

A woman with short, wavy blonde hair is smiling warmly at the camera. She is wearing a purple sleeveless top with a white floral pattern and large, round, silver earrings. The background is a clear blue sky above a blue ocean horizon. A purple speech bubble is positioned in the upper right quadrant of the image.

You're not the first or the last woman with this problem and there is something you can do about it.

Getting over the embarrassment of leakage

Incontinence or leakage is more common than most people realise – and it can be easily cured or managed.

It's an issue for more than 4.8 million Australians. Leakage or urinary incontinence affects women of all ages and is very common, says Jean Hailes pelvic floor physiotherapist, Janetta Webb.

“One in three women who has ever had a baby will have had bladder leakage at some stage in the past month,” says Janetta.

“Incontinence can also become an issue at perimenopause and menopause, and as we age. So if you have this problem, you are not alone.”

Pregnancy

Hormonal and body changes mean bladder leakage is common during pregnancy and after birth.

A baby also places pressure on the bladder which can cause leakage, and a woman can also experience stress incontinence – when she laughs, sneezes, coughs, runs or jumps she leaks some urine.

Childbirth stretches and weakens the pelvic floor muscles, too, and this can also worsen incontinence.

What you can do

Pelvic floor exercises can prevent or minimise leakage and every woman can benefit from them.

The layer of pelvic floor muscle is like a mini-trampoline supporting the bladder, bowel and uterus. When the pelvic floor contracts it tightens the openings, reducing leaks. Exercise the pelvic floor by drawing in the muscles around the back passage, vagina and urethra then lifting and holding before releasing and then repeating again.

“Start to strengthen your pelvic floor within a few days of giving birth and avoid heavy lifting and straining to use your bowels. Wait at least three months before doing any high impact exercise and don't do exercises that cause leakage,” says Janetta.

“Pelvic floor exercises need to be done every day. Feel the muscles working around the anus, urethra and vagina – not the buttocks, legs or back muscles.”

Midlife

Over a three-month period, half of women aged 45-59 years old experience mild to severe urinary incontinence, according to the Continence Foundation of Australia.

Around menopause, reduced oestrogen thins the urethra wall so it doesn't close as effectively and muscles can lose some of their strength.

“By now women are more likely to have had some form of pelvic or abdominal surgery which reduces muscle function too,” says Janetta.

The most common types of incontinence at this age are stress incontinence and urge incontinence – a sudden urge to go to the toilet and perhaps not making it.

What you can do

See a physiotherapist to learn pelvic floor exercises and how to train your bladder to 'hold on'. See your GP to check for a urinary tract infection, as this can cause incontinence. Your GP will ask what usually causes leakage, how significant the leakage is and how often it happens.

A GP may recommend topical hormone treatment or hormone therapy. You can use continence pads and liners that offer better absorption than sanitary pads while you treat the incontinence. If you experience leakage when you cough or sneeze, try and brace your pelvic floor muscles by squeezing upwards and holding just beforehand. In some cases, surgery may be recommended to correct incontinence.

Older age

Urge incontinence and stress incontinence can become common. For example, a chronic respiratory illness that makes you cough or sneeze can cause accidental leakage, as does constipation.

“Women may be lifting grandchildren and putting pressure on a weak pelvic floor,” says Janetta.

“Get any back pain treated because women with lower back pain have increased risk of bladder or bowel leakage.”

What you can do

Medications can help control an overactive bladder.

“If you feel the desperate urge to go as you put a key in the front door, tightly squeeze your pelvic floor muscles and tell your bladder to hold on until you reach the toilet. Your brain may associate that urge with the front door – so trick it by using the back door,” suggests Janetta.

For ongoing issues, check the government CAPS scheme – Continence Aids Payment Scheme – to assist with the cost of continence pads. Visit continence.org.au for further details.

The hidden problem

Around one in 20 people experience poor bowel control due to childbirth, ageing, surgery, constipation, and some antibiotics and diabetes drugs. Food intolerance can also be a trigger but can be managed by modifying your diet.

“A significant number of women with urinary incontinence experience faecal incontinence but women won’t divulge this,” says Janetta.

“Exercises reinforce the anal sphincter muscle and keep the door more tightly closed. In some situations, surgery may be necessary and anal plugs can be a useful aid once the cause of your incontinence is assessed. You insert a plug, like an anal tampon, and can then lead your life without worrying about leakage.”

Getting past the embarrassment

Incontinence can stop women from exercising, going out and travelling.

“Women tell me friends make fun of them because they go to the toilet a lot,” says Janetta.

“Some women won’t travel because they don’t know where to find a toilet in an unfamiliar place. Women may also leak urine during sex, which can cause relationship difficulties and low self-esteem.”

One of the hardest aspects of overcoming leakage is to discuss it frankly with a health

Lisa’s Story

Lisa, 41, began experiencing leakage while exercising. Pelvic floor exercises solved the problem.

I’ve been running for the past couple of years and when I ran more than 5km, I noticed some leakage. I’d noticed a little now and again if I laughed a lot, but it became an issue when I started running.

Last year I did a 10km fun run with friends and by the time I finished I was soaked to my knees and was mortified. It ruined the whole run for me.

That prompted me to see my doctor and I got a referral to see Janetta. She asked me how much my biggest baby had weighed (nine pounds) and said that would do it.

Janetta explained it was common to have leakage after a big baby because I hadn’t done the pelvic floor squeezing while pregnant or afterwards. But she said we could fix the problem.

Janetta showed me exercises to strengthen my pelvic floor. The exercises are easy – you just have to make sure you squeeze

the right muscles. I do them regularly now, even when I’m waiting for the kettle to boil I squeeze!

I run two or three times a week and come back dry. I wear a liner but it’s more for peace of mind. I recently did an 8km run and had no problems at all.

You have to get over the embarrassment and realise you’re not the first or the last woman with this problem and there is something you can do about it.



professional, says Professor Nick Haslam, a psychologist at the University of Melbourne and author of *Psychology in the Bathroom* (Palgrave Macmillan).

“As children we are told that body waste is disgusting and shouldn’t be talked about. So when these accidents happen we feel humiliated and that we lack self-control,” says Professor Haslam.

“Realising that leakage is a common experience is one way to start feeling more comfortable with it. This is not about your capacity to control yourself. It’s a mechanical problem that may be fixed by something as simple as exercises.”

In the first instance, Professor Haslam recommends talking to your GP.

“You can always see your GP about something else and mention this while you’re there,” he says.

“Your GP won’t recoil in horror but will advise what to do next and refer you to a specialist if needed. It’s important to get over the embarrassment and see this as common and fixable.”

Where to get help

Your GP

National Continence Helpline
freecall **1800 33 00 66**

National Public Toilet Map
toiletmap.gov.au

Jean Hailes website for
information on continence
including fact sheet
and podcast on pelvic
floor exercises
jeanhailes.org.au