



QR code — Ivy Collaborative

IVY COLLABORATIVE HEALTHCARE

*We help people **Feel Good, Look Good & Function Well***

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www.IvyCollaborative.com



IDENTIFYING & MANAGING POSTPARTUM INCONTINENCE

Self-Help, Traditional Approaches & Ivy Collaborative Support

1. What Postpartum Incontinence Can Feel Like

A sneeze while holding the baby—or a leak on a walk, a laugh, or a lift—is common after birth. Pregnancy load plus labor can stretch, weaken, or tear the pelvic floor, so the bladder seal and support do not bounce back on their own. Up to about half of new mothers' leak in the months after delivery. It may be stress leaks (pressure), urge leaks (“have to go now”), or both. Vaginal birth—especially forceps or vacuum—raises risk, but cesarean recovery can still leave weakness from pregnancy itself. Many improve in the first months; symptoms that linger are a medical issue, not a motherhood badge, and they are treatable.



2. Self-Help Strategies

- After OB clearance, start gentle, correct pelvic-floor lifts—squeeze up, don't bear down
- Use “the knack”: brace the floor before a cough, sneeze, or baby lift
- Protect healing tissues: avoid heavy straining and high-impact exercise until cleared
- Treat constipation; stool softeners and fluids beat pushing
- Exhale on effort; don't hold your breath when picking up the car seat
- Track leaks, heaviness, emptying, and pain with intimacy
- Know the myth: “every new mom leaks—just wait it out” is not a rehab plan
- Ask your OB or midwife at the 6-week visit if leaks or pressure persist
- Seek urgent care for fever, heavy bleeding, or a bulge you cannot reduce

3. Traditional Medicine Options

- Postpartum check with OB/midwife before starting focused rehab
- Pelvic-floor physical therapy—gold-standard first-line after birth
- Confirm stress vs urge vs mixed leaks; screen for infection and significant prolapse
- Guidance on return to running, lifting, and core work
- Local estrogen or other hormone support when breastfeeding-related dryness or atrophy is an issue
- Pessary or surgery only for selected, more severe cases after shared decision-making
- Coordinate OB, pelvic PT, and primary care
- Understand limits: time and home Kegels help many—and leave others still leaking while juggling infant care
- Ask about non-surgical, FDA-cleared pelvic-floor strengthening once you are not pregnant and are cleared to treat

4. How Ivy Collaborative Can Help

- Emsella (BTL) — FDA-cleared HIFEM chair for urinary incontinence; fully clothed, 28-minute sessions
- About 11,200 supramaximal pelvic-floor contractions per visit—useful when Kegels are hard to do well with a newborn schedule
- Typical course: 6 visits over about 3 weeks; no downtime*
- Usually considered about 6–8 weeks after vaginal birth or cesarean, after clinician clearance*
- Compatible with breastfeeding; not used during pregnancy*
- Complements—not replaces—pelvic PT, OB follow-up, and gradual return to exercise

5. Helpful Links

Self-Help	Traditional Medicine	Ivy Collaborative
acog.org/postpartum voicesforpfd.org Clearance • Form • Constipation • Tracking	mayoclinic.org/postpartum aug.org/patients OB visit • Pelvic PT • Prolapse check	ivycollaborative.com — Emsella Emsella • Schedule your consultation Physician-directed care with Dr. Jocelyn Bayliss, MD dual board-certified psychiatrist

6. Contact Ivy Collaborative Healthcare

2100 Central Ave, Ste 6, Augusta, GA 30904 | 706.364.3461

Complimentary consultations available • Non-invasive support for postpartum pelvic recovery

Leaking after birth is common—staying leaked is not required. Support is available.



*Emsella (BTL) is FDA-cleared for urinary incontinence, not as a stand-alone treatment for pelvic organ prolapse or as an obstetric device. Timing is typically after the 6–8 week postpartum check and clinician clearance; pregnancy is a contraindication. Breastfeeding is generally compatible. A typical course is six 28-minute sessions and may be individualized; maintenance every 6–12 months is often discussed. Individual results vary. Not a substitute for evaluation of infection, heavy bleeding, irreducible bulge, or wound complications. Pacemakers, defibrillators, metal in the pelvis/hips, and certain implanted electronic devices are also common contraindications. Serving Augusta, Evans, Grovetown, Martinez, North Augusta, Harlem, and Richmond, Columbia, and Burke Counties.