview, you can gain peace of mind and confidence. What else should you tell the specialist?

- whether you feel pain when passing urine or have haematuria;
- how often you have urinary tract infections;
- whether your urine stream feels weak, slower than before, or diffuse, splashing;
- whether you dribble after passing urine or whether the last phase of micturition (see → Point 5) is prolonged or interrupted;
- whether you have difficulty starting to urinate;
- whether you need to push to maintain a strong stream of urine;
- whether you have lost the urge to urinate;
- whether you have a feeling of not voiding your bladder.



A micturition diary, which is a record of the amount and times of fluid intake, urine passed and urine loss incidents, can also be helpful in self-observation.

Sections 72–77 provide detailed guidance and a diary template.

20 What will the doctor be asking about?

During your visit, the specialist may also ask you about:

- past pregnancies and births;
- surgeries within the abdominal cavity and reproductive organs;
- chronic diseases such as hypertension, diabetes, circulatory failure;
- lung or other diseases with chronic cough;
- neurological diseases such as multiple sclerosis, stroke, Parkinson's disease, dementia, depression;
- smoking;
- overweight;
- eating habits, including coffee consumption, alcohol consumption, use of hot spices;

TAKE YOUR NOTES WITH YOU.

Before your appointment, write down a list of questions you want to ask the doctor – it is a proven method to make sure you do not miss anything during the conversation. Here are the questions you should be asking.

- *Why do my symptoms intensify?*
- *What treatment options do I have?*
- *Are there any new methods that might help?*
- *What can I do to support the treatment?*
- *Is there anything I should avoid in urinary incontinence?*

21 Can incontinence be cured?

It depends on individual predispositions as well as the cause, type and severity of incontinence. One thing is certain – the sooner you start therapy, the better your chances of a complete recovery. Remember also that any situation of uncontrollable urination is a reason to consult a specialist – more on this in Section 4.

22 Treatments and means of therapy

Regardless of the type of incontinence, according to gynaecological and urological recommendations, the first step is conservative treatment. It includes lifestyle changes (modification of risk factors that influence the course of the disease).

	stress UI	urge UI
conservative treatment - right habits	✓	✓
physiotherapy	✓	✓
physiotherapy	✓	✓
pelvic floor electrostimulation	✓	✓
pelvic floor muscle re-education with biofeedback relaxation training	✓	✓
pessarotherapy	✓	
pharmacotherapy		✓
hormonal therapy	✓	✓
bladder neck botox injection		✓
surgical treatment	✓	

Conservative treatment relies on changes in lifestyle and behaviour, giving up bad habits and eliminating risk factors.

Physiotherapy and physiotherapy involve the use of physical stimuli, such as pelvic floor muscle massage and training as well as electrical, magnetic or other stimulation.

Electrostimulation involves stimulating muscles or motor nerves using electrical impulses. The aim is to make the muscles work. This therapy allows for the regeneration of damaged innervation, strengthening of muscles and, at the same time, learning how to contract them – involuntary contractions induced by electrostimulation help to locate individual muscles and consciously activate and control them.

Different types of UI mean different forms of treatment.
The use of absorbent products is recommended at all stages of treatment.

seni
Lady

SENI LADY BLADDER CONTROL PADS
HAVE ADDITIONAL SIDE GATHERS
PROTECTING AGAINST LEAKS

Biofeedback makes it possible to record the strength of contraction of your own pelvic floor muscles by using a special apparatus. This is done through the use of visualisation, diagrams, games and therapeutic effort, and results in ongoing correction of muscle tension and relaxation. Using biofeedback, we can see how the pelvic floor muscles are working at that particular moment, e.g. tightening the pelvic floor causes the plane to rise high, relaxing it lowers the flight. Biofeedback makes it possible to train impaired or reduced parameters, such as strength, endurance or muscle contraction stability.

Pharmacotherapy can only be used after consultation with a doctor. Taking medications is only recommended and effective for certain types of incontinence.

Hormone therapy supplements oestrogen deficiency, as urinary incontinence may be associated with it. This is a common situation during menopause or after pregnancy.

Pessarotherapy involves wearing a special disc or a streamlined cube made of medical grade silicone in the vagina. The pessary comes in different shapes and sizes and is reusable. It is used throughout the day or only during physical activity. Pessaries are effective in stress urinary incontinence and also in the conservative treatment of pelvic organ static disorders. Pessaries should not be confused with geisha balls, which we discuss in Point 39. Specifically designed soft vaginal tampons can play a similar role to pessaries.

Surgical treatment corrects abnormal genital statics, such as pelvic organ prolapse. It may involve implantation of a special band under the urethra that holds the urethra in the correct position in case of increased intra-abdominal pressure.

In many cases of UI, surgery alone will not solve the problem of incontinence – a change of habits and daily routines is necessary.

23 Good changes – changes for good

WHAT TO DO IF YOU HAVE UI?



1. Establish good daily habits. Identify habits that intensify UI and give them up. Details can be found in subsequent sections of this guide.

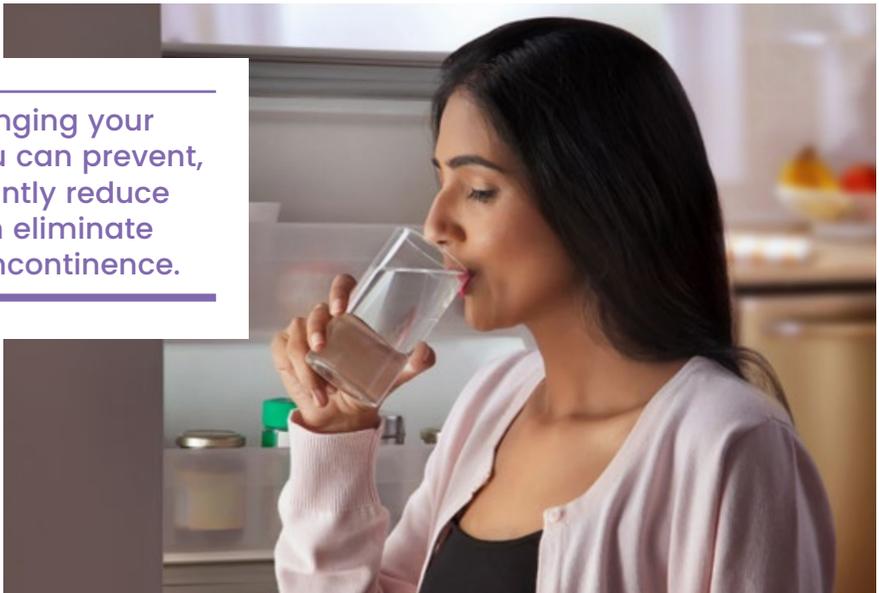


2. Go to a specialist. A urologist, gynaecologist, General Practitioners (GP) or urophysiotherapist can help you choose a way to deal with UI. In Sections 19–20, we advise you on how to prepare for your visit.



3. Use the right protection. Properly chosen bladder control pads or absorbent underwear will keep you comfortable every day. For more information about these products, see Points 16 and 53–65.

By changing your habits, you can prevent, significantly reduce or even eliminate urinary incontinence.



24 Why do everyday activities matter so much?

Treatment alone is not a substitute for changing habits in those forms of incontinence that are rooted in your behaviour. However, changing your lifestyle and making sure you correctly perform daily activities (standing up, lifting, urinating) is an excellent way not only to prevent, but also to treat UI. Good news – you can put good habits into practice right away.

Your body is a tool for prevention. Use it to prevent pelvic floor dysfunction – not to inadvertently cause it.



WHATEVER YOU DO, DO IT WELL. Many of the activities that are relevant to (in)continence are already done by you every day. It is important to approach them with care and do them a little differently because you might unknowingly raise abdominal pressure or increase the load on the pelvic floor while lifting your baby or passing urine. Often, all it takes is a change of position, eating something different for breakfast than usual or drinking more water.

25 Take care of yourself

Whether you experience incontinence or not, you deserve to take care of yourself wisely. And this should start with small but regular daily measures.

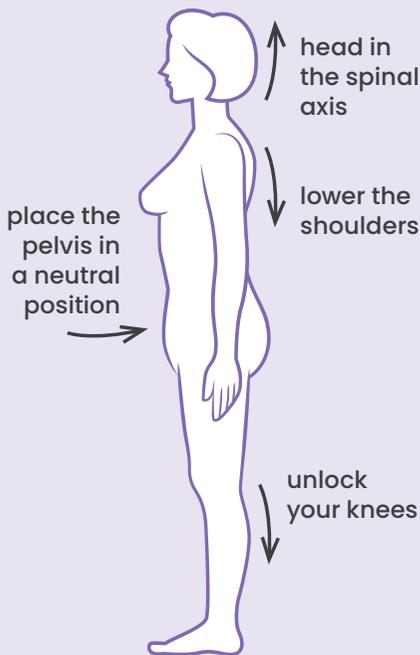
We often inadvertently overload the pelvic floor by standing, urinating, sneezing or getting up from a chair incorrectly. Sedentary lifestyle also has an adverse impact on your bladder or pelvic floor muscles. In the following sections, we will tell you how to perform everyday activities to benefit your pelvic floor muscles. Start today – regularity brings the best results.

26 Posture is key

Habits associated with the positions in which we spend most of our time are very important for our health. Incorrect posture can overload our muscles or force them to function incorrectly.

The human body is an endless web of interconnections. The pelvic floor muscles (see → Section 7) are part of the musculofascial bands, so that the shortening of tissues and tension in other parts of the body can affect the pelvis. It is therefore worth looking at our body as a whole.

HOW TO STAND AND PERFORM ACTIVITIES IN A STANDING POSITION PROPERLY?



1. Straighten up and stretch your figure as if you wanted to grow. Do not perk your chin or nose as if someone were pulling a string attached to the top of your head.
2. Place your feet hip width apart, do not overstretch your knees.
3. Place your pelvis in a neutral position, i.e. ensure that your iliac spines are not ahead of the bottom of your chest – do not push your hips forward.
4. Retract your shoulder blades slightly, move your shoulders back and down.

Stand in front of a mirror and check your posture. You may find it hard to keep it up at first, but try to remind yourself throughout the day. Pay attention to what you're doing... even when you're not doing anything.

27 What is bad for us?

Excessive stomach gripping causes an increase in the abdominal cavity pressure which puts strain on the pelvic floor. In addition, the abdominal muscles surround the internal organs, causing them to change their size, for example after a meal or during menstruation. Tightened muscles also cause the organs to move – upwards, which causes reflux, downwards, which puts strain on the pelvic floor, or forwards, which leads to hernia. If we take care of the right posture and the right forms of movement, the abdominal muscles will have the correct tension.

We often hide our tummy for aesthetic reasons – we suck it in and squeeze it, aiming for a wasp waist. However, it is worth giving your abdomen a break from constant tension – bound by tight clothes or constantly active abdominal muscles put pressure on your internal organs, which hinders their blood supply and nutrition.



Pressure on the abdomen, caused by wearing too tight underwear or uncomfortably close-fitting clothes generates pressure within the abdominal cavity. This adversely affects the proper functioning of the organs in the abdominal cavity and weakens the pelvic floor.

Let's be good to our bellies and let them rest from constant muscle tension and pressure.

Hunching puts the pelvis in an incorrect position, which has a negative effect on the tension of the pelvic floor muscles.

Putting one leg over the other causes tension of the adductors and, if constant, it can cause pelvic floor problems. This is particularly damaging to the sphincter.

28 Stand straight, lift with confidence

You already know how to adopt a correct standing position (Section 26). Learn also how to take care of your body alignment and movement during everyday activities.

DAILY ACTIVITIES – CORRECT ALIGNMENT AND MOVEMENT



Getting out of bed. Lie down and get up from a side lying position – lying on your back, turn to your side, push yourself up with your hands and arms, and rise up, having previously put your legs down. This way, you will avoid a sudden increase in abdominal pressure.



Getting up from a chair. Move to the edge of the chair, lean forward and, bouncing off your heels, stand up.



Carrying a baby or heavy objects. Keep them as close to you as possible, try to carry them with both hands, close to your body.



Correct lifting. Lift children or heavier objects by squatting rather than bending over. Preferably on breathing out.



Sneezing and coughing. Assume a twisted position (i.e. twist your torso) as if you were trying to sneeze over your shoulder. Sneeze into the elbow, protecting the pelvic floor with increased abdominal press. If you are already experiencing UI – before you sneeze, in addition to twisting, pull up your pelvic floor muscles and cross your legs. Never plug your nose when sneezing because as all that pressure will stay in your body.

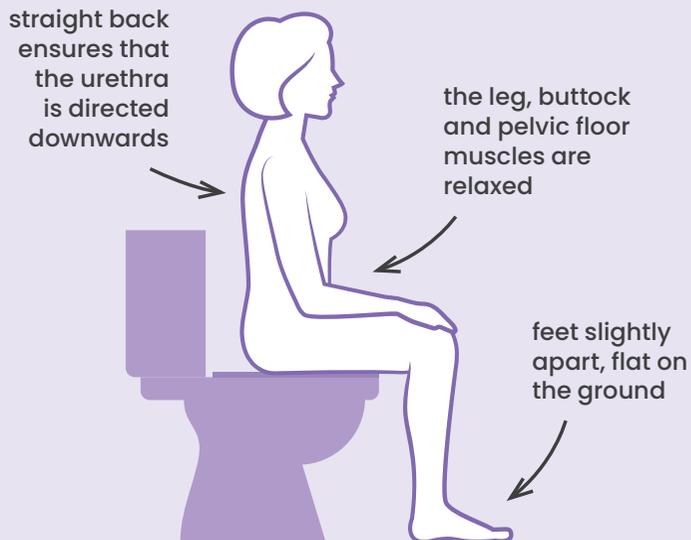
29 Sit still? Position on the toilet

Most of us adopt an incorrect body posture when voiding. However, the way we use the toilet has a huge impact on our health and our pelvic floor muscles.

Correct position while urinating

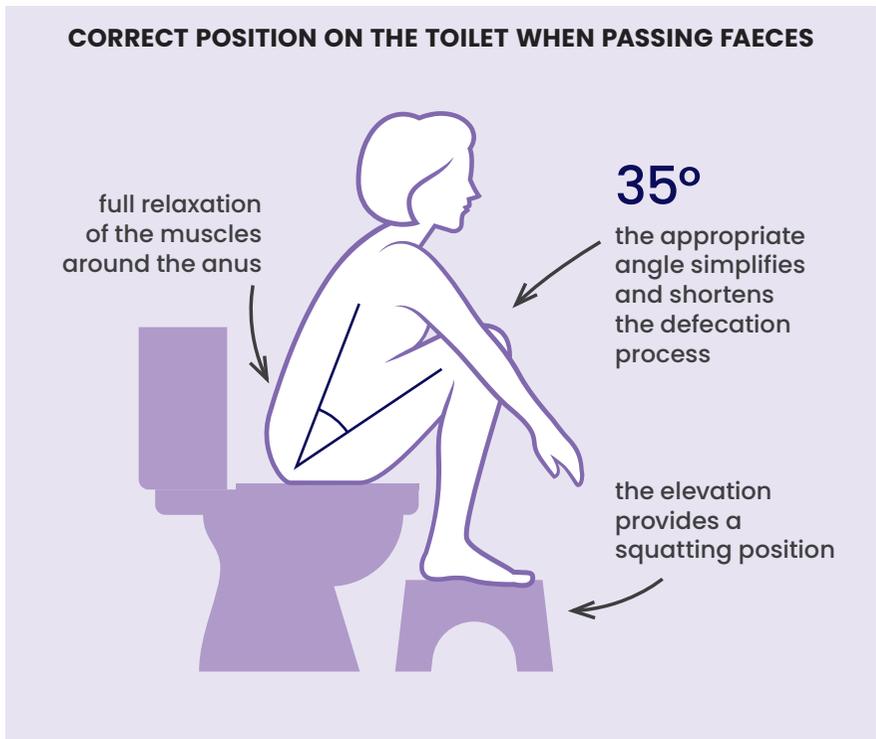
Sit up straight, feet flat on the ground, legs slightly apart, spine straight. Relax and pass urine without a hurry with your back straight – this way your urethra will be facing down, so that your bladder can be emptied completely. Do not take a semi-sitting position because the muscles in your legs, buttocks and pelvic floor will tense up, making you push and making it harder to empty your bladder. If you do not feel comfortable using a shared toilet, for example in public places or at work, bring toilet pads and sanitary wipes with you or line the toilet seat with toilet paper. Definitely avoid adopting an unfavourable position on a regular basis.

CORRECT POSITION ON THE TOILET WHILE URINATING



Correct position for bowel movement

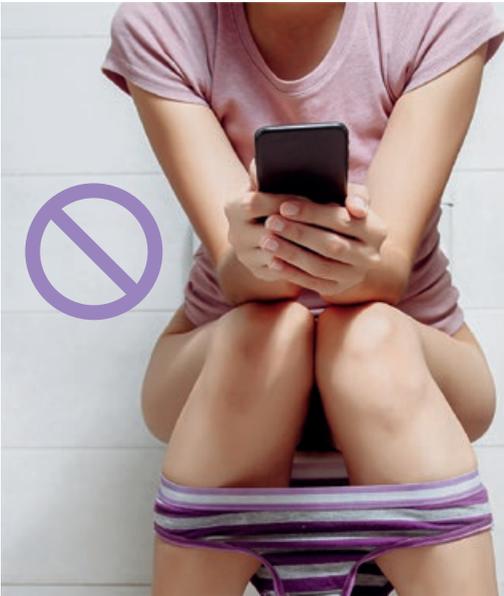
Bend over, slightly rounding your back, and place your legs on a stool or a different object about 20-30 cm high, so that your knees are above your hip joints. This way, you assume a squatting position, which allows you to void without pushing. Pass stool smoothly, but do not prolong or sit on the toilet if you cannot empty your bowels. Also, do not keep your feet on your toes – this way, you are tensing the muscles in your legs, calves, feet and thus your pelvic floor – as a result, you will have to put effort into defecation, which is not a healthy habit.



HEALTHY CROUCHING. Toilets which are most common in India are those where during voiding, ones stay in crouching position. This is good posture on the toilet which also promotes emptying the bowel completely, which prevents inflammations of the bowel and more severe diseases.

6 × NO – bad toilet practices

1. **Do not make an effort to void and do not push** because lowers the pelvic floor muscles (by up to 3.5 cm!). Give yourself time to urinate or defecate at a natural rate. Take a deep breath in, relax the PFMs, assume the correct body position. Give your muscles a moment to transition from closing to opening. Urination is done by bladder power and does not need to be supported by pushing. It is also possible to pass stool without pushing if you get into the right position and relax. Pushing while on the toilet is also conducive to haemorrhoids. When you have finished, tense your pelvic floor muscles, which will signal them to return to their function.



2. **Do not sit on the toilet for long periods of time.** Then, the pelvis is in a position that makes its muscles stretched and strained. A good practice is to pass stool quickly when you feel the need – and if that proves impossible, leave the toilet and return later. This is not a good place to read a book or browse social media.

3. **Do not stop the stream when urinating.** Some sources recommend the so-called intermittent stream as an exercise for the pelvic floor muscles. Today, we already know that this is an incorrect practice that can contribute to cystitis and infection. Urine in the bladder is sterile. When we start to urinate, it goes into the urethra that is colonised by bacteria. If you squeeze your pelvic floor muscles and stop the urine flow, it backs up into the bladder along with the bacteria.

4. Do not use the toilet if you do not have to.

When we were children, we often heard "go now because we might not find a toilet later". However, emptying the bladder 'in advance' is a bad habit – it weans your body off urine control and can exacerbate overactive bladder. The more often you go to the toilet now... the more often you will have to go to the toilet in the future because, over time, the capacity of your bladder will decrease, as it has not been filled properly.

5. Try to wait if you have frequent urine urgency and you know your bladder is only partly full because you have just been to the toilet. Hold on, try not to go to the toilet immediately, do some breathing exercises. Pressure is a wave that comes about, rises, reaches its zenith and falls. Therefore, try not to give in to it as soon as you are told 'I have to go to the toilet', it is possible to restrain the reflex for half an hour or an hour. Your bladder is a muscle – you can exercise it, but you can also make it weak, just like any other muscle. **A contraindication to holding urine is a lowered vagina. If you know you have this condition – ignore this advice.**

6. Do not blow your nose while urinating. The pressure you generate increases the pressure, which is an adverse phenomenon.

GOOD TOILET PRACTICES



no pushing



correct position



muscle relaxation



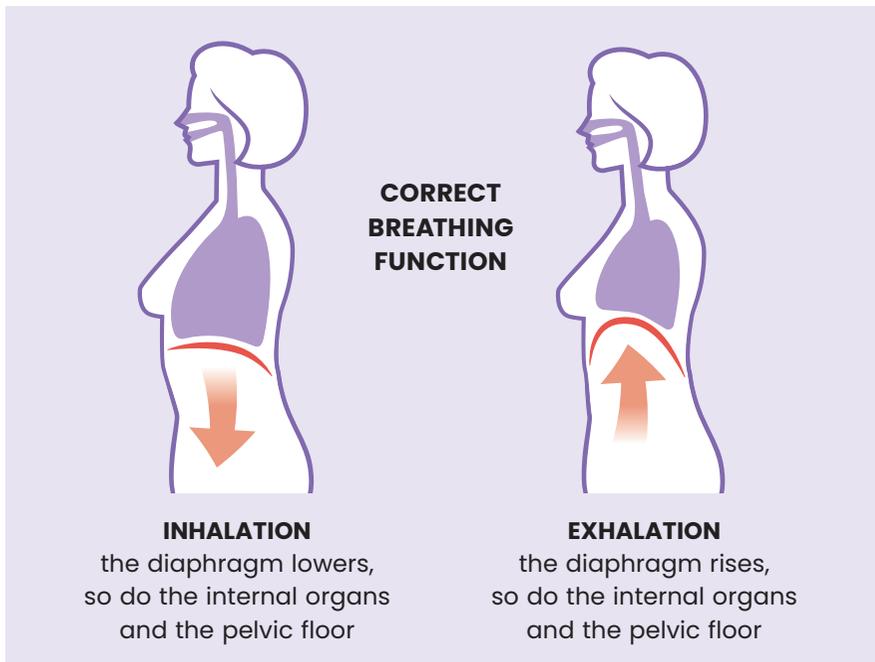
no constipation thanks to diet

30 Take a breather

Proper breathing helps to prevent and relieve incontinence symptoms. Practice diaphragmatic breathing – you can do it even while sitting at your desk, lying on the sofa or standing on the bus.

Relax your chest, shoulders and jaw. Your breathing should be calm. Inhale through your nose, then your ribs and abdomen expand (you can place your hands on the ribs at the sides of your body, just below your breasts, to feel this), your diaphragm points downwards and your pelvic floor expands. When you exhale, the ribs and abdomen narrow and the diaphragm and the pelvic floor return to their position. Exhalation should be longer than inhalation. When breathing, do not move violently, do not lift your shoulders. Repeat this breathing technique a dozen times, concentrating on your body.

Deep and calm breathing quiets the mind, makes you less prone to stress and fatigue – and it is good for your bladder, too. How? Proper breathing relies on the interaction between the diaphragm and the pelvic floor, while the diaphragm affects intra-abdominal pressure – crucial for urine retention.



31 Why is diet important?

One of the most common factors exacerbating incontinence is overweight. Fatty tissue, especially on the abdomen, presses on the bladder and puts strain on the muscles. This can aggravate both stress and urge incontinence (you can read about these types in Points 10 and 11).

In urinary incontinence prevention, a well-structured diet cannot be overlooked. Pay particular attention to fibre, which, besides giving you satiety, supports the good bacterial flora of your digestive system and makes it easier to pass stools – preventing constipation. Eat at least 25 grams of fibre a day.

FIBER CONTENT

250 g peas	16 g fibre
250 g lentils	15 g fibre
250 g chickpeas	12 g fibre
250 g broccoli	5 g fibre
250 g Brussel sprouts	4 g fibre
250 g wholemeal pasta	7 g fibre
250 g brown rice	3 g fibre
handful of almonds	3 g fibre
1 apple	4 g fibre
1 slice of wholemeal bread	2,5 g fibre
a handful of walnuts	2 g fibre



BITE INTO THE SKIN.

Try to eat whole fruit and vegetables, without peeling. It is the peel that contains the most fibre. Therefore, eat new potatoes with the skin on, and also cook or roast unpeeled vegetables with the seeds left on.

WHAT FOODS YOUR BLADDER LIKES AND WHAT FOODS CAN DO IT HARM?

✓ Healthy for the bladder are:

- pears ● cranberries
- bananas ● potatoes
- pumpkin seeds
- braised or steamed lean meat
- nuts ● eggs

! Your bladder may be irritated by

- alcohol ● carbonated drinks
- tea ● coffee ● energy drinks
- milk and dairy products ● sugar
- honey ● chocolate ● tomatoes
- sour fruit ● strong spices

32 Fluid intake

Water is not only essential for life, but also for the proper functioning of the bladder. Each of us should drink around 6–8 glasses (about 1,5–2 liters) of water per day, and even more in summer, during pregnancy or during increased physical strain.

It is important to drink water, as other drinks are not neutral to the body. Coffee and tea are acidic, so even after being transformed into urine by the kidneys they can be irritating to the bladder, as can fizzy drinks. It is hard to eliminate favourite drinks altogether, but keep a close eye on the ratio between water and other liquids.



It is not worth drinking 'in advance'. Try to follow your thirst, taking care only to maintain the recommended daily fluid intake.

Too much water drunk at once can be harmful and increase urinary urgency, so it is healthier to drink small amounts, but more often. Make sure you always have a bottle or mug of water on hand.



HELLO, IT'S WATER! Find ways to remind yourself to drink water regularly. Measuring bottles, coloured sticky notes placed where you spend most of your time, or mobile apps to help you develop healthy habits will all come in handy.



A frequent respond in UI is reducing fluid intake – we assume that a less fluid in the bladder will save us problems. However, the opposite is true. If you drink less, urine that collects in the bladder becomes thick, irritating the bladder walls and making the symptoms worse.

Under no circumstances should you restrict your water intake if you are experiencing UI.



LIQUID MATHEMATICS. Your daily fluid intake requirement is 33 ml per kilogram of body weight. So if you weigh 60 kg, you should drink 1980 ml of fluids a day, which is about 2 litres. Remember, however, that this indication also takes into account liquids that make up the food you eat, so in practice you can drink a little less without harming your health. On the other hand, when pregnant or working out, increase your water intake.

33 Smoking and urinary incontinence

Smoking has a serious impact on our bladder health, although we do not always realise it. Cigarette smoke, apart from all the other health consequences, acidifies the urine and makes it irritating to the bladder, which in turn exacerbates incontinence problems. Coughing, which often accompanies smoking, adds to the problem as it weakens the pelvic floor muscles. When we smoke, we are also more prone to dryness and irritation of the airways, throat and nose, and thus, we tend to develop mucous membrane problems more often.

If you smoke cigarettes, we strongly encourage you to break the habit. We know it is a big challenge, so we are keeping our fingers crossed for you.

34 Our body likes movement

Our muscles, including our pelvic floor muscles – a key to good bladder control – like movement. So keep on moving as much as possible. Walk, stroll around the house, dance, run up the stairs, stretch carefully, do yoga, try to spend as little time sitting as possible during the day. Choose exercises according to your condition, fitness level and type and degree of incontinence, but... start moving today!

35 Beneficial activities

Physical activity is beneficial to our bodies, including pelvic health. It also has a positive impact on our mood, so go ahead – get a move on and start exercising!



Safe movement in UI is ensured by:

- walking,
- fast interval walking,
- Nordic walking (walk with walking poles as on the picture),
- swimming,
- water aerobics,
- skiing, incl. cross-country skiing,
- cross-trainers,
- steps,
- walking uphill on a treadmill,
- cycling,
- tai-chi,
- pilates,
- yoga.



HELPFUL DUTCH. The most beneficial form of cycle training in incontinence is riding in an upright position, without getting up from saddle too often. City and Dutch bicycles are great for maintaining a good posture – you can comfortably maintain an upright position while enjoying outdoor activities.



JUST WRIGGLE. Use your time at work to the benefit of your health. Do not stay still in one position, but wriggle, move and stretch – the pelvis and its muscles like movement. Change your body position frequently. When you can, straighten up, take a few deep breaths, do some squats, move your shoulders. A few simple movements improve joint and pelvic mobility and improve circulation. Such simple activities are best done once an hour.



Head down, pelvis up!

An excellent form of activity and relaxation are inverted postures, which are part of yoga practice. These are doable for most of us, regardless of physical condition. What do they involve?

They require placing the pelvis higher than the shoulders.

Examples of inverted positions can be found below.

While doing so, relax your body, try not to clench your jaw and aim for tranquillity. We recommend relaxing this way once a day.



36 Forms of exercise that are better avoided

Some forms of exercise increase intra-abdominal pressure and put an excessive burden in urinary incontinence, i.e. they can press too hard on the bladder or strain the pelvic floor muscles.



In urinary incontinence, avoid:

- trampolines, skipping rope and other exercises that cause rapid and heavy work of the abdominal muscles and fascia can lead to the displacement of abdominal organs and stretching of the supporting structures;
- sit-ups – these can cause the lowering of the pelvic organs (which is a factor leading to incontinence).

More than belly

We encourage you to do full body and strengthening workout rather than training your abdomen in isolation – this will take care of your posture and muscular body in a comprehensive manner.



RUNNING, JUMPING? YES, BUT GIVE YOURSELF TIME.

If you happen to lose urine during some type of exercise, such as running or jumping, give it up for a while – it can make the condition worse. Start treatment, follow your doctor's instructions and exercises prescribed by your physiotherapist, establish good habits, and you will most likely be able to return to these sporting activities in the future.

37 Pelvic floor muscles exercises

Crucial for the prevention and treatment of incontinence, the pelvic floor muscles are made up of different types of fibres – fast twitch, slow twitch and mixed. Some can tense and relax instantly – like sprinters, while others can endure prolonged work – like marathon runners. That is why, pelvic floor muscles training needs to be well thought-through and tailored to the particular case of incontinence. It is best to go for an examination to assess the function of the pelvic floor and to prepare for it properly.

The important thing is – can you locate the PFMs? Can you feel them moving? When you try to activate them, are you helping yourself with your abdomen, buttocks, lift your hips or tighten your entire body? And above all – do you need to strengthen your pelvic floor or, on the contrary, should you relax it? And if you actually should practice its activation, how many times?



Urinary incontinence is not just the result of weak pelvic floor muscles, but often other dysfunctions in the body, sometimes in distant places - you should seek advice from a specialist.



GOOD CONDITION OF PELVIC FLOOR MUSCLES IS NORMOTONIA.

The correct tension in the pelvic floor muscles to ensure they function properly is called normotonia. Decreased tension (hypotonia) or increased tension (hypertonia) prevents the proper functioning of the pelvic floor muscles, which are responsible for, among other things, the ability to hold urine.



WHAT CONNECTS THE PELVIS AND THE BICEPS? We will try to explain this, using the example of biceps exercises. You do many repetitions of flexion with weight – but what if the muscle is cramped and you cannot fully straighten your elbow? You will not just focus on tightening it, but you will try to restore its full mobility and relax it. Your pelvic floor muscles are much more complicated, but they share the same mechanism.

Abnormal pelvic muscles function can result from flaccidity and overstretching, but also from strong tension, contracture and stiffness. Strengthening exercises are often recommended. However, for the PFMs to work properly, they, like any muscle, need to be strong and flexible and have the correct range of movement.

In collaboration with a specialist (e.g. urophysiotherapist), you will learn exercises designed to strengthen and improve the flexibility and range of movement of your muscles, if needed. You can read about the PFMs structure itself in Point 7.

Remember that in order to perform the exercises correctly, it is essential to locate the pelvic floor muscles – you will read how to do this in Point 38.

Follow specialists instructions. Doing these exercises incorrectly, you will do yourself more harm than good.



38 Pelvic floor – find it and feel it

Try to feel your pelvic floor muscles working. Visualisation exercises will help you with this.

PELVIC FLOOR MUSCLES LOCALISATION EXERCISES



Exercise 1: A grain of rice

Imagine that you are sitting on grains of rice that are placed near your urethra. In your mind, pick up individual grains with your body. Observe the reaction of the muscles that surround the urethra.



Exercise 2: Stop the wind

Recall a situation when your stomach is bloated and you feel the need to pass gas. Try to stop them. Feel your pelvic floor muscles working in the anal area.



Exercise 3: Pull up the tampon

Imagine that there is a tampon in your vagina. Try squeezing it gently and sucking/lifting it up towards your head. Observe which pelvic muscles are involved in this activity.

LET THE PELVIC FLOOR MUSCLES WORK ON THEIR OWN.

Make sure that your gluteal, abdominal or adductor muscles are not engaged during the exercise. Do not lift your hips or tense your whole body.



39 Myth: Geisha balls

Geisha balls are ready-made balls or cones, made of plastic or metal, which are meant to be placed and worn in the vagina to improve muscle performance. Using geisha balls involves keeping the muscles tightened for as long as possible so that the balls do not fall out of the vagina.

Unfortunately, such training forces the muscles to be under constant tension. For a muscle to function properly, a working phase and a resting phase are essential. As a result, wearing geisha balls leads to their overwork, i.e. the muscles are weakened and lose their elasticity. This can cause spasm, acidity, increased tension or pain in the lower abdomen and vaginal entrance during intercourse.

**Geisha ball exercises provide no relaxation phase
- the muscles are constantly tense. Effect?
Reduced flexibility, increased tension and pain.**

Some professionals use geisha balls in the office, in order to demonstrate the movement that activates the PFMs to work – but only for a while, under controlled conditions. You should only use geisha balls as an erotic gadget – they put too much strain on your pelvic floor muscles on a daily basis.

40 What is body positivity

Body positivity is a movement aimed at achieving the acceptance of the human body regardless of physical appearance, weight, figure, fitness or experienced discomfort. The purpose of body-positive initiatives is to oppose the unrealistic beauty standards promoted by pop culture, fashion or advertising campaigns, and instead to build a universal acceptance of the diversity of our physical features.

Why are we writing about body positivity in our guide? Because the idea of accepting diverse physical features also involves acknowledging our ailments and having the courage to talk about them.

Urinary incontinence is certainly one of the health conditions that is associated with particular shame, avoiding open conversations about the facts and thus – making it difficult for women experiencing incontinence to address the problem. This is wrong because the body of every one of us, regardless of the colour of our eyes, the number of scars or the size of the clothes we wear, deserves respect and full health care.

Let us remember that our body is there to serve our health, comfort and full life, not to satisfy the needs of other people or commercial notions of beauty.

Let us be kind and tender towards our bodies. Let us look at them with care and attention. Let us solve health problems that need to be solved.



NOT ONLY THE LOOK, BUT ALSO THE SMELL.

One of the biggest problems with incontinence is the unpleasant smell. Fear of it can lower our self-esteem just as complexes about our physical appearance do. Fortunately, good absorbent products solve the problem of undesirable odour.



41 Post-pregnancy pelvic floor muscles

There are periods in a woman's life when incontinence is statistically more common – these include pregnancy and the postpartum. After pregnancy, a woman's body needs to regenerate and the pelvic floor muscles are also weakened. As a result, episodes of incontinence can occur.

Why does pregnancy lead to stress on the pelvic floor muscles? Because a baby is growing within the abdomen, the centre of gravity is being shifted forward and the pelvis is changing its position. Weight gain, changes in the hormonal balance and increased tissue elasticity associated with relaxing are also important.

There is also a close relationship between childbirth and the occurrence of stress urinary incontinence.

On the other hand, after childbirth, during the period of breastfeeding, there is a shortage of oestrogens, which affect the condition of the pelvic floor tissues. This all adds up to weakened PFMs, so it is worth thinking about prevention even before and during pregnancy.

42 When is the right time to start caring about PFMs?

Just as you read this guide. If you are a young woman and are not thinking about pregnancy yet, if you have had several births, or if you are not considering pregnancy at all – in any situation and at any age, it is worth taking care of your pelvic floor muscles. Prevention is the best form of health care, and good habits should be introduced at every stage of life (including every stage of pregnancy).

43 Good practices during pregnancy

Pregnancy is a time when we are more sensitive to signals our body is sending us and we treat it with more care. We also often have more time. It is worth taking advantage of this stage to correct everyday activities which, if done correctly, can strengthen the pelvic floor. Bad habits, on the other hand, often lead to urinary incontinence.



Look at your everyday activities – the way you get out of bed, pick up the shopping from the floor, or pass urine – and try to assess whether the movement of your body works well with the needs of your pelvic floor.

Many everyday activities can put strain on the pelvic floor muscles. By doing them properly, you will protect the PFMs.

The proper ways to perform daily activities are described in detail in *Section One habit a day*.

44 Does UI resolve spontaneously after childbirth?

Yes, quite often UI goes away on its own as the body and muscles get back into shape after childbirth. However, this is not always the case. That is why it is worth putting the good habit tips from our guide into practice for longer, as well as supporting yourself with a therapy – because treating incontinence after childbirth takes a relatively short time, and a successfully resolved problem can disappear for life.

45 Your body needs time

After pregnancy, every woman deserves rest, proper care and attention. In theory, we are well aware of this, yet in practice rarely do we give ourselves the right to rest. We look at our reflection in the mirror and ask ourselves questions: "How soon will my body get back into shape?", "When will my belly regain the shape I like?" In addition, there are also other nagging questions, such as: "Why haven't I cleaned the house yet?"



**We strongly encourage you
– do not judge yourself harshly.
Be sensitive and understanding.**

Your body, which has naturally changed over the past nine months, needs time to get back into shape, which is just as natural. Therefore, when you see your reflection in the mirror, you should rather tell yourself: "I have done a wonderful thing, I have brought a human into the world. My body has incredible power!" Do not hesitate to ask for help, especially with activities of daily living. Use the support of your loved ones and say openly that you need a break.

46

How to take care of the pelvic floor in the postpartum period?

The postpartum period is extremely important for a woman's health, also in the long run. Therefore, for about 6 weeks (although this period is individual for each of us), take particular care to rest and regenerate. Try to use the moments when your baby is asleep – close your eyes and relax for just a few minutes. Every moment of rest is good for your health.

Also try to learn to breathe consciously (we teach about this in Point 30). Deep and calm breathing is good for your bladder (because correct breathing involves interaction between the pelvic floor and the diaphragm, and the diaphragm affects the intra-abdominal pressure, important for continence). At the same time, breathing exercises calm you down and reduce your susceptibility to stress and fatigue, which is invaluable in the postpartum period.

What can you do for yourself and your pelvic floor muscles?

- Change daily harmful habits as recommended in our guide;
- Rest for a minimum of 6 weeks – ideally, a woman should focus on feeding her baby and regeneration;
- Refrain from intense exercise;
- Do not hesitate to ask for help – the most important thing now is your health and the strength you need to regain to be able to take care of your child;
- Feed your baby in an ergonomic position that supports the pelvic floor muscles – without hunching or straining the abdomen;



BREASTFEEDING THAT IS GOOD FOR THE PELVIS.

It is best to feed your baby in a side-lying position. Try to avoid positions where your abdominal muscles tense up. If you are breastfeeding your baby in a sitting position, sit up straight, do not lean towards your baby, but lay her or him on a pillow (it might be helpful to put one leg on an ottoman or stool).



- Do not wear postpartum belly bands – they put excessive pressure, preventing your muscles from working naturally and becoming stronger (see Point 27 for more information on wearing tight clothes);
- Adopt a correct body posture, especially when carrying your baby – do not push your belly out, do not bend over, but tighten your buttocks and pull yourself upwards, actively using your transversal abdominal muscles;
- Adopt the right position when lifting the baby – use the strength of your legs, not your back;
- Get out of bed properly, i.e. from a side-lying position (see → Point 28). If you had perineotomy or suffered perineal tear when giving birth, get up from a knee position – that is, turn to your side, then take a position on your knees and hands (like doing the cat camel exercise), then put your legs on the floor one by one and stand up by pushing off on your hands;
- Avoid sitting, spend time lying down and standing;
- Do not use “donut pillows” – they may seem to bring a relief at the beginning, but do more harm than good in the long run.



BEWARE OF “DONUT PILLOWS.” “Donut pillows” or “postpartum pillows” available on the market are very harmful during the postpartum period. During use, your pelvic floor, under the influence of gravity, falls into the hole in the pillow, is sucked down, and thus lowers (which is not good for bladder control). Such a pillow also disrupts blood circulation in the perineum and increases swelling.

47 Exercises after childbirth

First and foremost – give yourself time. Many of us want to get back to regular exercise quickly and look longingly at our pre-pregnancy clothes. However, your best bet is to remain patient – at this moment, your body deserves rest and respect. During pregnancy and childbirth, your body made a huge effort and was exposed to a number of stress factors. Therefore, during the postpartum period, which is still relatively little discussed, you need peace and quiet and an unhurried return to activity.

48 When can I start exercising?

The time to return to sporting activity varies individually among women. Each of us is different, with different needs, fitness levels, sports habits and experiences. Each of us has experienced pregnancy and delivery differently – from a quick natural birth, even avoiding a perineal tear or incision, to a long, difficult labour ending in the use of instruments or C-section. Therefore, the body returns to shape at different rates – for some of us, it may last four weeks, for others – a year. It is no good comparing yourself to others or chasing the ‘ideal post-baby body’ because such an ideal does not exist. Let us also not judge the choices of others because... we are not in their bodies. Instead, we say – listen to your body. Surround it with care and understanding.



For some of us, recovery to full strength may last a month, for others – a year. Let us not compare ourselves or judge other people's choices.

If you have not been active up until now, do not engage in intensive training and a demanding diet immediately after giving birth. Your body needs good nutrition and activity matched to its performance.

Should you be annoyed to see someone exercising after six weeks postpartum? Or, on the contrary, take it as a model? Neither of these roads. You simply have to be attentive to your body, your strength and feelings. Respect the body and accept it, giving it the time it needs and not rushing it. And also – not judging other women. Let us not criticise each other's choices; on the contrary, we should offer the best possible support to each other.

49

Which activities should I avoid?

In the immediate postpartum period, you are not encouraged to do:

- sit-ups,
- intensive running,
- scissors,
- jumping and exercising on a trampoline or with a skipping rope,
- plank.

With time, you can return to these exercises, but choose the timing according to your individual predispositions and the condition of your pelvic floor muscles (PFMs).

50

Habits worth sticking to for longer

Taking proper care of your body and choosing forms of exercise to be in line with your abilities, rather than peer pressure or workout popularity, is an attitude that will benefit your body and proper bladder control not only in the post-pregnancy period, but at every stage of life. The decision to incorporate sport into your life permanently, with regularity and energy, will be equally positive. You can read more about the forms of exercise we particularly recommend for the prevention and treatment of incontinence in Section *Body positivity*. Now the ball is in your court. We are keeping our fingers crossed!

MENOPAUSE AND URINARY INCONTINENCE

51 The 'M' word. How are we avoiding thoughts about menopause?



Many women push the thought of menopause away, treating it – as a result of misconceptions and harmful but widespread simplifications – as a symbolic farewell to femininity. Nothing could be farther from the truth.

Menopause, like puberty, pregnancy or postpartum, is an important and unique period in a woman's life. Like the other periods, it is governed by particular actions of hormones. We should therefore treat it as another mature stage of womanhood, which in truth it is. The earlier we realise that we are entering the menopause, the better we can look after ourselves. And the body of each of us deserves wise and tender care, as we pointed out in Section 40 dedicated to the idea of body positivity.

52 Urinary incontinence during menopause

Research shows that menopause is a period when incontinence is more likely to occur. Why? During menopause, there is a drop in the levels of hormones (oestrogens) produced by the ovaries. This leads to atrophic changes in the structures of the pelvic floor, reproductive organs and lower urinary tract – the quality of muscle tissue collagen fibres changes.

With age, the bladder also becomes less elastic and more prone to irritation, increasing the risk of overactiveness.

Also important is the build-up of negative effects of bad habits practised for many years or health complications that may have weakened the health of the urinary tract and pelvic floor muscles.

But we have good news – non-surgical ways of treating incontinence have very good results! It is never too late to act, and it is always possible to reduce or sometimes eliminate incontinence.

WHAT REDUCES THE RISK OF UI?

 **Changing bad daily habits** – as recommended in our guide

 **Weight loss** – reduces pelvic floor stress conducive to incontinence

 **Pelvic floor muscles training** – the primary treatment and prevention method (more in Point 37); the exercises are chosen by a gynaecologist, urologist or urophysiotherapist

 **Diet rich in ingredients that are gentle on the bladder** – due to its greater irritability (more in Point 31)

 **Prevention of constipation** – constipation makes UI worse because it puts strain on the pelvic floor

 **Electrostimulation** – it is worth discussing the use of this method with a specialist

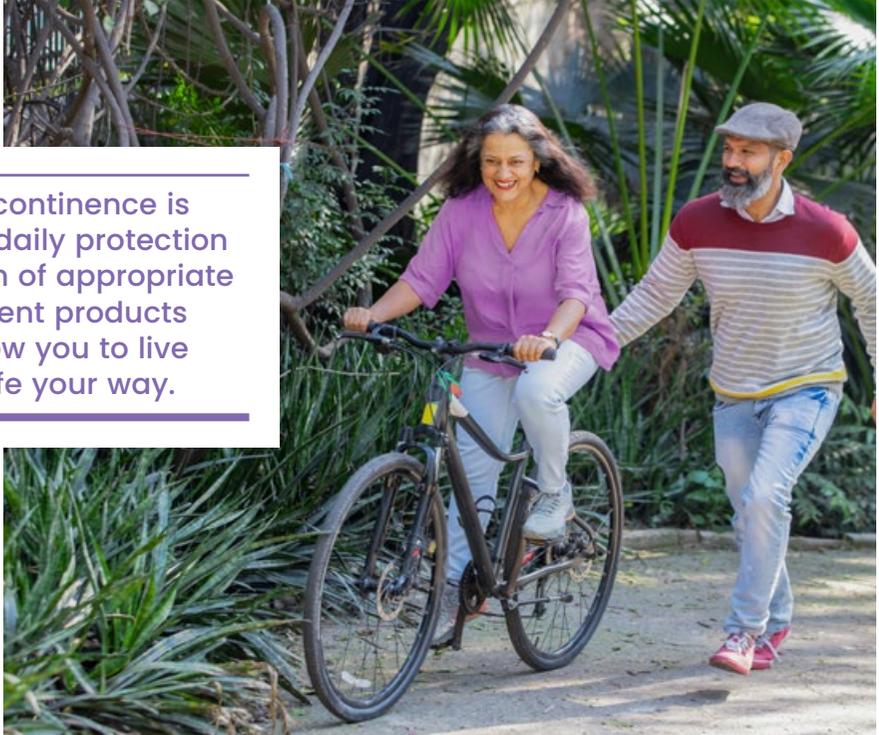
 **Other treatment methods** – including hormone replacement therapy

Invasive treatment, which is discussed in more in Point 22, is only recommended when a specialist finds that lifestyle changes are ineffective.

53 Live your life your way

The key idea behind this guide is to enable you to live a comfortable life when you are affected by incontinence.

Until incontinence is resolved, daily protection in the form of appropriate absorbent products will allow you to live your life your way.



54 Optimal protection, which is what?

Many women, after observing the symptoms of UI, instinctively reaches for the pads. However, they are not a good solution for urinary incontinence, because they are used for absorption of blood, which is denser and occurs in much smaller amounts. Sanitary pads are also not an effective protection against the unpleasant smell of urine. There are many types of absorbent products for urinary incontinence. It is important to choose the right one for your needs.

55 Sanitary pads vs. bladder control pads



Seni Lady
bladder control
pads are safe for
the skin and allow
it to breathe.

HOW IS SENI LADY BLADDER CONTROL PAD DIFFERENT FROM SANITARY PAD?



provides a feeling of dryness because it is designed to absorb urine – sanitary pad is designed to absorb blood, which is denser and occurs in smaller quantities than urine



provides comfort and protection thanks to high absorbency



reduces unpleasant urine odour thanks to special microgranules (superabsorbent) contained in the absorbent core



with additional protection against leaks thanks to the side gathers

56 How to choose the right pad?

The range of Seni Lady bladder control pads is very wide and includes many sizes, designed to absorb different amounts of urine. You need to decide what absorbency you need before you choose a pad. The absorbency level is indicated on the Seni Lady packs in the form of drops.

59

BLADDER CONTROL PADS FOR WOMEN	
If...	we recommend:
you sometimes let a few drops of urine, for example, when sneezing, coughing, laughing or exercising	Seni Lady Slim Micro Seni Lady Slim Micro Plus
moments of incontinence occur once or several times a day and are not very heavy	Seni Lady Slim Mini Seni Lady Slim Mini Plus Seni Lady Slim Normal Seni Lady Slim Extra
incontinence is fairly heavy and occurs frequently – several times a day and at night	Seni Lady Extra Plus Seni Lady Super Seni Lady Plus

57 Absorbency levels

Individual Seni Lady pads have specific absorbency values, so you can select them for incontinence of different severity.



The first six absorbency levels of the Seni Lady pads are labelled Slim – they are rather thin bladder control pads that look like sanitary pads or hygienic pads, but they are more absorbent. Compressed absorbent core makes Seni Lady Slim thin and discreet. Recommended for dribbling and light urinary incontinence.



Higher absorbency levels are dedicated to women with more severe incontinence. These are larger and their anatomically-shaped core adapts to the female body.

You have a choice of nine absorbency levels. Choose a product with absorbency that suits your needs.



Absorbent underwear – Seni Active

If Seni Lady bladder control pads provide insufficient protection and you need a more absorbent product, choose Seni Active absorbent underwear – worn like regular underwear.

58 Where to buy bladder control pads?

You can buy Seni Lady bladder control pads at pharmacies, medical shops and online stores.



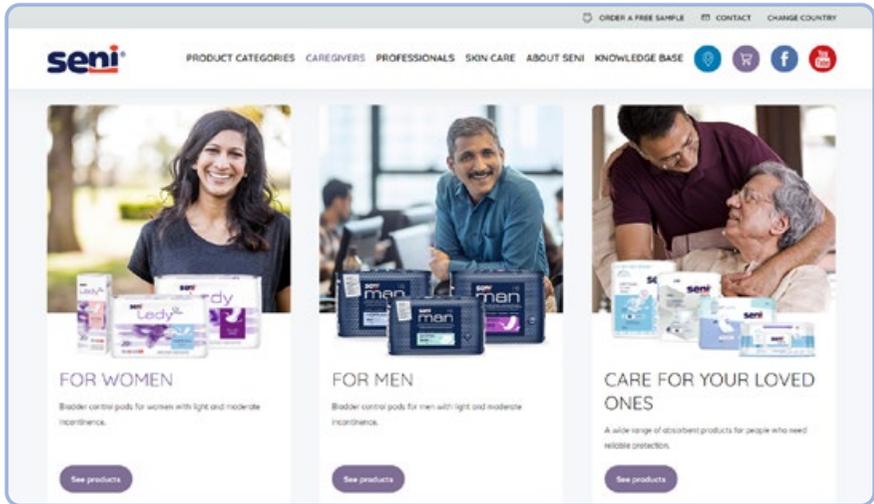
59 Order free samples

In order to learn more about products that provide optimal incontinence protection, you can order free samples of Seni products. Available are Seni Lady pads for women, Seni Man pads for men as well as Seni Active absorbent underwear. By filling in a short form, you will find products that are right for your needs. We care about your privacy, so we will send samples in discreet packaging.

Please visit www.seni-india.com and go to **Order a sample**.

60 Where to find more information about Seni products?

Seni offers wide range of absorbent products for a different needs. If you are looking for more information about Seni products, visit our website: www.seni-india.com



We also encourage you to join our social media.



Stay up to date with Seni!

DISCUSSIONS ON INCONTINENCE



61 **Let's be open. Should your loved ones know about UI?**

Should your loved ones know about your diabetes or memory problems? Urinary incontinence, like any other ailment, affects your functioning and can also affect the lives of those who are close to you. On the other hand, awareness, support and understanding from your family will be indispensable for your comfort in living with UI. That is why it is a good idea to talk to your loved ones about incontinence – honestly and openly.

62 **What are we most afraid of?**

For many people, incontinence means a big lifestyle change. In addition to usual thoughts we have about any illness that affects us relating to how we can cope with it, there is an embarrassing element to it: "Should I admit to my family and friends?", "What will they think of me?"

We understand these concerns – they are natural. Remember, however, that incontinence is a disease like any other – you have absolutely no reason to feel ashamed, just as you would not feel ashamed of a common cold.

The sense of embarrassment results from the lack of open, accessible education about incontinence. We hope that our guide will be a step towards destigmatising incontinence and support you in overcoming your fears and finding solutions to your UI problem.

In the vast majority of cases, talking openly and confronting your fears allows you to discover that there was absolutely nothing to worry about.



BELIEVE IN YOUR LOVED ONES.

Fear often paints pessimistic scenarios in which people close to us do not understand our situation and feel embarrassed when they hear about our incontinence. But ask yourself, would your loved ones be ashamed to hear that you broke your leg? And on top of all that – would you want to be there for your loved ones in case of health problems, or would you prefer not to know? When preparing this guide, we have had hundreds of conversations with women experiencing UI and believe us – those dark scenarios come true very, very (very!) rarely. We are keeping our fingers crossed for you and your family!

63 What should you ask of your loved ones?

Urinary incontinence causes anxiety in almost all of us at first. We are aware, however, that every ailment is easier to cope with when you have the support of your loved ones – let us give ourselves the right to this support also when it comes to incontinence. Your family can be a motivation to stick to exercise plans and preventive measures, and can support with a kind word and presence in times of depression.

They can also bring you the knowledge – because, knowing that you are struggling with UI, they might suggest an article or a valuable link they have come across. Your loved ones will also help you with everyday tasks, such as carrying heavy shopping, if they know that lifting can make your condition worse. It is worth asking them clearly and sincerely for such support.

Sharing about the problem helps you get used to it and have any accompanying doubts under control.

What was embarrassing the first time, awkward the second, will become a normal part of a conversation the tenth time.



We hope that, by reading our guide, you will feel more comfortable with the incontinence-related concepts and find it easier to start a conversation about them. Remember that dialogue, including – or perhaps especially – about experiences that trigger our anxiety, is part of a healthy, open relationship.

64 How to start the conversation?

Learn practical ways to start a conversation about urinary incontinence. We have divided them for you into two categories – mind and heart.

MIND – TELL YOUR LOVED ONES ABOUT YOUR PROBLEM IN A FACTUAL MANNER:



"UI is a common problem with one in three women may struggling with it. I'm in that group too."

"I'm telling you about this because I want you – the people I care about – to know what I am going through."

"Sometimes, due to incontinence, there are going to be things I might be unable to do or things I might not be comfortable doing, such as going to a concert where it is difficult to make it to the toilet."

The advantage of focusing on the facts, separating them from your emotions and talking about the difficulties you are experiencing, is that you are not presenting the subject matter as something that is difficult and painful, but rather as something that can be discussed in a matter-of-fact and specific way. By doing so, you are inviting your family to have an open conversation.

HEART – TALK ABOUT YOUR EMOTIONS:



"I was afraid of this conversation, I couldn't admit to myself that I had incontinence. That's why, it wasn't easy for me to get the courage."

"I've decided to talk to you because your support is very important to me."

"I know how to deal with the problem practically and what doctor to see, but I want you to know what I'm struggling with. That way, I won't feel that I'm alone."

The advantage of focusing on the emotional aspect of the problem is to show your loved ones that this is an important and complicated matter for you and that you count on them to be honest and supportive.

65 Questions open you up

It is very likely that, during the conversation, you will find that there are issues your family wanted to discuss with you before, but had not had the courage to do so. Therefore, be open to dialogue and formulate so-called open questions, encouraging the free expression of feelings or doubts. Avoid generalities like: "Do you have any questions?" because it is a closed question that can be answered 'yes' or 'no', thus cutting the conversation short.



Instead, ask: "What else would you like to know?", "Surely, you have some thoughts of your own – tell me about them." "And, while we're talking, maybe there's something else that's been bothering you lately?" Such wording increases the chances that the other party will also want to open up to you.

When starting a conversation about the problem, give your loved ones a chance to ask questions.

66 Jokes aside

For many of us, humour is an important tool in dealing with everyday problems. Sometimes we instinctively try to turn a problem into a joke and thus defuse the situation. However, this is not always a good idea if you want to talk to your loved ones about health-related matters. Humour can be interpreted differently by both sides of the conversation – you may feel comfortable making jokes about your incontinence yourself, but if your loved ones pick up on this convention, you may find that you feel offended or not taken seriously. Also, if you start a conversation about health in a humorous tone, it may be difficult for your loved ones to understand that this is an issue that is important to you and that you actually need their support and empathetic help.

67 Empathic communication

There is an important principle of empathic conversation – talk about yourself. Whenever you bring up difficult topics, try to focus on how you feel about them, what you have noticed about yourself, what emotions the experience has triggered in you. Although we often think we are astute observers of the people around us, they may feel or think something completely different from what our intuition tells us. So avoid suggesting what others think of you, and instead let them have their say. Emphasise: “This is important to me”, “I feel I should share this with you...”, “I wish you knew...” Avoid statements: “I’m sure you think...”, “I know what you’re about to say” or “Everyone will think...”

In any relationship with loved ones, it is useful to apply principles that are conducive to mutual understanding. We particularly recommend them when discussing topics as personal as incontinence. Honesty and positive attitude always promote dialogue.

68 The “seeing through another’s eyes” method

Starting a conversation that we think might be difficult is a serious step. When we give in to our emotions (fear, anger or shame), we lack the time to think about what exactly we want to communicate. Or, we make a list of two to three hard facts and assume that the rest will fall into place during the conversation. Sometimes this is the case, but sometimes, focused on generalities, we mechanically “tick off” a few points... and we are left with a lack of sincere dialogue and no sense of understanding.

The method we demonstrate on the next page is a plan that helps you to focus on the most important things during the conversation and, in a way, to guide our interlocutor. It is called the “seeing through another’s eyes” technique because it allows you to read and understand the intentions of your interlocutor. Check if this model proves helpful for you in talking to your loved ones.

THE “SEEING THROUGH ANOTHER’S EYES” METHOD



Their perspective

Think about what is most important to the other person and what would you want to hear if you were in their shoes?



Their worry

What could be the problem, worry, concern that the other person might be feeling?



Your solution

What ideas do you have to make sure the other person's fears don't come true?



What next?

Sometimes, after a long conversation, we may feel that the discussion has taken place, but it is difficult to pinpoint the next step – define it.



Obstacles

What might the other person not like, what might be difficult for them, what might require effort or a change of habits?



Key

What does the other person like? In your opinion, does he or she prefer a short, concrete discussion of the topic or an atmosphere of frank conversation and a focus on emotions? Perhaps it is worth reconciling both aspects at the same time?

Preparing for the talk with the help of these questions and reflections can give you more confidence.

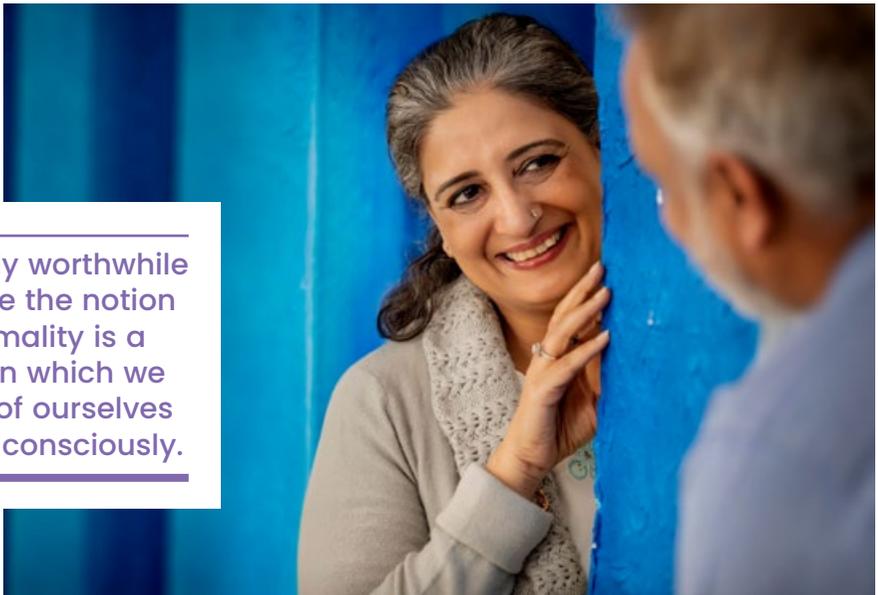
69 You know best

The big advantage of you starting the conversation is that you have a decisive influence on the tone and flow of the conversation. The words you choose and the perspective you take will send an important message to your family about how you want to talk about your incontinence, what you want to draw attention to and what is important to you.

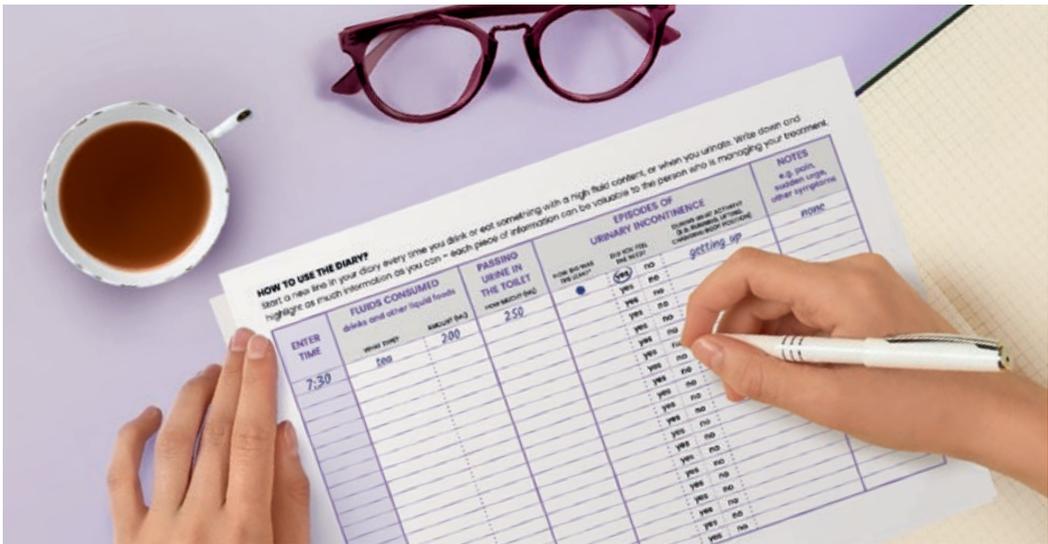
70 Normality, which is what?

Speak openly about your hopes and fears, your own understanding of normality and your goal in the incontinence therapy. Tell your loved ones what forms of treatment you would like to take and how they can support you throughout your journey to reduce or cure incontinence. Maybe your children can help you find a urophysiotherapist in your town or order free samples of bladder control pads online (we write about this in Point 59). Perhaps your husband will start walking or doing some gymnastics with you so that you strengthen your pelvic floor muscles and, in the process, you will both become healthier.

It is certainly worthwhile to embrace the notion that normality is a situation in which we take care of ourselves wisely and consciously.



MICTURITION DIARY



71 What is micturition diary for?

Micturition diary is a very useful tool to check how your bladder is working. You can take it to your appointment at the doctor's or urophysiotherapist's. The information in the diary can help diagnose a problem or assess the treatment progress.

72 What does micturition diary look like?

The micturition diary contains clear headings corresponding to the details we have listed above. On the following pages you will find a ready-made micturition diary to fill in and show to your healthcare professional. **Good luck!**

73 How long should I keep it?

Keeping a diary is not complicated. Try to do this for at least three consecutive days.

74

What should I write down?



Prepare a graduated container with a capacity of about 600-700 ml into which you will be passing urine. Then, record your fluid intake in millilitres, as well as the type of fluids taken (water, coffee, tea, soup). The glass is traditionally 250ml – if you drink your water in small sips, make a note of this only after you have drunk the whole glass. Fruits with a high water content, such as watermelon or pears, are also treated as fluid intake.

Record the amount of urine you pass into the container after each visit to the toilet. This will tell the specialist how much urine you pass at one time and how much you pass throughout a day.

75

Micturition diary and menstruation

Do not perform observations immediately before or during menstruation. This is the time when you might be using the toilet more often. If you want to keep a diary during pregnancy, consult your doctor or urophysiotherapist. More frequent visits to the toilet during this time are caused by the pressure exerted by the enlarging uterus on the bladder and hormonal activity (high levels of progesterone).



KEEP IT UNDER CONTROL, RECORD DETAILS.

Monitor and record incontinence episodes. Remember to make a record even if it is only one involuntary drop of urine. Separate urge incontinence situations (i.e. you felt the urge but did not make it to the toilet) from non-urge incontinence situations (urine leaking from the bladder even though you did not feel the need to go to the toilet). Write down when the loss of urine occurred, for example, when exercising, sneezing or lying down.

76 Daily summary – compiling data

Summarise each day of the diary keeping in terms of:

1. **Fluid intake.** Make sure you managed to drink enough water during the day. If you have been doing intense exercise or it has been a hot day, there should be even higher fluid intake.
2. **Type of fluids taken.** Look at what fluids you have been drinking most – make sure it has been water. If you have been using the toilet a lot, make sure that you have not drunk too much of liquids that irritate the bladder. If so, try to change it.
3. **Amount of urine passed.** Look at how much urine you passed most often. The standard is about 250 ml during one visit to the toilet. If you repeatedly notice a record of less than 250 ml, ask yourself if you have been going to the toilet ‘in advance’. Quantities below 150 ml may cause the bladder to shrink and reduce its capacity. If you frequently see amounts above 550 ml in your records, ask yourself whether you have been consciously delaying visits to the toilet – or perhaps not feeling the need? Excessive accumulation of urine in the bladder is bad. It can disrupt the normal transmission of brain-bladder impulses and lead to overflow UI.
4. **Number of toilet visits.** Did the number of visits to the toilet fall within 6–8? If there were more, once again consider whether you went to the toilet in advance, for example before leaving the house.
5. **Length of intervals between visits to the toilet.** This should be every 3–4 hours.
6. **Having to get up at night to go to the toilet.** If you have had the need to go to the toilet more than once, check whether you drank a lot of water just before bedtime or whether it was alcohol. Using the toilet at night may be the result of sleep disorders – maybe, you went to the toilet just because you could not sleep, rather than because you felt a real urge.

7. **Number of UI episodes.** If you have observed at least one episode of UI within three days, whatever the cause, consider seeing a specialist – physician or urophysiotherapist – as soon as possible. Do this also if you notice any deviations from the norm in the other points.

77 Can I have a micturition diary on my phone?

Yes. You can download special **Seni Control App** micturition diary, which is very practical tool to observe your bladder weakness. You just need to enter solid information on daily meals and liquid intake, amount of urine loss, bladder weakness episodes and changing of absorbent products to get product recommendations that will help you to deal with incontinence. It will only take 3 days to find an effective solution. Just fill in your profile details and start using Micturition Diary today.



Find out more options in SeniControl App:

- full control of your day
- Micturition Diary can be kept for a close person with incontinence
- full reports can be sent on your email
- program of exercises strengthening pelvic floor muscles
- answers to many questions on incontinence.

Download Seni Control App:



seni[®] Lady

... and I do what I like



Order a sample at seni-india.com



THE CONTINENT OF WOMEN



Together we change the world

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