



**Pelvic floor health
for expectant
and new mums**

Supported by the Australian Government's National Continence Program.

Pelvic Floor Health for Expectant and New Mums

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This book is intended as a general introduction only and is no substitute for professional assessment and care.

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About pelvic floor health for expectant and new mums

Pregnancy is an amazing time in a woman's life. Your body is changing and adapting every day to the little human growing inside you. It is also a time where you will receive lots of advice from the people around you – some useful, some not.

Few people talk about pelvic floor health and how it helps with bladder and bowel control, otherwise known as continence, as well as pelvic organ support and sexual function during pregnancy and after childbirth.

Pelvic floor muscles that work well reduce the risk of losing control of your bladder and bowel, particularly during pregnancy, and assists with faster recovery after childbirth.

If you are pregnant, planning to become pregnant, or have recently had a baby you will find the information contained in this booklet useful.

It covers:

- ➔ lifestyle habits to prevent or manage incontinence during pregnancy and after childbirth
- ➔ the role of your pelvic floor muscles and how to exercise them during pregnancy and after childbirth
- ➔ frequently asked questions on related topics.

This booklet also provides information on where to get help if you experience bladder or bowel control problems, pelvic organ prolapse and sexual pain.

How do I know if I have a bladder or bowel control problem, or a pelvic health issue?

One in three women has some form of incontinence after having a baby.

Some may not experience any symptoms in their first pregnancy; however, the more babies you have the higher the risk of problems with your bladder and bowel control, and pelvic floor health.

Do you:

- leak urine when you cough, sneeze, lift, laugh or exercise?
- feel an urgent need to empty your bladder or bowel?
- leak urine or faeces on the way to the toilet?
- leak urine or faeces after you have been to the toilet?
- find it hard to pass a bowel motion?
- feel a bulge in your vagina, a heavy sensation or feeling of pressure in that area?

If you occasionally or regularly experience any of these symptoms, the Continence Foundation of Australia recommends you seek help early as symptoms only get worse over time if left untreated. Pelvic health issues including poor bladder and bowel control and prolapse can be better managed, or even cured with the right treatment.



Bladder and bowel control during pregnancy

Here are some simple steps you can follow to help prevent bladder and bowel control problems.

Drink well

- ➔ Have plenty of fluids. Fluid can include milk and juice; however, water is best. Many foods like soup, fruit, yoghurt and custard also have fluid in them.
- ➔ Drink throughout the day, and more if it is hot or you are exercising.
- ➔ Drink less coffee, tea, sugary and fizzy drinks as they can irritate the bladder.
- ➔ Avoid drinking alcohol.



Do not reduce your fluids if you have a bladder control problem as this will concentrate your urine and could increase your urgency to go to the toilet.

Eat well

- ✓ Eat plenty of fibre as it helps keep you regular. Fibre is found in plant foods such as fruit, vegetables, legumes, grains, nuts and seeds. Eat a variety of sources or types of fibre.
- ✓ When adding fibre to your diet, drink plenty of fluid to avoid constipation. Also increase your fibre slowly to allow your body to adjust.



It is recommended to eat 2-3 serves of fruit, 5 serves of vegetables and 5 serves of cereals & bread each day.



Free resource *Healthy Diet and Bowels* booklet at [continence.org.au/resources](https://www.continence.org.au/resources)

Be active

- Exercise for 30 minutes most days or as advised by your doctor, pelvic health physiotherapist or midwife.
- Physical activity such as brisk walking may stimulate movement of the bowel.

Work your pelvic floor muscles

- Find your pelvic floor muscles and check that you are exercising them correctly.
- Fully relax your pelvic floor muscles after drawing them up inside.
- Exercise these muscles regularly.
- Breathe out as you lift heavy objects – avoid holding your breath.
- Lift your pelvic floor when you cough and sneeze.

Follow these toilet tips

- Only go to the toilet when you need to (normally 4-6 times per day). Don't get into the habit of going "just in case" as you may end up going to the toilet more frequently and reduce the amount your bladder can hold.
- Go to the toilet when you first feel the urge to use your bowel – don't ignore it.
- Relax when you sit on the toilet – rest your feet on a footstool so the knees are higher than your hips, lean forward and rest your forearms on your thighs.



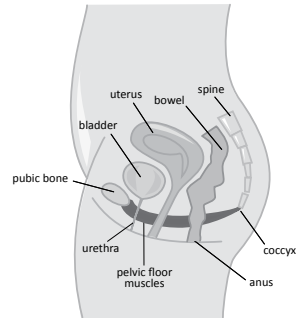
During pregnancy you may need to go to the toilet more frequently to pass urine. This is normal as there is less room in the pelvis as the baby grows. Pregnancy hormones have an impact too.

Pelvic floor muscles

The pelvic floor is the base or the floor of the pelvis and is made up of layers of muscle and other tissues. These layers stretch like a hammock from the pubic bone to the tail bone and from side to side.

Pelvic floor muscles:

- ➔ support the bladder, uterus (womb) and bowel
- ➔ help control your bladder and bowel
- ➔ work with your abdominal (tummy) and back muscles to support your spine and keep it steady as you lift, move or carry weight
- ➔ assist with pregnancy and giving birth, and
- ➔ help with sexual function.



Why is it important to exercise your pelvic floor?

When you are pregnant, pregnancy hormones are released throughout your body. The hormones soften your body's tissues and muscles, allowing them to stretch as your baby grows.

The softening effect of the pregnancy hormones and the increasing weight of your baby places pressure on your pelvic floor muscles. This can make it harder for the muscles to hold your pelvic floor organs in their correct position and squeeze to control your bladder. So, exercising your pelvic floor muscles is important to retain their strength.

During a vaginal birth or delivery, your pelvic floor muscles also help guide the baby down the birth canal, stretching and opening to allow the baby to be born. Having pelvic floor muscles that work well allows them to effectively play their role in the birthing process.



Exercising your pelvic floor muscles regularly during pregnancy will reduce your risk of bladder and bowel control problems, provide better pelvic organ support and help you to recover more quickly after birth.

How to do pelvic floor muscle exercises

Step 1: Find your pelvic floor muscles

- Sit up tall and relax your shoulders. Also relax your thighs, bottom (buttocks) and soften your abdomen (tummy).
- Locate or feel the different parts of your pelvic floor by lifting the muscles around:
 - your urethra (front passage) as if trying to stop the flow of urine, then relax
 - your vagina, drawing it upwards inside your pelvis, then relax
 - anus (back passage) as if trying to stop the passing of wind, then relax
- Then lift all the pelvic floor muscles around your urethra, vagina and anus at the same time. Keep your legs and bottom relaxed.
- As you do this, there should be a feeling of lift each time the muscles are squeezed.
- Then let go and relax. There should be a distinct feeling of letting go.
- Lift and relax a couple more times to be sure you have found the right muscles.



Go to [continence.org.au](https://www.continence.org.au) to watch 3D videos on how the pelvic floor muscles work

Step 2: Exercise your pelvic floor muscles

- Lift and squeeze the pelvic floor muscles around your urethra, vagina and anus at the same time. Breathe while you hold your lift and squeeze.
- Aim to hold for 3 seconds, then relax them fully. Build up to hold for 5-8 seconds over time.
- Rest your pelvic floor muscles for the same amount of time as you held the lift before repeating.
- Your shoulders, bottom, thighs, hands and feet should remain relaxed.
- If you cannot feel your muscles contracting, change your position and try again. The exercises can be done while sitting, lying or standing (lie on your side if you are over 16 weeks pregnant).

How to do pelvic floor muscle exercises

- Repeat this process 3-5 times in one set, building up to 8-12 times in a set over time, as long as you can do it with the right technique.
- Try to do 3 sets each day in a variety of positions.
- 3-5 quick lifts of your pelvic floor can also be done building up to 8-12 before or after your pelvic floor holds.



See a pelvic health physiotherapist or nurse continence specialist if you:

- cannot feel your muscles hold or relax
- see no improvement in your bladder or bowel control after three weeks of doing regular pelvic floor exercises
- have back or pelvic pain, vaginal bulge or ache, or
- notice your symptoms getting worse.

I was leaking urine when I coughed and rushing to the toilet. After a few months of thinking that the symptoms would improve on their own, I spoke to my doctor who referred me to see a pelvic health physiotherapist. It was very embarrassing, but it was a relief to get some help and to know that I could improve the situation. But if I had known years ago how important the exercises were, I wouldn't be putting up with this now at the age of 42. It is devastating to wet yourself, and it has affected my relationship with my husband. With the help of my physiotherapist, I'm on the mend.

Freda



Pregnancy abdominal bracing

Learning to brace or actively contract your abdominal muscles is important during pregnancy. Pregnancy abdominal bracing is gently and accurately tightening your abdominal muscles around your baby, while still breathing normally. As your abdominal muscles lengthen during pregnancy, bracing will help you keep your muscles toned so they can support your baby and reduce strain on your back.

Strengthening your muscles this way during pregnancy will make it easier for you to regain your muscle strength and tone after your baby is born.

It is NOT recommended to continue with traditional abdominal exercises such as sit ups and curl ups while pregnant. Many of these exercises can put downward pressure on the pelvic floor muscles, which may cause them to weaken.

How to brace correctly

- Sit comfortably and relax your abdominal muscles.
- Gently draw in your abdominal muscles below your belly button. Hold this for a moment and then relax.
- Repeat and aim to feel the lower half of your abdominal muscles contract (below the belly button).
- You should not feel that you are sucking in the muscles under your ribcage, otherwise you are mainly working your upper abdominal muscles. You should feel no pressure downwards on your pelvic floor.
- Lifting your pelvic floor first may help you to connect to your lower and deeper abdominal muscles, as they are 'wired' together. As your baby grows, your lower abdominal muscles need to hold and support the extra weight of the uterus.
- To focus more on the lower muscles, place your hand on your abdomen, below your belly button. Gently pull your abdominal muscles away from your hand.
- Once you are able to brace or actively contract the muscles for 3–4 seconds, aim for 3–4 repeats. Increase to 5-second holds and repeat five times, building up to 10 seconds and repeated 10 times.
- Bracing can be done sitting, standing, on hands and knees or lying on your side.



Many women in the later stages of pregnancy find the hands and knees position allows them to feel their muscles working more easily. Once you have mastered the technique, you can do abdominal muscle bracing exercises many times a day in any position and during daily activities, right up until the birth of your baby.

Remember that:

- ➔ It takes time to learn to do pregnancy abdominal bracing smoothly and with control.
- ➔ It is important to not hold your breath when doing this exercise. If you are holding your breath, stop and refocus. Relax the muscles and draw in more gently.
- ➔ You should feel no pain, discomfort or downward pressure while bracing.
- ➔ If you are unsure, have your technique checked by a pelvic health physiotherapist.



Holding your breath is often a signal that something is too heavy for you to lift or move. This may put pressure upon your pelvic floor.

Abdominal bracing after birth

If comfortable, you can start abdominal bracing around day two after childbirth. Start by drawing in the muscles around your abdomen and focus on the lower half of your abdominal muscles.

Check your technique with a midwife or the pelvic health physiotherapist who visits you on the maternity ward, particularly if you feel any discomfort.

Women who have had a caesarean section can gently draw in the muscles for support when they move and start using bracing as an exercise around day two after the birth.

Initially, it may be easier to do abdominal bracing exercises while you are lying on your side, sitting (including when you are holding your baby) or standing.

Focus on increasing the hold time to at least 10 seconds without holding your breath. As it becomes easier, draw them in while pushing the pram, lifting or changing the baby, hanging out the washing or grocery shopping.

This will help to prepare you to take up other postnatal abdominal exercises.

Always remember:

- Do not hold your breath while doing this or any other abdominal exercise.
- Abdominal muscle exercises should not cause bulging of your abdominal wall.
- You should not feel any downward pressure on your pelvic floor.
- Seek advice from your doctor or pelvic health physiotherapist if you feel any discomfort while doing this exercise.



It takes time for your muscles, which have stretched and lengthened during your pregnancy, to strengthen and shorten.

How do I care for my back during pregnancy?

Your back carries an extra load while you are pregnant. Here are some tips to care for your back and keep you moving during pregnancy:

- Brace your abdominal muscles to reduce strain on your back.
- Good posture is important:
 - Stand tall, with your abdominal muscles gently drawn in and your shoulders back, and gently drop your chin.
 - Always sit in a supportive chair with both feet supported on the floor and avoid crossing your legs.
- Pelvic tilting is also good for back movement:
 - In a hands and knees position, or while standing, do a back stretch (also known as the cat curl).
 - Pelvic tilting can also be done when sitting on a ball.
 - Breathe out when you stretch to avoid holding your breath.
 - Pelvic tilting is a good exercise to also help start your abdominal muscles working again after the birth.

Pregnancy and exercise

It is important to still exercise regularly when pregnant as it is an essential way of helping your body to cope with the increased demands on your joints, muscles, heart and lungs. Exercises that do not put pressure on your pelvic floor muscles while you are pregnant are recommended.

Benefits of exercise during pregnancy

- ➔ Regular exercise can help reduce back pain, improve or maintain muscle tone, reduce leg cramps, swelling and constipation, and improve sleep patterns.
- ➔ As well as improved fitness, those who exercise are less likely to experience fatigue, are less anxious and experience reduced pain perception and neuromuscular tension.

While you are pregnant, you must take special precautions with exercise. It is important to consult your doctor, pelvic health physiotherapist or midwife when starting a new exercise program or continuing with your current exercise program once pregnant.

Here are a few things to consider:

- ➔ Let your doctor, physiotherapist or midwife know:
 - type and amount of exercise you normally do and have done recently.
 - any problems or discomfort you are experiencing while exercising
- ➔ When you are exercising nothing should hurt! Exercise should make you feel good. You should not feel pain or shortness of breath at any time while exercising
- ➔ If you are experiencing any of the following symptoms, **stop the exercise immediately** and seek help:
 - dizziness, faintness, headaches, blurred vision, nausea or vomiting
 - any kind of pain or numbness
 - discomfort or feeling extremely tired after you have exercised
 - vaginal bleeding, contractions, leaking amniotic fluid (the fluid around your baby), or reduced movements of your baby
- ➔ Be aware of the effects of pregnancy hormones. Softened joints and ligaments may increase the risk of injury.
- ➔ Avoid lying on your back to exercise after 16 weeks, and avoid contact sports after the first trimester, or as advised by your doctor, physiotherapist or midwife.
- ➔ Always maintain correct form and posture during exercise and avoid holding your breath.

Recommended exercises during pregnancy (if no complications):

- walking
- low-impact aerobics
- water aerobics
- pregnancy exercise classes
- cycling (on a stationary bike)
- swimming (freestyle, not breaststroke)
- light weight training.



Free resource *Pregnancy and exercise fact sheet* at pelvicfloorfirst.org.au

When can I return to exercise or sport after the birth?

Participating in sport or high impact exercise early after childbirth may reduce pelvic floor muscle strength and cause long-term bladder and bowel problems or pelvic organ prolapse.

Give yourself time to rest and recover. You can start gentle pelvic floor exercises and abdominal muscle bracing within the first few days after birth. It is recommended that you wait until your six-week postnatal check before increasing your intensity level.

Low-impact exercise such as walking is recommended during this time. Aim to increase your distance and speed gradually.



It is important to check with your doctor, midwife, or pelvic health physiotherapist before returning to exercise.



Free resource *Returning to sport or exercise after the birth fact sheet* at pelvicfloorfirst.org.au

Sex during and after pregnancy

The pelvic floor has an important role in sexual function. Not only does it support the bladder and bowel, but it also supports the uterus (womb) and therefore the vagina. A pelvic floor that works well can make sex easier and more enjoyable.

It is normally quite safe to continue to have sex while you are pregnant. Many women and their partners are concerned for the wellbeing of their baby, thinking that sex may be harmful in some way. This is not true.

All being well, it is safe to continue to have sex right up to the time you go into labour.

Think about the positions you can use, as lying flat on your back with your partner on top may not be comfortable or safe later in pregnancy. Comfortable positions can include lying on your side facing each other or lying on your side with your back towards your partner. Books and magazines can assist you with other ideas for comfortable positions or you can create your own.

There are times during your pregnancy where it may not be safe to continue sex including if you have:

- spotting (bleeding)
- gone into premature labour
- your waters have broken (this means your baby is no longer protected).



Always seek advice from your doctor or midwife.

When can I resume sex after childbirth?

This varies widely and is very much a personal choice, depending on how you and your partner are feeling after your baby is born, and on the advice you have been given by your doctor, physiotherapist or midwife.

There is no normal or recommended time to start having sex again, but you may want to consider the following when deciding if you are ready:

- Advice given to you by your doctor, physiotherapist or midwife.
- How tired you feel.

- ➔ How your body feels. If you have any soreness wait for it to settle before you try sex again or seek advice if it has not settled within a few weeks.
- ➔ If you had stitches after your delivery or a caesarean section, you will need to wait until your stitches are healed and the suture line is no longer tender.
- ➔ How interested you are in sex as you adjust to your baby.

You may need to use some lubricant for the first few times when you do have sex again due to vaginal dryness. Breastfeeding hormones can also inhibit the production of lubrication.

Ask how your partner feels about resuming sex. It is important to talk to your partner about the changes you are experiencing in your body and routine, so they know how to be supportive.

Should my stitches feel uncomfortable after the birth or during sex?

Vaginal tears are relatively common during childbirth. They are a tear in the skin, tissue or muscle around the vagina and perineum (the area between the anus and the opening to the vagina). If you have stitches, they are dissolvable and fall out between one and three weeks after the birth. It is not unusual for them to feel uncomfortable initially, but the pain or discomfort should not continue long term.



Pelvic floor exercises will help your stitches heal. If you are doing your pelvic floor exercises correctly, they will not place any strain on your stitches, as the exercises will lift your perineum.

Stitches may mean that your perineum area is swollen or bruised, so other ways to help your stitches heal are:

- ➔ Use ice pads or packs in the first 72 hours or longer as needed to reduce the swelling. Ask your midwife to supply some hospital ice packs to take home. Avoid putting the ice packs directly onto your skin and leave in place for 20 minutes.
- ➔ Ultrasound treatment by a pelvic health physiotherapist can help to reduce the swelling and tenderness around the stitches.
- ➔ Gently massage over the perineal scar if it is still tender once the stitches have healed. Your pelvic health physiotherapist can show you how.

Haemorrhoids

Haemorrhoids are veins in the anal cushions that protrude from the anus. They are usually noticed as lumps outside your anus (back passage) and they can cause quite a lot of pain or discomfort. Haemorrhoids can be itchy at times and can bleed if their surface is damaged.

What can be done to help manage haemorrhoids?

Haemorrhoids are usually temporary during pregnancy and after childbirth. Often, they reduce in size or go away completely without treatment. Pelvic floor exercises help haemorrhoids from getting worse by lifting the back-passage area. However, see your doctor or midwife if your haemorrhoids do not go away by themselves, bleed or are uncomfortable.

To help with haemorrhoids you can:

- Do your pelvic floor exercises.
- Include fibre in your diet and drink plenty of fluids (water is best). This will assist your bowel motions to be soft and easier to pass.
- Try not to strain when going to the toilet as this places pressure on haemorrhoids and may cause them to increase in size.
- Creams can be used to provide comfort or reduce haemorrhoids in size. Ask your pharmacist for advice.

Pelvic organ prolapse

A pelvic organ prolapse is when your uterus (womb), bladder or bowel comes down into the vagina instead of sitting in its normal position. Many women describe the sensation as 'feeling like everything is going to fall out'.

If you feel a heavy, dragging or aching sensation in the vaginal area, which often feels worse at the end of the day and better in the morning or after lying down, you may have a pelvic organ prolapse.

Why does this happen?

The pelvic organs are supported from above by ligaments and by the pelvic floor muscles from below. If these structures weaken, there is less support for the pelvic organs and they can start to drop down. There are many reasons why this could occur including:

- Weakened pelvic floor muscles
- Pregnancy and childbirth
- Being overweight
- Increasing activity levels
- Heavy lifting
- Straining to use your bowel
- Returning to sport, aerobics or high-impact exercise too soon.



It is important to have your pelvic floor muscles checked by a pelvic health physiotherapist or a nurse continence specialist.

While waiting to see a health professional, here are a few things you can do to help:

- Do regular shorter sessions of pelvic floor exercises. Doing too many exercises at a time can tire your muscles and make the prolapse feel worse.
- When possible, lying down is better than sitting or standing to take the weight of your pelvic organs off your pelvic floor. Even lying down for 5-10 minutes throughout the day can help. For example, learn to feed your baby lying down.
- Space out your activities to rest your muscles throughout the day.
- Try not to lift anything heavier than your baby. When you do lift, lift your pelvic floor muscles too.
- Avoid straining to use your bowel. Have plenty of fluids and watch your fibre intake if the faeces (poo) are too hard. Follow the recommended toilet tips (see page 7).
- Avoid activities with a lot of bounce (high impact), squatting and walking for long periods at a time. Any feelings of heaviness, achiness or bulging after you have exercised indicate you have done too much. As your pelvic floor muscles get stronger, then slowly build your capacity over time if there are no symptoms.
- Learn how to do abdominal bracing without putting any downward pressure on your pelvic floor.



Free resource *Prolapse brochure* at [continence.org.au/resources](https://www.continence.org.au/resources)

Pelvic floor problems after birth

There are factors that can increase the risk of pelvic floor problems developing after birth. These include:

- use of forceps or a vacuum device to assist with the birth
- big tears with stitches around the vagina
- a baby with a birth weight over 4kg
- long pushing stage of labour.

If you have experienced any of these, you need to give your pelvic floor recovery extra attention.

- Start with gentle pelvic floor muscle squeezes while lying down, first holding for three seconds, resting for 15 seconds, and repeating three times. Build up to longer holds when you are able to.
- Rest and lie down at every opportunity to allow your pelvic floor muscles to recover.
- Ice your perineum area (between the anus and the vulva, the opening to the vagina) for the first few days after the birth to reduce swelling and pain.

It takes time for the pelvic floor muscles to return to normal after childbirth. For some women this is within 3-6 months, for others it can be longer. Early treatment with pelvic floor exercises may help prevent long-term problems.



If you have pain, find it difficult to feel your pelvic floor muscles, have problems with bladder or bowel control, or feel a bulging sensation in your vagina, treatment is available from a pelvic health physiotherapist or nurse continence specialist.

Where to get help

Continenence Foundation of Australia

continence.org.au

The national peak body for continence awareness, management, education, research and advocacy. Free information and resources are provided to individuals, carers and professionals. Chat on the incontinence support forum.

National Continence Helpline

1800 33 00 66

The Helpline has a team of Nurse Continence Specialists providing free, confidential advice, resources, details for local continence services, and information on products and funding schemes. An interpreter can be requested. The Helpline is managed by the Continence Foundation of Australia on behalf of the Australian Government. It is staffed 8am–8pm AEST Monday to Friday.

Pelvic Floor First

pelvicfloorfirst.org.au

An initiative of the Continence Foundation to reduce the number of people experiencing pelvic floor problems because of exercises that are unsuitable for them. It promotes pelvic floor friendly exercises to people at risk of, or with pelvic floor dysfunction, e.g., due to being pregnant, having a baby, or prostate surgery.

The Pregnancy Centre

thepregnancycentre.com.au

Helps women make safe exercise choices during and after pregnancy. It looks at pelvic floor friendly exercises, strengthening the core, and how to manage the physical changes that may occur during and after pregnancy.

Related resources

- ➔ *Expecting a Baby?* brochure
- ➔ *Healthy Diet and Bowels* booklet
- ➔ *One in Three Women Who Ever Had a Baby Wet Themselves* brochure
- ➔ *Pelvic floor 3D videos* – continence.org.au/about-continence/continence-health/pelvic-floor
- ➔ *Pregnancy and exercise* fact sheet
- ➔ *Prolapse* brochure
- ➔ *Protect your pelvic floor and stay in control* brochure
- ➔ *Returning to sport or exercise after the birth* fact sheet
- ➔ *Where to get help for incontinence* fact sheet

continence.org.au/resources





For confidential information and advice, you
can phone the National Continence Helpline
on 1800 33 00 66
Monday to Friday 8am - 8pm weekdays



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