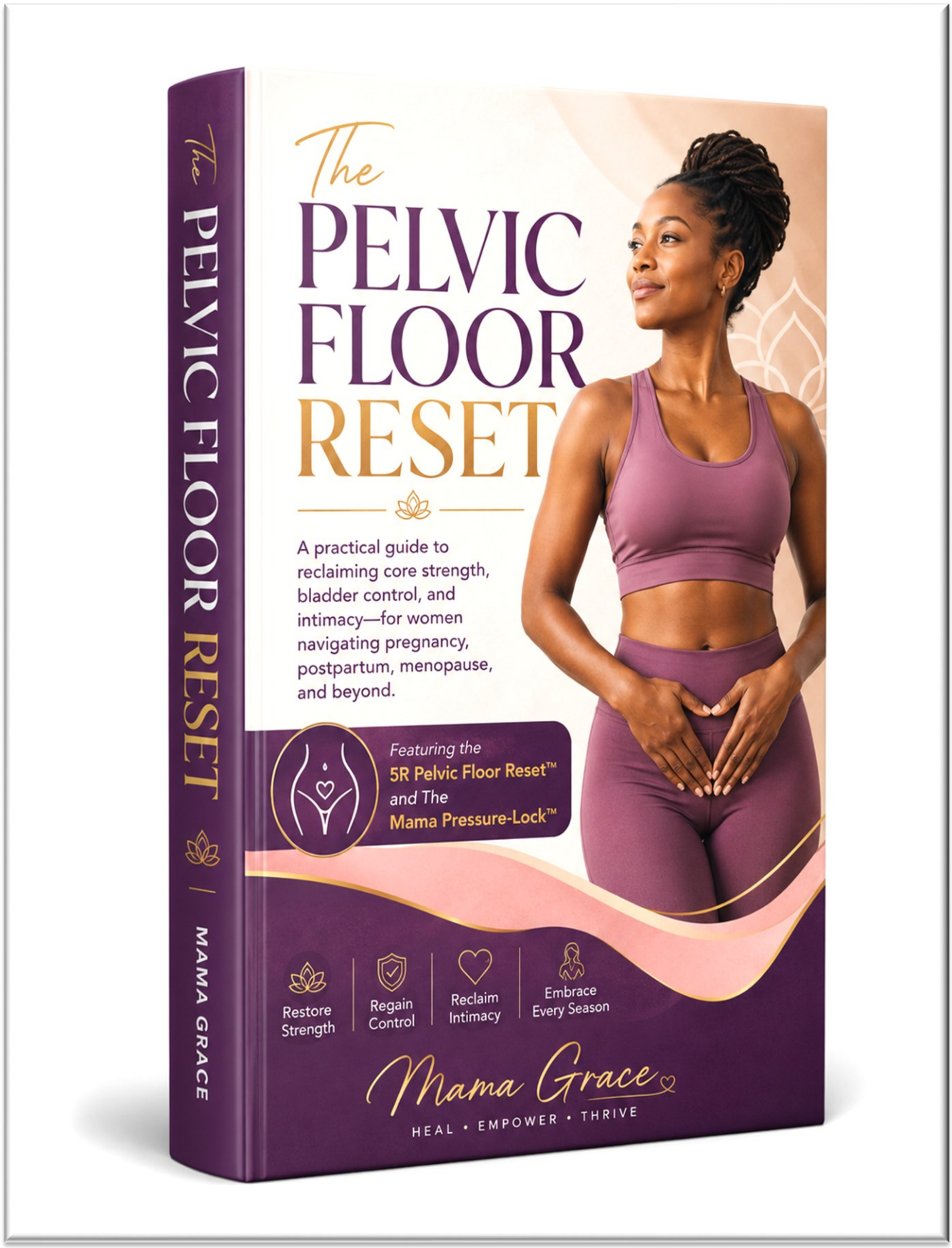
The PELVIC FLOOR RESET
MAMA GRACE
The PELVIC FLOOR RESET
A practical guide to reclaiming core strength, bladder control, and intimacy—for women navigating pregnancy, postpartum, menopause, and beyond.
Featuring the 5R Pelvic Floor Reset™ and The Mama Pressure-Lock™
Restore Strength
Regain Control
Reclaim Intimacy
Embrace Every Season
Mama Grace
HEAL • EMPOWER • THRIVE

A PRACTICAL WOMEN'S WELLNESS GUIDE

THE

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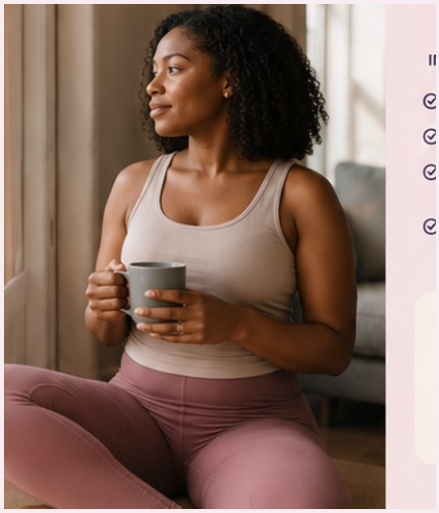


THE 5R PELVIC FLOOR RESET™

Recognise • Release • Reconnect • Rebuild • Reinforce

✦ A WHOLE-BODY APPROACH

Not every pelvic floor needs more squeezing. This guide teaches awareness, relaxation, coordination, strength, and real-life confidence—at every stage of womanhood.

Before You Begin

> *"Your pelvic floor is not a test of womanhood. It is a living system that deserves understanding, patience, and the right kind of support."*
>
> **— Mama Grace**

A note about this guide

This guide is educational. It helps you understand common pelvic-floor patterns, practise gentle body-awareness skills, and prepare better questions for a qualified healthcare professional. It does not diagnose pelvic-floor dysfunction, prescribe treatment, or replace personalised care.

Pelvic-floor symptoms can come from weakness, over-tension, poor coordination, nerve changes, hormonal changes, prolapse, infection, bladder conditions, bowel problems, surgery, or other causes. That is why the safest plan begins with observation rather than assuming that every woman needs stronger squeezes.

The promise of this guide

By the end, you will have a clear 12-week roadmap for recognising your pattern, learning to relax and contract correctly, coordinating your breath and core, building strength gradually, and applying those skills during real life. You will also know when home practice is appropriate and when professional assessment should come first.

Copyright and responsible use

! Medical safety comes first

Stop and seek urgent medical care for sudden inability to urinate, new loss of bladder or bowel control with leg weakness or numbness around the inner thighs or buttocks, heavy bleeding, severe pelvic pain, fever with urinary symptoms, or blood in the urine.

Table of Contents

→ How the guide flows

First understand the problem. Then learn the 5R mechanism. Finally, use the workbook to build a safe, personal 12-week plan.

CHAPTER INTRO

You Are Not Broken

Your body has changed. That does not mean it has failed.

Maybe you picked up this guide because you leak when you cough, laugh, jump, or lift. Maybe you feel pressure “down there.” Maybe your lower abdomen feels disconnected after pregnancy or surgery. Maybe intimacy has become dry, painful, tense, or simply unfamiliar. Or perhaps you are entering perimenopause and wondering why your bladder, comfort, and confidence changed at the same time.

Whatever brought you here, hear this first: you are not imagining it, and you are not alone. Pelvic-floor symptoms are common across pregnancy, postpartum recovery, menopause, ageing, and many ordinary life events. Common does not mean you must silently accept them forever.

This is bigger than “do your Kegels”

For years, women have been given one tiny piece of advice: squeeze. That advice can help some women, but it is incomplete. A healthy pelvic floor must do more than tighten. It must also relax, lengthen, respond quickly, hold gently, coordinate with breathing, and adapt when you lift, cough, exercise, use the toilet, or experience intimacy.

Some women truly need more strength. Others are already gripping too much. Many need better timing and coordination. If a muscle is tired, painful, or unable to relax, asking it to squeeze harder may make symptoms worse. The goal is not the tightest pelvic floor. The goal is a responsive pelvic floor.

The 5R Pelvic Floor Reset™ treats the pelvic floor as a whole-body response system.

What "reset" means

Reset does not mean returning your body to exactly how it was before pregnancy, birth, menopause, illness, or age. Your body has lived. It has adapted. Reset means helping it find a better pattern from where it is today.

RECOGNISE Notice your symptoms, triggers, habits, and life stage without shame.	**RELEASE** Reduce unnecessary gripping and learn what true relaxation feels like.
RECONNECT Coordinate breath, deep core, posture, and pelvic-floor movement.	**REBUILD** Train gentle strength, endurance, quick response, and full release.

REINFORCE

Use the skill during lifting, toileting, exercise, intimacy, and daily life.

YOUR PACE

Progress based on comfort and function—not on comparing yourself with another woman.

Who this guide is for

- Pregnant women who want to protect pelvic-floor function and prepare for recovery.
- New mothers who notice leakage, heaviness, weakness, poor core connection, or fear of movement.
- Women months or years after birth who were told it was “too late” to improve.
- Women in perimenopause or menopause dealing with dryness, urgency, leakage, or reduced comfort.
- Women beyond menopause who want better balance, bowel habits, bladder control, and confidence.
- Women who want to understand pelvic health before symptoms become severe.

How to use the guide

1. Read Chapters 1 to 3 before starting the training plan. They help you understand what your body may need.
2. Complete the self-assessment and seven-day awareness diary before choosing exercises.
3. Begin with the gentlest version. More effort is not automatically better.
4. Use the pain rule: exercise should not create sharp pain, burning, increased pelvic pressure, or worsening symptoms.
5. Review your progress every two weeks. Look for easier movement, fewer symptoms, better awareness, or improved confidence—not perfection.
6. Ask for professional help when symptoms are severe, confusing, painful, or not improving.

1 Your first action today

For one full day, simply notice when you hold your breath, grip your stomach, tighten your buttocks, rush to the toilet, or brace before movement. Do not try to fix anything yet. Awareness is the first reset.

CHAPTER 1

Your Pelvic Floor

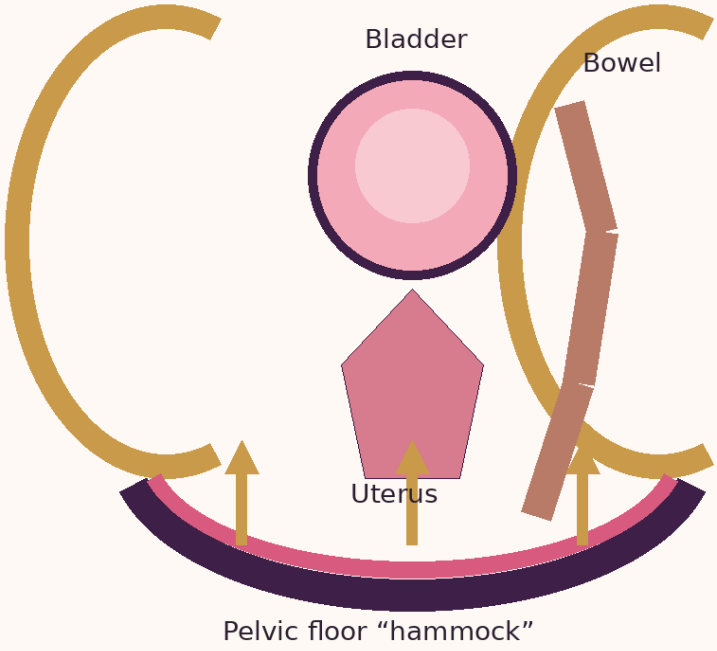
The power centre nobody explained clearly.

Picture a living hammock

Your pelvic floor is a layered group of muscles and connective tissues at the base of your pelvis. It stretches from the pubic bone in front toward the tailbone at the back, and from one sitting bone to the other. It supports the bladder, uterus, vagina, and bowel while leaving openings for urine, menstruation, birth, bowel movements, and intimacy.

A hammock is useful because it can hold, move, and respond. If it is too loose, support may reduce. If it is pulled too tight, it loses its ability to move comfortably. Your pelvic floor also needs this balance: support without constant gripping, and movement without collapse.

Your Pelvic Floor: The Support-and-Response System



A simplified educational diagram—not a diagnostic image.

Five jobs your pelvic floor performs

1. SUPPORT

Helps support the bladder, uterus, and bowel, especially during standing and movement.

2. CONTROL

Contributes to holding and releasing urine, stool, and gas at the right time.

3. CORE STABILITY

Works with the diaphragm, deep abdominal muscles, and back muscles to manage pressure.

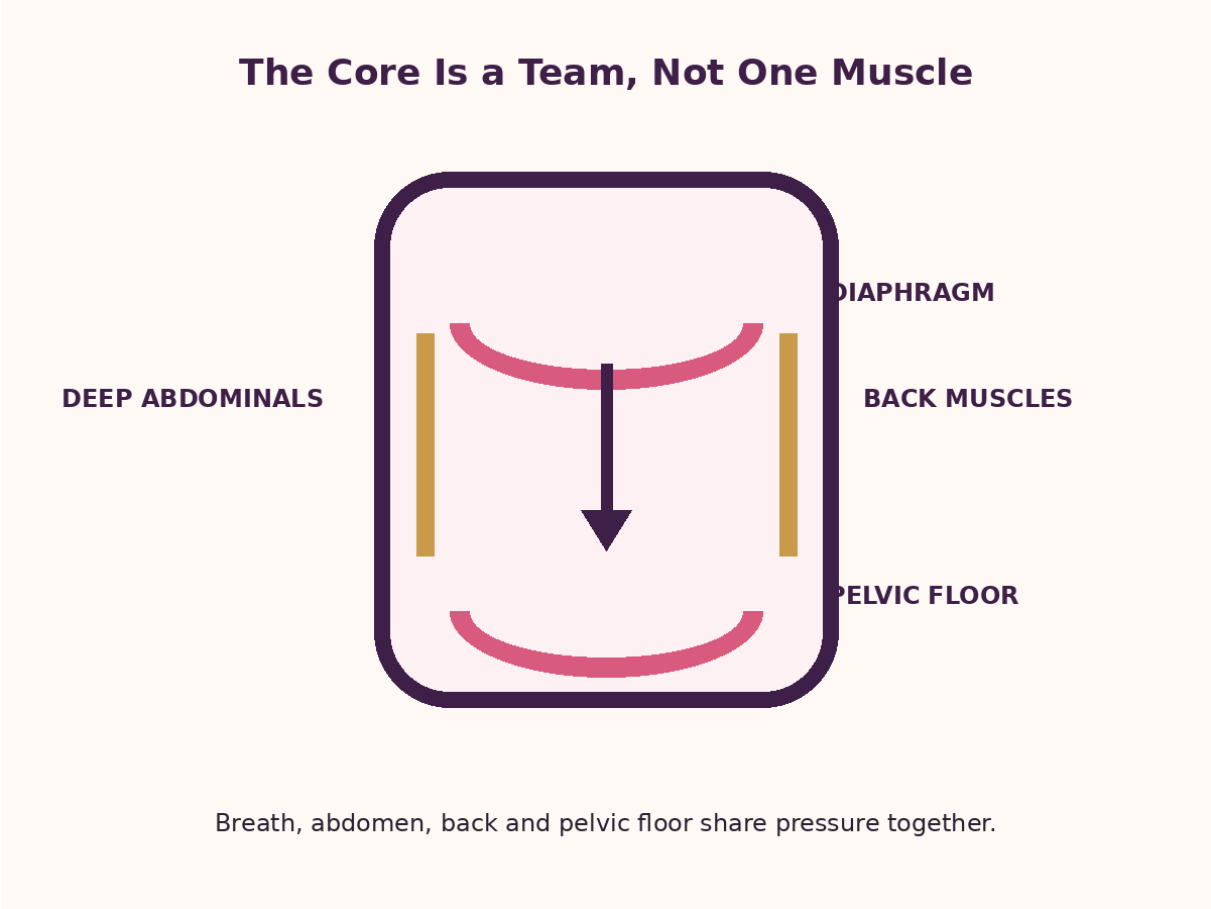
4. SEXUAL FUNCTION

Plays a role in comfort, sensation, blood flow, arousal, and the ability to contract and relax.

5. CIRCULATION	THE HIDDEN JOB
Moves gently with breathing, helping circulation and tissue movement in the pelvic region.	Responds automatically before many ordinary pressure moments—often before you even think about it.

Your pelvic floor is part of your core

Many people think “core” means the visible stomach muscles. But your true core is more like a pressure-managing container. The diaphragm forms the roof. The pelvic floor forms the base. Deep abdominal and back muscles form the walls. When these parts coordinate, pressure is shared. When one part overworks or stops responding well, another part may compensate.



Breath, abdomen, back and pelvic floor share pressure together.

What should a healthy contraction feel like?

A correct pelvic-floor contraction usually feels like a gentle closing around the openings followed by a lift upward and inward. It should not feel like pushing down. Your thighs and buttocks should not need to squeeze hard. Your breath should continue.

A complete contraction also includes a complete release. Think of an elevator rising one or two floors, pausing, and coming all the way back to the ground. If the elevator never comes down, the muscle does not truly rest.

Common myths that keep women confused

✗ Myth: Every leak means a weak bladder.

Reality: leakage can involve support, muscle timing, bladder habits, hormones, urgency, over-tension, prolapse, infection, or other factors.

✗ Myth: More Kegels always means faster results.

Reality: quality, correct technique, relaxation, and consistency matter more than force or endless repetition.

✗ Myth: You can test by stopping urine every day.

Reality: repeatedly interrupting urine flow is not recommended as a training routine. It may disturb normal emptying.

✗ Myth: Pelvic-floor problems only affect mothers.

Reality: pregnancy, birth, menopause, surgery, constipation, chronic cough, heavy straining, ageing, and other factors can affect women with or without children.

✗ Myth: Pain during intimacy is something to endure.

Reality: pain deserves assessment. Over-tension, dryness, scar sensitivity, infection, hormonal changes, or other conditions may contribute.

A gentle awareness test

7. Sit or lie comfortably with your jaw, shoulders, buttocks, and thighs relaxed.
8. Breathe in gently and notice your ribs and abdomen expand. Imagine the pelvic floor softening and widening slightly.
9. As you breathe out, imagine stopping gas and urine at the same time, then lifting the area gently upward.
10. Use only 20 to 30 percent effort. You are learning, not proving strength.
11. Release fully and wait one easy breath before repeating once or twice.

! Stop if this happens

Stop and seek personalised guidance if the practice causes pain, cramping, increased pressure, difficulty urinating, or a feeling that you cannot let the muscles go.

Now you know what the pelvic floor is supposed to do. The next question is why this smart system sometimes loses its balance—and why symptoms can appear at very different stages of life.

Before you move on: a two-minute check-in

Notice	Your answer
When I breathe in, can I feel my ribs and abdomen expand?	_____
Can I feel a gentle inward-and-upward lift without squeezing my buttocks?	_____
Can I fully release after the lift?	_____
Which symptom or situation brought me to this guide?	_____
What is one question I want a professional to answer?	_____

✓ No perfect answers required

This check-in is only a starting point. If you cannot feel the muscles clearly, that is useful information—not failure.

CHAPTER 2

When the System Falls Out of Balance

Weak, tight, tired, poorly timed—or a mixture of several patterns.

The four patterns women often confuse

UNDERACTIVE

The muscles may have reduced strength, endurance, or support. You may notice leakage or heaviness.

OVERACTIVE

The muscles may stay tense and struggle to relax. You may notice pain, urgency, constipation, or discomfort.

POORLY COORDINATED

The muscles may contract at the wrong time, push down, or fail to respond before pressure rises.

MIXED PATTERN

A woman may be tight in one area and weak in another, or strong briefly but unable to sustain or release.

TISSUE CHANGES

Hormones, scars, connective-tissue changes, and ageing can influence comfort and support.

NON-MUSCLE CAUSES

Infection, bladder disease, neurological problems, medication effects, or other conditions may mimic pelvic-floor symptoms.

Signs that may suggest reduced support or strength

- Leakage when coughing, sneezing, laughing, running, jumping, or lifting.
- A feeling of heaviness, dragging, or a vaginal bulge.
- Difficulty holding gas or stool.
- A sense that the lower core is difficult to connect or control.
- Symptoms that become more noticeable after long standing or strenuous activity.

Signs that may suggest over-tension or difficulty relaxing

- Pelvic pain, aching, burning, or a constant feeling of gripping.
- Discomfort with penetration, examinations, tampons, or intimacy.
- Urinary urgency, frequent trips, or difficulty starting the urine stream.
- Constipation, straining, incomplete bowel emptying, or pain with bowel movements.
- Exercises that make symptoms worse even though you are “doing everything right.”

These lists are not a diagnosis. Several conditions can produce similar symptoms. The point is to stop treating every pelvic-floor concern as the same problem.

Why life stages matter

Pregnancy

Pregnancy changes posture, breathing, abdominal pressure, weight distribution, hormones, and the load carried by the pelvic floor. Symptoms can appear before birth, even in a first pregnancy. Training during pregnancy should focus on awareness, coordination, comfortable strength, bowel habits, and the ability to relax—not on maximum squeezing.

Postpartum

After birth, tissues may be stretched, sore, swollen, numb, scarred, or simply unfamiliar. Caesarean birth does not remove pelvic-floor changes because pregnancy itself affects pressure and tissue support. Recovery is not a six-week race. Gentle progression matters, especially before high-impact exercise.

Perimenopause and menopause

Changing estrogen levels can affect the vulva, vagina, urethra, and bladder. Dryness, burning, discomfort, urgency, repeated urinary symptoms, and changes in sexual comfort may appear. Muscle training can help some symptoms, but hormonal tissue changes may also need medical discussion.

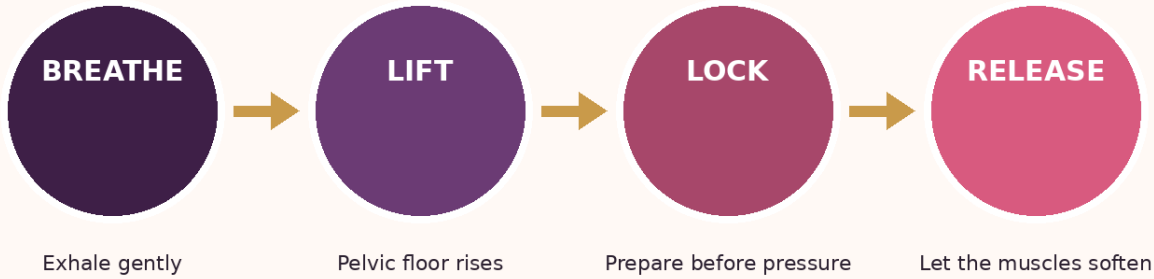
Beyond menopause

Ageing does not mean giving up. Strength, balance, bowel habits, mobility, medication effects, chronic cough, weight changes, and tissue health all influence pelvic function. The plan may need to be slower and more individual, but improvement is still a reasonable goal.

Pressure is often the hidden issue

Every cough, laugh, lift, jump, bowel movement, and forceful exhale changes pressure inside the abdomen. A responsive system shares that pressure. Trouble begins when pressure repeatedly travels downward faster than the pelvic floor can respond, or when a woman holds her breath and bears down without realising it.

The Mama Pressure-Lock™ Technique



Use before coughing, laughing, lifting, standing, or other pressure moments.

Habits that can quietly increase symptoms

- Chronic constipation and repeated straining.
- Persistent coughing without treatment.
- Breath-holding during lifting, standing, or exercise.
- Rushing and hovering over the toilet instead of sitting with support.
- Drinking too little because of leakage fears.
- Going “just in case” every few minutes and training the bladder to signal early.
- Beginning high-impact exercise before the body is ready.
- Using intense abdominal bracing all day as if the stomach must never soften.

↺ The key shift

Your symptom is information, not a character flaw. The reset begins when you ask, “What pattern is my body using?” instead of “Why is my body failing?”

CHAPTER 3

Meet the 5R Pelvic Floor Reset™

A clear sequence that prevents random squeezing and guesswork.

The 5R Reset is the backbone of this guide. It gives you an order. Many women start with strengthening because that is the only step they have heard about. But strength works best after you understand your pattern, release unnecessary tension, and reconnect the pelvic floor with breathing and movement.

R1 — Recognise

Recognise means collecting clues. When do symptoms happen? What makes them better or worse? Can you contract? Can you release? Do you feel pressure, pain, urgency, leakage, dryness, numbness, or incomplete emptying? Recognition prevents you from copying a routine that may not suit your body.

R2 — Release

Release means learning to let the pelvic floor soften. This is essential before bowel movements, urination, intimacy, and many relaxation exercises. A muscle that never rests may feel weak because it is exhausted. Release is not “doing nothing.” It is a skill.

R3 — Reconnect

Reconnect means linking the pelvic floor to breath, deep abdominal support, posture, and movement. The pelvic floor should gently lengthen with inhalation and respond with exhalation. It should prepare before a cough or lift, then relax after the pressure passes.

R4 — Rebuild

Rebuild means training what your body actually needs: gentle strength, longer endurance, quick reactions, full relaxation, and functional control. Your programme should progress from lying to sitting, standing, carrying, walking, and everyday tasks.

R5 — Reinforce

Reinforce means turning practice into an automatic habit. You use your skills while carrying a baby, lifting shopping, climbing stairs, exercising, laughing, coughing, using the toilet, and

returning to intimacy. The goal is not to spend your life thinking about your pelvic floor. The goal is for the response to become natural again.

The 12-week rhythm

Weeks	Main focus	What progress may look like
1–2	Recognise and release	Better awareness; less gripping; clearer symptom patterns.
3–4	Reconnect	Easier breathing; better lift-and-release control; less pushing down.
5–8	Rebuild	Improved hold time, quick response, and confidence in basic movement.
9–12	Reinforce	Using skills during real tasks; fewer or milder symptoms; clearer next steps.

Twelve weeks is not a deadline for complete recovery. It is a useful training window. Some women improve earlier. Others need longer or require treatment for prolapse, pain, hormonal symptoms, bladder conditions, scars, or other concerns.

How to measure progress without obsession

- Fewer leaks or a smaller amount when leakage occurs.
- Less urgency and more time to reach the toilet calmly.
- Improved ability to feel both contraction and release.
- Longer standing, walking, or exercise before heaviness appears.
- More comfortable bowel movements with less straining.
- Improved intimacy comfort, body confidence, or communication.
- Knowing when to stop, modify, or ask for help.

✓ A progress rule worth remembering

Function matters more than force. A gentle contraction you can coordinate and fully release is more useful than a hard squeeze that causes pain, breath-holding, or downward pressure.

CHAPTER 4

Recognise and Release

Stop guessing. Start listening to what your body is already telling you.

Your seven-day pattern diary

Before changing your routine, spend seven days observing. This diary is not meant to make you anxious. It helps you see whether symptoms are linked to pressure, urgency, constipation, specific drinks, long standing, exercise, intimacy, stress, or your menstrual or menopausal stage.

Time	What happened?	Urge / pressure / pain	What were you doing?	Notes
7:15	Small leak	No urge	Sneezed while dressing	Bladder moderately full
1:00	Heaviness	Pressure 4/10	Stood for three hours	Improved after resting
9:20	Urgency	Strong urge	Arrived home and unlocked door	Had tea late afternoon

The body scan that reveals hidden gripping

12. Lie on your side or back with support under your knees. Let your jaw loosen.
13. Notice your shoulders, stomach, buttocks, inner thighs, and pelvic area without changing them.
14. Breathe into the sides and back of your ribs. Allow your abdomen to move naturally.
15. Imagine the sitting bones widening slightly as you inhale.
16. Exhale without pulling the stomach hard. Notice whether the pelvic floor responds gently.
17. After three breaths, ask: “Can I soften more, or am I holding on?”

The pelvic drop

The pelvic drop is a relaxation image, not a forceful push. Imagine the pelvic floor melting downward like warm wax, opening like a flower, or widening between the sitting bones as you inhale. The sensation may be very small. Do not bear down.

Practise for five slow breaths once or twice a day. If relaxation increases pain, pressure, or fear, stop and seek guidance from a pelvic-health physiotherapist or qualified clinician.

Release positions

SUPPORTED CHILD'S POSE

Knees comfortable, chest supported on cushions, hips resting back only as far as comfortable.

SIDE-LYING

Pillow between the knees and under the head; useful in pregnancy and early postpartum.

FEET ON A CHAIR

Lie on your back with lower legs supported, if this position is comfortable and medically appropriate.

SUPPORTED SQUAT

Hold a stable surface and stay high enough to avoid strain. Not suitable for every pregnancy or pelvic condition.

SEATED FORWARD LEAN

Sit with feet supported, forearms on thighs, jaw and abdomen relaxed.

WARMTH AND QUIET

A warm shower, slow breathing, or a quiet room can help the nervous system reduce protective gripping.

Toilet habits that protect the reset

18. Sit fully on the toilet. Avoid hovering when a safe seat is available.
19. Keep feet supported. For bowel movements, a small footstool may help bring the knees slightly above the hips.
20. Breathe out gently instead of holding your breath and straining.
21. Do not repeatedly force urine out "to be sure." Allow normal emptying.
22. If you often feel incomplete emptying, pain, or difficulty starting, discuss it with a clinician.

Constipation: the pelvic-floor troublemaker

Repeated straining sends pressure downward and can aggravate leakage, prolapse symptoms, haemorrhoids, pain, and over-tension. Support regular bowel habits with adequate fluids, fibre increased gradually, movement, and medical advice when constipation is persistent or severe.

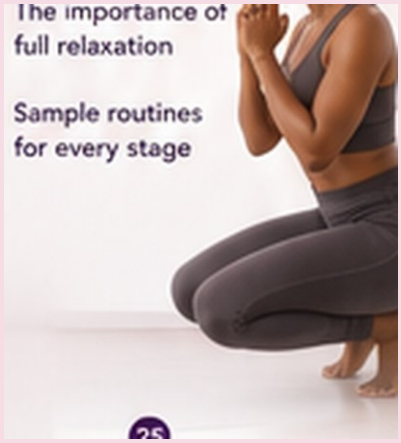
↓ Release before you rebuild

If you cannot feel the pelvic floor soften, or if contracting causes pain, your first goal may be relaxation and assessment—not harder strengthening.

CHAPTER 5

Reconnect

Teach breath, core, and pelvic floor to respond as one team.



The 360-degree breath

Place your hands around the lower ribs. As you inhale, feel the ribs expand forward, sideways, and slightly backward. Let the stomach move without forcing it outward. Imagine the pelvic floor softening. As you exhale, feel the ribs settle and the pelvic floor gently return upward.

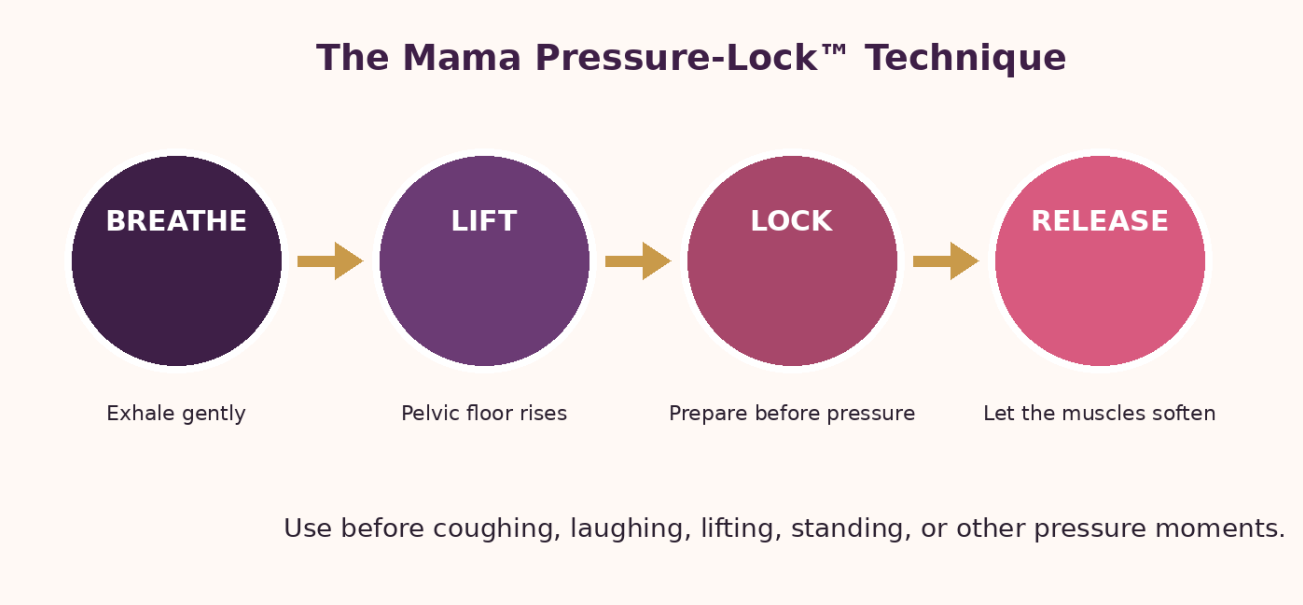
23. Inhale through the nose for a comfortable count of three or four.
24. Exhale through pursed lips as if cooling hot tea.
25. On the exhale, add a gentle pelvic-floor lift—only if it is comfortable.
26. Release completely on the next inhale.
27. Repeat three to five times. Stop before you feel tired or tense.

The “zip, do not clamp” cue

Imagine a soft zip moving from the back passage toward the front, then gently lifting inside. Avoid clamping the buttocks or pulling the stomach in sharply. The movement is internal and controlled. A visible whole-body squeeze usually means too much effort.

The Mama Pressure-Lock™

The Mama Pressure-Lock™ is a practical sub-technique inside the 5R Reset. It helps prepare the pelvic floor before predictable pressure, especially coughing, sneezing, laughing, lifting, standing, or exercise.



28. BREATHE: take a calm breath and begin a gentle exhale.
29. LIFT: close and lift the pelvic floor lightly.
30. LOCK: keep that gentle support as the cough, laugh, lift, or effort begins.
31. RELEASE: soften fully after the pressure passes.

This is not a permanent brace. You should not walk around holding the pelvic floor tightly all day. It is a brief response used around a pressure moment, followed by full release.

Reconnect during basic movement

Sit to stand

32. Scoot toward the edge of the chair and place both feet firmly.
33. Inhale to prepare without lifting your shoulders.
34. Begin exhaling, gently lift the pelvic floor, and lean forward.
35. Push through the feet and stand without holding your breath.
36. Release and breathe normally once upright.

Lifting a baby, bag, or household item

37. Bring the load close to your body.
38. Bend through the hips and knees rather than rounding and straining.
39. Exhale and use a gentle Pressure-Lock as you rise.
40. Avoid twisting while carrying a heavy load. Turn with your feet.
41. If heaviness or leakage increases, reduce the load and seek advice.

Coughing and sneezing

When you feel a cough or sneeze coming, gently close and lift before it happens. If there is no warning, practise the response during planned gentle coughs while seated. The aim is timing, not force.

What if you cannot feel anything?

Reduced sensation can happen after birth, surgery, nerve irritation, pain, or long-term disconnection. Do not keep increasing effort blindly. A pelvic-health physiotherapist can assess whether you are contracting, relaxing, bearing down, or using substitute muscles. Biofeedback or other clinical tools may be useful for some women.

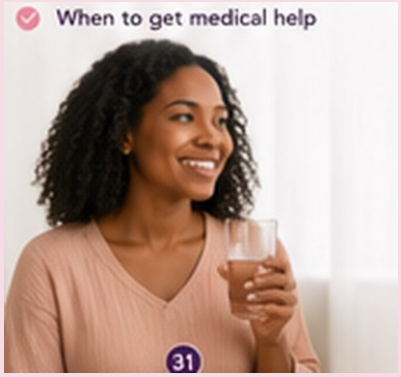
↔ Your reconnect practice

Spend five minutes a day on breathing, two or three gentle lift-and-release repetitions, and one real-life movement such as standing or lifting. Small, accurate practice builds better habits than a long session done with poor form.

CHAPTER 6

Rebuild

Train strength, endurance, quick response, and complete relaxation.



The four qualities you are training

STRENGTH

How firmly the muscles can contract without breath-holding or substitution.

ENDURANCE

How long a comfortable contraction can be maintained while still breathing.

SPEED

How quickly the muscles can respond to a sudden pressure event.

RELAXATION

How fully the muscles can return to rest after each contraction.

COORDINATION

Whether the pelvic floor works at the right time with breath and movement.

FUNCTION

Whether the skill carries into walking, lifting, exercise, toileting, and intimacy.

A gentle starting routine

This routine is a general starting point for women who can contract and relax without pain or increased pressure. It is not a replacement for assessment. Begin at the easiest level and use less effort than you think you need.

Exercise	How to do it	Starting dose
Slow lift	Exhale, gently close and lift; hold while breathing; fully release.	3–5 holds of 3 seconds
Quick lift	Lift and release cleanly without gripping thighs or buttocks.	3–5 repetitions
Breath reset	Inhale to soften; exhale with a light lift; release.	3–5 breaths
Functional rep	Use a Pressure-Lock during one sit-to-stand or light lift.	3 repetitions

Rest at least one full breath between contractions. If the muscle becomes shaky, painful, or difficult to release, stop. Fatigue is information.

Progressing over 12 weeks

Stage	Slow holds	Quick lifts	Functional practice
Weeks 1–2	3–5 reps × 3 sec	3–5	Seated sit-to-stand
Weeks 3–4	5–6 reps × 4–5 sec	5–6	Standing and light lifting
Weeks 5–8	6–8 reps × 5–8 sec	6–8	Walking, stairs, daily tasks
Weeks 9–12	Up to 8–10 quality reps	Up to 8–10	Relevant exercise and real-life triggers

These numbers are ceilings, not commands. A woman who has pain, prolapse symptoms, recent birth trauma, surgery, or difficulty relaxing may need a different plan. NICE guidance supports supervised pelvic-floor muscle training for stress or mixed urinary incontinence, commonly over at least three months.

Positions: from easy to functional

42. Lying on your side or back with support.
43. Sitting upright with feet supported.
44. Standing with soft knees and relaxed shoulders.
45. Walking slowly while breathing normally.
46. Using the response during lifting, stairs, exercise, and other personal triggers.

Whole-core exercises that can support the reset

Heel slide

Lie with knees bent if comfortable. Exhale gently, keep the pelvis quiet, and slide one heel away. Inhale to return. Stop if the abdomen domes strongly, the back strains, or pelvic pressure increases.

Bridge preparation

Exhale and gently lift the pelvic floor, then tilt the pelvis slightly and lift the hips only as far as comfortable. Breathe at the top. Lower slowly and release. Avoid clenching the buttocks so hard that you cannot feel the pelvic floor.

Supported squat

Hold a stable surface, inhale as you lower within a comfortable range, then exhale and use gentle pelvic support to stand. This is not suitable for every pregnancy, postpartum injury, prolapse pattern, or joint condition.

Bird-dog preparation

On hands and knees, exhale and slide one foot backward without shifting the pelvis. Progress to lifting the leg only when pressure and control remain comfortable. Keep breathing.

What not to do

- Do not train by repeatedly stopping urine flow.
- Do not squeeze through sharp pain, burning, or increased heaviness.
- Do not hold the contraction all day.
- Do not rush into jumping or heavy lifting because a calendar says you should be ready.
- Do not assume visible abdominal doming means permanent damage; use it as a cue to adjust pressure and seek assessment when concerned.
- Do not compare your recovery with social-media timelines.

+ The rebuild principle

Train only what you can control. A smaller movement with smooth breathing and full release is a successful repetition.

CHAPTER 7

Reinforce Through Every Life Stage

One body system. Different seasons. A flexible plan.

Pregnancy: protect, prepare, and practise flexibility

Pregnancy is not the time to chase maximum pelvic-floor strength. It is a time to maintain awareness, support, bowel health, comfortable movement, and the ability to relax. The pelvic floor needs to support increasing load and eventually lengthen for birth.

Pregnancy priorities

- Practise gentle lift-and-release rather than hard squeezing.
- Use the Pressure-Lock before coughing, lifting, or standing when appropriate.
- Prevent constipation and avoid repeated straining.
- Modify positions as the abdomen grows; side-lying and supported sitting may feel better.
- Discuss pain, bulging, significant leakage, bleeding, contractions, or pregnancy concerns with your maternity team.
- Prepare for postpartum by learning how to breathe, relax, and move—not only how to contract.

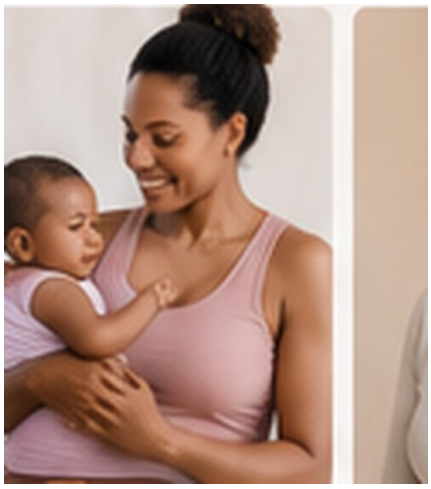
Pregnancy changes pressure, posture, hormones, and tissue load.

Postpartum: heal before you prove anything

The postpartum body needs time. Whether birth was vaginal or caesarean, pregnancy changed pressure, posture, abdominal function, and tissue support. A caesarean scar also affects comfort, breathing, and movement. Early recovery should be gentle and symptom-led.

The early weeks

- Begin with breathing, circulation, comfortable walking, and gentle pelvic-floor awareness when medically appropriate.
- Use side-lying or supported positions if sitting is sore.
- Avoid constipation and breath-holding.
- Support the perineum or abdomen with a pillow when coughing if helpful.
- Do not interpret numbness or weak sensation as a reason to squeeze harder.
- Ask for assessment if you have persistent pain, wound concerns, difficulty emptying the bladder, significant heaviness, or worsening leakage.



Postpartum progress is not measured by how quickly you return to high impact.

Returning to exercise

A calendar alone cannot tell you that your pelvic floor is ready for running, jumping, or heavy training. Readiness includes comfortable walking, good pressure control, no worsening heaviness or leakage, and appropriate strength and endurance. A postnatal check or pelvic-health assessment is wise before high-impact exercise, especially when symptoms are present.

Perimenopause and menopause: muscles plus tissue health

During the menopause transition, lower estrogen can affect vaginal and urinary tissues. Some women notice dryness, burning, irritation, painful intimacy, urgency, repeated urinary symptoms, or leakage. Pelvic-floor training may help muscle function, but it cannot replace assessment or treatment for tissue changes when those are the main problem.

Midlife priorities

- Maintain strength with resistance exercise appropriate to your health and fitness.
- Practise relaxation if intimacy or examinations feel painful or tense.
- Use suitable lubricants or vaginal moisturisers as advised, and discuss persistent symptoms with a clinician.
- Review medications, constipation, sleep, chronic cough, and fluid habits that may influence bladder symptoms.
- Do not assume every urinary symptom is “just menopause.” Infection and other conditions still require assessment.

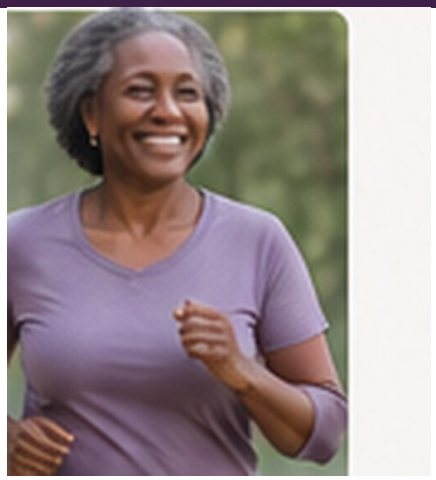
Midlife pelvic health includes muscles, tissues, bladder habits, and sexual comfort.

Beyond menopause: strength for independence

Pelvic-floor health later in life supports confidence, movement, bowel function, bladder control, intimacy, and independence. The plan may include pelvic-floor training, leg and hip strength, balance practice, mobility, constipation management, and medical review of prolapse, urinary symptoms, or vaginal tissue changes.

Practical priorities

- Stand up from a chair with an exhale instead of holding your breath.
- Build hip and leg strength gradually to reduce strain during lifting and daily movement.
- Treat chronic cough and constipation rather than simply enduring them.
- Use safe night-time lighting and clear pathways if urgency creates rushing and fall risk.
- Discuss new bleeding, blood in urine, sudden urinary changes, or persistent pain promptly.



It is never too late to seek assessment and build a more supportive routine.

5R One framework, many seasons

Recognise what your current stage requires. Release unnecessary tension. Reconnect the system. Rebuild the qualities you need. Reinforce them in the life you are living now.

CHAPTER 8

Bladder Confidence, Intimacy, and Your Long-Term Plan

Move from symptom management toward freedom and informed choices.

Bladder confidence: understand the pattern first

Stress leakage

Stress leakage occurs when urine escapes during pressure such as coughing, sneezing, laughing, running, or lifting. Pelvic-floor training, pressure management, and the Pressure-Lock may help, but persistent symptoms deserve assessment.

Urgency leakage

Urgency leakage happens when a sudden need to urinate is difficult to delay. The plan may include a bladder diary, urge-management skills, fluid and caffeine review, bladder training, and professional assessment. Simply squeezing harder is not always the answer.

A calm urge strategy

47. Stop moving instead of rushing immediately.
48. Breathe slowly and relax the jaw and shoulders.
49. Use a few gentle, quick pelvic-floor lifts if comfortable; these may help quiet urgency for some women.
50. Distract the brain with counting or naming objects around you.
51. When the urge settles, walk calmly to the toilet.

Do not use this strategy to delay urination for extreme lengths of time. The goal is to reduce panic and regain choice, not to ignore normal bladder signals.

Fluid habits without fear

- Do not severely restrict fluids to avoid leakage unless a clinician has advised a limit for a medical reason.

- Spread drinks through the day rather than consuming large amounts at once.
- Notice whether caffeine, alcohol, fizzy drinks, or acidic drinks worsen urgency for you; triggers differ.
- Pale yellow urine is a general hydration clue, but personal needs vary with climate, pregnancy, breastfeeding, health, and activity.
- Seek care for pain, burning, fever, blood, repeated infections, or sudden changes.

Intimacy: comfort is part of pelvic health

Pelvic-floor health can influence comfort, sensation, confidence, lubrication, and the ability to relax. Pain during intimacy is not a test of love or endurance. Pregnancy, birth injuries, scars, breastfeeding, menopause, infection, over-tension, fear, and relationship stress can all affect the experience.

A comfort-first approach

52. Talk before the moment. Explain what feels comfortable, uncertain, or painful.
53. Allow enough time for arousal and relaxation. Rushing can increase guarding.
54. Use an appropriate lubricant when needed and stop if pain continues.
55. Choose positions that allow the woman to control depth, speed, and pressure.
56. Use slow exhalation and pelvic-floor release rather than gripping through discomfort.
57. Seek professional help for persistent pain, bleeding, marked dryness, fear, or reduced function.

♥ A simple conversation starter

"My body has changed, and I want us to approach intimacy without pressure. I need more time, comfort, and the freedom to stop if something hurts."

Your 12-week personal reset plan

Weeks	Daily focus	Three-times-weekly focus	Real-life practice
1–2	Awareness diary + five relaxed breaths	Gentle release positions	Notice breath-holding and rushing
3–4	Lift-and-release practice	Basic core coordination	Sit-to-stand and light lifting
5–8	Slow holds + quick lifts	Heel slides, bridges, supported squats as suitable	Pressure-Lock with personal triggers
9–12	Maintain quality routine	Progress functional strength	Walking, stairs, exercise, intimacy comfort plan

When home practice is not enough

- Pain, burning, or pelvic-floor spasm.
- A vaginal bulge, significant heaviness, or difficulty emptying the bladder or bowel.

- Leakage that remains bothersome after a consistent, correctly performed programme.
- Persistent pain or fear during intimacy.
- Repeated urinary infections or blood in urine.
- New neurological symptoms, numbness, leg weakness, or loss of bowel control.
- Uncertainty about whether you are contracting or relaxing correctly.

A pelvic-health physiotherapist, primary-care clinician, gynaecologist, urogynaecologist, continence nurse, midwife, or menopause specialist may be part of the care team depending on your symptoms and location.

"The goal is not a perfect body. The goal is a body you understand, support, and trust more than you did before."

— Mama Grace

CHAPTER TOOLS

Your Practical Reset Workbook

Print these pages or complete them in your own notebook.

Tool 1: Pelvic-Floor Self-Check

Tick any statement that applies. This is a conversation starter, not a diagnosis.

Tick	Statement
	I leak with coughing, sneezing, laughing, lifting, running, or jumping.
	I sometimes cannot reach the toilet in time.
	I feel heaviness, dragging, or a vaginal bulge.
	I have pain, burning, or tightness in the pelvic area.
	Intimacy, tampons, or pelvic examinations are uncomfortable.
	I strain or feel incomplete emptying during bowel movements.
	I often hold my breath or brace hard during movement.
	I cannot clearly feel a pelvic-floor contraction.
	I can contract, but I struggle to release.
	My symptoms began or changed during pregnancy, postpartum, menopause, surgery, or illness.

? What your answers mean

One or more ticks do not prove a specific diagnosis. They show which topics to discuss with a qualified professional and which patterns to observe during the seven-day diary.

Tool 2: Seven-Day Awareness Diary

Use one row for each meaningful symptom or trigger. Add more pages if needed.

Day / time	Symptom	Trigger or activity	Urge / pain / pressure	What helped?
Day 1	_____	_____	_____	_____
Day 2	_____	_____	_____	_____
Day 3	_____	_____	_____	_____
Day 4	_____	_____	_____	_____
Day 5	_____	_____	_____	_____
Day 6	_____	_____	_____	_____
Day 7	_____	_____	_____	_____

End-of-week questions

• What happened most often? _____

• Which activity created the strongest symptoms?

_____

• Did symptoms change with fluids, constipation, stress, menstruation, pregnancy, or time of day?

_____

• Could I feel both contraction and release?

_____

• What will I ask a clinician or physiotherapist?

_____

Tool 3: Technique Quality Checklist

Yes / not yet	Quality check
	I can breathe while contracting.
	My thighs and buttocks stay mostly relaxed.
	I feel an inward and upward lift—not pushing down.
	I can release fully after each contraction.
	The exercise does not create pain or increased heaviness.
	I stop before fatigue changes my technique.
	I use the Pressure-Lock briefly, then release.
	I am progressing from lying to real-life movement gradually.

If several answers are “not yet”

Reduce the effort and return to breathing and release. If you remain unsure, seek a pelvic-health assessment rather than repeating a technique that may be incorrect.

Tool 4: Twelve-Week Progress Tracker

Week	Practice days	Bladder confidence	Comfort / control	One change I noticed
1	___ / 7	___ / 10	___ / 10	_____
2	___ / 7	___ / 10	___ / 10	_____
3	___ / 7	___ / 10	___ / 10	_____
4	___ / 7	___ / 10	___ / 10	_____
5	___ / 7	___ / 10	___ / 10	_____
6	___ / 7	___ / 10	___ / 10	_____
7	___ / 7	___ / 10	___ / 10	_____
8	___ / 7	___ / 10	___ / 10	_____
9	___ / 7	___ / 10	___ / 10	_____
10	___ / 7	___ / 10	___ / 10	_____
11	___ / 7	___ / 10	___ / 10	_____
12	___ / 7	___ / 10	___ / 10	_____

Progress is not only symptom-free days

- You notice a trigger earlier.
- You can relax more easily.
- You recover faster after a symptom flare.
- You ask for help sooner.
- You move with less fear.
- You understand what your body needs.

Tool 5: Your Daily Five-Minute Reset

Minute	Action
	Three slow 360-degree breaths; soften jaw, stomach, buttocks, and pelvic floor.
	Two or three gentle lift-and-release repetitions with full rest.
	Three comfortable slow holds or relaxation breaths—based on your pattern.
	Three quick, clean lifts if appropriate, followed by full release.
	One functional skill: sit-to-stand, light lift, cough practice, or calm urge strategy.

↺ Adapt the routine

If you have pain or over-tension, your five minutes may focus on breathing and release rather than strengthening. If you are pregnant, newly postpartum, recovering from surgery, or managing prolapse, use clinician-approved modifications.

Tool 6: Appointment Preparation Sheet

How to describe the problem clearly

Complete these sentences before your appointment:

My main symptom is _____.

It began _____.

It is triggered by _____ .

It affects my work, movement, sleep, exercise, or intimacy by _____.

I have also noticed pain / pressure / bulging / constipation / urgency / dryness / bleeding: _____.

I have tried _____.

My main question is _____.

Questions to ask

- What type of pelvic-floor or bladder problem might explain my symptoms?
- Could my pelvic floor be overactive as well as weak?
- Would pelvic-health physiotherapy be appropriate?
- Do I need urine testing, a pelvic examination, imaging, or another assessment?
- Could pregnancy, scars, prolapse, menopause, medication, constipation, or another condition be contributing?
- What activities should I modify while I am being assessed?
- What signs should make me seek urgent care?

Tool 7: Intimacy Comfort Plan

This page supports a calm, consent-based conversation. It does not replace medical assessment for pain.

Complete together	Your notes
What currently feels comfortable?	_____
What feels painful, dry, tense, numb, or worrying?	_____
What pace, position, or type of touch gives more control?	_____
What word or signal means “pause” or “stop”?	_____
Would lubricant, more time, non-penetrative closeness, or medical advice help?	_____
What will we do if discomfort begins?	_____

♥ Remember

Comfort and consent are not optional extras. Persistent pain, bleeding, marked dryness, or fear deserves professional care.

Tool 8: My Long-Term Maintenance Plan

Area	My plan
Pelvic-floor practice	_____
Whole-body strength	_____
Walking / movement	_____
Fluid and bladder habits	_____
Bowel routine	_____
Intimacy comfort	_____
Menopause or pregnancy care	_____
Professional follow-up	_____

My early warning signs

When I notice _____, I will return to breathing, release, gentle practice, and seek help if the symptom persists or worsens.

My reason for continuing

I am building pelvic health because _____

CHAPTER RESOURCES

Evidence, Support, and Safe Next Steps

Use trustworthy information and qualified care.

When to seek urgent help

- Sudden inability to urinate or severe difficulty emptying the bladder.
- New loss of bladder or bowel control with leg weakness or numbness around the buttocks, genitals, or inner thighs.
- Blood in urine, fever with urinary symptoms, or severe flank or pelvic pain.
- Heavy unexplained vaginal bleeding, severe postpartum bleeding, or rapidly worsening pain.
- A painful bulge that cannot be reduced, severe abdominal symptoms, or feeling acutely unwell.

Who may be part of your care team

PELVIC-HEALTH PHYSIOTHERAPIST

Assesses contraction, relaxation, coordination, scars, movement, and functional training.

PRIMARY-CARE CLINICIAN

Evaluates urinary, bowel, pain, medication, infection, and general health factors.

GYNAECOLOGIST / UROGYNAECOLOGIST

Assesses prolapse, complex incontinence, pelvic conditions, and treatment options.

MIDWIFE / OBSTETRIC TEAM

Supports pregnancy, birth preparation, postpartum healing, and maternity red flags.

CONTINENCE NURSE

Supports bladder diaries, bladder training, products, and care pathways.

MENOPAUSE CLINICIAN

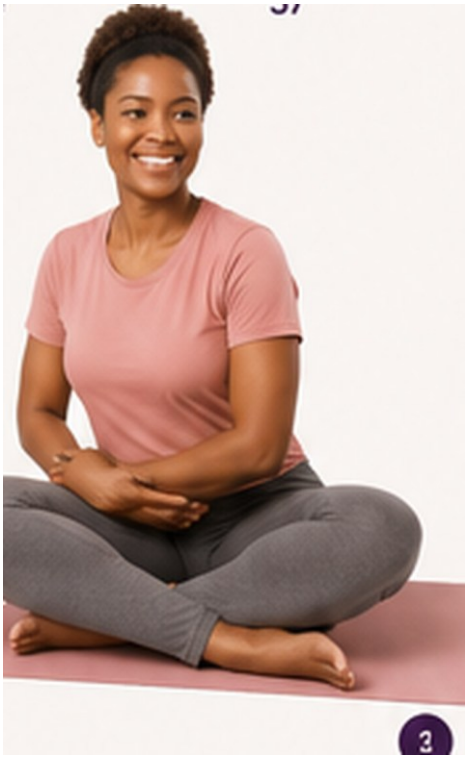
Assesses genitourinary syndrome of menopause and treatment options for tissue symptoms.

Evidence and professional guidance used

- National Institute for Health and Care Excellence (NICE). Pelvic floor dysfunction: prevention and non-surgical management (NG210).
- NICE. Urinary incontinence and pelvic organ prolapse in women: management (NG123).
- NICE Quality Standard 77. Supervised pelvic floor muscle training for stress or mixed urinary incontinence.
- American College of Obstetricians and Gynecologists (ACOG). Urinary Incontinence; Pelvic Support Problems; postpartum care resources.
- National Health Service (NHS). Exercise in pregnancy; Your post-pregnancy body; keeping fit and healthy with a baby.
- The Menopause Society. Patient education on genitourinary syndrome of menopause, perimenopause, and sexual health.
- U.S. Food and Drug Administration Office of Women's Health. What Women Need to Know About Their Pelvic Floor.

Guidelines change over time. Readers should use current local advice and discuss individual symptoms with a qualified professional. The source list supports the general educational principles in this guide; it does not make Mama Grace a healthcare provider.

About Mama Grace



Mama Grace is a maternal and midlife wellness writer committed to making private women's-health topics easier to understand. Her work uses simple language, compassionate guidance, and practical tools to help women ask better questions and participate confidently in their own care.

She writes for women across Africa and the African diaspora, recognising that culture, access to care, motherhood, work, family expectations, and silence can shape how women experience pelvic-health concerns.

Mama Grace is a pen name and does not represent a licensed medical professional. The guide's purpose is education and encouragement, not diagnosis or treatment.

"You deserve care that respects your body, your stage of life, your culture, and your voice."

— Mama Grace

Health Disclaimer

This guide provides general educational information about pelvic-floor health. It is not medical advice and should not be used to diagnose, treat, cure, or prevent any condition. Pelvic-floor symptoms may have multiple causes, and exercises that help one person may be unsuitable for another.

Consult a qualified healthcare professional before beginning a new exercise programme if you are pregnant, recently postpartum, recovering from surgery or birth injury, experiencing pelvic pain, managing prolapse, living with a neurological or major medical condition, or uncertain about your symptoms.

Stop exercise and seek advice if symptoms worsen, pain develops, pressure or bulging increases, urinary or bowel emptying becomes difficult, or you cannot relax the pelvic floor. Seek urgent care for the warning signs listed in this guide.

The author and publisher are not responsible for injury, loss, or harm arising from the use or misuse of this information. By using this guide, the reader accepts responsibility for seeking appropriate professional care and adapting activities to her own health needs.

"Recognise. Release. Reconnect. Rebuild. Reinforce. Your reset is not a race—it is a relationship with your body."

— Mama Grace