

# Fourth Trimester Podcast

## Episode 95: Tips For Avoiding And Fixing Pelvic Organ Prolapse - Taking The Panic Out Of Prolapse With Physiologist Jenn Lormand

**Sarah Trott:** [00:00:05] My name is Sarah Trott. I'm a new mama to a baby girl and this podcast is all about postpartum care for the few months following birth, the time period also known as the Fourth Trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider. I've benefited hugely from her support. All parents can benefit from the wisdom and support that a postpartum Doula provides. Fourth trimester care is about the practical, emotional and social support parents and baby require, and importantly, helps set the tone for the lifelong journey of parenting.

When I first became pregnant, I had never heard of postpartum Doulas, let alone knew what they did. So much of the training and preparation that expecting parents do is focused on the birth and newborn care. Once a baby is born, often the first interaction parents have with medical or child professionals, other than the first pediatrician visits, is the six-week checkup with the OB/GYN. *What about caring for mama and family between the birth and the six week doctor visit? What are the strategies for taking care of the partner and the rest of the family while looking after your newborn?*

Our podcasts contain expert interviews with specialists from many fields to cover topics including postpartum doula practices, prenatal care, prenatal and postnatal yoga, parenting, breastfeeding, physical recovery from birth, nutrition, newborn care, midwifery, negotiating family visitation, and many more.

First-hand experience is shared through lots of stories from both new and seasoned parents. Hear what other parents are asking and what they have done in their own lives.

We reference other podcasts, internet resources and real-life experts who can help you on your own parenting journey. Visit us at <http://fourthtrimesterpodcast.com>

**Sarah Trott:** [00:00:45] Hi, this is Sarah Trott from Fourth Trimester Podcast and I'm here with a special guest, Jenn Lormand. Esther Gallagher is not on the recording today, so we miss her dearly and she'll be on another one soon I promise.

**Sarah Trott:** [00:00:59] Today we have a really cool topic. We're talking about prolapse, what it is, how to avoid it, ideally, how you can recover from it, how sexual trauma can relate to that, and really just arming women, families, their supporters with the information they need so that they can advocate for themselves in the moment. And this is such valuable information. I'm really excited to dive into it.

**Sarah Trott:** [00:01:23] And before we do that, I want to remind you we have a website which is [fourthtrimesterpodcast.com](http://fourthtrimesterpodcast.com). So please go there and check it out. We'll have information about Jenn and her company and how you can get in touch with her at the end all on the website. So there will be a lot of rich information there too.

**Sarah Trott:** [00:01:41] So I would love to just introduce Jenn for a moment because she, she and I connected a while ago and we had a great conversation about what we could cover, and we had a hard time picking and choosing because there's just so much that we're excited about and we want to share with you. And we sort of settled in on prolapse, and it's a personal story that Jenn's going to share around that too. And so it's something that she's dealt with personally. So she. Jenn, you are from New Orleans. You're a mom. You have three boys. I have three girls. So I understand the "three of the same". And you've had stage two prolapse. So that's a lot right there.

**Jenn Lormand:** [00:02:22] Yes.

**Sarah Trott:** [00:02:24] Yeah. And your background professionally, you're an exercise physiologist, right?

**Jenn Lormand:** [00:02:28] I am a clinical exercise physiologist and published medical researcher on the topic.

**Sarah Trott:** [00:02:34] Okay. That's so cool. You've been in this business for years, right? Doing physical therapy work. How long? You said 15 years. Is that right?

**Jenn Lormand:** [00:02:43] No, 28.

**Sarah Trott:** [00:02:45] I don't know where I got 15, 28 years. Yeah.

**Jenn Lormand:** [00:02:49] I started in college. I was blessed with really great professors who I actually started on a research study under the mentorship of one of my professors in my undergrad. And so I have been kind of in love with the geeky research of numbers because they don't lie. And it really it's just so cool the way research can really change the trajectory of how we help women.

**Jenn Lormand:** [00:03:20] And I just love it because we always think we get to a solution and then more comes out. And so it's just this ever evolving, growing array of solutions for women. And I'm excited about where we are currently, because as many of your podcast episodes have alluded to, we're empowered with so much information now in the fourth trimester of being able to advocate for ourselves, trusting more in our intuition. I know you just had a recent interview about that, and just knowing that we're not alone, that we don't have to suffer in silence. And so I'm very excited to talk about all this today.

**Sarah Trott:** [00:04:02] Thank you so much, Jenn. Yeah, I'm so glad we're recording. Will you tell us more about your story, your own fourth trimester experience?

**Jenn Lormand:** [00:04:10] Yes. So I got to my stage two prolapse diagnosis. Really, I'd have to back up to almost 20 years ago after having my first son because I had a vaginal delivery and it was a traumatic delivery. He was stuck in the birth canal, and they ended up needing to use forceps in a vacuum to get him out. And unfortunately, that left me with a fourth degree tear. Multiple birth injuries, hernias of my vagina is what they diagnosed me with at the time.

**Jenn Lormand:** [00:04:45] And I got pregnant again six months later. And so my body had been through a tremendous amount of trauma, didn't have a lot of time to heal. And that led me to in my second delivery in that fourth trimester, while actually in my second trimester, I developed something called vulvar varicosities, which are essentially, if your listeners are familiar with hemorrhoids, these are like hemorrhoids of the vagina, where the blood vessels get swollen and fall down and out of the vaginal compartment. It's very painful. They can get very big.

**Jenn Lormand:** [00:05:21] And so I dealt with that, and was able to recover from that after I delivered my second son via C-section because of those varicosities. But it was my third pregnancy and delivery at 36 years old that really spent my body. My body was like enough.

**Jenn Lormand:** [00:05:39] I ended up being diagnosed with stage two prolapse of my bladder. My uterus and my rectum along with an intra-seal, which is a diagnosis where the intestines fall down towards the vaginal compartments and a urethra seal. So, needless to say, what I always tell some of the ladies we work with, my Georgia O'Keeffe painting, turned into a Picasso. It was a hot mess down there.

**Sarah Trott:** [00:06:09] Oh my goodness, that is so much to go through. First off, I'm so sorry you went through that. That sounds really hard. I'm glad you're on the other side of it now. And this just speaks to your work and why you're doing what you do.

**Jenn Lormand:** [00:06:22] Yeah, it's a true testament to making your mess your message. Because I will say, Christina and I, my business partner, our mission is really to empower women with the knowledge of knowing that they don't have to suffer in silence with these issues, that there are things that they can do from the comfort of their own homes, to really get a leg up on these things and not have to be getting these pelvic floor suspension surgeries like the one that I was referred to at 36 years old and told this was just what I was going to have to do.

**Jenn Lormand:** [00:06:56] That isn't true and I don't blame doctors per se, because they're doing the best they can with the information that they have, which is why it was

so important for Christina and myself to do the research, to prove that there are alternative ways, holistic methods that women can use to really heal from these issues in a way that restores their dignity without having to insert things into your body, or having other people manipulate your body after you've gone through such trauma in our emotional center.

**Jenn Lormand:** [00:07:32] And keep in mind that that was almost 19 years ago. And so the way that they handle it now is much different than then. And I was also 27 years old and running after a toddler as well. So it wasn't like all of the moms of multiple kids can relate. You know, it's kind of a joke when they're like, you're on bed rest. Well, sure. Who's going to take care of my baby? You know, I mean, it's not like nowadays where we used to live with our families close but that's not the case.

**Jenn Lormand:** [00:08:02] And so, anyway, I did my best to stay off of my feet. That was the recommendation, particularly going into that third trimester. And quite honestly, it was just so painful that I didn't want to be on my feet. I didn't really want to be pushing myself and picking my carrying my toddler around at that time.

**Sarah Trott:** [00:08:21] Did you have support people there helping you in the house in any way?

**Jenn Lormand:** [00:08:27] I did, I mean, my mother in law was so sweet and kind, and I had some really kind friends who would come by and help. And my husband traveled a lot for his job. But when he was there but also at that age, I'm like, I'm okay. You know, I wasn't as grounded and centered in the fact that it's okay to receive help. Even though I'd already had a child, it was still this I can do it. You know I can do it. All this is I'm supposed to be able to do it all. And I know you can relate to that, and I'm sure some of your listeners can relate to that too.

**Sarah Trott:** [00:08:57] Oh, yes. Yeah. We've talked a ton about debunking the myth of Superwoman and doing it all. And in fact, self-love and self-care are incredibly important. That means asking for help. It's okay to receive help. People actually want to help you, whether it's a family member or a friend or a neighbor or someone you hire

like a doula who can come into your home and help. So there's just so many, so many avenues there.

**Jenn Lormand:** [00:09:21] I 100% agree. I feel like in the fourth trimester the word should be to give yourself grace in all things.

**Sarah Trott:** [00:09:29] Yeah, yeah, definitely. We don't live in wagons where we have to just trek across a state and rough it. We don't have to rough it. We don't have to do that.

**Jenn Lormand:** [00:09:39] Thank goodness.

**Sarah Trott:** [00:09:40] Yes. Okay. Well I would love to understand just some basics before we kind of dive in any further. You know, you talked about prolapse specifically. Do you want to define prolapse?

**Jenn Lormand:** [00:09:52] You know, it's one of those terms where a lot of women are scared to Google this. There's a lot of graphic images, but essentially prolapse is the falling down and in of the pelvic organs into the vaginal compartment. And so what happens is and we have a great YouTube teaching on this with some visuals. So if you're a visual learner you can view that, but essentially all of our pelvic organs are contained in these little compartments.

**Jenn Lormand:** [00:10:21] And so for my specific case, what happened is with the use of the forceps and the vacuum, which research does show, if you do have a delivery with those tools, your risk of prolapse does go up significantly. And that was certainly the case for me. It caused a degradation of the soft tissue. Of those compartments to where now everything falls into one another and then down into the vaginal compartment.

**Jenn Lormand:** [00:10:53] Prolapse is staged from stage zero all the way to stage four. I have stage two prolapse of bladder, uterus and rectum. Symptoms can be different for every single woman because our anatomy is different. And your specific case of

prolapse, while things are falling down and in one side of the bowl, can be more significant than the other.

**Jenn Lormand:** [00:11:19] So some women deal with more rectal symptoms, things like not being able to control passage of gas or control bowel movements, or struggling to evacuate their bowels without having to insert a finger into the vaginal compartment to essentially push the bowel in the right spot to be able to evacuate their bowels.

**Jenn Lormand:** [00:11:41] Or some women experience more of the urinary symptoms, which can be everything from pee leaks to coughing, sneezing, laughing, jumping to urgency and frequency.

Or as some women with more progressed stages of prolapse feel a heaviness in their lower abdominals and in their bottom in their pelvic region, it likens itself towards, like the end stages of pregnancy, that downward pressure that you feel where you're I know for myself with my own diagnosis, I mean, I was six months postpartum and I was like, something feels really wrong down there. Like, I know I already delivered my baby, but it feels like I'm delivering another baby.

**Jenn Lormand:** [00:12:30] So that's what honestly caused me to look down there. So if those are some of the things that you're feeling or you've tried to wear a tampon in that fourth trimester and it feels like you can't get the tampon in correctly or it feels like, did I put a tampon in incorrectly? And you haven't. Those are all signs that you might be dealing with some prolapse.

**Sarah Trott:** [00:12:57] Okay. Yeah, thanks for laying that out there. And I'm sure there might be people listening who are thinking do I have that? How do I check? So you've given us some good ideas for that. I appreciate that. And then also, maybe if someone is pregnant now or thinking about becoming pregnant soon, the top of mind question is I don't want that to happen to me. How do I avoid that if at all possible?

**Jenn Lormand:** [00:13:19] Yes. Well, I think I know you've touched on this topic tremendously with your doula working with your body during delivery, working with your

body and not against your body. And that purple pushing is something where you're pushing, holding your breath for long periods of time and your body isn't ready to deliver that baby yet. You know, you're ignoring the signs.

**Jenn Lormand:** [00:13:46] You're basically in the hospital and the doctors there, and they're ready to deliver. And that was the case for me. You know, my doctor was leaving town the next day. And so it was like, all right, let's speed this up. You know, let's get this thing rolling. And naivete. I didn't know any better at 26 years old. But you want to avoid purple pushing if possible. Obviously, for me, my child was stuck in the birth canal. They had to do it. They had to get him out.

**Jenn Lormand:** [00:14:15] But having the discussions with your health care provider about, hey, I would rather avoid, if possible, the use of forceps or vacuum. Are there other modalities that we could use? Obviously, if you're in a birthing center, you're not confined to a bed, you're not delivering on your back, which can make a huge difference with the risk of prolapse as well.

**Sarah Trott:** [00:14:37] So is that a conversation that you would recommend people to have with their entire support circle? Who might be there, a doula, a doctor, and everybody in the room.

**Jenn Lormand:** [00:14:48] A midwife or a doctor would probably be the folks. But I think it's worth including your doula, because obviously they're going to be your advocate and you are in a different plane when you're in labor. So, yeah, I think the whole team would be fantastic to have this conversation with around your birth plan.

**Jenn Lormand:** [00:15:07] And I think a caveat to this conversation is if you were already experiencing symptoms of pelvic floor dysfunction. So before you got pregnant, if you were peeing more than ten times a day, this is a sign of pelvic floor dysfunction. If you were already having pee leaks when you got a cold, or you were sneezing and coughing and leaking a little bit of urine, that makes you more likely to get prolapse. Post-delivery.



**Sarah Trott:** [00:15:37] Okay, so there might be preexisting conditions that are a factor plus everyone's body is different, like you said.

**Jenn Lormand:** [00:15:44] Athletes. I would say the research actually shows cheerleaders, believe it or not, have the highest risk of pelvic floor dysfunction. A really cool research study was done on a high school cheerleading squad. 100% of the girls had at least one symptom of pelvic floor dysfunction in high school before they had children, and this is because of and hopefully we'll be able to get into this a little bit later.

**Jenn Lormand:** [00:16:12] Of the muscle groups that are responsible for holding your organs up and in. It's a collective group of muscles that are meant to work synchronously and subconsciously. And so if you're not functionally training those muscles (because Kegels are out, ladies, if you're doing your Kegels, please stop). But if you're not functionally training these muscle groups together the way that they were meant to work, then you're going to have weakness there, which will set you up for these issues later.

**Sarah Trott:** [00:16:44] That's so fascinating. Can't believe it shows up as early as in high school.

**Jenn Lormand:** [00:16:47] In high school. The other group, because I'm nerdy like this, so I'll just go there. If I grew up with asthma, which, when I trace back my whole experience, this is what set me up also for getting prolapse, because that chronic coughing, when you look at the forces that go downward from the diaphragm to the pelvic floor in chronic hard coughing like that, it's the same as like I would have run like 20 marathons as a kid, right? The same amount of force and impact on my pelvic floor.

**Jenn Lormand:** [00:17:18] So those kinds of things or connective tissue disorders like Ehlers-Danlos syndrome are also another risk factor for prolapse.

**Sarah Trott:** [00:17:28] So then there are some things that you're not going to be able to contend with. Right. And that's just going to happen. You can talk to your doctor about vacuum forceps. Are there other things that people can do or think about

beforehand as it relates to prolapse? I mean, it may just be inevitable, but in terms of avoiding.

**Jenn Lormand:** [00:17:48] Well, I would say if you're concerned, first of all, I think knowledge is power. And so if you've identified yourself as, oh, you know what? Gosh, I was a cheerleader in high school.

Or I am a little bit hypermobile. If this is a concern to you when you go for your postpartum follow up visit, first of all, obviously do what we talked about before, talk with your health care team, but then make sure that you're examined properly for prolapse post-delivery. This is something that most women are not being examined for properly.

**Jenn Lormand:** [00:18:22] We always recommend that if you are worried about this, you want to see a urogynecologist. They are the ones who diagnose this and you should be. You should be examined, standing up, not laying on your back, which is what most physicians will do. You should be examined standing up where gravity is acting on your body. That's going to be the most accurate examination. They'll measure each compartment and be able to tell you.

**Jenn Lormand:** [00:18:48] I mean, the great news is let's say you do all of these things and they say, okay, you have stage zero or stage one prolapse or stage two prolapse even, and you're still in that fourth trimester. Your body is in a stage of healing, and it doesn't mean that you're going to remain that stage and grade of prolapse. So don't be afraid of getting that diagnosis, because the sooner that you do, then you can really pay attention to, okay if you were a runner before, I'm going to pause that routine.

**Jenn Lormand:** [00:19:20] Or if you were like me where I loved lifting heavy and swinging kettlebells, you're going to pause that routine. It doesn't mean that you can't go back to that, but you're going to pause it and allow your body to heal, which we can talk about a couple of actionable steps that they would take there.

**Jenn Lormand:** [00:19:37] Simple things like not pushing your pee out, get thyself a squatty potty for peeing and pooping because it's relaxing the pelvic floor and allowing an ease of passage of both the bowels and the bladder, and decompression techniques.

**Jenn Lormand:** [00:19:55] Our favorite, a very big bang for your buck is our 90/90 decompression technique, where we teach you diaphragmatic breathwork and a position that gives you a self-adjustment of your pelvis, where I liken it to. It's kind of like all the little ligamentous attachments to your pelvic organ attach on the front, back, side of your pelvis. So when you put yourself into this position, I always said it feels like I was putting my organs back on the shelf. It's a lovely feeling of decreasing that downward pressure and helping to rebalance the pressure in your abdominals and your pelvis. So there are lots of things that you can do to take care of yourself.

**Sarah Trott:** [00:20:38] Jenn, that's really interesting what you're saying about the 90/90 compressions and things that people can do easily from their home. I think we had one more little topic we wanted to touch on. And you had mentioned something kind of fascinating, which is there's a relationship potentially between sexual trauma and prolapse. What is that?

**Jenn Lormand:** [00:20:56] Yeah, I think what I love is that doulas are so on this now. I've worked with several women who were so elated that their doulas, in their initial evaluation with them, had asked if they had experienced sexual trauma. And what the data shows is women who have experienced sexual trauma are more likely to experience prolapse because you've experienced a traumatic experience in the same area, and our body keeps the score.

**Jenn Lormand:** [00:21:31] And so that trapped trauma in the pelvis, just delivering a baby can trigger that same trauma response. And so it's really important that if you have in your past some type of sexual trauma, you want to make sure that you're addressing that, particularly if it happened in your childhood or your young adulthood, that you've maybe pushed to the side and you think that that does not pertain to your life.

**Jenn Lormand:** [00:22:07] Now, you could be surprised that having a baby could actually trigger you and create a lot of pain, a lot of nervous system dysregulation, which is really how we define trauma. Trauma is never just physical, and it's never just emotional. They're both very much connected. So when things happen to us on the emotional plane, it's really important that we deal with that because the body is keeping the score. The body is still holding that trauma in the area where it occurred.

**Jenn Lormand:** [00:22:45] And so you do want to make sure that even if you're pregnant and you're realizing you're hearing this, maybe for the first time, it's not too late to find some help, or there's some great books out there now of different techniques. I know one that I really love and have referred clients to is Dr. Bradley's The Emotion Code.

He teaches a self technique to really be able to release trapped emotions. So there are still things that you can do if you're already pregnant, to really help address that trauma, so that it doesn't sneak up on you in a very happy time of your life. Happy, stressful time. But we don't need to add trauma on top of that.

**Sarah Trott:** [00:23:32] Yeah, talking to anyone in your medical team, or even if you don't have one, you can read this book. You can research online and find ways that you can help address that sexual trauma from the past, ideally before giving birth. But even if it's post pregnancy and this is ringing true for you, you can still address it. You can still work with others or do your work.

**Jenn Lormand:** [00:23:55] You know, there are some beautiful things that came from Covid and much of that is all of the therapy treatment sessions that are now free on YouTube. And that includes EFT tapping. If you're not familiar with that, I would highly recommend it.

This is a technique that you can do on yourself if you are experiencing things like panic attacks, or you've noticed that you're having some nervous system dysregulation, these are great techniques that you can utilize throughout your day to really help calm down

the nervous system, so that you feel like you can get your hands around things a little bit better.

**Sarah Trott:** [00:24:35] Yeah. Thank you. Thank you for sharing those resources. We'll post those on the article that goes with this episode on Fourthtrimesterpodcast.com. So just a reminder that you don't have to write this down. We'll post it all there. And yeah, so we've had a really rich conversation. I want to hear more about the offerings that you have and how those help address prolapse and other issues. Yes.

**Jenn Lormand:** [00:24:56] So if you know that you are dealing with prolapse, we have our signature program. And this program was created based off of the research that I was doing to deal with my own prolapse. I was referred for surgery at 36 years old and told not only would I need a full pelvic floor suspension surgery, but that he would need to do it again ten years later. I wasn't real eager to sign up for that, and it really left me in this place of I have nothing to lose and everything to gain with trying to figure out, okay, are there other holistic possibilities for healing this?

**Jenn Lormand:** [00:25:32] And so that really is what the signature program is. It's what led to the research. It's an at-home ten-minute a day exercise routine paired with recovery tools, which we touched upon one of those that 90/90 decompression that you can get for free that really can make a tremendous difference in your life. Now, I can't promise that it will reverse your prolapse. Although we have testimonies of women who have had that happen to them.

But what I love to tell women is I get to walk around most days of my life and forget that I have prolapse, which if you're dealing with these issues, they can feel like they are running your life. You're scared to leave your house without extra underwear or leaks, embarrassing leaks or pain, pressure, all of these things. Intimacy with your partner. You know, you don't have to live with that. That's really Kristina's and my mission. So we have our signature program for that.

**Jenn Lormand:** [00:26:30] And then we also offer a curated collection of suggestions for pregnant or fourth trimester mothers, things like proper breastfeeding, ergonomics,

healing, recommendations for C-sections and vaginal deliveries, some of our favorite products, such as squatty potties and the scar tissue tool that we use. So just a curated collection of resources in that period. If you're not experiencing the symptoms that we were discussing today.

**Sarah Trott:** [00:27:04] Okay. Thank you. And you've been very generous and offered listeners a fourth trimester a unique code they can use. So if this is anything that's interesting to you and you want to try out one of these courses, use the code FOURTH when you're purchasing any of these programs for \$50 off the program, you can find them on Jenn's website. It's called Tighten Your Tinkler. So that's easy to remember because it's really funny, actually.

**Sarah Trott:** [00:27:30] So [www.tightenyourtinkler.com/signatureprogram](http://www.tightenyourtinkler.com/signatureprogram). And you can also just find everything else there. And there's a ton of free content that I've looked at and reviewed and tried. It's really cool. The 90/90 decompression position, root cause quizzes, appointment checklists, just tons of stuff there that you can check out and get for free. Jenn, thank you so much for being on our program. Really appreciate the time.

**Jenn Lormand:** [00:27:52] Thank you so much, Sarah. Love what you are doing for women. It's fantastic.

**Sarah Trott:** [00:27:58] Thank you.

**Sarah Trott:** You can find out more about Esther Gallagher on <http://www.esthergallagher.com/>. You can also subscribe to this podcast in order to hear more from us. [Click here for iTunes](#) and [click here for Google Podcasts](#). Thank you for listening everyone and I hope you'll join us next time on the Fourth Trimester. The theme music on this podcast was created by Sean Trott. Hear more at <https://soundcloud.com/seantrott>. Special thanks to my true loves: my husband Ben, daughter Penelope, and baby girl Evelyn. Don't forget to share the Fourth Trimester Podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.