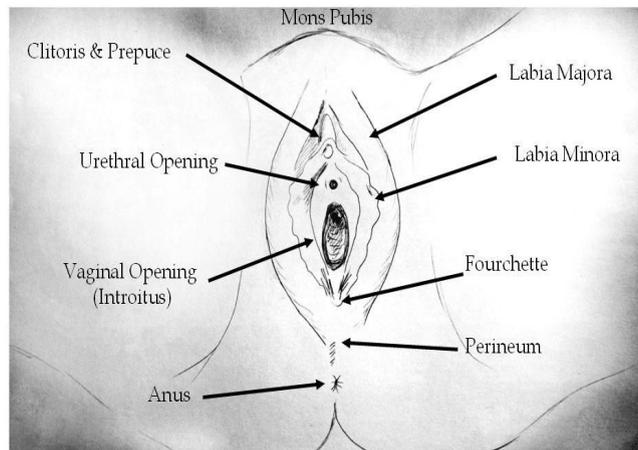


Self-Assessment: Vulva and Vagina



The above drawing is a GENERALISED view. Everyone is different, often asymmetrical, and changing through life. Please use this only as a **guide** to help you navigate your own Vulva, not a goal. The self assessment really is to get to know what's normal for you. You can view the Labia Library (www.labialibrary.org.au) if you would like to view some non-sexualised images of vulvas to help you see just how much variety is out there.

This handout is intended to be printed out and kept with you to refer to while looking in a mirror. Read it through once beforehand to familiarise yourself with the components.

Anything you discover or want to remember, make a note of on your Pelvic Map.

Getting Set Up

You can do this initial viewing in standing with one foot up on a bed or the bath, using a hand-held mirror. It's useful to have a mirror that's bigger than a make up compact mirror, but one that can be held comfortably for 5 minutes or so. Alternatively you could place the mirror on the floor and squat over it.

To perform the pelvic floor squeezes sequence, a reclined lying or side lying position is recommended so you can fully relax before starting.

You may wish to have some lubricant to hand in case your tissues are dry at the moment. You may be sensitive to synthetic lubricants so try using a natural oil such as olive, almond or coconut oil. You should only need a small amount to make this more comfortable.

It's best to ensure you have some time and privacy to do this so you can concentrate and get the best out of your observations. You may also wish to take notes as you go, or reflect afterwards.

Part 1: Observation

Mons Pubis and Pubic Hair

This fatty pad of tissue sits on top of our pubic bone (at the front) and is designed to pad this delicate area, and provide a rich base for our pubic hair to grow. Hair can extend all the way back to and beyond your anus and any distance down your legs. Hair has a purpose too – to secrete oils protecting the delicate skin here, to retain pheromones which create our unique odour, to reduce friction of the delicate structures in this limited area, and finally to keep our vitals warm!

Vulva

The Vulva is the name for the whole genital area, from the outside Labia Majora inwards. The area inside the Labia Minora is called the Vestibule. It's nice to think that this is also the name for the entrance to a traditional house of worship!

Labia

The **Labia Majora** are designed to protect and pad the inner structures. They can be large, small, asymmetrical, smooth, softly wrinkled, or anything in between. The **Labia Minora** (inner labia) very often protrude outside the Labia Majora, and this is completely normal. You may find that they are even folded up inside the Majora, and you can unfold and spread them, and they become quite long with uneven edges. Many women liken them to a type of flower, with protruding inner petals to attract better pollinators. Whatever your labia look like, they are designed specifically to be that way, for your evolutionary benefit.

Clitoris and Prepuce

Right behind the Mons Pubis at the front, you will find the clitoris – a slightly harder 'nub', smooth and rubbery, just inside the front folds of the labia. These folds form a 'hood', the prepuce, to cover the clitoris much like the foreskin of a penis, and like the foreskin often moves out of the way as the clitoris swells when aroused.

The nub or 'glans' of the clitoris is just the part we can see – the clitoris is actually a fairly large organ within the genitals. It's very sensitive even when not aroused, so handle gently.

Urinary (Urethral) Opening

Just below the clitoris you will see a small hole or slit between the Labia Minora. This is the opening of the urethra, the bladder tube.

Vagina

The vagina itself is the birth canal, which is inside the body. The opening, or Introitus can be seen from the outside. It may have a smooth edge to the opening, or commonly it has tags of skin that are the remnants of the hymen, a membrane that sits just inside the Introitus from birth.

You may be able to see inside the lower part of the vagina, in which case you may see that the inner walls may be folded or ridged to a greater or lesser degree. The vagina is very adaptable and stretchy, so these folds can unravel and allow expansion when required.

Part 2: Palpating and Testing the Pelvic Floor

You can begin by lightly pressing a finger around the labia and the Vestibule. Does it feel soft and springy, or firm and tender? One side may be different from the other. Remember the distance between the sitting bones is actually quite a narrow space, so if you aren't sure what is bone and what is tissue, try starting at the outer edges of your pelvis, feeling the bones and then moving inwards towards the Introitus.

You can perform a squeeze and lift of your pelvic floor muscles, and you should be able to see a small tightening of the area and a slight lift upwards and forwards. Try to do this without clenching your buttocks or inner thighs.

You can feel the contraction by placing a finger or your thumb just inside the Introitus. Squeeze your pelvic floor again and you should feel the back wall of the vagina lift forwards, then drop backwards again as you relax.

If you are not feeling much movement, try squeezing on an OUT-breath, to synchronise with your diaphragm: this can produce a stronger contraction.

Slide your finger a little deeper, proceeding at a slight backwards angle. Around half a finger length in, towards each side you may feel an edge, or ledge, which you can hook your finger over. You are now above the Levator Ani, a deeper layer of pelvic floor muscles.

Move your finger around this area on either side,, pressing gently as you go, and make a note of how the tissues feel. Are they firm and rigid, soft and pliable? Or different in different areas? Do you have any scarring or tenderness? Numbness? Vagueness? Record all this on your Map.

Does pressing on these areas create tension or tenderness anywhere else in your body? Are there any emotions associated with this feeling?

Contracting your pelvic floor again you should feel the muscles here lift. Try the following sequence:

Lift and hold 5 seconds. Can you do this with ease? Or do you find this difficult? Does the contraction last 5 seconds or fade sooner?

Relax and Breathe. Do the muscles drop down easily, or stay raised and soften slowly?

Squeeze 10 times, 1 second squeeze, 1 second relax: Can you do these faster contractions? Does the pelvic floor relax well between squeezes?

Squeeze 10 times, holding each squeeze for 10 seconds. Don't worry if you can't do this all the first time – it's a test of endurance so on't expect to get 10/10 straight off! Simply try your best, and when you start to feel your muscles fading more than 50%, then stop, and record how far you've got.

Once you have rested, breathing gently for a couple of minutes, try this again on the other side – you may get a different score!

Cough Reflex. Do a hearty cough whilst maintaining a light pressure with your finger on your pelvic floor. If your reflex is present, you should feel a strong contraction. If you no longer have this reflex, you might find that the intra-abdominal pressure created by the cough pushes your pelvic floor downwards. If this is the case, try again, this time with a strong and conscious contraction of the pelvic floor just before and during your cough. This technique is called The Knack, and is an effective way of protecting your pelvic floor and pelvic organs from that downwards pressure.

Relaxation. Take in a deep tummy breath, and allow yourself a long slow exhale. Repeat this a few times, while keeping your finger on the pelvic floor. Can you feel the tissues soften and ease? Is there a slight backwards and downwards movement after a few breaths? Does this happen in some areas of your pelvic floor but not others?

Stretching. While you are breathing, you can take this opportunity to apply a little pressure on the pelvic floor as you exhale. This gently stretches the tissues and can help the muscles to relax after doing your contractions. Think of it as a massage for your muscles just as you might have for your shoulders. Using the breath helps to synchronise the muscles with the nervous system, further aiding body relaxation.

Cervix

If you can reach, feel deeper into your vagina, and a little before the end of the vagina you may feel a small hard area that feels a little like the cartilage at the end of your nose. This is your Cervix, the entrance to the womb. This is typically around 5-6 cm inside the vagina, but varies greatly between individuals, and can change over a monthly cycle as well. You may feel it is off to one side slightly, or tilted in some way. This may be your natural position, or it may be because of asymmetrical restrictions in the tissues around it within the pelvis.

Discharge

Vaginal and cervical fluid (discharge) are normal. However, do contact your health provider if you are concerned by any of the following:

- Discoloured (green, grey, or red when not menstruating)
- Unusual odour (we all have our own smell, but notice any smell that is particularly strong or unusual for you)
- Noticeable changes in volume or type of discharge

Final Thoughts

Record your findings on your Pelvic Map, as described in the video presentation. Be aware that you may have feelings, thoughts or realisations after your session, so you may wish to keep your map at hand for a day or two afterwards to make further notes.

Please also remember, you have done a brave thing to explore your own body through this exercise, which not all women feel comfortable doing. This is the first major step to regaining acceptance and health for your pelvic floor. Well done!