

The Pelvic Floor Playbook

Your Guide to Strength at Every Stage of Life

**From your 20s to your 60s and beyond,
here's how to protect and support the
muscles that support YOU.**

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A MESSAGE FROM EMBRACE

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This Playbook is here to guide you through how your pelvic floor changes in your 20s, 30s, 40s, 50s and beyond, and what you can do to stay strong at every stage.

Far too many women are told that leaking, heaviness, or discomfort are “just part of life” after kids, or something to expect as we get older. The truth? These problems are common, but not normal.

The pelvic floor is the hidden foundation of our core. It affects continence, intimacy, childbirth, and even how our organs are supported. When it’s strong, we feel confident and in control. When it’s weak, symptoms appear, from small leaks to prolapse.

Stats that matter:

- 1 in 3 women leak urine when they cough, sneeze, or exercise.
- Half of all women who’ve had children will develop some degree of prolapse in their lifetime.

Information is educational and not a substitute for personalised medical advice. Please consult your GP or pelvic health physiotherapist.



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WHY THE PELVIC FLOOR MATTERS

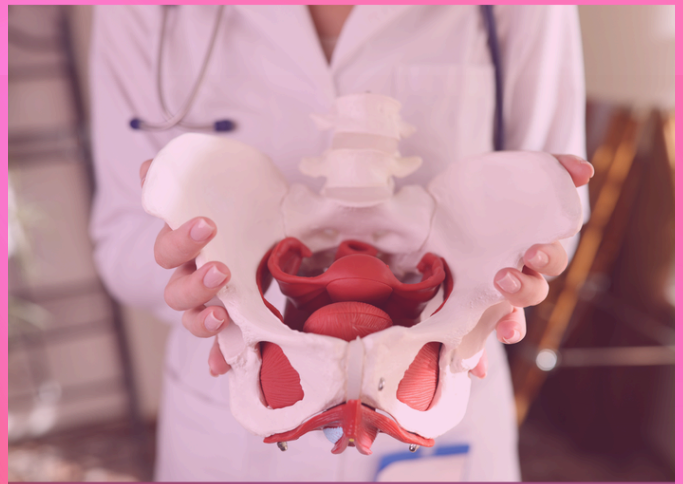
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The pelvic floor muscles form a supportive “hammock” at the base of your pelvis.

They’re responsible for:

- Bladder control- keeping you dry when you laugh, cough, or exercise.
- Bowel control - maintaining continence for stool and wind.
- Organ support - holding the bladder, uterus, and bowel in place.
- Sexual function - supporting arousal, orgasm, and pain-free intimacy.
- Childbirth - stretching and releasing during labour.

When these muscles weaken, symptoms can include leakage, urgency, heaviness, or prolapse.



Stat spotlight: 1 in 5 women will need surgery for prolapse, and 1 in 3 of those women will experience it again even after repair.

YOUR 20S: LAYING THE FOUNDATIONS

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In your 20s, pelvic floor health may not be on your radar, but this is the decade where habits, sports, and lifestyle choices can have a big impact later.

Risks in your 20s:

- Heavy weightlifting: Over-bracing or straining without proper breath control increases pelvic pressure.
- High-impact sports: Running, gymnastics, netball, or CrossFit can trigger stress incontinence.
- Eating disorders: Conditions that stop menstruation (amenorrhoea) reduce oestrogen, weakening tissues and leaving the pelvic floor more vulnerable.

Top 3 habits to protect your 20s pelvic floor:

- Learn how to exhale with effort instead of holding your breath.
- Don't ignore small leaks — they are an early sign your pelvic floor needs support.
- Balance high-impact sport with pelvic floor-friendly strength training like Pilates.



"I leak a little when I sprint or jump, but I thought that was normal."

"I brace my abs so hard during lifting, I sometimes feel pressure down below."

YOUR 30S: PREGNANCY & POSTNATAL RECOVERY

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Looking after your pelvic floor after childbirth is just as important as rehabbing a knee or shoulder injury.

Pregnancy is one of the biggest challenges your pelvic floor will face. The weight of the baby, hormonal changes, and the demands of childbirth all put pressure on these muscles.

What happens:

- Pregnancy increases pelvic floor load daily.
- Relaxin hormone softens ligaments, reducing support.
- Vaginal birth can overstretch or tear pelvic tissues (especially with long pushing stages, forceps, or vacuum).

Stats that matter:

- 1 in 3 new mums leak when they cough, sneeze, or try to run.
- Nearly 50% of women who've had a vaginal birth show some degree of prolapse on medical imaging.

What helps:

- Postnatal Pilates to gently restore coordination and strength.
- Breathing techniques to manage pressure during lifting or movement.
- Emsella treatments to accelerate recovery with the equivalent of 11,000 Kegels per session.

YOUR 40S: PERIMENOPAUSE

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As hormones fluctuate in your 40s, the pelvic floor becomes more vulnerable to weakness and symptoms.

What happens:

- Oestrogen decline = reduced tissue elasticity.
- Urinary urgency and frequency become common.
- Constipation and straining can worsen pressure.
- Early prolapse signs may appear.

Signs to watch for:

- Leaking with coughing or laughing.
- Needing to rush to the toilet suddenly.
- Heaviness or dragging in the vagina.

What helps:

- Pilates for safe strength and control.
- Daily pelvic floor activation.
- Emsella for targeted strengthening.



Stat spotlight: Women in perimenopause are twice as likely to report urgency compared to younger women.

YOUR 50S & BEYOND: MENOPAUSE & PROLAPSE

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Pelvic health is not just about avoiding problems – it's about supporting your freedom, confidence, and quality of life.



After menopause, pelvic floor risks increase due to both hormonal changes and natural age-related muscle loss.

What happens:

- Significant drop in muscle mass (sarcopenia).
- Higher risk of prolapse – bladder, uterus, or bowel descending.
- Increased chance of requiring surgical repair.

Symptoms of prolapse:

- Vaginal bulge or lump.
- Dragging sensation or heaviness.
- Backache.
- Difficulty emptying bladder or bowel.

Stats that matter:

- 1 in 5 women will need surgery for prolapse.
- 1 in 3 will prolapse again after repair.

What helps:

- Consistent pelvic floor training (Pilates and daily engagement).
- Managing constipation.
- Non-invasive support like Emsella.

TYPES OF INCONTINENCE

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Incontinence isn't just one condition - it shows up in different ways. Understanding which type you have is the first step to getting the right support.

Pelvic floor retraining and Emsella can help restore bladder control.

Getting control early is vital. The sooner you retrain your pelvic floor, the easier it is to prevent small leaks from becoming bigger problems.



Stress Incontinence

Leaks when coughing, sneezing, laughing, or exercising.

Why does this happen?

When pressure builds inside your abdomen (from a cough, sneeze, or jump), the pelvic floor can't generate enough support to keep the bladder outlet closed. This often happens after pregnancy, childbirth, or years of high-impact activity.

What can I do?

Learn to exhale during effort instead of holding your breath.
Strengthen your pelvic floor through daily exercises and Pilates.
Avoid high-impact movements until strength returns.
Consider Emsella for rapid pelvic floor strengthening.

TYPES OF INCONTINENCE CONT...

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Urge Incontinence

Sudden, overwhelming need to urinate, often with little control.

Why does this happen?

The bladder muscle (detrusor) becomes overactive and contracts before you're ready. Hormonal changes, caffeine, or even stress can make the bladder "misfire," sending strong urgency signals.

What can I do?

- Try bladder training: when you feel the urge, pause, breathe, and wait before going.
- Limit bladder irritants (coffee, tea, alcohol, artificial sweeteners).
- Keep fluid intake steady — dehydration can make urgency worse.
- Pelvic floor retraining and Emsella can help restore bladder control.

Urge incontinence is when the bladder calls the shots — sudden, overwhelming urges that give you little time to get to the toilet.



TYPES OF INCONTINENCE CONT...

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Mixed Incontinence

A combination of stress and urge symptoms.

Why does this happen?

The pelvic floor is weakened (stress leaks), and the bladder is also overactive (urge leaks). Many women experience both after childbirth or around menopause.

What can I do?

- Combine strategies from both stress and urge incontinence.
- Work with a pelvic health professional for tailored support.
- Pilates builds control and coordination.
- Emsella can target both mechanisms effectively.

Emsella can improve coordination and relaxation of the pelvic floor.



Overflow Incontinence

Frequent dribbling or “trickle” due to incomplete emptying.

Why does this happen?

The bladder doesn't fully empty — often because the pelvic floor doesn't relax properly, or because of prolapse pressing on the bladder outlet. The bladder stays partly full, causing frequent small leaks.

What can I do?

- Use the “double voiding” technique (sit, empty, relax, try again).
- Positioning matters — feet supported, leaning forward slightly.
- Address constipation, which increases outlet pressure.
- Pelvic floor retraining and Emsella can help restore bladder control.

TYPES OF INCONTINENCE CONT...

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Nocturnal Enuresis (Night-time Incontinence)

Involuntary urination during sleep, or waking often to void (nocturia).

Why does this happen?

- The bladder may be overactive at night, or the pelvic floor too weak to maintain closure during sleep.
- Hormonal changes (especially reduced antidiuretic hormone after menopause) can also increase night-time urine production.

What can I do?

- Limit fluids in the 2 hours before bed (but don't dehydrate).
- Reduce bladder irritants in the evening (caffeine, alcohol).
- Elevate legs in the evening to reduce fluid pooling/swelling.
- Pelvic floor strengthening improves night-time control.
- Emsella can retrain bladder and pelvic floor coordination.



***Emsella and Pilates
can improve
coordination,
relaxation and
strength.***

TYPES OF INCONTINENCE CONT...

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Bowel issues are one of the most common and often the most hidden forms of pelvic floor dysfunction.

Bowel Dysfunction (Constipation, Splinting, Inability to Control Stool/Wind)

Many women quietly live with constipation, difficulty emptying, or the loss of control of wind or stool, without realising these problems are linked to the pelvic floor. Because it feels harder to talk about, bowel dysfunction can be both under-recognised and under-treated - but the good news is, there are proven ways to manage and improve it.

Why does this happen?

A weak or poorly coordinated pelvic floor may not relax fully when you try to empty, or prolapse can create a “pouch” where stool gets trapped. Chronic constipation and straining also worsen weakness.

What can I do?

- Optimise stool consistency: fibre, hydration, avoid straining.
- Use correct toilet posture: knees higher than hips, leaning forward.
- Relax your pelvic floor and exhale gently rather than push hard.
- See a pelvic health physio for rectocele/prolapse support.

PELVIC ORGAN PROLAPSE (POP)

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A prolapse happens when the pelvic floor muscles and connective tissue can no longer fully support the pelvic organs. This allows one or more organs – the bladder, uterus, or bowel, to shift downward into the vaginal space.

Types of Prolapse

- Uterine Prolapse: The uterus slips down into the vagina.
- Bladder Prolapse (Cystocele): The bladder bulges into the front vaginal wall.
- Bowel Prolapse (Rectocele): The bowel pushes into the back vaginal wall.
- Enterocele: Small intestine presses downward, usually after hysterectomy.

How Common Is It?

- Around 50% of women who've had a child will experience some degree of prolapse in their lifetime.
- 1 in 5 women will need prolapse surgery.
- Even after surgery, 1 in 3 prolapse again within 5 years

Symptoms of Prolapse

- Vaginal bulge or lump ("something coming down").
- Heaviness, dragging, or pressure in the vagina.
- Lower back ache or pelvic discomfort.
- Difficulty emptying the bladder or bowel (sometimes needing to press inside to help).
- Symptoms often worsen after long days standing, lifting, or exercising.

Prolapse can feel overwhelming, but with early intervention, pelvic floor training, lifestyle changes, and treatments like Emsella, many women reduce or manage their symptoms without surgery.

BOWEL PROLAPSE (RECTOCELE)

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Prolapse Quick Facts

Around 50% of women who've had a child experience some degree of prolapse. 1 in 5 women will undergo surgery for prolapse. Even after repair, 1 in 3 women prolapse again. Early management with exercise, lifestyle changes, and treatments can prevent progression.

Prolapse may feel confronting, but it is not the end of movement or strength. With awareness, support, and the right strategies, many women reduce or manage symptoms and live confidently without surgery.

Why does this happen?

Part of the rectum bulges into the back wall of the vagina, creating a "pouch" where stool can get trapped. This may cause incomplete emptying, constipation, or the need to press inside the vagina (splinting) to pass stool.

What can I do?

- Optimise stool consistency (hydration and fibre).
- Use toilet posture (knees above hips, lean forward, relax the pelvic floor).
- Avoid heavy straining.
- Daily pelvic floor training for coordination and relaxation.
- Emsella helps improve muscle tone and reduce rectocele symptoms.
- Severe or persistent cases may require gynaecological or colorectal input.

Enterocoele (Small Bowel Prolapse)

Why does this happen?

The small intestine pushes downward into the vaginal canal, often after hysterectomy or major pelvic surgery. It can create pressure, discomfort, and a dragging sensation.

What can I do?

- Focus on posture and pelvic support exercises.
- Manage constipation and avoid straining.
- Work with a pelvic health physio for tailored guidance.
- Use Emsella to help strengthen pelvic support.

SIGNS OF PELVIC FLOOR DYSFUNCTION

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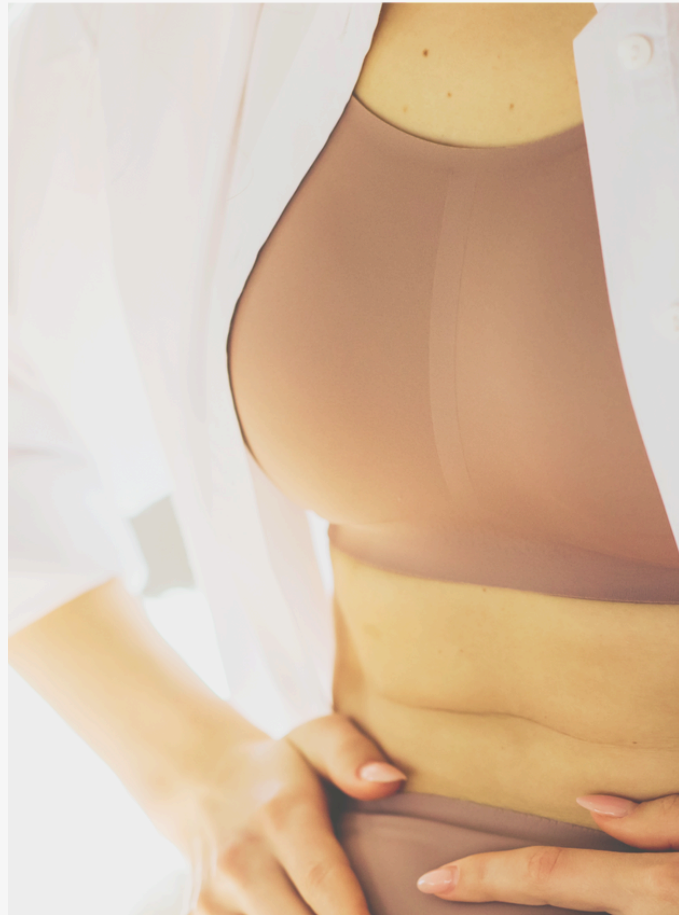
Pelvic floor dysfunction doesn't always look the same. Symptoms can be subtle at first, then gradually increase. Recognising the early signs means you can act sooner and prevent things from worsening.

Bladder Symptoms

- Leaking when you cough, sneeze, laugh, jump, or exercise.
- Needing to rush to the toilet with little warning.
- Going to the toilet more than 8 times per day.
- Waking multiple times during the night (nocturia).
- Difficulty starting or stopping your flow.
- Feeling like your bladder never fully empties.

Bowel Symptoms

- Straining or difficulty passing bowel movements.
- Chronic constipation.
- Inability to control wind or stool.
- Needing to press inside the vagina to empty the bowel fully.



These signs are common, but not normal. They're your body's way of saying your pelvic floor needs support. With safe exercise, lifestyle changes, and treatments like Emsella, many of these symptoms can be improved or eliminated – often faster than you think.

SIGNS OF PELVIC FLOOR DYSFUNCTION

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Prolapse Symptoms

- Heaviness, dragging, or pressure in the vagina.
- A visible bulge or lump.
- Backache or pelvic discomfort that worsens after standing, lifting, or exercise.

Sexual Symptoms

- Pain during intercourse.
- Reduced sensation or difficulty achieving orgasm.
- Vaginal laxity or looseness after childbirth.

Changes in pelvic floor function can have a big impact on intimacy, something many women don't realise until it happens. A weak, tight, or poorly coordinated pelvic floor can cause pain during intercourse, reduce sensation, or make it harder to achieve orgasm. After childbirth, some women also describe a feeling of looseness or reduced tone in the vagina. These symptoms are common but not something you have to just put up with. With the right support, from pelvic floor retraining to treatments like Emsella, many women are able to restore comfort, confidence, and enjoyment in their sexual health.

Your pelvic floor isn't just about continence — it's central to pleasure, confidence, and connection. Taking care of it can transform not only how your body feels day to day, but how you experience intimacy throughout your life.



HOW TO DO PELVIC FLOOR EXERCISES

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Pelvic floor training isn't just about "squeezing harder." It's about learning how to contract and relax these muscles with control, coordination, and breath. Here's how to practise both at home and on the Reformer.

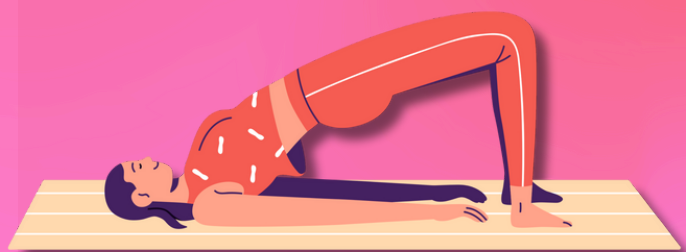
At Home: The Basics

- Find your pelvic floor
- Imagine stopping the flow of urine midstream (don't practise this on the toilet — just imagine the feeling).
- You should feel a gentle lift inside your pelvis.
- Engage & release
- Breathe in and relax.
- As you breathe out, gently draw up and in through your pelvic floor (like lifting a marble inside your vagina).
- Hold for 3–5 seconds, then fully release.

Red Light Rule

When you're sitting at the lights, (and only when safely stationary) do 5 pelvic floor lifts (exhale on the lift, inhale to release). That's hundreds of mini-workouts every week — without even thinking about it.

***Aim for 8–12 contractions,
2–3 times per day.
Consistency is more
important than intensity.
Tip: If you feel your
buttocks, thighs, or abs
tightening too much, reset
and focus on isolating the
pelvic floor.***



ON THE REFORMER: HOW PILATES HELPS

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Pelvic floor health is about coordination and consistency. Practise at home daily, and come to Embrace to take it further with guided Pilates and advanced support like Emsella.

With guidance from your instructor, the Reformer helps train your pelvic floor in coordination with your breath and core. Exercises include:

- Pelvic Tilts
- Lying down, use the breath to gently tilt the pelvis back and forth, engaging the pelvic floor as you exhale.
- Bridge with Exhale
- Lift your hips slowly, drawing up through the pelvic floor. Lower with control as you inhale.
- Clamshells
- With a resistance band, open and close the knees while lying on your side, keeping the pelvic floor gently engaged.
- Leg Slides
- Extend one leg at a time while lying supine, coordinating the movement with pelvic floor activation and breath.

Why it works

Pilates doesn't just strengthen the pelvic floor, it retrains how your core, breath, and pelvic floor work together. This is what protects you in real life: coughing, lifting, running, laughing.

HOW WE CAN HELP AT EMBRACE

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At Embrace Wellness Haven, we combine science-backed treatments with safe, supportive movement to give you the best possible outcomes for pelvic health. Every woman is different, so we tailor your plan to your stage of life, your symptoms, and your goals.

Reformer Pilates

- Gentle but powerful, Pilates builds deep core and pelvic floor strength, while improving posture, breath control, and overall stability.
- Safe pre- and post-natal options.
- Specialised classes for 60+ women.
- Small groups for personalised attention.
- Movements proven to retrain pelvic floor coordination.

*Emsella **

- A breakthrough, non-invasive treatment that uses High-Intensity Focused Electromagnetic (HIFEM) energy to deliver 11,000 pelvic floor contractions in one 30-minute session.
- Reduces or eliminates bladder leaks.
- Supports prolapse prevention and recovery.
- Improves intimacy and sexual wellbeing.
- Comfortable, fully clothed, no downtime.
- Clinical outcomes: 95% of women report improved quality of life, and 75% reduce or eliminate pad use.

*data on file/clinical studies available on request



HOW WE CAN HELP AT EMBRACE

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Strength isn't just about lifting weights, it's about creating a body that supports you in daily life, from laughing without leaks to feeling confident in intimacy. At Embrace, we're here to help you achieve that strength, whatever your age or stage.

Lifestyle Coaching & Education

- Sometimes small changes make the biggest difference. We'll guide you on:
- Bladder training (not "just in case" toilet trips).
- Managing constipation and bowel health.
- Breath techniques to reduce pelvic strain.
- Daily habits that protect your pelvic floor.

Long-Term Maintenance

Pelvic health is a journey, not a one-time fix. At Embrace, we help you maintain results through:

- Ongoing Pilates programs.
- Periodic Emsella "top-up" sessions.
- Education and support tailored to your stage of life.

DAILY PELVIC HEALTH HABITS

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Looking after your pelvic floor isn't just about exercise, it's about the little things you do every day. These small shifts make a huge difference over time.

- Don't "Hold On" Too Long - Delaying trips to the toilet overstretches the bladder and strains the pelvic floor. Go when you need to, but avoid "just in case" wees too often, as this can train the bladder to feel urgent too soon.
- Breathe, Don't Brace - When lifting, pushing, or exercising, exhale instead of holding your breath. Breath-holding increases pressure and forces down on your pelvic floor.
- Toilet Posture Matters - For bowel movements: feet flat on a small stool, knees higher than hips, lean forward slightly, and breathe out. This reduces straining and protects your pelvic floor.
- Manage Constipation - Straining is one of the biggest culprits for prolapse. Stay hydrated, eat fibre, and move daily. A healthy gut = a healthier pelvic floor.
- Don't Hover Pee - Always sit fully on the toilet. Hovering prevents your bladder from relaxing properly, which can lead to incomplete emptying and more urgency later.
- Relax as Well as Contract - A strong pelvic floor isn't just about squeezing, it's about being able to relax too. Make sure you fully let go after each contraction.
- Keep Moving - Walking, Pilates, and strength training (done safely) all help maintain circulation, muscle tone, and resilience. The pelvic floor works best when the whole body is strong.
- Just like brushing your teeth, pelvic floor health is about small daily habits that add up. Do them consistently, and your pelvic floor will support you for life.