



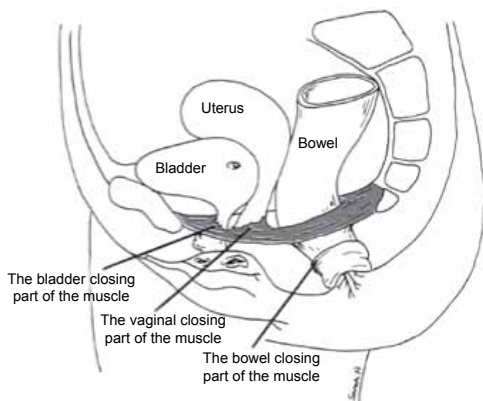
# 11 EXPECTING A BABY? YİN RAC GUÖP?

When you are pregnant, you get a lot of advice from many people. One issue that few people think about are signs of bladder and bowel control problems in pregnancy and after the birth.

## WHAT DO MY PELVIC FLOOR MUSCLES DO?

See the picture of the pelvic floor. The pelvic floor muscles do a number of things. They:

- help to close off the bladder, the vagina (front passage) and the rectum (back passage); and
- help to hold the bladder, the uterus (womb) and bowel in their proper place.

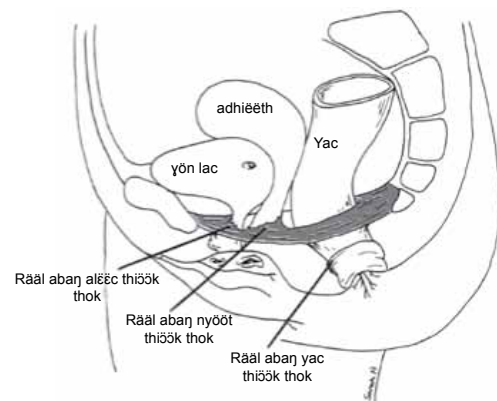


Të liëc yin, yin aye lëc koc juëc. Tõj kërac ye koc juëc tak alon alëc ku gël la roor ee liëcic ku të cïn dhiëth.

## YEDÖ YE RÄL ACUEK KIËN ANJUM LOOI?

Tiŋ thuura acuek anjum. Acuek anjum aa kä juäc looi, kä yekä looi aa kik:

- Keek aa alëc thiök thok, ku thiökkä mur ku amook thok ku; ku
- Mukkä alëc, adhiëth ku yac ke kä yiic nyien den.



## HOW DO I KNOW IF I HAVE A PROBLEM?

There are a few things that might happen if you have weak pelvic floor muscles. You might:

- leak urine when you cough, sneeze, lift, laugh or do exercise;
- not be able to control passing wind;
- feel an urgent need to empty your bladder or your bowel;
- leak bowel motion after you have been to the toilet;
- have trouble cleaning yourself after a bowel motion;
- find it hard to pass a bowel motion unless you change position or use your fingers to help; or
- feel a lump in your vagina or a feeling of dragging like a period, mostly at the end of the day, which could mean that one or more of your pelvic organs might be sagging down into your vagina. This is called pelvic organ prolapse. Prolapse is very common and happens to about one in ten women in Australia.

## BA NJIC KÄDÄ TË LEJ YEN KË WÄÄC TËN YËEN?

A leŋ kä reen bë röt looi të cï acuek kuun anjum lär. Tekdä ka:

- Lëc aa bë ya thiu të yool yin, tiim yin, jöt yin, dol yin, wälä të tuuk yin në tuk koc rii gup;
- Tekdä ka köth a cï bë ya gur;
- Yin ee kat të nëk lëc/la roor yiin;
- Yin ee thar thiu cökabon puoc yin la roor;
- A ce yi thar njic weec të cïn thök la roor rin yen njet bö bei;
- këdän a ce lac bën bei të le yin roor – ku ye nhiaar diët yi ben rot cök piny ku diët yi yëek yi cin ba wuööt bei; wälä
- Yin ee mur doot piny rin leŋ yen kën nyuc mur nhom bë ya piëk piny, ku kën ee rot lac looi të le aköl piny, ku kën a ye nyuooth lon leŋ yen kä yiic cï wiëen ken lär ku yekä diir mur nhom. Kën a cöl thiek mur. Thiek mur ee rot lac looi ku tiëŋ tök diäär ka thiäär baai Yöthralia ee mur thiek të puoc yen dhiëth.





# 1 EXPECTING A BABY? YİN RAC GUÖP?

You may also have sexual problems. Just after your baby is born, you will be very tired and busy with your baby. Vaginal birth can cause weakness around the vagina or a lack of feeling. Vaginal tears and trauma can cause pain for many months. While breast feeding, oestrogen levels may be low and so the vagina may be dry, which can cause more problems. It may be helpful for you and your partner to talk about these issues with a health professional.

## HOW CAN I TELL IF I MIGHT GET BLADDER AND BOWEL PROBLEMS?

Some women seem more likely to have bladder and bowel problems, even if they have had quite easy birth. We can't yet tell who these women might be.

Women who already have bladder or bowel symptoms, such as irritable bowel syndrome or an urgent need to pass urine (also called overactive bladder) will be more likely to have this problem worsen or to gain new problems. Constipation, coughing and obesity can also make problems worse.

Certain things about the birth can make a woman more likely to have bladder and bowel problems:

- having your first baby;
- having a large baby;
- having a long labour, chiefly the second stage of labour; or
- a difficult vaginal delivery, when you have stitches after being cut or having a big tear just outside or in your vagina when the baby is helped out by the vacuum cap or the doctor uses forceps.

## WHAT IF I HAVE A CAESAREAN BIRTH?

Choosing a caesarean birth might seem like a way to avoid these problems, but it is not that simple. A caesarean birth might reduce the risk of severe bladder control problems from 10% to 5% for a first baby, but after the third caesarean there may be no benefit at all. And caesarean births carry their own risks. Babies born this way are more likely to have breathing problems at birth. It can be more risky for the mother and scarring from caesarean births can make pelvic surgery more difficult in the future. So you may be trading one problem for another.

Tekdä ka täc du ke moc a bë yic riäl. Të puoc manh du dhiëeth, ka yin a bë ya rëer ka yi cë guöp thiai ku ye rëer ka yi cë la yölyöl ke meth. Manh bö bei wæeth ee mur cöl a lär wälä a lëu bë noŋ bi tik ci ye yök lon yen muör de. Na cë mur ræet wälä cë dhiäac ka tik a lëu bë reem pëy juéc. Ka tik thuëet meth, miöktik (oestrogen) a lëu bë kur ku keya ka mur ee rëer cë kocu wei, ku kën a lëu bë tik thëi kâ juëéc kök. Tekdä ka path ba wël kâ jääm yiic wek wun meth ka raan kiim rëer thîn.

## BA DIC KADÄ LON Bİ ALÄNY KU YÄNY DIË ÇAK?

Diäär kök aa ye aläc ku yäac ken lac cak, cökalon ci kek dhiët ka cîn kē wäac. A nuot kucku ye diäär yindä kâ cit kākä.

Diäär wën ci aläc wälä yäac ken cak wenthæer, cëmën të yeke yiil yäac wälä të ye kek riij yon laac (cöl aläny tuc guöp) aa tuany den ye nyin juak wälä tekdä ka bë laŋ tuentyuæeny kök tul ke gup. Kuil, yocul ku cuai diit wën ci raan ŋer aa tuentyuæeny ë lär acuek juak yic.

A leŋ kâ kök ë dhiëth wën tik cöl alëer alëec ku yac, kâ cit:

- Dhiënh ë manh kai;
- Dhiënh ë manh diit tet;
- Röp ë kaam bär yic, röp rou; wälä
- Të ci meth rik wæeth, të mur koc thok rin ci ye kac thok bë cuot yic ciëen wälä të ci tik ræet të thiäak ke mur wälä ye mur yen cë thok ræet të miit meth bei luöŋ.

## NA RËËT METH BEI KA İÖ YİNDÄ?

Na loc bë meth rëët bei ka yi yök ciët yi cë kâ ræc lir, kekädäŋ dhiëth a ce kē puol. Manh rëët bei a lëu bë lär alëec tek yic 10% yet 5% tēn manh tuen, ku na la manh diäk rëët bei ka rët a cîn kē pæeth dëd ben kuöny yiin. Ku miith rëët bei aa leŋ kâ kök jöör tēn keek röt. Miith rëët bei aa ye wëei jöör të puoc ke dhiëeth. Rët a lëu bë yic riäl tēn tik ku piär anuum aa lëu bik rët dëd bi tik ben ræt akölrrial cöl a ril yic. Ka yeen tekdä ka yin awar jaŋ tök nē jöŋ dëd.





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In many cases, a vaginal birth runs just as planned and is a lovely event for parents, so this type of birth is best when possible. But problems can still happen. Research is now looking at how we can better know about and stop harm to the pelvic floor during birth. For now, pregnancy and birth involves making a choice between different kinds of risk. You and your partner need to think about these risks and discuss them with your pregnancy care professional. No one can promise you and your baby a perfect outcome.

## WHAT CAN I DO ABOUT WEAK PELVIC FLOOR MUSCLES?

The birth of a baby might have stretched your pelvic floor muscles. Any ‘pushing down’ action in the first weeks after the baby’s birth might stretch the pelvic floor again. You can help to protect your pelvic floor muscles by not pushing down on your pelvic floor. Here are a few ideas to help you.

- Try to squeeze, lift and hold your pelvic floor muscles before you sneeze, cough, blow your nose or lift.
- Cross your legs and squeeze them tightly together before each cough or sneeze.
- Share the lifting of heavy loads.
- Don’t do bouncing exercises.
- Do pelvic floor muscle training to strengthen your pelvic floor muscles (See the leaflet “Pelvic Floor Muscle Training for Women”).
- Keep good bladder and bowel habits:
  1. eat fruit and vegetables;
  2. drink 1.5 - 2 litres of fluid per day;
  3. do not go to the toilet ‘just in case’ as this might cut down how much your bladder can hold; and
- Try not to get constipated.
- Don’t strain when opening your bowels. A good way to sit on the toilet is to put your forearms onto your thighs and, with your feet close to the toilet, raise your heels. Relax your pelvic floor muscles and gently push.

Kä juääc yiic, manh bö bei wæth ee bën bei ka cïn kë wääc ku ye kë path aländeen tën man meth ku wun meth, ka yeen dhiënh kën yeen ee dhiënh path tē lëu yen rot. Ku a lëu bë laŋ kë ɲot wääc. Jäc a loi ebën buk ɲic tē acuek aɲuum ya gël thïn bïk cï lâr tē dhiëeth meth. Ye mën, liëc ku dhiëth aa kɔɔc ë meth loc thïn tē bë gël kä wääc. Week wek wun meth wek aa dhil kä lëu bïk wääc jääm yiic ke raan ë kïim. A cïn lëu bë ye lëk week lon bï meth dhiëeth ka cïn kë wääc – ee ɲöth yen a ye koc ɲöth lon cï kâr bë wääc.

## YEDÖ BA LOOI TĚ NIÇP ACUEK KIËN ANUUM?

Tekdä ka dhiënh meth a cë acuek kuun aɲuum cɔl a lâr. Na leŋ kë bën cɔl wiik puɔc meth dhiëeth thïn yiic ka acuek aɲuum aa lëu bïk bën lâr apey. A lëu ba acuek kuun aɲuum cɔl dhuk nyin deen thæɛr tē pëen yïn cɔlcɔl. Loi kākä ba acuek kuun aɲuum cɔl a dhuk nyin deen thæɛr.

- Ye them ba yï thar ya rot tē tïim yïn, ɲɔl yïn, thoony yïn yï wum wälä tē jɔt yïn kë thiek.
- Ðan yï kuöl ku nyith ke yiic tē wïc yïn ɲɔl wälä tē tïim yïn.
- Ye rot cɔl a kony tē jɔt yïn kë thiek.
- Duk ye tuk kä yï cɔl a kɛɛc nhial ku kaac piny.
- Ye acuek kuun aɲuum duääny bïk riel (kuen athörthi: “Duëñny Acuek Aɲuum tën Diäär”).
- Ðic alëëc ku yäny du ɲiëëc:
  1. Ye cam mïth tiim ku liëëm;
  2. Dek lita tök ku abak agut litaa karou (1.5 – 2 litres) ee pïu aköl tökic;
  3. duk ye la ɲön laac tē këc la yï mät rin bï yen aläny du cɔl a cak; ku
- Duk rot cɔl a kuil.
- Duk kë riëëc ebën ye piëk bei ebën tē le yïn roor. Rin ba ɲic nyuc thöny la roor nhom, kan yï kök yï ɲööm ku, ka yï cë yï cuök cuot thöoc lööm, jat cök ɲuur nhial. Päl acuek kuun aɲuum yiic piny ku jɔl cɔl amääth.





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- Keep your weight within the right range for your height and age, and try not to gain too much during pregnancy.
- Continue to exercise.
- Ask for advice about bladder infections.

For more information, see the leaflet “Good Bladder Habits for Everyone.”

## WILL THINGS GET BETTER?

Do not lose heart. Even very poor bladder or bowel control just after giving birth can get better without help in the first six months, as the pelvic floor tissues, muscles and nerves mend.

Regular pelvic floor muscle training kept up over the long term, as well as the right advice, will help.

Don't forget to look after yourself at a time when it is easy to neglect your own needs.

If things are not getting better after six months, speak to your doctor, physiotherapist, or continence nurse advisor.

## SEEK HELP

Qualified nurses are available if you call the National Continence Helpline on 1800 33 00 66\* (Monday to Friday, between 8.00am to 8.00pm Australian Eastern Standard Time) for free:

- Information;
- Advice; and
- Leaflets.

If you have difficulty speaking or understanding English you can access the Helpline through the free Telephone Interpreter Service on 13 14 50. The phone will be answered in English, so please name the language you speak and wait on the phone. You will be connected to an interpreter who speaks your language. Tell the interpreter you wish to call the National Continence Helpline on 1800 33 00 66. Wait on the phone to be connected and the interpreter will assist you to speak with a continence nurse advisor. All calls are confidential.

Visit [bladderbowel.gov.au](http://bladderbowel.gov.au) or [continence.org.au/other-languages](http://continence.org.au/other-languages)

\* Calls from mobile telephones are charged at applicable rates.

- Duk rot cöl a cuai apøy ku ye dhiék du thöön ke bër du ku ruön ku – ku duk rot cöl apøy tẽ ręc yïn guöp.
- Ye rot duääny.
- Thięc akim tẽ aläny du cak.

Na wïc lëk kök ka yï kuen athörthi: “Raan ebën a dhil aläny de njęc njëęc”.

## BË KË RIËËC EBËN YE NYIN CÖK PINY?

Duk puöu go njęc. Na cök acuej anjuum cë lär wälä yäny cë cak ke bën dhuk nyien rot pëy ka dhëtem yiic tẽ cï meth dhiëët, rin ye rïj acuek anjuum, acuek ku räl röt döm röt.

Na ye tik acuek keen anjuum njęc duääny në kaam bär yic, ku cöl rot cöl a njïc lëk, ka acuek keen anjuum aa dhuk nyien den.

Duk nhom wëy ku rin kaam ręc yïn guöp ë kën meth rot yen kë lui yï nhom.

Na cïn kë cë yic waar pëy ka dhëtem yiic, ka yï jam kek akim, raan kóc duääny wälä akuonyakim ë thiu thar.

## WÏC KUÖÖNY

Mathaat akim cï piöc aabi tö na yï ayup telepun Kuöony Baai käk thiu thar ee nïmra kënëic tök, bët, gueu, diäk, diäk, gueu, dhetem, dhetem\*/ 1800 33 00 66\* (aköl Tök agut aköl Dhięc ee Läätic (Monday- Friday) kaam thaa bët nhiäk-duur (8am) ku thaa bët thëëi (8pm) ee thaa kóc Australia ciënj Ciëën) aye gäm kóc abęc:

- Lëk/Wël;
- Wëët; ku
- Athör thiin ë lëk.

Na yïn acie njëc jam thoñ English apieth ka yïn alëu ba telpun luci ye kóc Kuöony wër thokic yuöp. Cöl nïmra kënë tök diäk, tök, nuan, dhięc/13 14 50. Tuenjic, abi raan køj dhuk nhom ee thoñ English, luel thoñduön ee yïn jam ku tiëët ee telepunic. Yïn abi tuööm thok kek raan kóc waar thook/duwër jam thuönjdu, ku jal kek lëk wëtduön wïc ee yïn kóc Baai Kuöony Käk thiu thar yuöp ee nïmra kënëic tök, bët, gueu, diäk, diäk, gueu, dhetem, dhetem/ 1800 33 00 66. Tiëët ee telepunic ku bï yï gam ku duwër abi kony ba jam kek mathaat akim kóc lëk. Telepun duwër aye kóc yup thïn abęc/majan ee rin cïn en wëu ye wïc tënë yïn. Kek wël ebën aye thiaan yïic.

Nem thioñnyin eet [bladderbowel.gov.au](http://bladderbowel.gov.au) wulë [continence.org.au/other-languages](http://continence.org.au/other-languages) (thok-thok kök yiic)

\* Yup mobaalic ee wëu cam təcit cöt baai ëtën.

