FITNESS & EXERCISE

# What Exercise Can Do for Your Pelvic Floor

Pelvic floor training can reduce some kinds of leakage, but the muscle, method and reason for exercising all matter.

## The workout nobody can see

You are midway through a run, a strength session or an ordinary laugh when a little urine escapes. Perhaps the problem is a sudden urge instead. Or you have begun exercising after childbirth and are wondering whether every squeeze you remember to do is actually helping. Pelvic floor training is often presented as simple. Finding the right muscles-and knowing what you are trying to change-is the harder part.

The pelvic floor muscles form a supportive hammock across the pelvis. They help support the bladder, rectum and uterus, and help prevent urine, stool or gas from escaping at the wrong time. Pregnancy, childbirth, surgery and ageing can weaken them. Training involves deliberately squeezing, holding and fully relaxing these muscles.

That makes pelvic floor muscle training more specific than simply "getting fit." General movement may be part of your life, but the evidence supplied here concerns exercises that deliberately recruit the pelvic floor. Doing more exercise is not automatically the same as training the right muscles.

The goal matters too. Leakage with exertion is not identical to a bladder that produces a sudden, strong urge. Overactive bladder may involve frequent urination, urgent need to urinate and leakage following that urge; nerve problems, excess fluid or excess caffeine can contribute, although the cause is often unknown. An exercise plan should not begin by assuming every leak has the same explanation.

## The evidence is strongest for leakage

For women who are not pregnant and have urinary incontinence, the evidence is encouraging. A 2022 systematic review included 15 randomised controlled trials and 2,441 participants. Across the trials, pelvic floor muscle training reduced urinary incontinence, particularly stress and mixed urinary incontinence, compared with control groups.

Among 997 participants who received pelvic floor training alone or with education, just over half improved and about one in five became continent according to a pad test. In total, 62%

either significantly reduced or stopped leakage and improved pelvic floor muscle contraction. Those results support training, but they do not promise that every person will become dry.

The review also examined biofeedback, electrical stimulation, vaginal cones, whole-body vibration and other physiotherapy approaches. These reduced leakage compared with control groups, but no significant differences emerged between the methods for reducing severity. Plain pelvic floor training was effective without clearly being outperformed by the added techniques.

There is some evidence beyond bladder control. Pelvic floor exercises can improve bowel leakage symptoms, and biofeedback may be more effective than learning the exercises alone. But faecal incontinence is not a problem to manage silently with squeezes: seeing a doctor is the first step because treatment depends on the cause and may also involve diet changes, medicines or bowel training.

The most useful first step is not squeezing harder. It is knowing that you are training the right thing.

## Pregnancy changes the question

During pregnancy, pelvic floor training is not only about responding to leakage that has already started. It has also been studied as a way to reduce the chance of urinary incontinence and certain serious perineal tears around childbirth.

A 2024 systematic review and meta-analysis combined 30 randomised clinical trials involving 6,691 participants. Pelvic floor muscle training during pregnancy was associated with a 28% lower risk of urinary incontinence and a 50% lower risk of third- or fourth-degree perineal tears. It did not reduce episiotomy risk.

Those figures need context. Results varied between trials, and an association across a group cannot predict exactly what will happen in one pregnancy. A separate 2024 review of seven prospective studies involving 1,401 pregnant women also concluded that correctly applied training could help prevent or resolve stress urinary incontinence, with early pregnancy training showing positive effects on continence after delivery.

After childbirth, the evidence remains useful but uneven. A 2025 systematic review included 65 studies and 21,334 participants. Moderate-certainty evidence indicated that postpartum pelvic floor training reduced the odds of urinary incontinence by 37%. It also reduced the odds of pelvic organ prolapse by 56%, although that result came from only one randomised controlled trial with 123 participants. Evidence for anal incontinence, sexual function and the severity of several pelvic floor conditions was limited.

## A squeeze can miss the point

The movement sounds straightforward: identify the pelvic floor, squeeze it, hold, then release and fully relax. Yet many people have difficulty locating the correct muscles. Imagining that you are stopping yourself from passing gas can help you recognise the area; a pulling sensation around the vagina or rectum suggests that you have found it.

Stopping urine midstream can also identify the muscles, but it should not become your regular exercise method. Repeatedly interrupting urination may prevent the bladder from emptying completely and increase the risk of a bladder infection. It is a test for recognition, not the workout itself.

Your stomach and thighs should not take over. Tightening other muscles can place more pressure on the bladder and make leakage easier. Pelvic floor exercises can be practised lying, sitting or standing, but the appropriate holds and repetitions vary. That is why an individual plan from a health professional matters more than copying an arbitrary routine.

More is not automatically better. Overdoing pelvic floor exercises can contribute to straining during urination or bowel movements. And training may not be suitable in every case. If you cannot tell whether you are squeezing correctly, symptoms are continuing, or you have urine or stool leakage, ask a doctor, nurse or pelvic floor therapist to check the contraction and help identify what you are treating.

## Start with one honest check

Before turning pelvic floor work into another invisible obligation, find out whether you can contract the muscle without bracing everything around it. Try the movement in a position where you can pay attention. Notice the squeeze, then notice whether you can fully let it go. Do not practise by repeatedly stopping urine flow.

If you are uncertain, take that uncertainty to a health professional rather than compensating with harder squeezes. A clinician or pelvic floor therapist can examine the contraction, confirm whether you are using the intended muscles and recommend an exercise plan suited to your needs. Biofeedback or other aids may be suggested, but the evidence does not establish that an added device is always better than well-taught training alone.

Progress can take time, which makes memory a poor measuring tool. A daily exercise log is one supported way to record when you practise. It will not tell you whether your technique is correct, but it can give you and your clinician a clearer account of what you have actually been doing and whether leakage is changing.

This week, use a small notebook and pen to record each pelvic floor practice and any urine or bowel leakage you notice. Bring it to a health professional if symptoms persist or you cannot identify the muscle. The most useful first step is not squeezing harder. It is knowing that you are training the right thing.

## Where this comes from

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