

Episode 101 Transcript

Jaclyn Smeaton (00:01.774 - 02:23.00)

Welcome to the DUTCH Podcast, where we dive deep into the science of hormones, wellness, and personalized health care. I'm Dr. Jaclyn Smeaton, Chief Medical Officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a healthcare professional or simply looking to optimize your own wellbeing, we've got you covered.

The contents of this podcast are for educational and informational purposes only. The information is not to be interpreted as or mistaken for medical advice. Consult your healthcare provider for medical advice, diagnosis or treatment. Hello and welcome to this week's DUTCH Podcast. On this week's podcast, I have an expert I'm really excited about, one of our country's top experts on pelvic floor health for women. Now, this is a topic that really a lot of patients have that came into my practice asked about this, but it was kind of one of those doorknob conversations where just as they're about to leave, they've spent an hour, half an hour with you, your hands on the door, and then they say, wait, I just have this one more thing I want to talk about. And it's that thing that they were embarrassed to talk about, maybe urinary leakage or bowel trouble or pain with intercourse, or just feeling like you're not yourself recovering from birth. These are things we want to bring into the limelight because they're not things that should feel embarrassing and because there's a solution to the problem.

So I'm really excited to talk about this. We're going to get into all the symptoms that might lead you to think that seeing a pelvic floor physical therapist could help you and some of the preventive strategies that all women should think about before they're pregnant, after they have a baby, during perimenopause and menopause. And even we talk about with teenage girls when menstruating, that can be a trigger for some pelvic floor dysfunction. You're going to want to tune in. Really great recommendations that we cover today. And I'm really excited to welcome our fabulous guest. Let's get started.

Since 2007, Dr. Sara Reardon has been caring for people's pelvic floors as a board certified pelvic floor physical therapist. She's the founder and the chief vagina officer, I love that title, of the Vagina Whisperer, an online pelvic floor workout program for women of every age and stage. You can find her online as the Vagina Whisperer. Sara is the author of *Floored*, a woman's guide to pelvic floor health at every age and stage, which is coming out this June 2025. Congratulations on your book and welcome to the podcast.

Sara Reardon (02:23.00 - 02:25:00)

Thanks for having me.

Jaclyn Smeaton (02:25:00- 02:23.992)

I'm so excited to talk about this topic. It's something that is still something women don't like to talk about. I'm really excited to have you here to kind of like normalize what this is, help spread the messaging of the positive impact it can have in women's lives, and really just learn more about it from your expertise. So I'm so glad you're here.

Sara Reardon (02:43.00 - 03:08:00)

Yeah, this is great. And I think it's interesting because I talk about the pelvic floor all day. It's dinner table conversation for my family. I speak with women all throughout the day in my clinic. And I think that women don't realize that they're even having pelvic floor issues or where to go to get help. So I really love chatting about this because my goal is to help normalize the conversations versus normalize the problems, which I think has been the narrative for so long.

Jaclyn Smeaton (03:08 :00- 02:23.992)

Well, can you start by just describing, like, what is the pelvic floor? What does it do? Why is it important? How does it become dysfunctional?

Sara Reardon (03:16 :00- 04:15.992)

Absolutely. So the pelvic floor is a basket of muscles at the base of your pelvis. So we think about the bony skeleton or the skeleton bones we see on jammies or when we place our hand on our hips, that's bones. And at the base of that bony outlet is a basket of muscles that sit like a hammock. So those muscles support your pelvic organs like your uterus, your bladder, your rectum, your ovaries.

It also has the openings for the urethra, which where urine exits, the vagina for vaginal intercourse menstruation or vaginal birth, and then the anal opening for bowel movements. So if you're experiencing anything from urinary leakage or frequent urination to constipation, hemorrhoids, or if you're pregnant, postpartum, menopausal, your pelvic floor is gonna be affected because it is involved in all of those arenas. And that's why I think it's really important to kind of educate women about what does this muscle do so that if there's an issue, know that pelvic floor therapy can be an option for them.

Jaclyn Smeaton (04:15.74 – 04:22:00)

What are some of the symptoms that women should know about that could lead them to think like maybe I should have my pelvic floor evaluated?

Sara Reardon (04:22 :00- 05:25.992)

So, you in my dream world, going to see a pelvic floor therapist is like going to see a dentist.

You know, we start when we get our periods or when we start becoming sexually active. And it's just a routine checkup, just like seeing a gynecologist as well. And so you kind of know what your normal is before you feel like you're just doing damage control when symptoms arise. But some of the more common symptoms women experience, hands down, the most common is urinary leakage. So this can be a little leak with a cough or sneeze, leakage with exercise or jumping or even just rushing to the bathroom and not making it in time. Other symptoms are painful intercourse because the group of muscles has to open to the vagina. If it feels like something's hitting a wall when you're trying to insert it into the vagina or pain after intercourse, difficulty with orgasms as well because these muscles contract and relax during an orgasm. And then also bowel movement issues like constipation, straining with bowel movements, fecal leakage, staining in the underwear, hemorrhoids. Really anything involved in those outlets is typically a pelvic floor muscle issue.

Jaclyn Smeaton (05:25.506- 05:54:00)

Yeah, it's so interesting because I think a lot of people don't really think about pelvic floor health for a lot of those issues. Like even dyspnea, that's something that, you know, I was never taught to look at pelvic floor therapy for that, you know, as a naturopathic doctor. So it's very interesting and it's great to bring awareness to it because we talk a lot about root cause on this podcast and here you're talking about like a contributor probably for all those conditions in most cases, even if it's not the sole contributor.

Sara Reardon (05:54:00 – 06:46:00)

Right, and I think that that's one thing that we're really, know, medicine is so specialized, which I think has been wonderful, but I think it also silos what we're looking at. So if you're seeing, if you're say you're experiencing dyspareunia, which is painful sex, you can say, is it a tissue problem or from low estrogen or birth control or menopause? Is it a nerve issue that there could be pudendal nerve irritation or sharpshooting pain? Is it a muscle issue? So we're, or is it an infection? So we're looking at all these things when really, even if there's another cause like infection or a nerve problem, the muscles are likely involved and have to be additionally addressed, which is, you know, one in four women experience pain, sex or pelvic pain at some point in their lifetime that's likely under-reported. So this is happening, but we're just not talking about it or not knowing where to get help.

Jaclyn Smeaton (06:46:00 - 07:05.992)

I can imagine a lot of the conversations you have with your clients where when they finally have the courage to book an appointment and they come in to see you, it's like the exhale. I can just envision the energy in the room, which is like, okay, I'm ready for help. Let's get this going. Someone I can talk about this. It's not gonna think it's weird.

Sara Reardon (07:05.992 - 07:48.992)

Absolutely, and I think it's why I really love being so vocal about it because, know, when you've, I've been in this field for over 18 years when pelvic floor therapy was just, nobody even knew what it was. And now it's really becoming much more talked about thanks to social media and different outlets like your podcast. But you know, women are suffering for so long and it takes a lot of courage to talk about this. You know, one, they don't know where to go. And then once they do come in. It feels weird, it feels shameful, it feels embarrassing. And so I love that exhale when the shoulders drop, when their kind of face softens and they really feel like, okay, I'm in the right place and I'm gonna actually get help for this, which has been affecting them for so long.

Jaclyn Smeaton (07:48:00 – 07:57:00)

Yeah, it's a struggle. It's definitely a struggle for a lot of women. Now, what's the number one reason why people come in to see you or buy your programs?

Sara Reardon (07:57.992 - 09:10.574)

You know, I think initially a lot of it started with pregnancy and postpartum. We know that pregnancy is one of the biggest risk factors for having a pelvic floor problem. It causes your muscles to stretch out and weaken. You either have a vaginal birth or a cesarean birth, both which affect the pelvic floor. I think a misnomer is that if you have a C-section, your vagina is spared, which is not the case. Your pelvic floor changes itself during pregnancy. And so, and then when you are postpartum, you are healing your pelvic floor muscles are functioning at 50 % at your six week mark, which is when most of us are clear to go back to sex and exercise, but your body has not recovered. And so we see a lot of women during those two life stages with things like leakage, back pain, abdominal separation, pelvic organ prolapse, when their organs aren't as supported by that hammock of muscles, and they're like, wait, is this my new normal? Is this like the price I have to pay for being a mom?

And it's not, we just haven't given women the resources to rehabilitate and strengthen. And then now I see many more women coming in during perimenopause and menopause when those hormonal stores are changing, their estrogen declining, and they have more weakness and leakage and things like that.

Jaclyn Smeaton (09:10.574 – 10:30:00)

That's great to understand. I'm so glad that you're making the point about the pregnancy. That is a dramatic change to the pelvic floor. In this country, we don't even really educate moms, pregnant moms, on the availability of this. I've had four vaginal births, four pregnancies. My fourth child was over 10 pounds. Wow. It's funny because as I was

prepping for that, after I had my third, I knew I didn't feel the same. With my fourth, I wanted a pelvic floor PT.

on the clock, like ready to come postpartum. And you know, she had recommended we start at six weeks, but she did come earlier and we just focused on breathing. And it was such an interesting thing because even without straining, like there were, I didn't really ever have awareness of like transverse abdominous muscles and like even the basics of how to hold your core. I mean, I got so much value out of it. And I did like a full 12 weeks in person with her and felt like so recovered when we started. And I just wish that that.

I mean, it was a game changer for me in my recovery. It really was. And I just wish that more moms knew about this to really get connected. It should be part of OB care. Like it should be just standard. I mean, I really wish it was that it was just covered. I had to pay cash for it, right? It wasn't a covered thing because I wasn't, you know, diagnosed with anything at that point. But it should just be a piece of recovery, just like a lactation consultant.

Sara Reardon (10:30:00 - 11:43:00)

Right. And you know, when I started my Instagram account, the vagina whisper, it was when I was pregnant with my second son and all of my girlfriends were emailing me like, what do I do for this or how do I do a perineal massage or what's the best belly support? And I'm thinking everybody should know about this. Like, why am I just the lucky one who chose this path, who can kind of prepare for birth and then recover postpartum? And I had really great births. And I think a lot of it was due to kind of this just knowledge and preparation that I had.

And I want everyone to have access to that. And so I created my online program. It started with pregnancy and postpartum. Now it's, know, prolapse and menopause and post-surgical recovery. But it was really like, so many women go through this and we know it's gonna change their pelvic floor, but they're not getting any help for it. And so again, afterwards you almost feel like this is the, it's the cost of motherhood, which I just don't think it's fair. And also, you know, we are getting really consistent OB care during pregnancy, but postpartum, it's like practically nothing. It's nothing. 40 % of moms don't go to their postpartum OB visits. And I'm like, so they're getting nothing. And yet that's when we really need the care and recovery. So I know so many things. So many things.

Jaclyn Smeaton (11:43:00 – 11:57:00)

I mean, there's so much else that should be provided at that time. How did you become so interested in this specific specialty within physical therapy? How did you become the vagina whisperer? Like, you got to tell us that story.

Sara Reardon (11:57:00 - 13:30:00)

Well, there's a couple different moments, but I wrote about this in my book, *Floored*, which is coming out. And one of the biggest things was when I was in graduate school, I had a professor who was really a pioneer in the field. Back then it was called Women's Health. Now it's called Pelvic Health because everyone has a pelvic floor. And it was just a two week lecture series about the pelvic floor. And I was thinking, my gosh, this is so fascinating. I didn't even know these muscles existed and it helped me learn more about my body as a woman. It was like, oh, I'm thinking about how I'm peeing and I shouldn't push and I'm thinking about how I'm running and I need a strong core and pelvic floor. And it just changed the way I started caring for my own body. And then I really love just helping other women understand their bodies. I felt it was so important. So I started in this right after PT school 18 years ago. And when...again, would get together with my college girlfriends every summer, and there was a summer, I was sitting in the hot tub with a bunch of their moms, and their mom started asking me about their bladder problems and their vaginas, and all of my girlfriends were like, she's like the vagina whisperer. So they really coined the name, and when I started my Instagram, it was for my group of friends. And then, so I named it the vagina whisperer after their nickname for me.

But the growth of the account, I mean, we're at like over 650,000 followers is I think it's really because women aren't getting this information and they're really hungry for it and now they're demanding it from healthcare. So it's really a testament to how much women want and need this information.

Jaclyn Smeaton (13:30:00 – 13:46:00)

Now, one of the things I want to kind of start to get into pelvic floor health a little bit more with you. can you tell me a little bit about like how and why this dysfunction starts? Yeah. You mentioned birth as like a trauma trigger, but what about for women who haven't given birth?

Sara Reardon (13:46:00 – 15:53:00)

Right, and that's another great thing to clarify, which I'm so glad you brought it up, is that often people think that pelvic floor issues only affect women when they are pregnant, postpartum, or menopausal, which are three risk factors for developing pelvic floor issues. However, so many women experience this and they've never given birth. So some of the early stages in life that we see problems arise are young female athletes have urinary leakage.

So it's something along the lines of 40 something percent of female athletes never given birth have leakage. it's shocking. It is shocking. And it's from different activities like cheerleading, volleyball, gymnastics, kind of higher impact activities. But your pelvic floor

is a muscle. So we may train the glutes and the abs and the hamstrings, but we're not training the pelvic floor. And I think that this is why it happened so consistently in young female athletes because we're training their bodies, but not the pelvic floor, which is actually part of their core. And that's when leakage starts. Another time is when women, young women get their periods and they start becoming sexually active. And when they're trying to insert something in the vagina, like a tampon, or they're having a pelvic exam, or they're trying to have vaginal intercourse, something can't insert into the vagina because there's muscle tension in the area. Some of that has to do with just our bodies. Like I get tension in my neck and shoulders and it gives me headaches and migraine, right?

The same thing can happen in our pelvic floors. We just hold tension in that area. Other factors are there's just a lack of education. People don't even know where the vaginal opening is. And if something is talked about as bad or shameful for so long, when we're just supposed to flip a switch and put something in our vaginas, we can't relax. And then there also can be trauma. It can be sexual trauma, it can be physical trauma. Those are also things that can contribute to pelvic floor muscle tension and dysfunction.

So in those early stages, there's no education. We maybe get sex ed, we maybe get some period education, but there's no pelvic floor education. And there are different components that can also kind of increase the risk like exercise or trauma.

Jaclyn Smeaton (15:53:00 – 16:00:00)

Are there any non-physical contributors like diet, alcohol, anything else that you notice?
Fiber content?

Sara Reardon (16:00:00 – 17:30:00)

So, you know, when it comes to peeing and pooping issues, childhood constipation is another one, which is a huge issue for kiddos. You know, processed foods, lack of activity, like dependence on laxatives or Miralax, that's another predisposing factor. See people who have, you know, bowel movement issues older often have a history of childhood constipation and they strain with bowel movements. And that's a risk factor for weakening the pelvic floor.

Another one is bedwetting because they may be holding their bladders. They may develop urinary tract infections. Those are all kind of different traumas to the pelvic floor as well. So there are other things like that. But I honestly think one of the biggest ones is stress. And I talk about this because in order for our pelvic floor muscles to relax and to function well, our nervous system needs to be calm and quiet. But in the pace of world that we live in with screens and you know, performance, expectations and anxiety and prolonged sitting and lack of activity and kind of crappy foods. Like all of that just up regulates our nervous

system, which causes tension and tension can lead to inability to empty your bladder well, straining with bowel movements, nerve pain, pelvic muscle tension, poor posture. So, know, pelvic floor therapy, always say is a piece of the puzzle. It's not just gonna be addressing the muscles. There's often all these other components we need to look at as well.

Jaclyn Smeaton (17:30:00 – 17:37:00)

You mentioned like prolonged sitting too and I bet that probably has a big contributor because we're meant to be a little bit more upright more hours of the day.

Sara Reardon (17:37:00 – 17:48:00)

Right, a tailbone pain. I mean, if you sit for a long time, your muscles get tight and you get tailbone pain and your tailbone attaches to your pelvic floor. So that's another one that people don't think of, is this a pelvic floor issue? And it totally is.

Jaclyn Smeaton (17:48:00 – 18:16:00)

Interesting. So, you know, I think I want to kind of talk a little bit more in depth about a couple of the common complaints that lead people into pelvic floor therapy. I want to start with bladder issues. But I do think you mentioned this before. A lot of people think, this is just aging. You this is just what happens after you have a baby. It's something that you just have to deal with as a mom, you'd mentioned, you know, into perimetopause and menopause, that same thing. Like, this is kind of a part of aging. Is that leakage like normal or is it just common but abnormal?

Sara Reardon (18:16.984 – 19:49:00)

You know, I always will go back to it. Leakage is common, but it is abnormal. No amount of leakage is normal. Normal function is to be able to hold urine during activities. And then when you get to the restroom to relax and have your bladder empty, what happens is that these little leaks start to pop up when we're, you know, early in with exercise, pregnancy, postpartum, perimenopausal.

And then they become much more consistent. So we kind of normalize them during different stages, but then once we hit perimenopause and menopause, your estrogen levels tank, which is normal. That's normal because you don't have, you're not ovulating anymore. But what happens when you have low estrogen is your vaginal tissues get thinner, they get drier, they get less supportive, there's less tone. We also lose muscle strength as we age, and your pelvic floor muscle loses strength as well.

So we have to be really proactive in educating women to strengthen their pelvic floor, to kind of be on the front side of it and still waiting until, you know, their 50s and 60s and they're leaking and they're in, they have UTIs and they have, you know, they're on pads and

diapers and then try to fix it. We really need to educate women much earlier. So 100 % of women are gonna go through menopause if they live long enough. And we know that that is gonna cause changes to their pelvic floor. So we have to start helping women proactively, just like we do with osteoporosis or heart disease or breast cancer screenings. Like we know that these things increase in risk as we get older, just as pelvic floor problems do.

Jaclyn Smeaton (19:49:00 – 21:06:00)

Yeah, and it's so impactful to women's lives as well. mean, it's something that can be so shameful and embarrassing. It's a wonder we don't do things more proactively because they don't consider it as medical, as something like osteoporosis probably, or because they're not a drug to treat it, maybe as well.

Sara Reardon (20:06.158 – 21:25:00)

I think that that's a big part of it. There's not a lot of, you know, there's no research trials from, you know, medical device companies or pharmaceutical companies saying like, yay, pelvic floor therapy, you know, this is exercise, but we emphasize strength training and exercise in older age, just like we need to do pelvic floor muscle training. You know, I've been in this field for so long, and I gave a TED talk several years ago. And one of the stats I said, it was, you know, 50 % of women over the age of 65 leak urine. So one in two of us. And it's one of the number one risk factors for ending up in a nursing home is fecal incontinence, leakage of stool and leakage of urine. And when I said that my mom was like, I need to kind of pay attention to this. And I'm like, mom, I've been in this field for 15 years. You it was like, you hear something that you started thinking, wow, this can really affect my life. It's not just buying pads at the grocery store. It's how I live, how I travel, how I socialize, how I, you know, my skincare, everything, it just, really can start to overflow into different aspects. And that's where I'm like, I want us all to be able to have good sex and to exercise and to travel and to feel confident in our bodies at every stage versus we reach an age and we're like, now I just kind of have to deal with this. And it does impact your quality of life.

Jaclyn Smeaton (21:25:00 – 21:49:00)

Yeah, there's I mean, we don't want to be in that deal with it phase. I think we want to be proactive for prevention in this case as well. So what about I want to talk a little about bowel movements as well, because that's another big thing that can change in men's and childhood constipation. But a lot of adults suffer with that as well. So what can we do to have better bowel movements? Like, are there considerations for toilet use that we should be thinking about?

Sara Reardon (21:49:00 – 22:08:00)

Right, so, you know, the basics of getting enough fiber in your diet, getting enough hydration, movement is key as well. know, activity can help with transit through poop in

your colon. But some of the other kind of more mechanical things are I encourage everyone to use a squatty potty or a little stool underneath.

Jaclyn Smeaton (22:08.622 – 22:11:00)

I was wondering if you were going to mention the squatty potty today.

Sara Reardon (22:11:00 -

Always, you know, because putting your feet up on a stool puts you in more of a squatting position. And when I was writing my book, I went back and kind of studied the history of like, how did we end up on Western toilets? And it's really because once we move toilets inside, instead of outside, we made them chairs instead of squatting over the ground. And but squatting is kind of the best physiological way to relax your pelvic floor to empty bowel movements. So using a squatty potty or a stool under your feet kind of helps that position.

Jaclyn Smeaton (22:41:00 – 22:41:00)

lifts your knees. It like lifts your knees back up to more of a...

Sara Reardon (22:44:00 – 23:30:00)

Squatting position, right. And that relaxes your pelvic floor. And then also not holding your breath when you're trying to poop. So exhaling like you're, right. So not straining, exhaling, I always feel like you're blowing out a bunch of birthday candles or like you're blowing out through a straw and that helps relax your pelvic floor. And then I'm a big fan of bidets because it minimizes excessive wiping. It can help with hemorrhoids if you have them. Just different things to kind of really baby the tissues in the urea. The last thing I do is I, take a lot of magnesium at nighttime. So I recommend magnesium citrate. helps kind of bring water into your colon to make your poop softer, but it's one of the first things I recommend to people outside of taking like a laxative or something just to help soften their stool.

Jaclyn Smeaton (23:30:00 – 23:50:00)

I always recommend that to the moms in my practice to do as soon as they give birth or when they go into labor as well because that's a time that can be pretty frightening to go to the bathroom after you've just had a baby. Pushing anything feels like you might rip in half. That's another great time to do a little bit of extra magnesium to make sure that when things are in that healing phase.

Sara Reardon (23:50:00 – 24:23:00)

Totally, that's, one of the more common reels or videos that people watch of mine on social media is like how to take your first poop after giving birth and they're like, nobody told me this. I'm like every labor and delivery unit needs to have this in their bathrooms to like put your feet on the stool, to support the vagina with your hand and a piece of toilet paper or

support your tummy with a pillow if you've had a C-section, to take the stool softeners or magnesium, to hydrate, to walk. I mean all of those things really help just make that bowel movement less excruciating. It can be worse than birth if you don't know how to do it properly.

Jaclyn Smeaton (24:23:00 - 24:35.784)

I'm thinking about men and women who've never given birth who that just pops up on their feed. It's something that you never thought you would ever have to know about. That's pretty funny. Like, how did this get tagged to me?

Sara Reardon (24:35.784 – 24:38:00)

I know, I know.

Jaclyn Smeaton (24:38:00 – 24:45:00)

So what are some habits that people can adopt to help encourage just a healthy pelvic floor in general?

Sara Reardon (24:45:00 – 26:37:00)

So my biggest thing, one of the ones is like, one, if you're listening to this, I'm so glad you are because I think knowing what some of the problems could be will help you get them addressed. The sooner the better. Some of the basic tips I tell people are we just discussed one, how to poop properly, like feet on the squatty potty, exhaling as you're having bomb movements so that you're not straining. The second one is to not push when you pee. I think so often we are in a rush and we do what's called power peeing, which is like you sit down in the toilet and you try to push your stream out as fast as you can. And that can actually weaken your pelvic floor. We pee six to eight times a day. And if you're pushing every single time, it's gonna weaken your pelvic floor over time and that can lead to leakage and prolapse. So when you pee, just sit, try not to hover unless you're in like a really yucky bathroom, but sit down on the toilet and just take some deep breaths and lean forward. And your bladder is a muscle that will actually push the urine out for you so you don't have to push it. So that's another really important one.

The last one is to exhale when you're exerting effort. And I say this because you'll often see people working out in the gym and they're holding their breath. When you hold your breath, it traps all of this air in your pelvic cavity and pushes down. And that is going to lead to weakness and prolapse and leakage over time. And even little things like when you're lifting your stroller into the car, when you're lifting a heavy bag of groceries, when you're pushing a piece of furniture you have to exhale as you do that because if you hold your breath, that breath is gonna find the path of least resistance. And if you have a vagina, the vagina is the path of least resistance where there's weakness. So we'll always go down. So just kind of

those simple day-to-day tips, like when I pick up my son, I'm like, okay, buddy, one, two, and I exhale as I lift him. When I'm lifting weights, I'm like, okay, one, two, and I exhale as I lift. And those habits will really make a difference over time.

Jaclyn Smeaton (26:37:00 – 27:01:00)

Those are really great suggestions. I want to talk also a little bit more about just birth and postpartum. mean, such a big piece of women's lives. We've touched upon it a little bit. But again, what about when women are thinking about conceiving or they are pregnant? Again, would you give the same recommendations or are there more that you would recommend?

Sara Reardon (27:01:00 – 28:44:00)

So when you're trying to conceive, I'm a big fan of working on pelvic floor strengthening. If you don't have any pain issues, if you have painful sex, the focus is much more on relaxation. So I've worked with women who have had to use a turkey baster to inseminate themselves because they can't have sexual activity. And so that's when you want to work on relaxation and not strengthening. If you are in great shape and there's no problems with pain, then just work on proactive strengthening. Again, working with your transverse abdominal muscles, those deep core muscles, learning how to activate your pelvic floor and relax your pelvic floor. Because once you get pregnant, that all changes. So if you've got that down going into pregnancy, you're in great shape. During pregnancy, and this is what I kind of teach in my online program, is that you want to work on strengthening the deep core muscles. That's going to help minimize that abdominal separation. That's going to give your pelvic floor more support in the first and second trimesters. But in the third trimester, I focus much more on relaxation.

So that's doing more yoga type stretching, learning how to breathe and kind of push your muscles out for giving birth. Or if you're having a C-section, kind of working on opening up your abdominal wall and your pelvis so that you have good mobility after giving birth. But really working on relaxation for labor, for birth is the key for third trimester. If you're going in with super tight pelvic floor muscles, they're gonna have a hard time relaxing for baby to come down the birth canal.

And I always say, you your pelvic floor muscles don't push your baby out. So you don't have to have these super strong pelvic floor muscles going into vaginal birth. Your uterus pushes your baby out. We just need those pelvic floor muscles to get out of the way. So if you learn how to push and relax them properly, it's gonna make that a much easier process.

Jaclyn Smeaton (28:44:00 – 29:15:00)

Yeah, birth is such an interesting process because it's something that you can't control, right? And you do. I do feel like the more you can relax, like the more my patients go into the

process relaxed, the better the birth outcomes are versus having to focus and control. It's like that stress relief, just overall stress relief, not even during a contraction. I'm just talking about the entire process. So going into that relaxation mindset and practice for the third trimester, absolutely helps so much with childbirth.

Sara Reardon (29:15:00 - 29:59:00)

It is. It's one of those things that birth is a very physical experience. And so we're kind of sending moms into that being like, good luck. But if we really learn what it is, learn what our body needs to do, we just feel a little bit more empowered and informed going into that. And whatever course it takes, it's going to take. Mean, there's a lot of things with birth that are unpredictable and that we can't, no matter how much we prepare, it may just go a different way. But I do, I mean, the research is very clear. Women who prepare for birth and feel more informed going into that experience. Report better birth outcomes, regardless of which way they give birth. And I think that's what's important is having them feel like they are a driver in that experience versus just a passenger and things are happening to them.

Jaelyn Smeaton (29:59:00 - 31:16:00)

Yeah, I mean, maybe we can talk about this. Can tell you have a passion about it. I do too. This is like a cultural misunderstanding that I just wish we could correct because I do see that all the time. Like I trained as a midwife in medical school. So I was around like more traditional birth settings where birth had a very positive association, you know, and I also of course trained in hospital births and

The experience being medicalized, it's not a bad idea for women to be in hospital. They should be wherever they feel most comfortable. But it's a medical experience, but only for humans. And I think that it's over-medicalized in our country to the point where a lot of women have a lot of apprehension and fear. And then you add to it the cultural conversation of how awful it is and pain and we have to avoid this. And it's really not serving women. I'm like you, like four wonderful, I home births with all my children, such a great experience. Something that I love to talk about because I want more women to know that it's wonderful, it's life changing, it's really hard, but it's amazing. I just think, again, when we talk about pelvic floor therapy, the mindset around that experience can really impact the outcome.

Sara Reardon (31:16:00 - 32:58:00)

Yeah. And you know, it's tricky because I think we see a lot of women in our practice who they're pregnant and they go through, you know, our childbirth preparation or they do my online program and they're like, I feel like I failed because I had a C-section and I did all this preparation. And I'm like, no, C-sections are a great option for people when there's a medical necessity. Mean, it's it's wonderful that we have that, but it is overutilized. And I

think it's we've given women who have had a C-section, the narrative is unfortunate that it's like they messed up birth or they failed from the beginning and that's not the case. If you have a C-section, like, I just want you to feel like you were kind of in the decision-making process of that, right? Like you felt like this was the next step that you wanna take, that you weren't helpless in that cause. And that is more important to me than which way the baby comes out and giving you the rehab and support that you need after. But just like you, mean, it is being in this field for as long as I have and having mother after mother after mother come in after birth and they are in tears. And again, these are the only the women I'm seeing in my practice. So it's not everyone. And they feel like they had a terrible birth experience and they were just their pelvic floor shot, their confidence is shot. They don't want to have another baby. I mean, when you hear these stories over and over, you can't just listen to them and think that like, this is just the way it has to be. I'm like, I fundamentally believe there is a better way and it's not being utilized in medicine. And I don't care how many studies come out saying we need to induce this day and we need, it's like, we are just over intervening and it's not serving women because we have terrible postpartum statistics.

Jaclyn Smeaton (32:58:00 - 34:18:00)

I remember when I was looking, like with my health insurance, I had a group of OBs that were available to me. And out of the ones that were like conveniently located, I started to look up the birth statistics. And one of the hospitals that they worked out of, the majority of them worked out of, had a 46 % cesarean rate for their labor and delivery department. that, like as a doc, I'm like, OK, there's no way that like one in two women almost can't give birth. Like this is a hospital problem, a staff problem, something where so many women are moving to cesarean, but I completely agree with you. It wasn't what I wanted. Some women elect to cesarean, and that's totally fine. And that might have affected practice statistics, and maybe they attracted patients who wanted that, who elected into that. And I'm definitely of the mindset where, thank goodness we have so many options available that we can choose from, like a menu. I have my preferences. Like, I might order the salmon, you might order the steak. We have different preferences for how to approach it, and all women are amazing because you're growing a human being.

There needs to, we need to eliminate the judgment around it because I don't think that serves anyone. However, it is so difficult to listen to women who wanted a certain experience and came out with something different. We're really getting off topic, but I think this is such a great thing to be talking about as women who serve women because I think a lot of people who are listening probably can relate to that.

Sara Reardon (34:18:00 – 34:55:00)

They can and I think that it's related because it affects how we birth. It affects how we feel about birth. It affects if we want to have more kids. It affects if we can have more kids. And so, and I see that from a very pelvic floor perspective. I just had a patient text me last week about, you know, she's got a really severe prolapse after her second birth and she's like, I'm, we're trying to decide if we're going to have another kid. Like, can my pelvic floor handle it? And so I'm thinking these things do really affect our life. And so we just want to give people the resources and the options. I think what's important with birth is options and then so that they can make the informed decisions for themselves.

Jaclyn Smeaton (34:55:00 – 35:26:00)

The last topic I want to cover around birth is around diastasis recti or this separation of the abdominal muscles because a lot of women complain, I'm sure you hear about this more than I do, that after you have a baby you have this mom pooch that you just can't get rid of and that is a chief concern that leads women in to seek care from what I have experienced myself because it's something everybody notices, it's different than it was before. Can you talk a little bit about DR and explain what it is and when does it need? Some kind of support.

Sara Reardon (35:26:00 – 38:19:00)

So DR or DRA, also called diastasis recti abdominus, is the separation of the midline of your abdominal muscles. So what happens is that during pregnancy your belly expands, which of course we need it to, and there is a line of tissue in the middle of your six pack ab muscles called the linea alba, and that gets really stretched out, which of course we need it to. But during pregnancy, when that gets so stretched out that you can't...maintain like the tension across it. So if you kind of do a little crunch up and you see like a little football or kind of cone coming out in the middle of your belly, when you're getting out of bed or getting out of a chair, that just tells you that there's an area of weakness there. It often persists postpartum. A lot of it has to do with our tissue doesn't just spring back together, that if you're breastfeeding or lactating, your tissues kind of stay a little bit lax for longer. But also you re stiffen that tissue by doing pelvic floor and core exercises like transverse abdominal contractions. But because we're not rehabbing women to do that, that diastasis can persist and it feels like you can push your fingers towards your guts or you continue to have that little dome or cone or your abs are just kind of distended. It looks like you're still pregnant.

So pelvic floor therapy focuses on kind of rehabbing and restrengthening those muscles. and also teaching you ways to actually prevent it from happening as severely during pregnancy. So teaching women how to get out of bed properly without doing a crunch, how to modify their exercise, how to not strain with bowel movements, all of these things that

can help minimize the risk of it and then also help it recover after birth. But I will be honest with you, there are some people who it just doesn't get to where it needs to be. I mean, and it's a problem for them. It's not just a cosmetic problem, it can lead to back pain, it can lead to constipation.

It can lead to abdominal distress and pain. So if people want to have surgery to repair it, I always tell them they need to do pelvic floor and core strengthening beforehand. You have to wait until at least a year after giving birth and that you're done breastfeeding. You don't want to have any more kids. You're not going to have any more pregnancies and you have to do pelvic floor and core strengthening afterwards because something led to that. And we want to make sure that whatever procedure you have done helps you know, stay the course and doesn't get problematic again. So, but it really is part of, it's like prolapse. It's like you can help, you know, improve it, but we're just not giving women the education they need. And I am, I will mention abdominal binders. I am a big fan of compression, but I'm not a fan of these like tight waist trainers that are so tight to kind of shrink your waist because it just puts pressure down instead of in on your waist and they're just not helpful in the long term. Like a nice pair of Spanx or compression underwear are great after birth, but not waist trainers that can actually make symptoms worse.

Jaclyn Smeaton (38:19:00 – 38:22:00)

I bet that feels so good, like when all those stitches relax to have it a little bit.

Sara Reardon (38:22:00 – 38:25:00)

It's like a hug for your tummy, right?

Jaclyn Smeaton (38:25:00 - 39:01:00)

Exactly. We need hugs after that. It's a lot of work. Can you talk me through, like if someone is going to do a pelvic floor program or CPT, like I know there's oftentimes like six week or 12 week long curricula or program. For people who maybe think they want to pursue this, but they're just kind of curious about what it entails. I know that people ask a lot of questions about like vaginal insertion and like work from within the vagina versus work that's, you know, external or no one's touching you. Can you just talk us through and help women or listeners better understand what this involves so that they can be really well aware when they go in.

Sara Reardon (39:01:00 - 40:50:00)

Absolutely. So, you know, there are so many online programs right now, including my own. I have my book coming out. And I really think what you said earlier is so key that there's a menu of options because not everyone can access an in-person PT, that everyone has the resources, the time, the geographical location to want to be able to do that. So we want to

give women options. If you do decide to go in to see a pelvic floor therapist, typically it's one-on-one in a private room. So you're not going to be in a big gym treatment room and we'll ask you a bunch of questions about peeing and pooping and childbirth and exercise and menstruation. And just to get a big picture of your entire pelvic health, we do external examination of your hips and your abdominal wall to see if there's any imbalances or tension or weakness in the areas. And then we do an internal vaginal or anal assessment. And that's always optional. It's obviously with consent, but it is the way that we assess the pelvic floor muscles is internally.

So it's not like a gynecologist where you have stirrups. You're kind of lying on a bed-like surface with a sheet draped over you undressed from the waist down. And then the therapist will ask you to do a couple movements, like what you'd consider a Kegel contraction or a tightening of the pelvic floor, what you would do to kind of push out like you're pooping or giving birth. And then they'll press on the outside muscles with their finger, and then they'll insert a gloved finger into the vagina and ask you to squeeze around their finger. They'll press on the sidewalls of the muscles to see if there's tension or tightness. And then they'll ask you to push out like you're having a bomb movement. And that just helps us see how your pelvic floor muscles are doing. And that lets us know if you need strengthening, if you relaxation work, different things like that to help guide your care.

Jaelyn Smeaton (40:50:00 – 40:54:00)

That's great. And then what about the PT sessions after assessment?

Sara Reardon (40:54:00 – 42:20:00)

So a lot of those are, it depends on what you need help for. If it's a lot of relaxation that you need, say you have painful sex or pelvic floor tension, it's much more manual, which means like we might do massage internally to the vaginal muscles, outside to the hips and the abdomen. If you've got a C-section scar, we'll work on that. If you have tense glute muscles, we'll work on that. And then we'll give you stretches and postural changes and teach you how to pee and poop and all those things to relax your muscles.

Typically sessions are 45 minutes to an hour. They're one-on-one, again, in a treatment room. And then we give you these things to work on at home to kind of maintain your progress. So our goal is to give you the tools so that you can kind of help yourself. We also train you with something called vaginal dilators or wands to kind of help internally relax your pelvic floor muscles at home. If it's strengthening you need, it's much more exercise-based. So it will be kind of learning how to do pelvic floor in deep transverse abdominal contractions, but building that into like a squat or a lunge or a bridge and, you know, helping you work towards the goals that you need, like if it's running or lifting your kids or jumping. So it all varies. And a lot of these programs, online programs, and you know, the one I have

it in my book as well, it teaches you just the exercises and the stuff that you can do at home. But, you know, seeing an in-person therapist, nothing beats it. But again, there are plenty of options for you depending on kind of what your situation is.

Jaclyn Smeaton (42:20:00 – 42:30:00)

Yeah, I'm glad you mentioned that. I'm so glad there's online programs. And when I went through my program with my PT, I was actually shocked. I was like sweating during this. It's not easy. It's hard work.

Sara Reardon (42:30:00 – 42:55:00)

It is hard work and it's also kind of emotional work sometimes too. If you've had a traumatic birth or you've dealt with painful sex, you have prolapse, you're really kind of in a very vulnerable position where you're getting help. And I think sometimes people, it can be feel like, my gosh, this is exhausting physically and emotionally, but I have never had a patient who said, I wish I didn't do this. Every single patient is, I wish I did this and I wish I did it sooner.

Jaclyn Smeaton (42:55:00 – 43:24:00)

I'm sure, and I wish more women knew about it so that they could do it sooner as well. It's really amazing. Part of it, I think, comes down to just more awareness. think that's, if I could say one thing that I took away from my own personal experience, it's just having an awareness of my core and of my pelvic floor and just having more intentionality, holding it properly when you're going about your daily business is like, you know, picking up your kids, moving around, getting up off the bed, like you said, all of those things.

Sara Reardon (43:24:00 – 44:05:00)

Totally. it's, you know, I think, you know, in our generation, we grew up with this narrative like do your kegels, do your kegels for better sex or better orgasms or pulling your core for, you know, a slimmer waist. And I'm like, this is all focused on one thing. It's like tightening, tightening, tightening. But so many people need relaxation or they need a balance. Like we don't strengthen our bicep by bending our elbow and walking around with a weight all day. So you can't just do that for your pelvic floor.

You really need to learn, as you mentioned, how to contract it and relax it and be aware of it. And I think it just, you know, once you're aware of it, it's just part of your life. It's like brushing and flossing your teeth. It's just kind of a lifestyle that can really serve you in the long run.

Jaclyn Smeaton (44:05:00 – 44:26:00)

Well, this has been awesome. I'm so glad that you joined us today. I learned a lot I think our listeners probably learned a lot if people want to find out more about you you guys can

check the links in our website and we'll make sure that we Also help with your book launch. Definitely can't wait for that to come out. That'll be great We'd love to let people know how they can get their hands on that as well Thank you so much for joining Sarah

Sara Reardon (44:26:00 – 44:38:00)

Thanks so much and you know the book is available for pre-order now. It's out on June 10th. I'm super excited about this and just super happy to chat with your community about all about the pelvic floor. So thanks for having me.

Jaclyn Smeaton (44:38.00 – 445:06:00)

Yeah, it's been wonderful. Listeners, make sure you check in if you loved this podcast with Dr. Sarah. We hope you subscribe to our podcast and we launch one every Tuesday. So I want to make sure you tune in every Tuesday to learn more about hormones, health, women's health, men's health, all the wonderful things we care about at Dutch. Thank you guys so much. See you next week. If you're wanting to learn and really expand your expertise in hormones, you're not going to want to miss our podcast. So make sure you tune in each and every week for our new content.