



UZ
LEUVEN



***Belang van perinatale kinesitherapie
7 oktober 2021
Symposium VVUVZ***

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UNIVERSITY HOSPITALS LEUVEN

Inhoud

- Prenataal
 - Invloed zwangerschap en bevalling
 - Veel voorkomende prenatale klachten
 - Prenatale kinesitherapie
- Postnataal
 - Veel voorkomende postnatale klachten
 - Postnatale kinesitherapie
 - Struikelblokken postnatale kinesitherapie
- Doorverwijzing

PRENATAAL



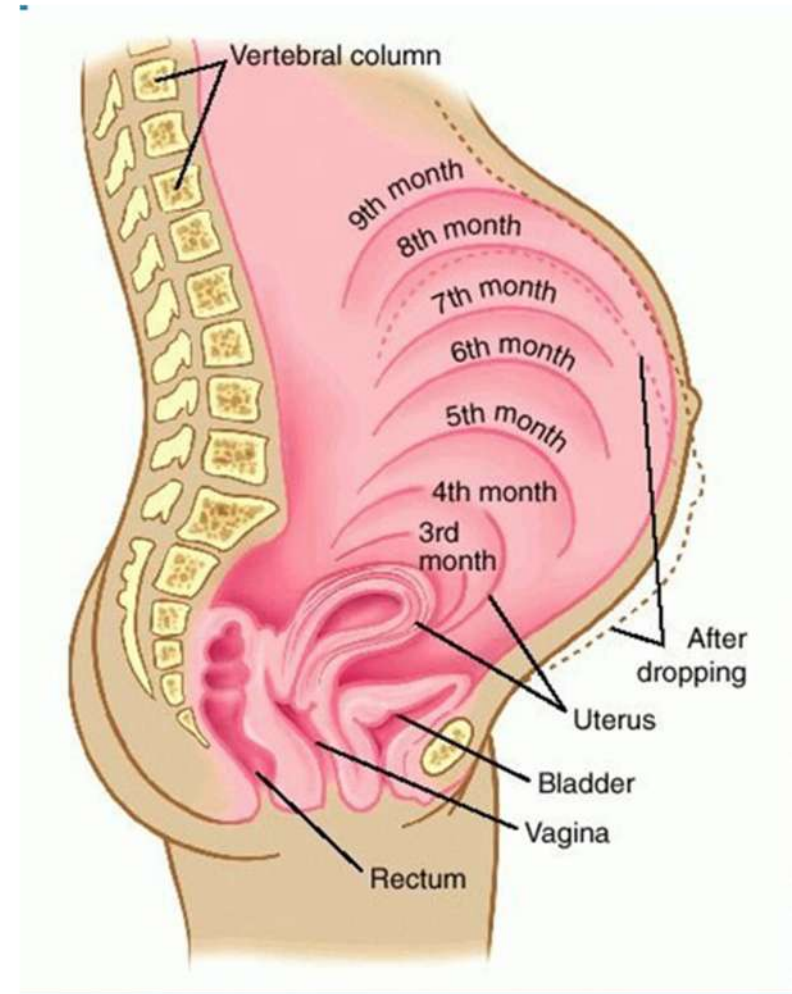
Invloed zwangerschap

Veranderingen

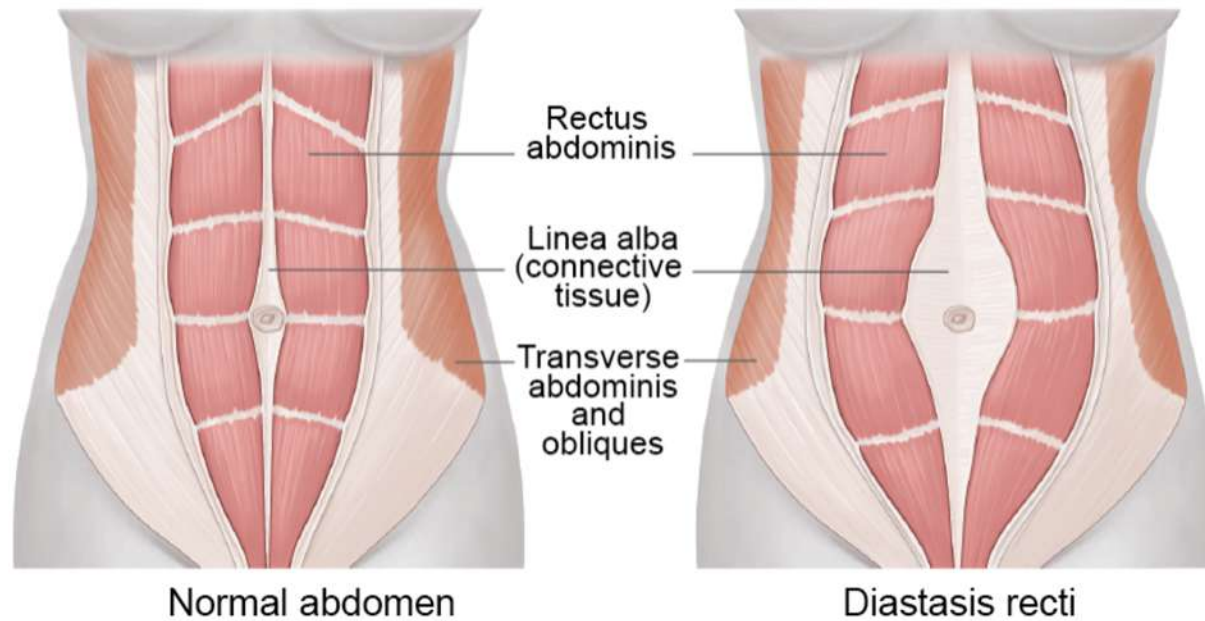
- Lumbale lordose ↑
- Druk baarmoeder op blaas ↑
- Anteversie bekken
- Druk ↑ op ligamenten, fasciae, zenuwstructuren en de bekkenbodemspieren
- Hormonale veranderingen
- Druk thv. diafragma

Klachten

- Frequency, urgency
- Incontinentie (85%!)
- Dyspnee
- Bekkengordelpijn
- Obstipatie, aambeien



Diastasis recti abdominis (DRA)



66-100% van de vrouwen tijdens 3^e trimester (Benjamin et al. 2014)

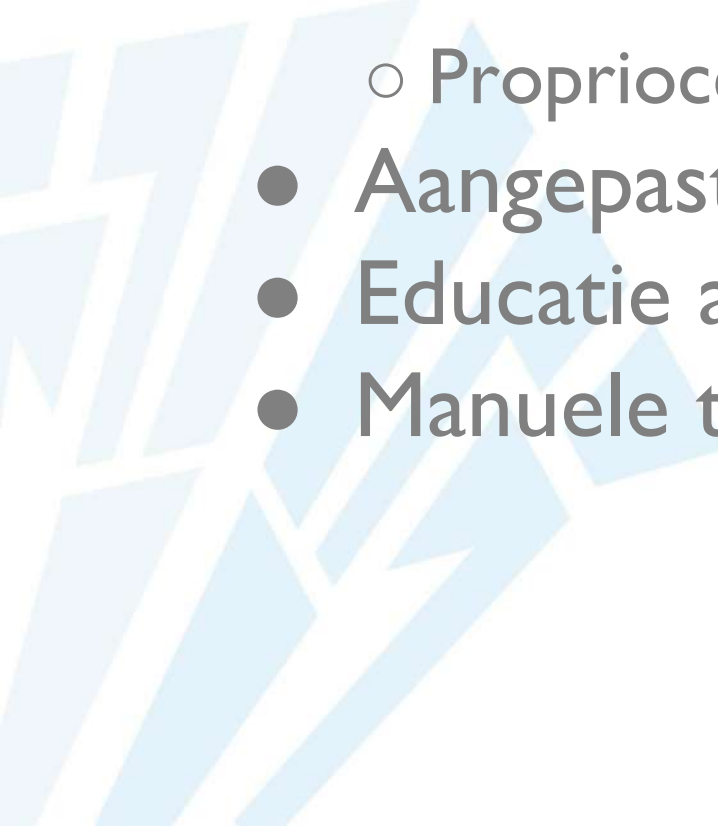
Veel voorkomende prenatale klachten

- Lage rugpijn (LBP)
- Zwangerschapsgerelateerde bekkengordelpijn (PGP)
- (excessieve) Gewichtstoename
- Gestationele diabetes (GDM)
- Urine-incontinentie
- Pre-eclampsie
- Perineale pijn, dyspareunie
- Spataders, oedeem en DVT
- Angst, depressie

(Van Kampen et al. 2015)



Inhoud prenatale kinesitherapie

- Advies houding en transfers
 - Bekkenbodemspieroefeningen
 - Kracht/uthouding
 - Proprioceptie
 - Aangepaste fysieke activiteit
 - Educatie arbeid en bevalling
 - Manuele therapie
- 

Advies houding

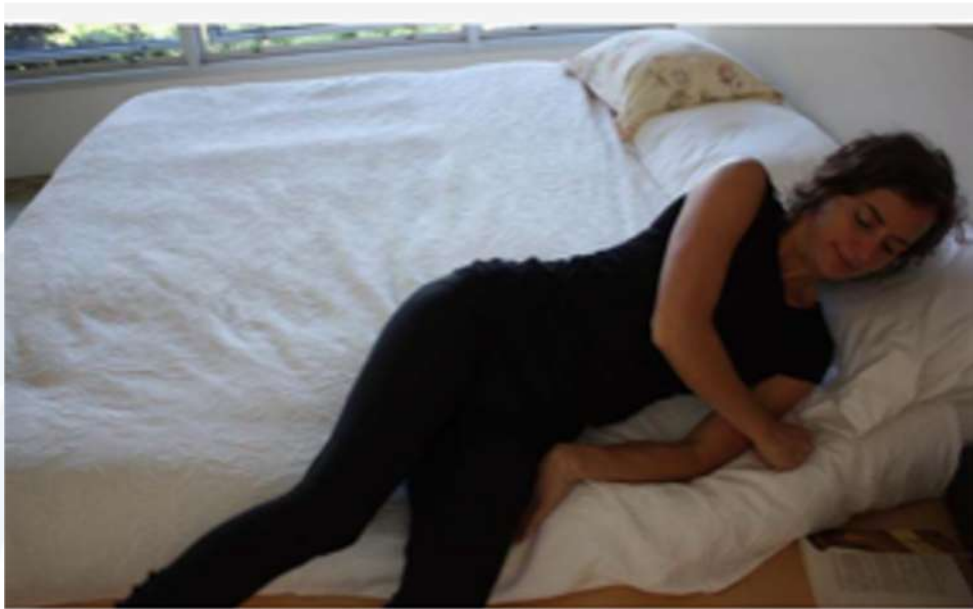


Symmetrie!





Transfer via zijlig



Bekkenbodemspieroefeningen

- BBSO tijdens ZWS

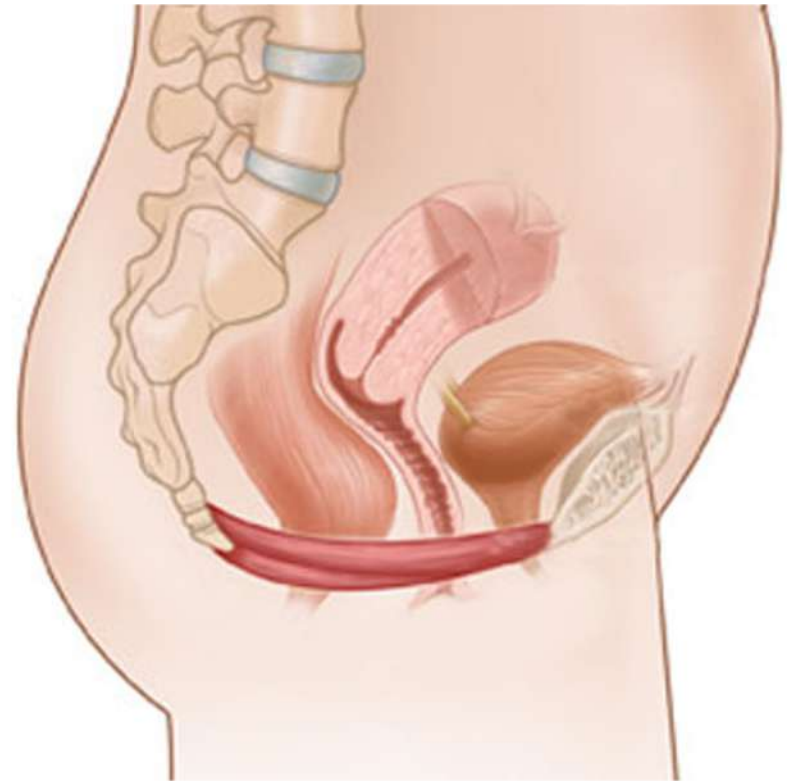
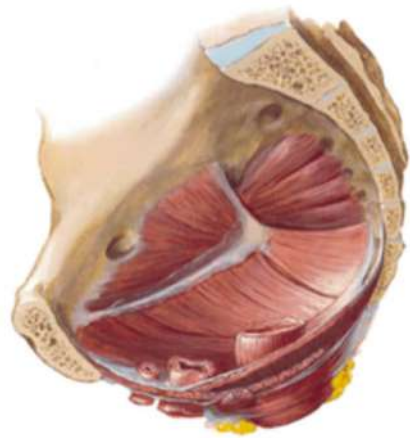
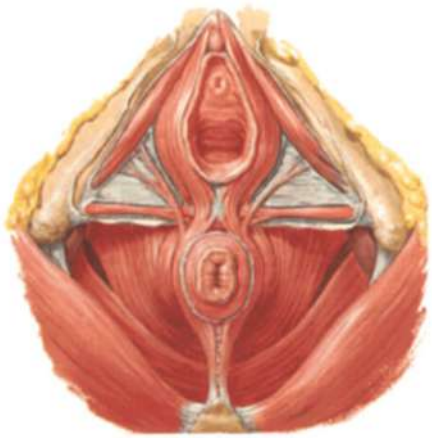
56% minder kans op UI in late zws

30% minder kans op UI postpartum

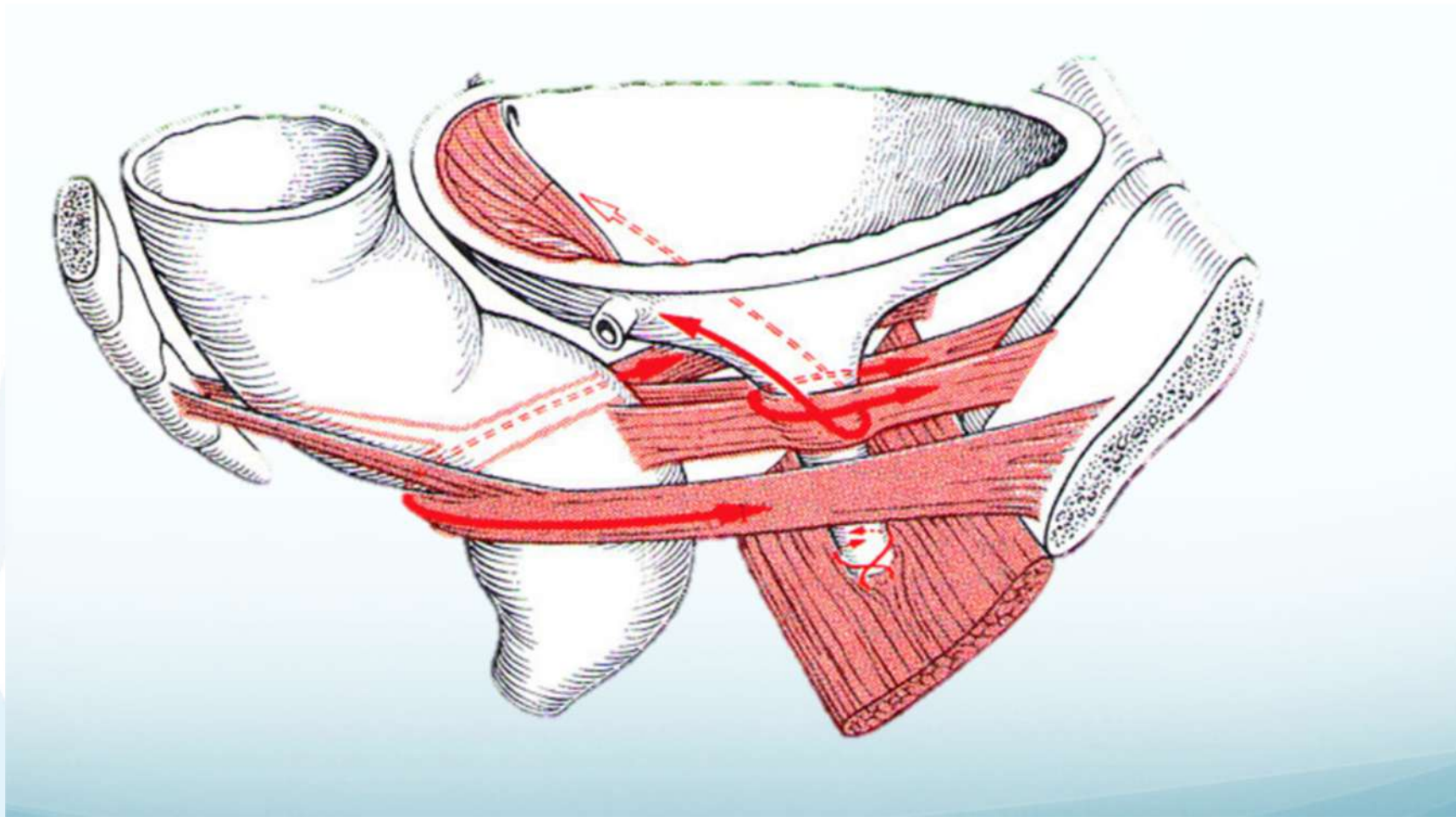
(Davenport et al. 2018)

- Supervisie en feedback belangrijk
- Ontspanning

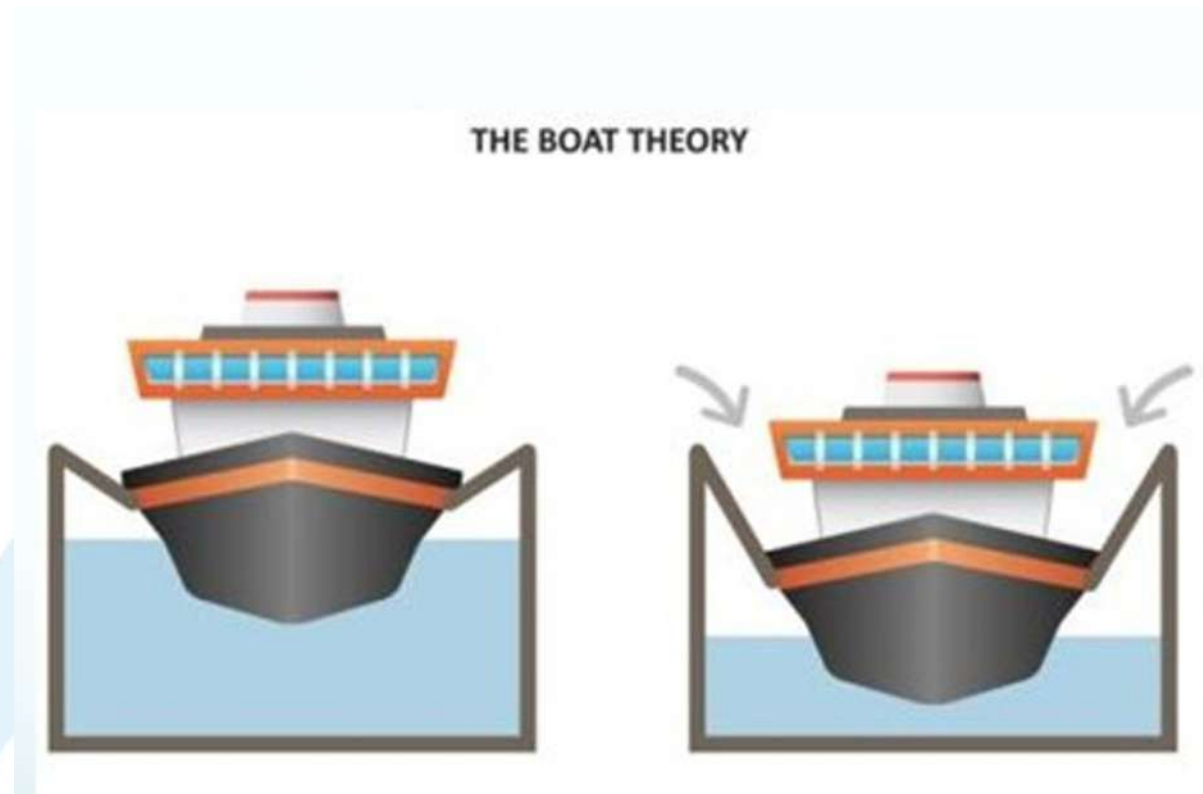
Ligging



Functies - Sluiten



Funcities - Steunen



Funcities – Ontspanning & seksueel

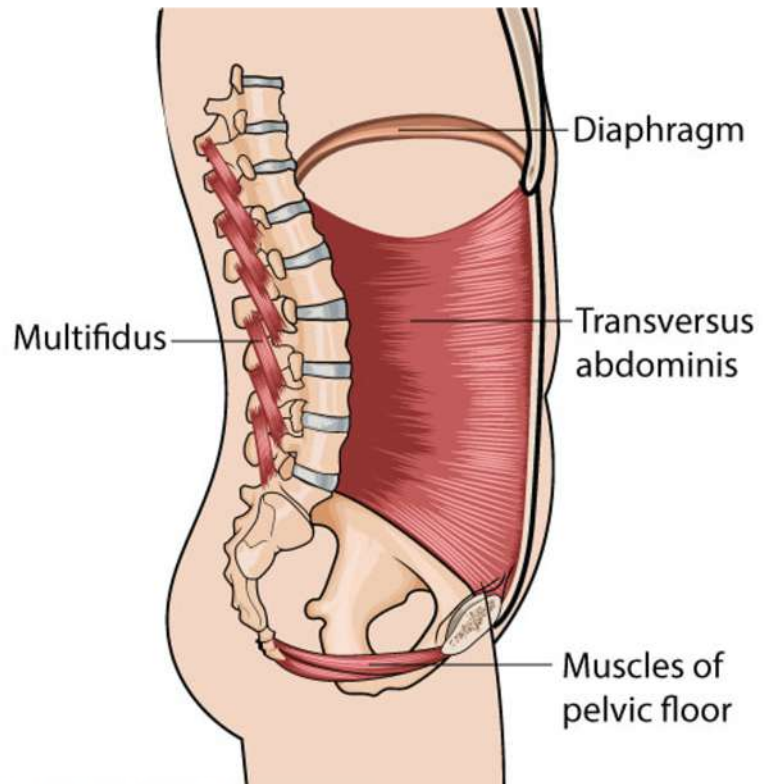


- Mictie en defaecatie



- Opwinding
- Orgasme
- Ontspanning

Funcities- Stabilisatie



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TIME FOR ACTION

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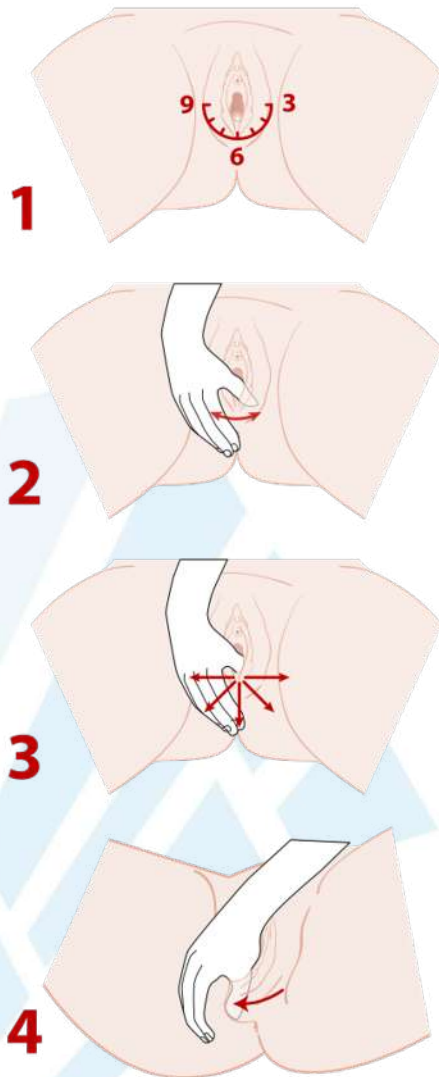
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Perineale massage



- Bij nullipara lagere incidentie van traumata thv. bekkenbodembie hechtingen vereisen (episiotomie)
- Geen resultaten betreft 3^e en 4^e graadsrupturen
- Bij multipara is er een significante verlaging van de incidentie van pijn 3m postpartum

(Beckmann et al. 2006)

Aangepaste beweging

American college of Obstetricians and Gynecologists:

inactivity in pregnancy is risky behaviour (Szumilewicz et al. 2018)

- Belang van educatie en motivatie
- **Rode vlaggen**
- Voordelen bewegen tijdens zwangerschap:
 - Preventie excessieve gewichtstoename
 - Preventie zwangerschapsdiabetes
 - Preventie zwangerschapshypertensie
 - Preventie/reductie malalignment door ZWS
 - Preventie urineverlies

Table I. The recommended structure of a 60-90-minute exercise session for women with uncomplicated pregnancy.

| Recommended physical activity elements | Recommended time (minutes) |
|---|----------------------------|
| • Warm-up | 7-10 |
| • Aerobic exercise, e.g., low or high-low impact aerobics, walking or jogging on a treadmill, stationary cycling | 15-20 |
| • Resistance exercises (including abdominal muscle exercises), and postural and neuromotor (e.g., body balance) exercises | 10-15 |
| • Stretching exercises | 5-10 |
| • Pelvic floor exercises | 5-10 |
| • Cool down and preparation for birth exercises, e.g., birth position and breathing exercises | 5-10 |
| • Relaxation and visualization of pregnancy and childbirth | 5-15 |

(Scumilewicz. Et al 2018)



Aangepaste beweging

- Mag meteen gestart worden (idealiter voor conceptie)
- Matige intensiteit, geen hoge impact (comfort)
- Type afhankelijk van fysieke fitheid voor zwangerschap

Table II. Heart rate ranges for various groups of pregnant women according to PARmed-X for Pregnancy [12].

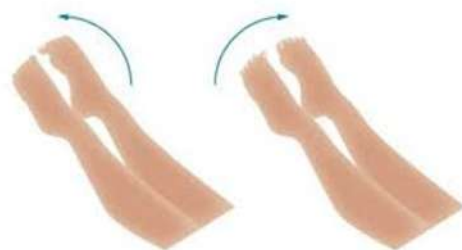
| Maternal age (years) | Fitness level or BMI | Heart rate range (beats/minute) |
|----------------------|----------------------------|---------------------------------|
| Less than 20 | --- | 140-155 |
| 20-29 | Low | 129-144 |
| | Active | 135-150 |
| | Fit | 145-160 |
| | BMI > 25 kg/m ² | 102-124 |
| 30-39 | Low | 128-144 |
| | Active | 130-145 |
| | Fit | 140-156 |
| | BMI > 25 kg/m ² | 101-120 |

(Scumilewicz. Et al
2018)

Circulatieoefeningen



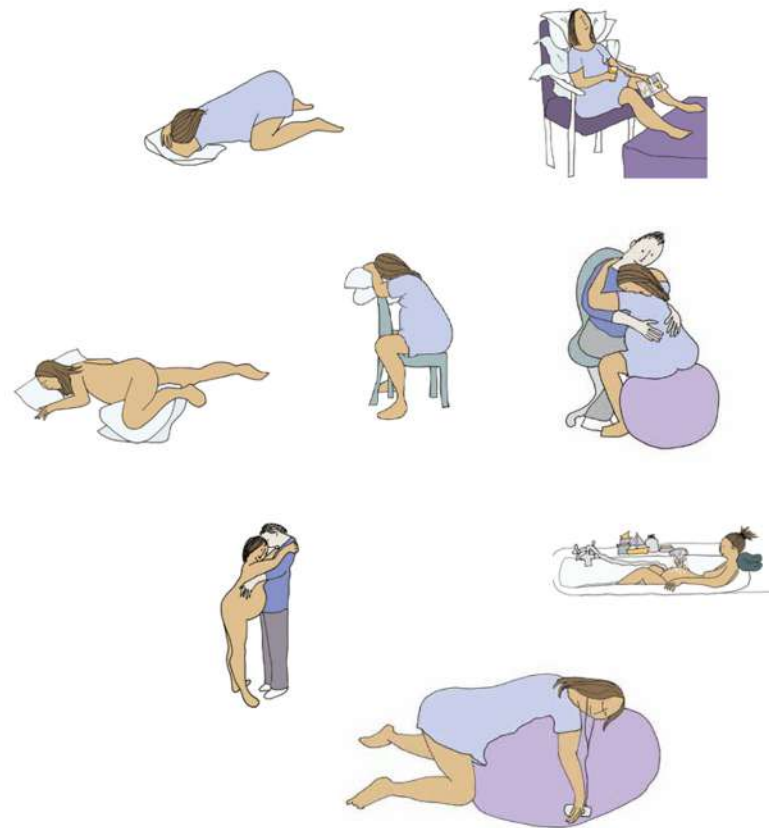
© Healthline, Inc/Corbis



- Preventie/behandeling spataders en oedeem onderste ledematen
- Hoogstand en ev. compressiekousen



Arbeid en bevalling



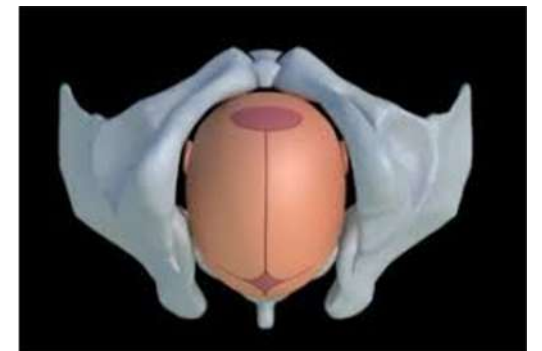
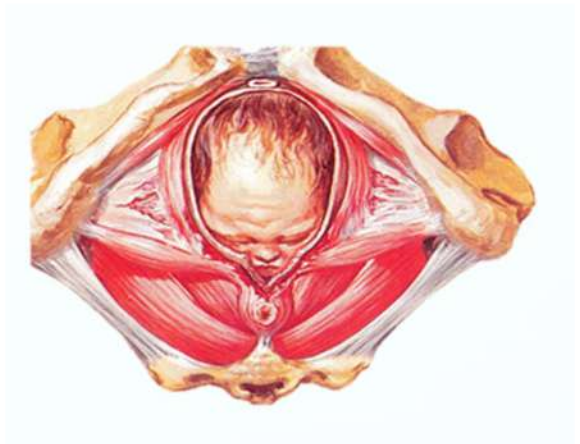
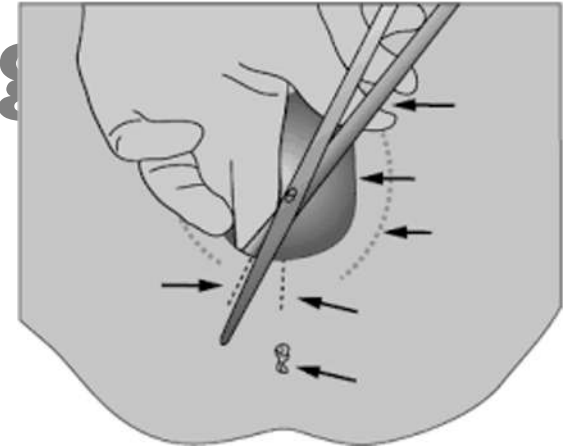
- Educatie
arbeidshoudingen
- Ademhalingstechnieken
- Perstechnieken
- Samen met partner

POSTNATAAL



Invloed vaginale bevalling

- Druk ligg., fasciae en zenuwstructuren (n. Pudendus!)
- Enorme druk + trauma thv. bekkenbodem!
 - Episiotomie/scheur
 - Hulpmiddelen (Kiwi, ventouse, forceps)
- Opening bekkenuitgang




Meest voorkomende postnatale klachten



Incontinentie



Lage rug-
en
bekkengordel
pijn



Dyspareunie
en perineale
pijn

Incontinentie

- **Urine**
 - Stress-/urge-
 - 2,4 keer meer kans na vaginale bevalling ⇔ keizersnede (EPICONT-studie 2013)
- **Faecale incontinentie**
 - 3-25% pp
 - Tot 50% bij 3^e graadsruptuur (Sultan et al. 1993)

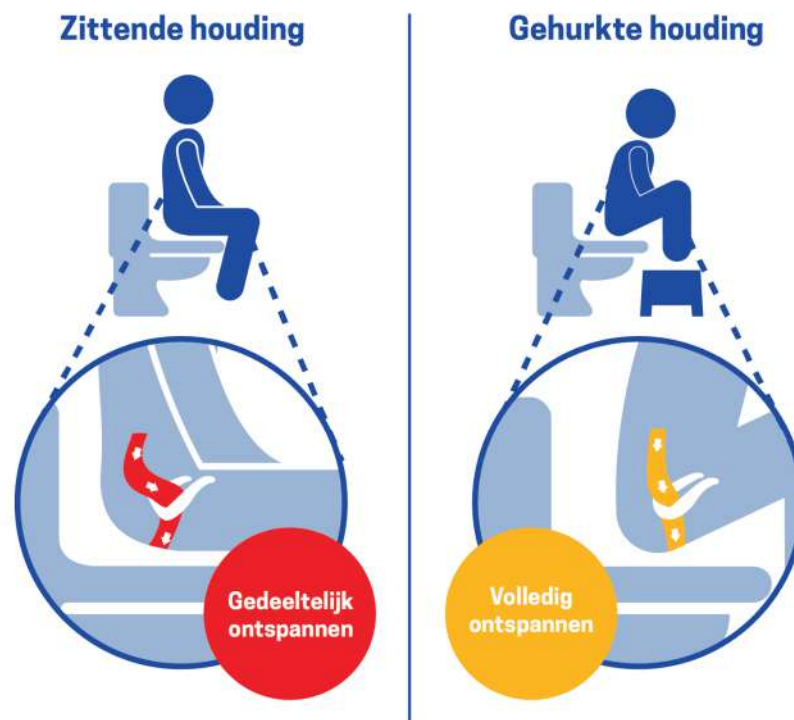


Side note: obstipatie postpartum

- Borstvoeding
- Minder beweging
- Pijn thv. perineum
- Intake ijzer
- Vertraagde transit door hormonale invloed

Educatie defaecatie

- Voldoende vochtintake!
- vezelrijke voeding
- Beweging
- Gastro-colische reflex
- Toilethouding



Lage rugpijn postpartum

- 72% lage rugpijn tot 6w postpartum (10% chronisch)
- Risicofactoren:
 - Multipariteit
 - LRP tijdens zwangerschap
 - Gewrichtshypermobiliteit
 - Jongere leeftijd
 - Hoger BMI
- Oorzaak:
 - Laxiteit ondersteunende weefsels
 - Posturale veranderingen ZWS
 - Verzwakte buikspieren



Bekkengordelpijn

- Pijn thv. sacrum, SI-gewricht, symphysis pubica, coccyx
- In combinatie met LBP

Perineale pijn en dyspareunie

Prevalentie:

Onmiddellijk na bevalling **97%**

Na 2 maanden **20%**

Na 6 maanden **7%**

(Gallie et al. 2013, Abraham et al. 1990, Declercq et al. 2013)





Postnatale kinesitherapie

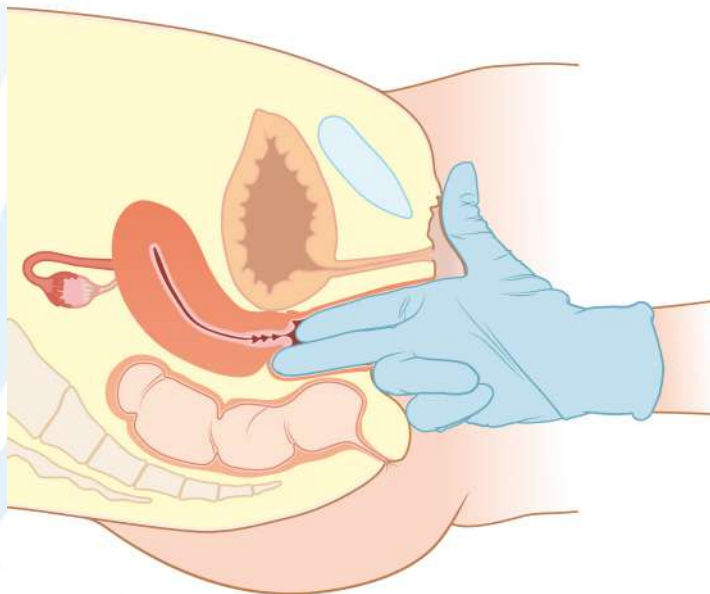
Verloop

Kinesithherapie op materniteit

- Toelichting anatomie en functies van de bekkenbodem
- Invloed zwangerschap en bevalling
- **Instructie bekkenbodemoefening**
 - Kracht
 - Uithouding
 - Coördinatie in ADL
- Houding en bewegings-instructies
- Adviezen preventie retentie en obstipatie
- Eventuele adviezen betreft bekkengordelpijn
- **Doorverwijzing postnatale kinesithherapie 6 weken postpartum**

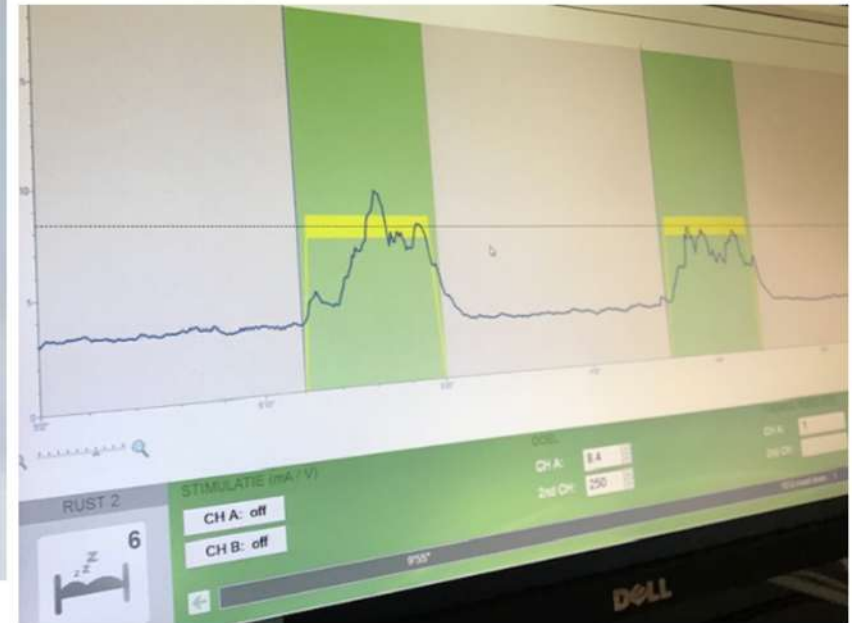
Manueel onderzoek bekkenbodemspieren (vanaf 6w postpartum)

- Via toucher
- Scoring kracht, uithouding, hoestreflex en uitputbaarheid
(Oxford grading scale)



| Grade | Muscle response | Description |
|-------|-----------------|---|
| 0 | Nil | No discernible muscle contraction |
| 1 | Flicker | A flicker or pulse is felt under the examiners fingers |
| 2 | Weak | An increase in tension is detected, without any discernible lift |
| 3 | Moderate | Muscle tension is further enhanced and characterized by lifting of the muscle belly and also elevation of the posterior vaginal wall |
| 4 | Good | Increased tension and a good contraction are present which are capable of elevating the posterior vaginal wall against resistance |
| 5 | Strong | Strong resistance can be applied to the elevation of the posterior vaginal wall; the examiners fingers are squeezed and drawn into the vagina |

Bekkenbodemoefeningen met eventueel biofeedback (+ elektrostimulatie)



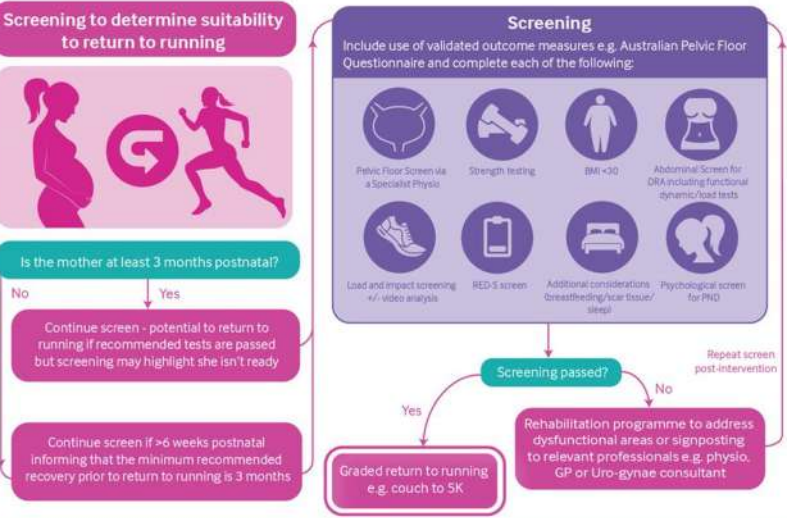
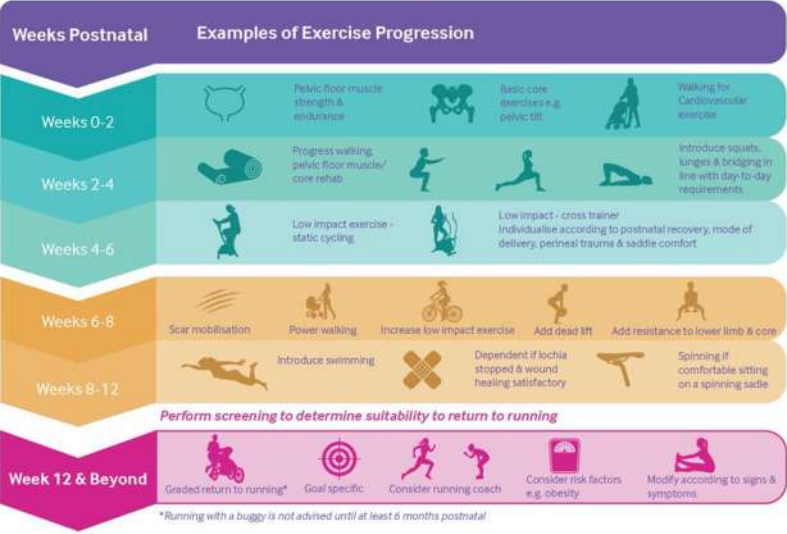
Oefentherapie

- Meteen na bevalling:
 - Opstart aërobe inspanning lage intensiteit
 - Bekkenbodemoefeningen, Stretchoefeningen
- Core-stability training (na 6 weken)
 - **Stabilisatieprogramma gebaseerd op theorie Stuart McGill** (3x/week, 4 weken) kan verbetering bieden wat betreft postnatale lage rugpijn en disfunctioneren (Ammar et al. 2011)
 - **Stabilisatieprogramma** (10 weken) effectief voor vermindering pijnintensiteit, focus op lokale stabilisatoren (mm. Multifidi en m. transversus abdominis, bekkenbodemspieren) (Sekari M. et al. 2020)



Begeleiding heropstart sport

Guidance for Medical, Health & Fitness Professionals to Support Women in Returning to Running Postnatally



Source: Goom T, Donnelly G & Brockwell E. Returning to running postnatal - Guidelines for medical, health and fitness professionals managing this population. March 2019



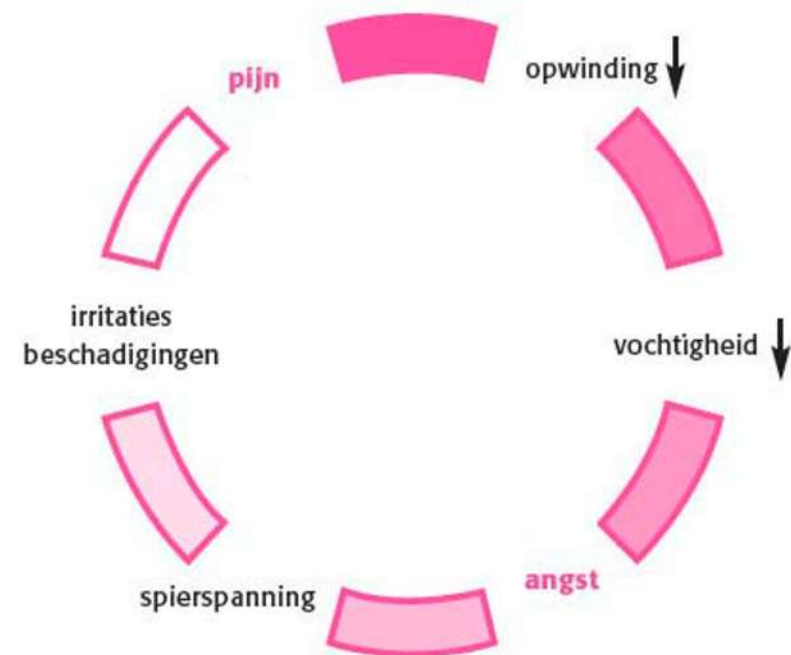
Behandeling perineale pijn

- Compressie en ijs
- Buikademhaling
- Manuele release, perineale massage
- **TENS (bifasisch assymm. Stroom, 60min, 100Hz, 75 Microsec.)** : Duidelijk verminderde pijn in rust en bij beweging (regio episiotomie)



Behandeling dyspareunie

- Bekkenbodemoefeningen
 - ⇒ Tennfjord et al. 2015: geen sign effect, wel licht positief (4M)
 - ⇒ Citak et al. 2010: oefeningen vanaf 4M pp, positief effect op perineale pijn, lubricatie, orgasme en opwinding
- Focus relaxatie
- Educatie



Besluit

- Prenatale begeleiding
- Opstart bekkenbodemoefeningen meteen postpartum
- Na 6 weken opstart postnatale sessies
 - Verdere focus op bekkenbodem
 - Core stability training
- Graduele opbouw sport
- Educatie en adviezen!!!



STRUIKELBLOKKEN

Percentage of women attending perinatal physiotherapy (PT)

| | | |
|----------------------------|----------------|-------|
| Prenatal PT | | 35,5% |
| Intention for postnatal PT | | 97,7% |
| Postnatal PT | Specialized PT | 27,5% |
| | Other PT | 18,8% |
| | Unknown | 53,7% |

Reasons for not attending perinatal physiotherapy

| Prenatal PT | Postnatal PT |
|--|---|
| <ul style="list-style-type: none"> - No symptoms - Not important - No one recommended it - Attending yoga classes, aquagym, ... - Too busy - Gynecologist said it was not necessary - Already knowing PFME - Postnatal PFME are more important | <ul style="list-style-type: none"> - No time - No symptoms - Not satisfied with the therapist - Gynecologist did not recommend it - Too busy - Forgot to go - Do their own exercises |

Short term follow-up of urinary incontinence and lumbopelvic pain in postnatal primiparae: M. Van Kampen, I. Geraerts, L. Vandenplas, Z. Van Veldhoven (2016)

Awareness



Home

Problemen

Over Ons

Blog

FAQ & Links

Steun Ons

Contact

ONTDEK THE PELVIC FLOOR

Welkom op de vloer!

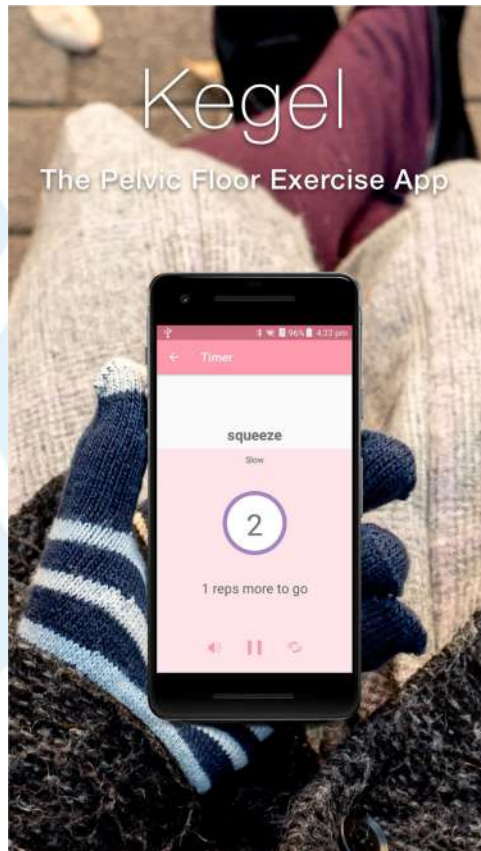
Met dit online platform willen we vanuit onze expertengroep "Women's Pelvic Health Antwerp" hapklare informatie over bekkenbodemp Problemen bieden aan mama's en hun entourage en het taboe écht helpen doorbreken.

MEER OVER ONS





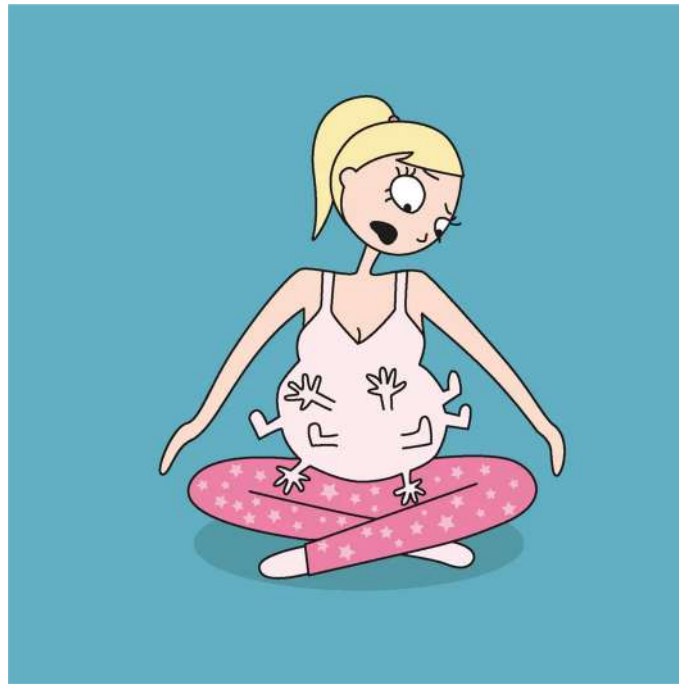
+ belang individuele begeleiding



Doorverwijzing

- Bekkenbodemkinesitherapie UZ Leuven:
016/338799 of madtherapietoren@uzleuven.be
- Therapeuten periferie:
www.Bicap.be / [www. Pelvired.be](http://www.Pelvired.be)

Bedankt voor jullie aandacht!

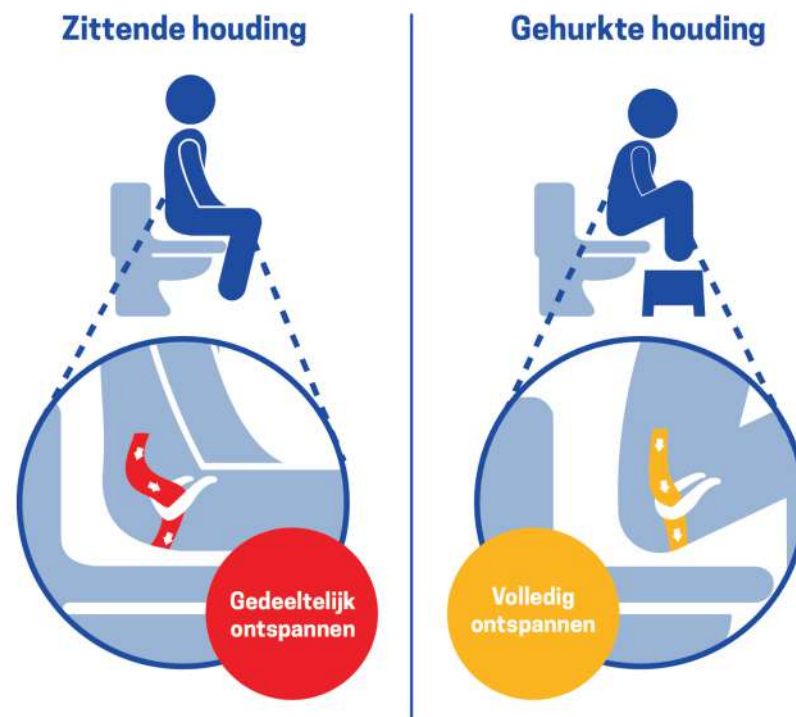


Referenties

- Prenatal exercise (including but not limited to pelvic floor muscle training) and urinary incontinence during and following pregnancy: a systematic review and meta-analysis. Davenport et al. 2018.
- Primary prevention of urinary incontinence: a case study of prenatal and intrapartum interventions. Kissler et al. 2016.
- The efficacy of physiotherapy for the prevention and treatment of prenatal symptoms: a systematic review. Van Kampen et al. 2015.
- Antenatal perineal massage for reducing perineal trauma. Beckmann, Garrett, et al. Cochrane systematic review. 25 January 2006.
- Who and how should we prescribe and conduct exercise programs for pregnant women? Recommendations based on the European educational standards for pregnancy and postnatal exercise specialists. Szumilewicz et al. 2018. *Developmental Period Medicine*, 2018; XII,2.
- Physical exercise during pregnancy: a systematic review. Nascimento et al. 2012
- Effects of exercise on diastasis of the rectus abdominis muscle in the antenatal and postnatal periods: a systematic review. Benjamin DR, van de Water ATM, Peiris CL. *Physiotherapy* 2014;100:1-8.
- Effect of postnatal exercises and education on lowback pain in early postnatal mothers. Sekari M., *Indian Journal of Public Health Research & Development*, June 2020, Vol. 11, No. 6.
- Effect of core stabilisation exercises in postnatal women with Lumbopelvic instability. Ashwini A.K., et al. *Indian Journal of Physiotherapy and Occupational Therapy*, April-June 2019, Vol.13, No. 2.
- Guidance for medical, health and fitness professionals to support women in returning to running postnatally Donnelly et al. *Sports Med* September 2020 Vol 54 No 18.

Educatie mictie en defaecatie

- Toilethouding mictie
- Bekkenkanteling!
- Toilethouding defaecatie



Vermijden obstipatie

- Hormonale vertraging transit
- Ijzersupplementen
- Aambeien
- Druk baby thv. darm



Vezels, vocht & beweging!

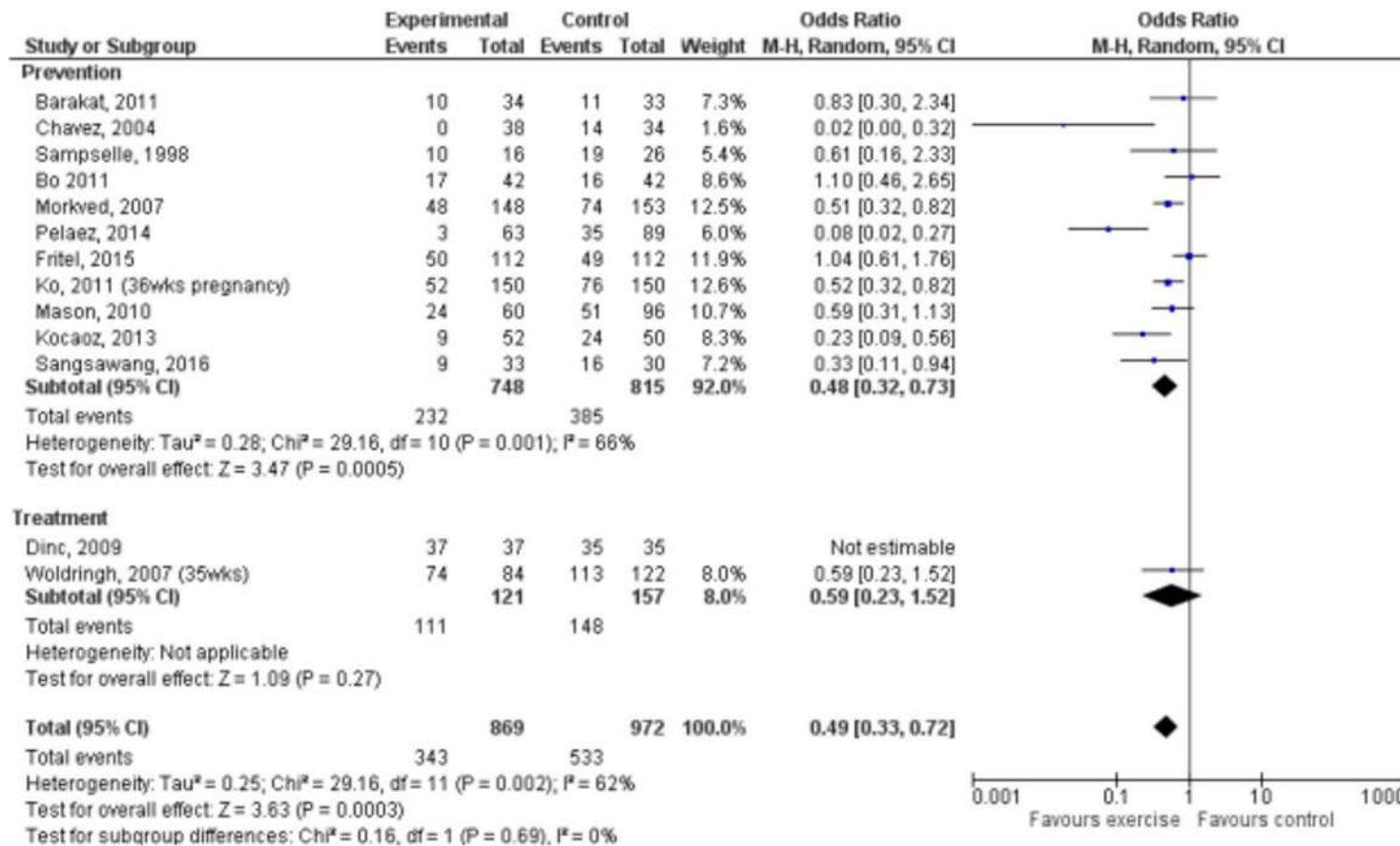


Figure 2 Effects of prenatal exercise compared with control on odds of urinary incontinence during pregnancy (RCTs). Subgroup analyses were conducted with studies including women who were continent ('prevention') and with those including women who were incontinent ('treatment') prior to the intervention. Analysis was conducted using a random effects model. M-H, Mantel-Haenszel method; RCTs, randomised controlled trials.

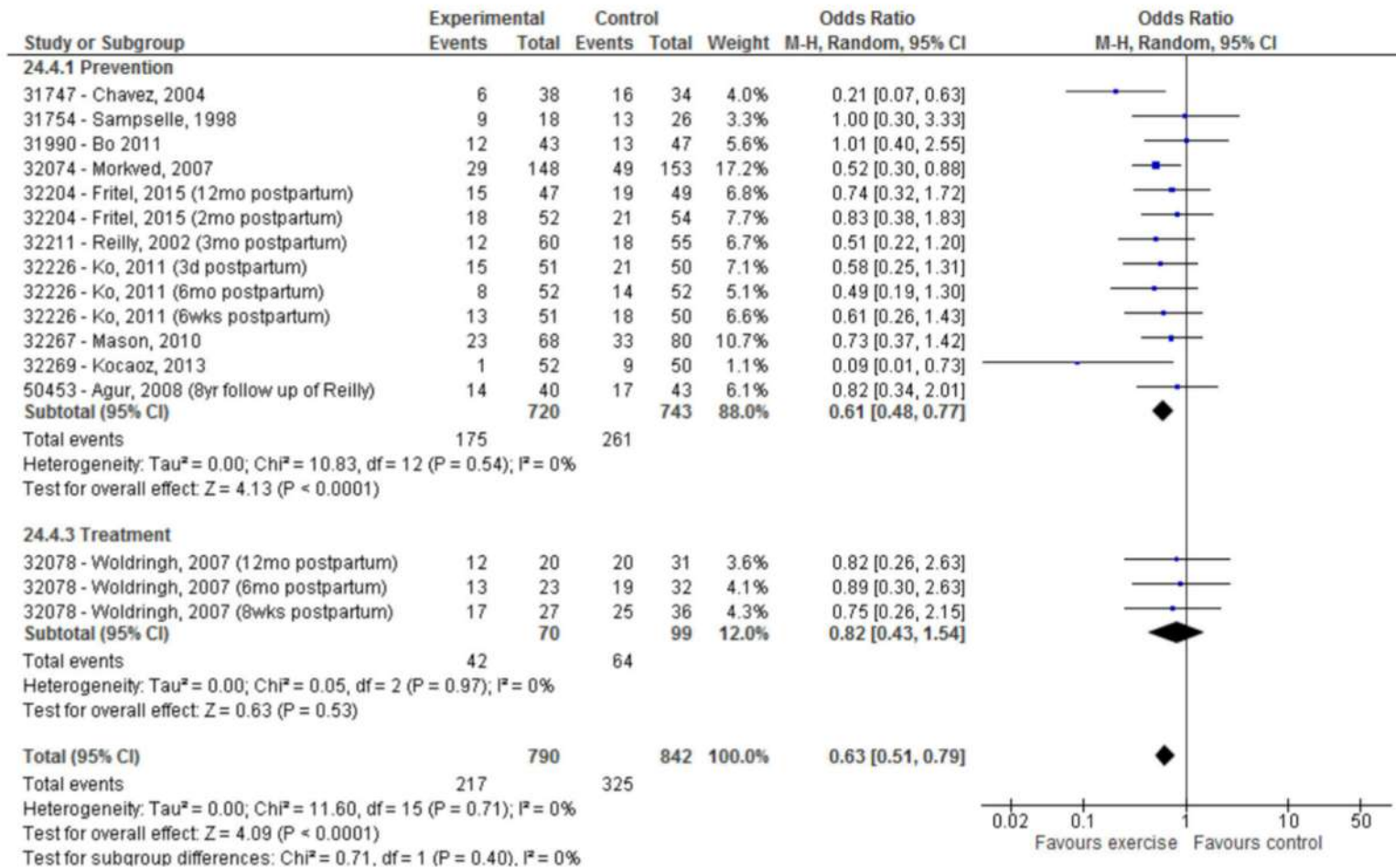


Figure 3 Effects of prenatal exercise compared with control on odds of urinary incontinence during postpartum (RCTs). Subgroup analyses were conducted with studies including women who were continent ('prevention') and with those including women who were incontinent ('treatment') prior to the intervention. Analysis conducted using a random effects model. M-H, Mantel-Haenszel method; RCTs, randomised controlled trials.