Pelvic Health in Peri- & Menopause: What Every Woman Needs to Know | Nourish Together Podcast Transcript

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Introduction to Pelvic Health

Hello everyone. This is Tais Harris with the Nourish Together Gut, Heart, and Mind podcast. And today my guest is Laura Rowan from Essential Pelvic Health. And this is such an important conversation for every woman to listen to and to take action on because the pelvic health is so directly connected to overall health and hormone health and bowel movement health. That's all the things that we're gonna or bowel health I should say. But um those are all the things we'll be discussing today. Thank you for being here Lauren. Oh, thanks for having me. I love as you know I love to talk about it all and uh that's how we move forward with it, right?

Normalizing conversation. So yeah. So what I'd love for you to tell us a little bit about you and how you got to this work. Before we go there, right off the bat, what would you say is like the number one most important thing women should be feeling into looking into regarding their pelvic floor? Oo, that's a big one. Um, well, I mean, just in general, I think having an awareness of what it is and what it does for us because I mean, that's the biggest thing. It really has many hats. So, our pelvic floor is that muscle group at the bottom of the pelvis and um so I always have my models and um you know when we think about what it does is it it coordinates our bladder health and function. It correlates our bowel health and function and our sexual health and our reproductive health. It also stabilizes our body when we move.

So, it's part of our core system. It interacts with our respiratory system, our nervous system, the brain stem. So, it it's got its hands in a like all of the body uh functions. So, uh, being able to know what it's about and so then you can start to see some of the if there are some things coming offline like some symptoms or red flags, then you can um, be able to get intervention a little bit sooner um, and be able to have some strategies and awareness to um, interact with those.

Beautiful.

Common Pelvic Floor Symptoms in Women

So great knowing having the awareness of what it is and how do you find like when people come to see you is it because is it more often that maybe they had children or maybe they're having some incontinence like what would you say is the most common thing that bring people to you and the reason I'm asking this is that the following question is going to be like how can people start tuning into their body so that they can get to see somebody like you before or they get to a point where there's a crisis, right?

Yeah, it's a hard question because I do see a very wide variety of people. So, I see all genders, um, all gender identities and, um, you know, if if we narrow it down to people who identify as women, um, it's kind of again all over the place. I have the maternal space, so pregnancy and postpartum. Um, but I also have like younger females with pelvic pain. I have um and even younger as a female athlete, I uh didn't know it at the time, but I experienced bladder urgency and stress incontinence um and you know potential prolapse. So all of those things are are very very relevant um as well as um you know hormonal transitions which we will talk about more uh going into the um menopause transition. So pmenopause, menopause and postmenopause. Um, so usually it's it's a it's either in the area of a bladder symptom, bowel symptom, sexual symptom, pain symptom like back, hips, pelvic, genitals, um, or usually a combination of all of them. So, it didn't really give you a great answer, but No, no, but this is great because now, so now we can narrow down to women that are in perry menopause and menopause. when they come to see you, what's the most common thing that um they're coming to you for? Yeah, I'd say most common connection that they come to me for is the genital urinary syndrome of menopause. So thinking about the the bladder symptoms, so UTI or UTI like symptoms, um uh bladder urgency, bladder leakage, um painful intercourse, vag vaginal discomfort and dryness. Those sorts of things are what people connect pelvic health with. And then when they get here, we discover usually a lot more things that we can kind of help balance out. um such as the

bowel health, if there's constipation or loose stools um and any other like potential pain that maybe they haven't connected to these functions.

So that brings me to the second part of the question, right? If like if people can understand what the importance of their pelvic floor, everything it's doing and also starting to notice maybe changes in their body where vaginal dryness is starting to happen or maybe there's pain or pain with intercourse or um um you know I don't know what else like I want to just list like a few things that if people are starting to notice that or even like the sneeze uh kind of bladder leakage, right?

Connection.

How Pelvic Health Practice Evolved

That's when they really want to come see somebody like to not let it get worse, right? To like really start looking into how can I strengthen, how can I support this part of my body so I can support everything else. Is that would you say that that's the way? Yeah. Yep. And um it's it's great because I mean there's still as much as I still get people that come in every week that say I didn't even know this was a thing. There are a lot of a lot of awareness is getting out there. So a lot of people are now coming um like I'll do discovery calls to be able to figure out if this is a right fit and then we'll look at the schedule together. And in those discovery calls I see people listing all the things. So, they're already making the connections better than they were even just like a couple years ago. Um, and then when I send them my intake forms, it asks you all the questions of all the things. So, that helps people start to to make those connections, be like, "Why is she asking me about this?" And then actually thinking about it. Um, how often do I go to the bathroom? And does it feel like it's a full bladder? or, you know, just kind of really starting to think about things that you maybe haven't thought about or connected. Like sometimes constipation, people don't even identify as being constipated until you ask the right questions. Um, and then sometimes even like in like in the clinic, I'll ask the questions be like, "No, I don't strain or push to to pee to urinate or to have a bowel movement." And then they come back the next day.

I'm like, "You know what? I think I do." And then we can have that conversation. So right I feel like you know again and I know you see male female all gender identities and so do I but there's a especially for this conversation and because it is the largest percentage of the people I see for my practice as women that are in perry menopause and menopause that there's a common thread of not really paying attention to ourselves and our own bodies so much of the time that like you said it's like it's not until it comes into the conversation that people go oh oh maybe I do do that like let me pay attention let me take some time to just really sit with my body and see like how am I doing this how am I doing that how many times am I going how you know what's my bowel movement like um am I listening to the clues when I when my body says I need to pee do I hold it and do 10 other things before I go or do I you know so those little clues that are really about paying attention to ourselves. Yeah. And something that, you know, some women are really good at, but some women are not because they've been used to taking care of everybody else. Yeah. And it's, you know, uh being able to to track can really be helpful to get that information. So, and we'll talk about different tracking tools that I find really important and key in um helping to create um programs. Um but also you know uh being able to to not dismiss ourselves right because we are so busy we are doing so many things that it's so easy to say oh well this is happening because I'm stressed because of all these things and being able to really like sit with you know if you understand your rhythms and and your internal systems well then you can really know when your responses are a little bit more than just having too much on your plate. Um, and in different transitions like uh postpartum versus pmenopause and for example, right?

Right. Well, how how did you come to this work, Laura? So, I was out in Boston and I was doing uh working at skilled nursing facilities. So I worked with the geriatric population and I re was a rehab manager and uh we had this program that come came through that taught us a little bit of bladder retraining program and so for the geriatrics with a little bit of mindfulness and some exercises I was really seeing a lot of great improvement and I said wow like we need to like look into this a little bit more. Um, so I took my first pelvic floor course, which I did not quite understand all that it entailed at the time.

Hormones, Menopause, and Whole-Body Connections

Um, and I always thank the universe for putting on the blinders for me because I don't know if I would have signed up for it because a big piece of our training is learning the internal pelvic floor assessment techniques and we practice on each other. Um, and certainly for for the geriatric population, I was not even considering internal. I didn't know that that was a part of it. Um, however, I was there. I think it was in Chicago 18 years ago and I said, "Okay, let's see what this is about and I'm so grateful because it just opened up a whole new world for me." Um, and you know, I really, you know, of course I was helping people before, but really it just made me feel like I was transforming people's lives and at a greater spectrum, right? So, um, I've just, you know, I caught the bug. I've been uh hooked ever since and really it just pelvic health transcends all occupations and settings and people. So, it just really um you know, some people are like, "Oh, I could really use I I should come see you. I could really use pelvic health." I'm like, "Couldn't we all?" Like, I think we all deserve some pelvic health and awareness. And how did your work evolve into now being um having this hormone portion of it, being a hormone informed practitioner? And I know that you're also training with the menopause um society. Is that right?

Yeah. Yeah. Um how did that come about? Yeah, actually fairly recently. Um I you know I think you all these years that I've been you know I've been a occupational therapist for 25 years been working in pelvic health for about 18 years and I think all of it I have been working with hormones because there are hormone receptors all throughout the body and that's you know I don't call myself a pelvic floor therapist I I call myself a pelvic health therapist because it really is so much more than the pelvic floor. the pelvic floor is interconnected throughout the body, even our brain stem and our nervous system.

And so you really have to take a a whole person multi-system approach um to pelvic health. And so think, you know, I've been addressing I think the hormones but not directly all these years. And then as I I finished a um a presentation for occupational therapy.com and it was on um postpartum and um perry menopause uh well-being and um uh longevity.

That's what it was on. And so basically connecting in postpartum we have these hormonal shifts that are very similar to menopause uh and pmenopause and being able to see the information that we can get the indicators during our pregnancy and postpartum that can help us make informed decisions um proactively into our permenopause transition but also understanding the overlap so we can um you know start to identify when it's more than just stress, right? And um especially with uh women who are having babies later um in life and those transitions are directly overlapping. So really being able to kind of ask the right questions, make the right connections when you're trying to get care um and treat your symptoms. Um, so that's that kind of started it and then like I I wrapped up the the conference on the Friday and then um I went right into I have a pelvic health membership into a Perry to postmenopause conference that weekend and so I was like what all right I'm like diving all in and it was all in my head and then Mary Campbell who um helped um co-organize um with Kelly Bankraftoft um and host the M Factor screening recently uh she reached out to ask who would be interested in uh organizing the M factor screening and I said me I'm it's all right here like and that was December so we've been doing so much work with workshops and like just putting the word out and the response has been amazing people are thirsty for this information they want connections there's there's so many because hormones are all throughout the body we have so many symptoms that we experience and it's really overwhelming and confusing to sort them out. So, just having all these conversations to be able to help um kind of figure out like a a informed approach to what's going to make you feel better um and for that longevity and well-being. Uh and me personally, I'm definitely definitely in this pmenopause space. So, um, what I love about pelvic health, it's it's very it's very gratifying, but it's also self- serving because everything I learn about is going to directly relate to myself in some way. So, yes, that's wonderful. And full disclosure, I mean, I've been um in these workshops with Laura, she has included me. And so it's been it's been really rich presenting discussing all of these implications around hormones, pelvic health, self-love, uh acupuncture, uh intimacy, which is Mary Campbell's work. I mean, it's been really incredible. And um and also to say I have personally worked with Laura so for my own pelvic health. And that's when I realized like how impactful that work is because I I think I also had the sort of limited notion that it's a very localized thing and there's something about our creative energy coming from the womb, right? And that's like there's something about public health that frees up a lot of other things that that I think for me and um I see again and again that are able to happen. you know, when we're more in touch with our sexual energy, when we're more freed up and not experiencing pain, for example, when, you know, we are wired for pleasure and not being able to have that pleasure is really depressing and it can be a big um weight kind of on our on our soul, on our body, on our ability to create and to feel good in the world.

Bowel Health, Constipation, and Pelvic Floor Function

So, I really I have a lot to say about this work. I really believe in it and it's helped me personally. So what would you say is the connection then? So talk about pelvic health, hormones, bowel movement. Let's just start with this sort of triangle.

So I mean our bowel health is a window into how our internal systems are working, right? So uh even our menstrual cycle I look at it as a monthly report card and uh what information are we getting every month about how our body is doing. Part of that also is our bowel health like how you know are we constipated? You know are we in a holding rhythm? Are we do we have loose stools? Is there something that we need to look at to rebalance that energy? Um and you know if we are constipated we think about the job of the colon. The job of the colon is to absorb water from the stool and that's how it starts as liquid travels through and as it travels through it absorbs water and it turns into solid. Um so if it's not emptying at it likes to the rectum likes to fill and empty. It doesn't like things to hang out. It's not a storage unit. So, if it stays and is backed up into the colon, um it will continue to do its job and reabsorb water, make it more constipated and harder to go, kind of creating this cycle, but also it reabsorbs those old hormones. So, thinking about what it's going to start to recirculate and potentially what it may confuse the endocrine system into not creating uh fresh hormones and just understanding that type of cycle in and of itself.

along with other toxins that are packaged to go out that we start reabsorbing when stuff is sitting inside the inside the door instead of outside. Right. Yes. Beautiful. And I always look at, you know, what are we taking in? So, what can we do nutritionally um or supplement or herbs um or hydration like that way to be able to balance what what maybe if things are moving too fast sometimes like what what is the GI system trying to get out real quick? What doesn't it like? So, what are maybe there's some s sensitivities or what is the gut health like? um but also the motility what along the GI system may be um interfering with the motility and then for me specifically that um that outlet like at the end of the track the pelvic floor if there is dysfunction or imbalance there then that can impact how we evacuate. So looking at all of those things as a complete uh comprehensive approach.

And so when there is something more localized, is that usually muscle tension or are there is there a number of different things that could be happening that could be causing or contributing to constipation for example? Yeah. There you know so muscle tension is a big one. So if things are tight and you're trying to push through something that's tight, you might not be able to get it through. Um but coordination, so if you are squeezing when you're supposed to be letting go, um being able to work through the coordination piece of it, looking at the the nerves that intervate that those functions as well. Um and also looking at like tissue structure, right? So sometimes there's things like prolapse where um maybe the rectum starts to slide down or into the vaginal wall and that just makes it more difficult to evacuate, right? If things are kind of getting like pocketed or um you know the I to make it easy is to have like a straight gravity assisted uh elimination. So, anything that's interfering with that, we can look at how to support it.

And as far as um dryness, like looking at some of the other symptoms, especially for Perry menopause, menopause, pain and vaginal dryness, like how can some work around pelvic floor or pelvic health in general, um contribute to lessening or eliminating those symptoms? Yeah. So, when I hear those symptoms, um, I'm curious about what the tissue is like. So, is the tissue, uh, has it lost some elasticity?

Is it dry? How can we nourish that tissue, whether it's hormonal or non hormonal? Um, then I I want to look at the the pelvic floor muscles and the fascia around it. So if there are tensions in in those aspects, let's see how we can balance that out and get some good healthy blood flow and some good lengthening and shortening and uh breathing um connected to that space. Um and then nervous system regulation is a big piece of of what I do because you know trying to figure out well if I'm finding tension why is there tension right?

Breathing, Nervous System Regulation, and Pelvic Floor Release

So that's kind of like the detective work that we're always we treat what we find, but also like let's really kind of get underneath this so we're not just constantly having to treat it, right? Like let's really kind of see is it a uh an alignment, a structural thing that we can start to do some corrective exercises that bring balance to the pelvic floor. Um or is there some sort you know the the brain stem is connected to the pelvic space and if you think of the

hierarchy of the brain system the brain stems at the bottom at the base. So it's the it controls the important things right like the the top stuff like the frontal lobe some of the personality stuff we can we can live with but may not have many friends but we'll still survive. The brain stem coordinates our evacuation.

We have to pee and poop in order to live. It uh coordinates our reproductive system. we need to pro, you know, reproduce to live as a a species. So, um, it really cares about those things.

So, if there's a threat, if there's like a trauma, a stress, anxiety, an emotion, any sort of sense of um, decreased safety or fear, our brain stem will protect us in that pelvic space because it really cares about that space uh, potentially through tension. And that tension is where we start to see the symptoms, right? So the symptoms are more the red flags, the like sounding alarms of the body to say pay attention to me. But a lot of times like say bladder pain uh or UTI like symptoms, it's not necessarily a bladder thing. A lot of times it's what's around it and how can we calm that down and balance it, but also what is the what is the sense of safety throughout the body and where do we need to send support there too. Yeah, I love that you mentioned that because so much in my work too, it's about inflammation, nervous system activation because yes, you can do the right exercises for your, you know, pelvic floor and you can eat the right foods, but if you're not addressing that sense of safety, for example, and then overall inflammation with not just the foods that you're eating, but other toxic exposures and again those thoughts and concerns. Um it can be really hard to get the outcome that people want which is to feel good right or to feel great ideally. Yeah. Um so there was something you said about breathing too because I know when you were talking about this um the brain stem and the sort of regulation of all these bodily functions. I mean breathing is included in that and you mentioned how much the public health has this connection with breathing. Can you talk a little bit more about that and the role of the diaphragm? Yeah, and that's that's probably the biggest tool that I start with and I I don't like to say everyone but probably everyone um because you know the pelvic floor at the bottom of the pelvis and the respiratory diaphragm at the base of the rib cage um when we breathe they move together like a piston, right? And so that's a direct way if we've got tension in the pelvic floor, if we can learn how to bring that breath down and lengthen the pelvic floor. So so many people know how to do a kele, right? They've heard about squeezing our pelvic floor, but not a lot of people have heard about how to lengthen our pelvic floor. So using the breath to lengthen, not push and bear down, but to inhale and actively lengthen um and start to feel that motion. that's going to um help regulate bring the blood flow, balance the tensions, bring the coordination for the strength back and it also regulates the nervous system. So thinking about how it's it's you know interacting with the vagus nerve um any abdominal tension uh that's also getting a nice massage for our abdominal organs too.

So I used to say it all comes back to the breath because that's a major found like pelvic floor foundational concept that I always teach. Um but now I say it all comes back to the nervous system because I think that's more comprehensive but the nervous system incorporates the breath so much so I wasn't wrong but I just I feel like I was incomplete before. Yeah. Okay. Yeah.

I know that's great. And I feel like so much of you know in so many cultures the notion of breathing into our bellies right is the is the seat of presence and it's a way to calm the mind and it's part of activating the ner the vagus nerve and calming down the entire nervous system but I feel like beyond the belly it's really this notion of like going all the way down below like expanding pelvic floor um which is like you said it's not it doesn't come easy for most people. It is something to really you have to get in tune with. So, what would you say are maybe two or three really good practices for supporting I mean know you already talked about the breath and learning how to breathe um in a way that is helping expand um the pelvic floor but are there any maybe another one or two tips for connecting with pelvic floor with pelvic health in general people something people can really do at home before they even go see a practitioner Yeah, I mean it it's a tricky question because there are so many different like areas, right? Um I think for maybe just general pelvic health awareness, I think the breath, can you feel it? Can you feel that lengthening or can you see it?

Like break out a mirror, right? Understand? Or feel, right? Sometimes I'll have people just lay on their side and in like a fetal position. So, if your kind of hips are are up and bent, that opens up the the back of the pelvic floor. And then you can just place a hand back there um between your anus and your sitbone. And just feel when you do that inhale and try to lengthen, can you feel under your hand like a kind of like bulge or an expansion? And then when you exhale, can you feel that come back in?

Okay. And then it's not that keull are the the like evil but um being able to actively contract the pelvic floor in that direction of a kele. So closing the front muscles, lifting the back muscles, can you functionally do that? Like if you're going to cough or sneeze or lift something heavy, it is really helpful to be able to do that. but also understanding if you've got pelvic floor tension, you probably don't want to be doing sets and reps of isolated keles, right? So, just understanding the difference in what your own body needs are um are kind of the two big, but then like if there's I would say like kind of tune into what like your your body signals are. So again, going into the nervous system stuff, like starting to tune into some of the pre- signals, like what does your breath do? Do you tend to hold your breath or does your breathing get rapid? Does your heart rate change?

Do you get other like tingling sensations? Do you get like little spasms? Like what are some of the body signals?

At-Home Practices and Vaginal Dryness Support

And getting really good at at paying attention to those can then help you not have to get to the the sounding alarm symptoms, right? um and like like bladder pain or leakage or um sometimes people have trouble like actually initiating the um the flow of urine. So urine retention um so being able to like get those pre- signals and and respond a little bit sooner um can be really helpful.

And as far as moisture, you know, coming back to sort of the vaginal dryness um symptom, what are some of the things people can do as far as like even topical things that you know they can do that are helpful?

So, so the the breath again, if you're getting more blood flow, that's going to help with hydration. Um there are vaginal moisturizers that are like suppositories that are non hormonal. Um so Rey makes a really nice one that has hyaluronic acid that draws moisture in.

Um and then um different types of lubrication. So understanding a good healthy nourishing lubrication that works well for your for your system. Um and self massage can be really helpful.

So you know any type of massage is going to decrease tension. uh increase elasticity and increase the blood flow. Um so potentially having like a practice where either a therapist helps you with that or um teaches you how to do that on your own. Um and there's different ways to do it with um either your fingers or with different tools or with partners.

Um and all those uh things are different areas that we can kind of get curious with and and navigate and figure out what works for you. And then there's also um hormone uh interventions. So estrogen is very protective um and um you know hydrating to the tissues it helps plump up tissues. So sometimes um people who experience leakage maybe because the tissue um I hate the word atrophy but at we've kind of lost some uh some uh structure to the tissue. uh that vaginal estrogen can help kind of plump up the tissues a little bit and just make a better closure around the urethra um and and you know certainly help with the hydration. So you know uh just kind of treating like if if uh the dehydration is directly because of decreased estrogen uh giving it what what it needs what it wants. And in that case it's a local um cream. So it's localized action. It's not going to go into people's bodies. It's not systemic just right. So the you know all that kind of that uh confusion around hormone therapy um you know we have systemic uh hormone therapy that treats it goes through the blood flow treats more of the body symptoms um such as um the hot the vasom motor the flashes the night sweats um it helps with bone density it can help with those those moods right um either depression or anxiety um some of the heart palpitation But then if you think of more of the local pelvic floor and like bladder space, um the vaginal dryness, the painful intercourse, the bladder symptoms, those can be treated with direct treatment, direct hormone therapy to those tissues which is you know a low dose and it doesn't get picked up and brought through the whole system. So understanding what symptoms are you trying to treat uh to understand which approach is going to be most beneficial.

What's really good to know is that um even if you've had breast cancer because it's a local treatment, you still are a candidate to be able to have that and you can you can use um vaginal um hormone therapy at any age and for however long is what the recommendations are. So, um to not be afraid of that.

And um and then there's different options, too. There's like cream suppository or pill suppository or a ring or even

just a little bit of cream that you just apply to certain local areas. So, fantastic. Well, thank you so much.

Working with Laura and Community Resources

There's so much here and we could you know go on and on but I feel like you've provided really direct actionable steps and so really understanding our bodies of course breathing feeling massaging um and then applying you know a topical and needed um how can people connect with you Laura? Yeah. So, you know, I work out of my home clinic in Old Chadam and my website is Essential Pelvic Health. You can schedule a discovery call with me and see if you want to work with me and if it's the right fit. Um, we also specifically for kind of menopause stuff, we have a Facebook group, a community where um it's called Meno Positivity.

And um you know, we're we're going to continue to share and update and um we're really looking to build resources so people can find local providers um and continue the conversation um and share resources and ask questions. Um and then I also have a Menow Cycle Breakers uh membership that's going to be coming out. And I'm really trying to just continue these these um conversations that we're having and start to bring in more specific detailed um like trainings and so people can um you know have have their questions answered. Uh you know where is you know coming to see me one-on-one may not be available so we can still get that good information and I'm going to be we're going to be in interviewing together. Um I'm going to be interviewing a lot of the um local wellness and medical professionals in this space so we can get everybody's uh expert expertise and wisdom um and continue to share. So, um be if you um check out the uh Facebook group, then we're going to be sharing the link to be able to sign up as like a um uh like an intro um uh member and we're going to be I want to develop it with you. I'm going to be asking you guys lots of questions and feedback and it's going to be like a super super low rate just so we can develop a a tool that is really going to be helpful for the the community. So, um and then email. So, uh if you get on uh the email list, uh we will be sending you all kinds of updates. So, beautiful. Yeah.

and I'll put links to the man of positivity uh Facebook group and your website um on the show. Awesome. I appreciate it. Yeah. Thank you so much and we'll see you at the next workshop.