



Episode 419: Incontinence, Pelvic Floor Health and Postpartum With MUTU Founder Wendy Powell

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Katie: Hello, and welcome to the "Wellness Mama Podcast." I'm Katie from wellnessmama.com and wellnesse.com. That's Wellnesse, with an E on the end, my new line of personal care products. And this episode is especially for moms and especially any moms who have struggled with things like incontinence or pelvic floor health, or any other postpartum issues related to those, or who maybe even years post-children have trouble doing things like jumping on the trampoline or sneezing too hard, things like that.

And I'm here with Wendy Powell, who founded something called MUTU Systems. And this is a globally recognized system for helping really reverse these issues. And she's a globally recognized voice on equality and empowerment when it comes to women's health. She's been doing this for 2 decades and this program has been trusted by 75,000 women worldwide helping them recover from all kinds of pelvic floor issues, incontinence, diastasis recti, and so much more. And her message in this podcast and her practical advice is that it is not normal, it is not lifelong, these issues do not have to be permanent. And in fact, they might be much easier to solve than you'd expect. And there's many other benefits as well when we address these issues in a holistic way that supports the body. And she goes deep on how some of the current advice can actually be not just not helpful, but counterproductive for really helping these issues. So I think if these are issues that

have ever affected you, you'll learn a lot from this episode. And with that, let's join Wendy. Wendy, welcome to the podcast. Thanks for being here.

Wendy: Thank you for having me.

Katie: I'm excited to jump in on this topic today because I think it's one that affects many women and that isn't really talked about enough, other than kind of in a joking sense, we hear people talk about, you know, women saying that they can't jump on a trampoline after having kids or they can't...you know, if they laugh or sneeze, they pee. But I think it's just a, kind of, joked about, accepted thing when it comes to postpartum. And I wonder if it doesn't have to be. But to start broad, walk us through the impact of this on people in their personal lives, in their relationships, and mental health. Because I know it's a thing I hear other moms joke about a lot.

Wendy: Absolutely. Yeah, you're so right, Katie. It's something that...Incontinence. And when I say incontinence, to be clear, that means I'm talking about if you pee yourself a little or a lot at any time when you don't want to be. So I think often we hear the word incontinence and we kind of think of old ladies and we think, you know, "Well, me peeing a little bit when I sneeze, that's not the same thing." So, I'm talking about not being able to hang on to pee or worse when you need to hang on to it. Okay? So if that was happening to you at any time in your life, then that's what we're referring to here. And you're so right, we joke about it. It's as if peeing when you sneeze or laugh is part of being a mom, right? We are expected to just accept this, to just go with it. Well, what do you expect? You have children.

And it affects us hugely. It affects, obviously, our, sort of, physical comfort but it affects our mental health and how we feel about ourselves. This is about basic dignity and function. So, if we're worrying whether or not we can get to the bathroom quick enough or whether we will...or even adjusting social schedules or invitations that we might get because we're worried we may not be close enough to a bathroom, this is affecting everything. This is affecting our life, our social life, our relationships, our ability to just move, and be, and live, and be active in the way that we want to be. So if you're avoiding, whether it be anything from an exercise class to a social situation, or anything like that because you're afraid you're gonna wet yourself, then this is an issue. And as you say, it is not just a physical one, and it's definitely not a joke, and it is fixable, and it is really affecting our well-being and our self-esteem. It goes way beyond just the physical.

Katie: Yeah, I agree, there's a lot more implications than just the physical. But to explain on the physical level, certainly, this is the thing, I know not only women experience after postpartum, it happens in other situations as well, but it is very common after having children. What is happening physiologically in the body that makes this more common?

Wendy: Sure. So, as you say, it's most often associated with post-baby, whether immediately post-baby or sometime post-baby. But incontinence or leaking is something that can affect women at all times during their life. And certainly, as we get older and head into perimenopause and menopause when hormone changes

there might make that more likely. So what's actually going on is the muscles of the pelvic floor, their job, amongst other things, is to hold in what you want held in until you're ready for it to let go.

Now, we often and traditionally have always been told that pelvic floor exercises consist essentially of squeezing, right, Kegels. So, if we have ever been given any information about pelvic floor exercises, what you're told to do is squeeze and squeeze and hang on. Often women are advised to squeeze as if you're trying not to pee. Now, the result of that is that when we're doing that a lot is that you end up with a situation, this is very often a cause of stress or other types of incontinence, is when those muscles, those muscles of your pelvic floor are what we call hypertonic. That means too tight. So, in actual facts, very often your leaking is not because your pelvic floor muscles are too slack, if you like, too loose, but often they're too tight.

So to explain that, if, for example, you want to use your bicep muscle and imagine you're flexing your bicep, you know, you're curling your arm up and flexing your bicep, now, if your bicep is in that contracted, switched on position, if you now need your bicep, it's got nowhere else to go. And that is exactly what's happening to many, many women's pelvic floors. So, an unconscious or subconscious holding on, squeezing, often long-term, because they might be worried about losing control, is actually having the effect of a set of muscles that is permanently or often already engaged, already contracted. So, therefore, when they need those muscles to hang on before they can get to the bathroom, there's nowhere else for them to go and they don't work.

That is why a scenario that will be familiar to many women or, for example, you get to your front door, you put the key in the lock, and instantly, "Okay, I've gotta be at the bathroom now." You know, kind of, that urgency of there's no time between me realizing I need to go and it being too late. That's what's called urgent incontinence and is often associated with a hypertonic pelvic floor. And then equally, there may also be an issue with muscles being too slack or too loose. So when we do pelvic floor exercises and when we teach them effectively, we really need to be really helping women to understand what should it feel like when we do them right, and to focus as much on the ability for those muscles to release and relax as much as they need to contract and engage.

So there's a lot going on there. There isn't one cause of that leaking. It can come from a number of different issues. And there are other deeper issues like trauma, whether that be from the birth itself or from something else that has happened to you. There are many reasons why those muscles may be too engaged, too switched on, hypertonic, and therefore, ineffective. So there's a lot of things contributing. But what we need to do to get past it is to really educate women on how to effectively perform those pelvic floor exercises and understand what it feels like when you get them right.

Katie: So, let's go deeper on that. I'm guessing there's definitely things we should be doing in the postpartum phase that can be helpful and probably things that should be avoided in that phase as well. But is there any, kind of, like, pre-emptive work that can be done pre-birth that can be helpful as well, or where should women start on starting to address this?

Wendy: Absolutely. So the answer to that is very much start where you are. So wherever you are right now, that's the right place. But absolutely, we can start to address these issues before we get pregnant or during pregnancy. Well, very often happens post-birth. So, regardless of what your birth actually looks like, if your birth was a vaginal birth, for instance, you are likely to feel, in the early days, weeks, or even longer, a lack of sensitivity or sensation around those muscles working. Similarly, if you had a C-section birth, it is likely that there will be a lack of sensation, and sensitivity, and connection with engaging your core muscles, which includes your pelvic floor around your C-section sites.

So, the more that we can start understanding what that feels like before that happens, the better because there is...We often heard the term muscle memory, it exists. If we know how it feels to engage in work, and release, and relax our pelvic floor and core before we go through that process, all the better. So wherever you're at right now is the right place to start. And in terms of what to avoid, and this would apply during pregnancy and, certainly, in the postpartum period, is anything that is high impact is, of course, going to exert that extra force and impact on your pelvic floor. So, anything like running, jumping, high-impact exercise is unlikely to be a very good idea during pregnancy or in the early postpartum period because you're just putting too much force and load on the pelvic floor muscles which need time to recover and strengthen again.

Katie: That makes sense. And I think not that women are necessarily jumping into those things but I do think that in society today, like, there is this kind of expectation that at six weeks, all normal activity can resume and you should be able to do high intensity and you should be back to where you were pre-pregnancy. And certainly, I haven't seen that in other cultures around the world. It seems like a lot of other cultures have much more respect for the recovery and the length of the postpartum period. Do you find that as well or is that specific more to the U.S. that we see that?

Wendy: I totally agree with you that to assume or imply that six weeks after having a baby we should be "back to where we were" is clearly ludicrous. You know, you were pregnant for nine months, it takes...We need to recover from that. And there is, as you say, a very unrealistic and I think damaging expectation given from, whether it be from social media, from our culture, generally, that we are supposed to be getting our body back, that we are supposed to be back to where we once were within literally just weeks of giving birth. It's totally unrealistic. Our body is not ready to do that.

I think it's important to note that it's not saying for a minute that you will never do those exercises. You know, if you were...let's say you're a runner and you love to run, and that's your happy place both mentally and physically, please don't feel, "Oh, I'll never run again." Absolutely you will, but you need to build those foundations first. And so to, sort of, go back into that too soon or before you've, kind of, done that restorative work is gonna cause leaking. And to continue doing something that is causing you to leak is not going to stop you leaking. We need to back up. It's very much what we do at MUTU System. It's about building those foundations and backing up to a point where we reconnect and rebuild so that we can move forward and lift up, dance, pole dance, whatever it is you wanna do. You can do all those things, but we need strong foundations.

Katie: Yeah, I think that's so important and, like I said in the beginning, not talked about or given enough focus, especially...And it's hard, I get completely for moms that first 6 weeks, 8 weeks, 12 weeks, 6 months is an exhausting phase. And so it's hard to take care of yourself at all. I get it. But I have also seen firsthand, I've had six kids, that certainly, recovery doesn't happen in six weeks. And especially after multiple pregnancies, it was years. My youngest is almost 5 and I feel like...not that my body is like it was pre-kids but I feel like I'm finally at a place where I can do all of those activities without any issues at all, just not even incontinence but, like, my hips finally feel more stable. There's so much that goes along with all of the changes that come from having a baby.

Another area that is, kind of, looped in with that six-week timeline is the topic of intercourse postpartum or after having a baby. And typically, I think six weeks is when the normal check-off is given for that as well. But are there any specifics related to that, that women need to be aware of or cautious of?

Wendy: Absolutely. And I think, sort of, discomfort or even pain during intimacy, during intercourse post-baby is very common. And sadly, as you say, like incontinence, like leaking, not really talked about. That expectation on women to get back to a place where they once were or where they feel they should be, or where others feel they should be, should not be rushed. And I think the most important message there is to listen to your body, and to respect your body, and to go easy on yourself, to be kind to yourself, to work with your partner during that. You don't owe anybody anything. If you're not ready, you're not ready.

And I think what's important as well around that pelvic floor conversation and muscle conversation is the reason why that might hurt, why sex might hurt, why intercourse might not be comfortable, there could be many reasons for that. So first, I'll say that, that there could be many issues contributing to that situation. But something that will not certainly be helping is that situation I mentioned before of that hypertonicity, that not quite recovered, not relaxing, and releasing as well as it's working pelvic floor. So, again, if you're tense, if you're anxious, if you're not feeling good about your body, if you're not feeling good in your body. So, this is where the physical and the emotional both come into play here. And what you end up with is a very real physiological disconnection. And when we disconnect, we're no longer communicating with, if you like, those muscle groups. We're not working with them. We're trying to work against them.

So whether it's intercourse or whether it's running, there is nothing that we should be forcing our body through. Pain, discomfort, anxiety, we never should be working through those things. We should...just pushing on through. What we should always be doing is backing up and being gentle with ourselves. But pelvic floor work and restoration can very much help with that postpartum discomfort or pain, even with intercourse. It can really help because what you're doing is you're reteaching the pelvic floor to be more flexible, to work both in terms of contraction and in terms of release. And that's really, really important. But I would say that the biggest piece of advice I would give around this issue is time. Give yourself kindness, give yourself time. There's no rush.

Katie: Yeah, and what a metaphor for life. I think especially as moms, that's good advice across the board, but especially in this area as well. A lot of the women listening are either stay-at-home moms or stay-at-home

moms who are also working. And I know that this is an issue from researching you that can really affect women and their careers as well, even though that may not be something that is top of mind when you first kind of think about this. But what do we know about how this is affecting women in work environments and in careers?

Wendy: It really does. It really does. Because as we mentioned right at the start of our conversation was that these are not just physical issues. For example, if you're worried you're gonna pee yourself, if you've got prolapse symptoms, if you've got pelvic discomfort bearing down, heaviness, discomfort, if you've got any of these issues around pelvic floor, pelvic core, doesn't feel good, not working, sometimes hurts, you feel you can't trust it, if you've got that stuff going on, it is very hard to be present, or focused, or productive in a work environment. What you've got then is a situation where not only is that presence and focus very hard, but it's embarrassing. It's awkward. It's difficult.

These issues come with a lot of shame. They come with a lot of secrecy. And so, quite clearly, these sort of issues...This is not like having a broken ankle at work. You know, if you've got a broken ankle at work, you can't walk up the stairs maybe and your ankle hurts. This is affecting everything. This is affecting dignity and function at every level. It's also affecting your relationships and your intimate relationships at home. So, of course, it's going to impact on our ability to be our best selves in whatever professional or other environment that we're trying to be.

We did a lot of research and we've been quite active in this area, certainly, of course, through the current situation, but around how pelvic health is mental health. Pelvic health affects mental health. An astonishing and depressing, if you like, number of women will say that they have wet themselves at work in the last week, that they've wet themselves at work more than once a day. Now, if we've got those sort of issues, that is affecting your productivity, your focus, and your happiness, and comfort in all levels. So, it really is as much an issue for whether the workplace, whatever the workplace looks like for you, as much as it is at home or socially. These are mental health issues and really should be given that gravitas and that priority in terms of how we treat them.

Katie: And another thing I could see being an issue, especially right now, is this is, kind of, an unusual time as far as navigating these things, especially postpartum. Just there's a reduction in face-to-face visits with a lot of practitioners. Obviously, when you have a baby, you still are face-to-face with your doctor. But I know in different areas, this kind of varies how people have access to these different kinds of tools. This is also the reason I was so excited to have you on because this is a system that helps address this for women anywhere in the world. But are we seeing specific issues related to people having not as much access to face-to-face practitioners right now?

Wendy: Yeah, we really are. We really are. So, all of those support networks that may be available to us or are hopefully available to us throughout pregnancy and in the early postpartum period, as you say, everybody's, sort of, situation is different right now depending on where in the world you are, but lockdown, pandemic, the current situation has meant that many of these support resources have been limited or unavailable to women.

So that means in the pregnancy period and in the late and in the actual birthing process, we've had issues, in the U.K. especially, with birth partners not being allowed in the room. And women are giving birth alone or by alone, I mean with their medical caregivers for sure, but without their partner, without their birth partner.

They're attending antenatal appointments at anxiety-inducing, difficult, sensitive times, and an antenatal appointment that might involve a scan that might have been involved being told that your baby is not gonna make it. Women are in that situation alone. So, this current situation has meant that many really important phases of pregnancy, and birth, and labor have not had that personal support, that advocacy that is so important during that time.

And then, of course, that continues afterwards. So, the appointments that one might have, the ability to go to groups where you would get support, and validation, and comfort from other women going through the same process as you are, so much of that has been taken away. In some cases, women may not even be able to see family. They may not be able to see friends and family as well. So, the process of birthing and being a new mom during this current time has really had a massive impact on the mental health of moms because there's just so much that they're simply having to cope with, and deal with, and figure out all by themselves and without support.

So, yeah, it's been a very difficult time for moms across that whole journey. The support that we maybe took for granted during that new mom period, as well, it's just not there. And it's a very scary time, especially for a new mom. There's so many unknown, so many questions. So to not have somewhere that you can go and confidently get, not just...There's kind of two parts to community and support. There's the element that is other women, other people going through what you're going through that understand it, that get it, that are there with you, and can support you, and hold you, but equally there's that access that we need to expert support. So real answers to our questions, to our concerns, and our worries. And both of those networks have been massively reduced, if not literally just taken away right now. So it's tough for moms right now.

Katie: So let's talk a little bit about solutions. It seems like in light of all of that, there's probably a multi-phase approach for women in finding solutions during this phase. I would think starting with a partner being...like, you would want your partner on board and in your corner for sure. But can you walk us through how women can get their partners as an ally in this and then how to build that support in the ways that are possible right now beyond just a partner?

Wendy: Yes, absolutely. So, of course, we're all turning to in many, many ways throughout this process is more and more digital support. And that's exactly what we do at MUTU System, which is to offer both that community in the sense of validation support, and camaraderie, and friendship, and support, and community in that sense, but also expert answers to your questions. So, we were asked at the beginning of March 2020, beginning of the lockdown in the U.K. last year, we were actually approached...I was approached by one of the university hospitals in this country by the women's health physiotherapy department.

Now, so, the women's health physical therapists often referred to in the U.S. as physios. And the issues that these experts, these medical professionals deal with are around pelvic floor issues, prolapse issues, painful sex, diastasis recti, all of those issues around core and pelvic floor. Now, the physios' approach, and myself, and MUTU is saying, "Look, we can't see our outpatients right now. So we have new moms that are on a schedule following a diagnosis for one of these issues and we literally can't see them. Can you get help to them at home?" So that's exactly what we did.

So, we worked with this hospital throughout last year getting at-home support. So this is what we provide, which is that at-home guidance, real talking, talking you through step by step, those vital foundational stages of core and pelvic floor recovery, but backing that up with ongoing, always there, digital community and answers to your questions. So, where you can't get that in-person support, you can always log in to the MUTU System community and get not only that support from all those tens of thousands of other women and moms but also from experts who can answer your questions and help and guide you.

Katie: And I'll make sure, of course, that the link is in the show notes. I know you guys have a special page set up just for the people listening to this podcast. And it's a 12-week program and you, kind of, walk through all of the explanation. What kind of expectations can women have going into this? Because I know there's gonna be people listening ranging from veteran moms who have teenagers, even grown kids who maybe still have remnants of these issues or moms with those babies in that zero to six-week phase and everything in between. What kind of results do you guys see with people once they start actually addressing things and going through the course?

Wendy: Sure. So, as you say, the naught to six weeks, to think that we can get everything back in that time is craziness and also it goes on a lot longer. I think probably the most often asked question that I have had over the years and we still get is am I too late? Am I too late to make a difference? So, my first thing would be I would want to reassure women listening to this that whatever stage you are at as a mother, as a woman, wherever you are in your journey, it's not too late. And if you're dealing with these issues as a brand new mom, or as a mom of toddlers, or teenagers, or you're a grandma, you can make a difference. You can make a difference to your pelvic health, your pelvic muscle health, and your core health.

So, that would be my first reassurance. No, it's never too late, something we are asked a lot. And in terms of what you can expect is you can absolutely expect to see improvement in both function and aesthetics. And the reason I, kind of, bring both of those two things up is because often, we're sort of led to believe through our social media feeds, etc., that post-baby exercise, whatever you wanna call it, is all about how your body looks to the outside. And it's really not. It's really not. Dignity, function matters a lot more. And what do I mean by function here?

What I mean is that your body functions the way you need it to. It holds in pee and poop when you need it to hold them in. It means that when you lift your child, or when you lift your groceries, or whatever you're lifting, when you twist and turn, and lift, and push and pull, your core is stable and strong. It means that intimacy, that sex that is a comfortable, and enjoyable, and fun experience. It means that your orgasms are gonna work.

All of those things, that's function. That's like, we deserve all that stuff, you know. And that, to me, is so much more important than those washboard abs or whatever.

So, that's not to say that aesthetics aren't important to many women. And that's absolutely...I often refer to the aesthetics as a happy byproduct of MUTU System. We very much focus on function and everything working the way it's supposed to. And the, sort of, aesthetic or how you look improvements are, as I say, a nice byproduct. You would expect to see in the first four to six weeks of doing MUTU System, you will feel different. Without question, you will feel different. You will start to feel more stable and you will start to feel more controlled and comfortable in your core and pelvic floor, and to start to see real differences in whatever symptoms you're dealing with.

So whether that be peeing yourself, or whether that be prolapse symptoms, or painful sex, all of those things we have now, from this hospital we worked with last year, clinical trial proving an absolutely phenomenal improvement across all those physical symptoms, as well as the mental health symptoms around actually feeling better and feeling like you've got your self-esteem back and your self-confidence back. So, you'll start to feel that stuff definitely within four weeks of starting. It is, as you say, a 12-week process but it's also one that is not always linear and many women come back to it many times, dip in and out once they've completed it. So, it really is a foundation for you to keep your core and pelvic floor working, feeling, looking the way you want them to and the way you deserve for them to.

Katie: I know from my personal experience, I started, kind of, doing these movements when I had...I'm gonna probably butcher it because I've only heard it written verses said but is it diastasis or diastasis recti? I think people get what I'm talking about but I had that, especially after my C-section. And I also just felt like I had a real lack of core strength. It was almost like the muscles weren't totally firing in the right way in my abs. And before I started jumping into, like, a pretty intense workout program, I wanted to make sure I had addressed those core things so that I was safe when I started lifting weights, and sprinting, and those exercises that you mentioned at the beginning. And for me, it was very much functional. I wanted to be able to move with my kids. I wanted to be able to try new things, and climb things, and jump over things. But the happy byproduct, like you said, was that it almost works like, I felt like a little bit like a corset. Like, it tightened all of my core muscles and helped what I thought was gonna be permanent, like, kind of, loose skin in my lower stomach after a C-section, not that it...I mean, there's still a C-section scar but it really helped, kind of, even out and tighten those muscles and that skin.

I'm also very much one not to think that our bodies need to look like they did pre-pregnancy. I'm very proud of my stretch marks, and my C-section scar, and the things that brought my children into the world but I feel like I have a much more functional core now after doing these movements. And the aesthetics, like you said, they're a byproduct but a very happy one to get to, kind of, feel like I just, like, tightened my waist, which I think is also a struggle for a lot of women after having a baby.

Wendy: It is. And you're absolutely right to be proud of your tiger stripes and the way our bodies look after we've done this. But as you said, diastasis recti...It doesn't matter how you say. Diastasis recti or abdominal

separation, what that refers to is when the rectus muscles, you know, your six-pack muscle if you like, separates in the middle. And so what you have is a gap. It's often referred to as a gap. And when you are able to heal that and strengthen those muscles in the right way, again, as you say, that does indeed have the effect of tightening your waist from the outside as well. But what it actually means from a functional point of view is when you've got that separation, there will be some lack of core function and strength underneath. And that feeling, as you described it as being unstable, and when you could narrow that gap and get that healed, and strong again, that's when you not only felt more stable and strong, but also felt that you were able to narrow your waist, tighten your waist again, as well.

So, yeah, that area around diastasis is a really important one. It affects how our tummies look and it affects how our core works. So, to work on those symptoms and issues, right as a foundational stage. And remember that our core includes our pelvic floor. So when we're talking about abdominal exercises and ab exercises, that means abs, pelvic floor, lower back. It's that whole region that we're talking about strengthening. It's so important to build that so that you can go on and do all the other things that you want to do.

Katie: Absolutely. And like I mentioned, the link is, of course, in the show notes because it's a long link. It's easier to click on than just to say out loud, but those are at wellnessmama.fm for any of you guys listening. And like I said in the beginning, I think there's so many things related to pregnancy, and birth, and postpartum, and miscarriage, and just aspects of being a mom that we don't really talk about. And I think when we have these conversations, and when we normalize it, it empowers us to all be able to improve and to get help, and like you said, to build that community, which is such an important thing. And I've realized that more and more, especially even this past year when community has gotten so much more difficult for so many women. And so I love that you brought this extremely tangible option to people who are struggling to find real answers and real support postpartum, especially in such a strange time.

And like I said, I think if we just keep having this conversation, we can help so many women and both be proud of our postpartum bodies and also still have the ability to do all the things we wanna do as our kids get older. And there's so many fun things to do with them.

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A little bit of a deviation, I love to ask toward the end of interviews, if there's a book or a number of books that have had a dramatic impact on your life or been inspiring to you and if so, what they are and why.

Wendy: Yes, absolutely. So many books. I think I would probably have to name upfront, Brené Brown, pretty much anything by Brené Brown, actually, but "Dare to Lead," especially. Brené Brown, in terms of her advice and insights around courageous leadership. And I don't just mean leadership of my team and of my business, although obviously, that's a vital part of what we do but as leader or caretaker, if you like, of such a big community of women, which is to understand that the importance of vulnerability and courage during that. My birth stories, my story is so integral to why I made MUTU System. And that sharing of those stories and sharing of that vulnerability, I think is so important. So, yeah, I'm definitely gonna put Brené Brown at the top I think.

Katie: I second that. Yeah. pretty much anything she's written. I think she's also one that has brought some really important conversations to the forefront and helped a lot of people by normalizing conversations about things that before were just not talked about nearly enough. And she's got great TED Talks, as well. I'll make sure I link to her books in the show notes so people can find them. And then lastly, like I said, the link will be in the show notes, but any starting points for people listening on where to jump in if they are struggling with incontinence, or they have pelvic pain, or pain during sex, where's the best starting point? Of course, I'll put the link to your site but I know you guys have so many resources available.

Wendy: We do. We do. And I think that the first stage is...Do you know what? I think the first stage is a mindset shift, you know, because we live in a culture, we are in a culture where we are told and taught that we need to do battle with our body, that we need to exercise it, work out into some kind of submission, that our body has somehow failed us. You know, if it's leaking, if it's hurting, if it's not feeling stable, then our body has failed us in some way. And I wanna say right up front that that is not the case. And the most important message I give is that carrying, birthing, raising small humans is hard. It's really hard. However you did it and whatever your journey looks like, you're doing great.

And if your body is giving you signals, and that's what these things are. Okay? If you pee yourself sometimes or that feels uncomfortable, or you have pelvic pain, these are signs, these are signals your body is telling you, "This is not strong enough right now to do what you're asking me to do." It's not connected enough to

function the way that you need it to. So instead of pushing on through, instead of a painkiller or a pad, what we need to be doing is backing up and building foundations. So, your starting point should be to be kind to yourself, in terms of your body has not failed you, your body has done an amazing, incredible thing. And right now, it needs some help to reconnect, and restore, and start to get strong.

And if we jump that piece, if we skip that piece and we go straight to, "Oh, my tummy doesn't look how I want it to so I need to do ab exercises. That means I need to crunch or plank or whatever it is. I need to run, I need to lose weight, I need to..." If we jump to those things without building those foundations, not only are we doing our body and ourselves a disservice, but we're not gonna get the results that we want. And so, it's about starting where you are and starting with foundations. And it doesn't matter how long you stay there. And you will keep revisiting there. We often refer to core and pelvic floor restorative work as like cleaning our teeth. You know, we don't clean our teeth every day for a week or for a month and then sort of say, "Okay, that's me done, my teeth are clean. I'm done."

Well, our core and our pelvic floor function is just like that. It's something we keep doing. So we keep revisiting it. And we learn it as a foundation, and then we weave it into our daily life, to our activity, to any other workout or exercise we may want to do. So, it is a mindset shift. It's about kindness. It's about self-care. And it's about acknowledging and understanding that those foundations are the most important thing we can do for our bodies and that everything else that you want it to do or look like or perform like, that can come afterwards. But this is where we start.

Katie: I love that. I think that's such a metaphor for so many aspects of health as well. I had that same mindset for years when I was trying to recover from thyroid issues and I was struggling to lose weight. And I kept trying to, like, punish my body thin and exercise more and deprive it of food. And what I've learned, I think, is a lesson for women across so many and for everyone across so many different areas is you can't punish yourself healthy. And you can't, like, be harsh with yourself in the moments when you need actual recovery, and to rebuild, and to nourish, and to strengthen from the inside out. And that lesson of acceptance from my body was so key for me.

And I think it's a struggle and a big adjustment, especially when we're talking about new moms. I know that was a big mindset shift. I had to go through, like you mentioned, and I think a lot of moms had to go on that inner journey. And it's a lifelong one as well. Like you said, it's not a thing we do for eight weeks and then we're fine. It's a thing we incorporate with any aspect of health. It's the thing we incorporate into our daily lives so that we can build over time these healthy habits and they just become integrated in our lives.

And I think this is such an important one for so many women and not just women who have had kids. I know that's been our focus in this episode. But I also know from your resources that women and men struggle with this even if they haven't had babies and there are other things that can cause pelvic floor issues and incontinence as well. Like I said, we've focused on postpartum but can you speak a little bit to this also being able to help women who just maybe have pelvic floor issues or incontinence that aren't pregnancy-related?

Wendy: Absolutely. It's very much something that is either side of or separate to the motherhood journey, for sure. So, as we start to get older and we head into perimenopause and menopause, our hormones are changing. And what will often happen is that women will start to have or experience or notice pelvic floor issues, for example, or painful intercourse issues as they get older. So, again, this is about hormonal changes and the solutions are the same. The solutions are the same around self-care and foundations, and really connecting with the pelvic floor. It comes to all of those other aspects that I know you talk so beautifully about, all those other things in our lives that support our hormone balance, about nourishment, about hydration, about great nutrition, about getting enough sleep, and enough rest, and eliminating as much as we are able to, sort of, that stress and anxiety from our lives.

All of those things are helping with our hormonal balance before you even get into sort of supplements or anything else. So it's kind of...And so, those issues around hormone changes and physical changes that come with that, we are always somewhere on that journey. A woman's body is changing throughout its monthly cycle as well as throughout our lives. It's not a static thing. A woman's body is always evolving and changing, and its needs are changing. So, these issues around or these needs around pelvic health, sexual health, core health, they are for a lifetime. And to go through to the other end of the scale, it's important that our daughters understand their pelvis, their pelvic floor, what it does, what it's supposed to feel like, what it feels like to do pelvic floor exercises, all of these things.

So it really is a lifelong process. And the more that we understand that and can build those connections and foundations, rather than shutting off from areas of our body that maybe we don't understand or we don't feel good about, it's so important to, kind of, start that empowering process of really understanding, what's going on down there? What's going on through our monthly cycle? What's going on when we're pregnant? What's going on when we give birth? What's going on as we head into menopause? And the more we understand and acknowledge, I strongly believe the more empowered we are to keep that strong, connected foundation.

Katie: Yeah, absolutely. And like I said, I'll make sure the resources that we have mentioned are linked in the show notes at wellnessmama.fm. You guys check those out. There's a special link just for listeners of this podcast. If you struggle with any of these issues, I've used the system in the past. And like I said, I noticed not just functional changes, but aesthetic changes as well. And I'm so grateful that there are resources like this, and I'm so grateful that we had this conversation, and that we're bringing these issues up so that other women can benefit. And Wendy, I'm grateful for your time today. Thank you so much for being here and for sharing.

Wendy: Absolute pleasure. Thank you for having me.

Katie: And as always, thanks to all of you for listening, for sharing your most valuable resource, your time, your energy with us today. We're so grateful that you did, and I hope that you will join me again on the next episode of the "Wellness Mama Podcast."

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