

MIND, BODY & SPIRIT GUIDE

WELLNESS EXERCISES FOR WOMEN

A holistic guide to strength, flexibility, vitality, and inner balance designed for every stage of life.



CORE & POSTURE

Targeted low-impact routines for spinal health & stability

REST & RESTORE

Gentle stretching & breathwork for stress relief

ENERGY FLOW

Dynamic movement series to boost vitality

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FULLY ILLUSTRATED EDITION

A note before you begin

This guide contains an affiliate link. If you choose to purchase through it, the publisher may earn a commission at no additional cost to you. The link is included as an optional resource, not as a medical endorsement. Always review the program's contents, pricing, terms, and refund policy before purchasing.

Health and safety note

Pelvic floor symptoms can have different causes. Exercises that help a weak pelvic floor may not be appropriate for a pelvic floor that is overly tense or painful. If you have pelvic pain, pain during sex, difficulty emptying your bladder or bowel, new or worsening symptoms, or a sensation of a vaginal bulge/heaviness, seek advice from a clinician or pelvic-health physiotherapist before starting a strengthening routine.

How to use this guide

Read the safety section first. Start gently, prioritize a full relaxation phase, and track comfort as well as consistency. The 30-day plan is a general habit-building framework—not a promise that symptoms will resolve in 30 days. A clinician can tailor exercise selection and dosage to your needs.

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1. Understand your pelvic floor

The pelvic floor is a group of muscles and connective tissues spanning the base of the pelvis. It supports pelvic organs—including the bladder, uterus, and rectum—and helps coordinate bladder and bowel control. These muscles also work with the diaphragm and deeper abdominal muscles during breathing, movement, coughing, and lifting.

Think of the pelvic floor as a responsive hammock rather than a muscle that should remain clenched all day. It needs to contract when appropriate and fully release afterward. Good function depends on coordination, strength, endurance, and relaxation—not simply on doing more squeezes.

What the pelvic floor helps with

- **Support:** Helps support the bladder, uterus, and bowel.
- **Continence:** Contributes to control of urine, gas, and bowel movements.
- **Pressure management:** Coordinates with breathing and the deep core during everyday activities.
- **Sexual comfort:** Healthy muscle coordination can contribute to comfort and function; persistent pain deserves assessment.

2. Signs and common contributing factors

Possible symptoms of pelvic floor dysfunction include leaking urine when coughing, laughing, sneezing, or exercising; sudden urinary urgency; difficulty controlling gas or stool; pelvic heaviness or a bulging sensation; and difficulty fully emptying the bladder or bowel. These symptoms are common, but they are not something you must simply accept as inevitable.

Pregnancy and childbirth, aging and hormonal changes, chronic coughing, constipation and straining, repeated heavy lifting, and some surgeries can contribute to pelvic floor problems. Symptoms can also occur when muscles are too tense or do not relax in a coordinated way. A symptom list alone cannot determine the cause.

Important distinction

Weak or poorly coordinated muscles may benefit from supervised strengthening. A high-tone or overactive pelvic floor may need relaxation, breathing work, and individualized pelvic-health therapy instead. If strengthening brings on pain, pressure, or worsening symptoms, stop and get professional guidance.

3. Core technique and safety rules

Start in a comfortable position—lying down or sitting upright. Keep your jaw, shoulders, thighs, and buttocks relaxed. Breathe normally. A correct pelvic floor contraction is often described as a gentle “close and lift” around the openings of the pelvis, rather than pushing down or bearing down.

The basic technique

- **Find:** Imagine gently preventing the passage of wind while drawing the pelvic floor inward and upward.
- **Lift:** Begin with a light contraction; do not strain or squeeze as hard as possible.
- **Breathe:** Keep breathing. Avoid breath-holding.
- **Release:** Let the muscles soften fully before the next repetition.
- **Isolate:** Avoid deliberately clenching your buttocks or inner thighs or forcefully sucking in your abdomen.

Safety rules

- Do not routinely stop your urine midstream to practise. If needed, a clinician may explain how to identify the muscles, but this is not a training method.
- Quality matters more than quantity. Start with a few comfortable, controlled repetitions rather than forcing a high number.
- Do not push downward. If you feel pressure or bulging, reassess technique and seek advice.
- Stop if an exercise causes pain, burning, increased leakage, or worsening symptoms.
- If you have pelvic pain, painful intercourse, or difficulty emptying your bladder or bowel, seek individualized assessment before doing repeated strengthening squeezes.

The “elevator” cue

Imagine the pelvic floor as an elevator: Floor 0 is complete relaxation; Floor 1 is a gentle lift; higher floors represent a stronger lift. Practise only a comfortable lift, then deliberately return to Floor 0. The release is part of the exercise—not an afterthought.

4. Gentle exercise menu

Choose only exercises that feel comfortable and appropriate for you. This menu adapts the movements described in the supplied reference files; it is not a personalized prescription. If you have symptoms, pregnancy-related concerns, recent surgery, or a diagnosed pelvic floor condition, ask a qualified professional which movements suit you.

Exercise	How to practise	Starter approach
Diaphragmatic breathing	Lie or sit comfortably. Breathe gently into the ribs and abdomen; allow the pelvic floor to soften as you inhale and return naturally as you exhale.	5–10 easy breaths; no straining.
Gentle pelvic floor lift	If strengthening is appropriate, gently close and lift. Keep breathing, then fully release.	Try 3–5 repetitions with a short, comfortable hold and equal or longer relaxation.
Bridge	Lie on your back with knees bent. Lift hips only as high as comfortable, keeping breathing easy. Do not force a pelvic squeeze.	5–8 slow repetitions if comfortable.

Exercise	How to practise	Starter approach
Bird-dog	On hands and knees, extend one arm or one leg at a time while keeping the trunk steady. Progress to opposite arm and leg only if controlled.	4–6 per side; stop if symptoms increase.
Quick contractions	For people who have been advised to strengthen, gently lift briefly, then release completely between repetitions.	A few controlled repetitions; do not rush.

Avoid forcing deep squats or adding a “squeeze” to every movement simply because it appears in a routine. The best programme depends on your symptoms, muscle coordination, and physical capacity.

5. Everyday nutrition, hydration, and bowel habits

Daily habits can support general pelvic health, particularly by reducing constipation and unnecessary straining. No single food, drink, supplement, or “detox” plan has been established by this workbook as a treatment for pelvic floor dysfunction.

Helpful habits to consider

- **Fibre:** Include vegetables, fruit, legumes, whole grains, nuts, and seeds as tolerated. Increase fibre gradually and drink enough fluids to avoid worsening constipation.
- **Toilet posture:** A small footstool may make a supported, relaxed position easier for some people. Avoid prolonged straining.
- **Hydration:** Drink regularly according to thirst, activity, climate, and any medical advice you have been given. Do not force a fixed water target if you have fluid restrictions or a condition affecting fluid balance.
- **Bladder triggers:** Caffeine, alcohol, and some drinks may worsen urgency for some people. Notice your own pattern rather than eliminating foods unnecessarily.
- **Movement:** Regular, comfortable activity and sensible lifting technique can support overall health. Exhale during effort rather than holding your breath.

Use caution with supplements

The source workbook mentions magnesium, herbal teas, cranberry juice, collagen-related foods, and other dietary ideas. These should not be treated as proven pelvic floor treatments. Supplements can interact with medicines or be unsuitable for some conditions; check with a clinician or pharmacist before starting them, especially if pregnant, breastfeeding, or managing a chronic illness.

6. Your 30-day action roadmap

Use this plan to build awareness and consistency—not to push through symptoms. Progress only when the current step feels comfortable. If you are unsure whether strengthening is suitable, use the breathing and habit-tracking elements while seeking professional advice.

Week	Focus	Suggested actions
Week 1	Awareness and breathing	Practise gentle diaphragmatic breathing; learn to relax the pelvic floor; note symptoms and bowel habits.
Week 2	Technique and routine	If appropriate, add a small number of controlled contractions with full relaxation. Keep a comfortable pace.
Week 3	Everyday coordination	Notice breathing during lifting, standing, coughing, and other daily activities. Add simple core movements only if comfortable.
Week 4	Review and maintain	Review your tracker. Compare comfort and symptoms with your baseline. Adjust or seek a professional assessment if symptoms persist or worsen.

Progress is individual. Pelvic floor muscle training for urinary incontinence is often assessed over a period of months, and correct technique matters. A 30-day checklist is a starting point, not a guarantee of symptom resolution.

7. Printable weekly progress tracker

Print this page or copy it into a notebook. Tick the days you complete each habit. Track how you feel rather than judging success only by the number of repetitions.

Habit / check-in	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Gentle breathing / relaxation	■	■	■	■	■	■	■
Prescribed or appropriate routine completed	■	■	■	■	■	■	■
No breath-holding during effort	■	■	■	■	■	■	■
Comfortable bowel movement / avoided straining	■	■	■	■	■	■	■
Regular fluids appropriate for me	■	■	■	■	■	■	■
Symptoms stable or improving	■	■	■	■	■	■	■

Weekly reflection

What felt comfortable or helpful this week?

Did any exercise cause pain, pressure, or worsening symptoms?

What is one small habit I want to continue next week?

Questions to discuss with a clinician or pelvic-health physiotherapist:

8. FAQs and when to seek help

Can I exercise my pelvic floor too much?

Yes. Too many or overly forceful contractions, especially without full relaxation, may aggravate symptoms in some people. If you develop pain, pressure, or worsening leakage, stop and ask a qualified professional for guidance.

How long does it take to notice a difference?

It varies. Some people need several weeks or months of consistent, correctly performed training. Clinical guidance for stress or mixed urinary incontinence commonly recommends a supervised programme lasting at least three months. Do not interpret a lack of improvement in 30 days as a personal failure.

Are these exercises safe during pregnancy or after childbirth?

Pelvic floor care may be useful during pregnancy and postpartum recovery, but the appropriate approach depends on symptoms, delivery or surgery history, healing, and individual circumstances. Ask your midwife, obstetric clinician, or pelvic-health physiotherapist for advice tailored to you.

When should I get professional help?

Seek assessment for persistent urine or bowel leakage, pelvic heaviness or a bulge, difficulty emptying the bladder or bowel, pelvic pain, painful intercourse, or symptoms that are new, worsening, or affecting daily life. Urgent symptoms such as inability to pass urine, severe sudden pelvic pain, or significant bleeding require prompt medical attention.

Optional resource: explore a pelvic wellness programme

If you would like to explore an additional programme or resource, review the details carefully before deciding whether it suits your needs. The link below is an affiliate link; clicking or purchasing is optional. This guide does not independently verify the linked offer's clinical claims, quality, pricing, or refund terms.

EXPLORE THE RECOMMENDED PELVIC WELLNESS RESOURCE

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Further reading

- American College of Obstetricians and Gynecologists (ACOG), "Pelvic Support Problems": [acog.org/womens-health/faqs/pelvic-support-problems](https://www.acog.org/womens-health/faqs/pelvic-support-problems)
- NHS, "10 ways to stop leaks": [nhs.uk/conditions/urinary-incontinence/10-ways-to-stop-leaks](https://www.nhs.uk/conditions/urinary-incontinence/10-ways-to-stop-leaks)
- NICE guideline NG123, "Urinary incontinence and pelvic organ prolapse in women: management": [nice.org.uk/guidance/ng123](https://www.nice.org.uk/guidance/ng123)

Final reminder

Your pelvic health deserves patience, accurate information, and care suited to your body. Start gently, allow full relaxation, keep track of symptoms, and ask for help when you need it.

Educational resource only • Not intended to diagnose, treat, cure, or prevent disease.