



Freyja Medical Clinic

570 Price Av., Suite 100, Redwood City, CA

Tel (650) 701.1882 Fax (650) 701.1886

www.Freyjaclinic.com

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## **EPI-NO TO PREPARE THE PELVIS AND PELVIC FLOOR PRIOR TO CHILDBIRTH**

### **Why should I use the EPI-NO?**

EPI-NO has been proven in Clinical Trials in Germany and Australia to significantly improve childbirth outcomes. Women training with EPI-NO experienced fewer problems during delivery and had a higher rate of intact perineums than women who did not use EPI-NO. In addition the German trial found that anxiety was reduced which enabled women to concentrate on other aspects of the delivery. Women in the Trial required fewer analgesics and had a shorter second stage of labor. APGAR Scores of EPI-NO babies were higher.

EPI-NO is a dual-purpose device. It exercises the pelvic floor muscles AND prepares the perineum for childbirth.

### **When should EPI-NO training commence?**

EPI-NO should be used under the guidance of a medical professional. Pelvic floor muscle exercises can be undertaken at any time. We recommend commencing EPI-NO Childbirth Training (Stretching Exercises) three weeks prior to the calculated date of the baby's birth.

### **Does using EPI-NO guarantee no tears or episiotomy?**

There is no guarantee. An obstetrician may be required to perform an episiotomy at his discretion depending upon the progress of the birth and the mothers physiology. However, the probability of an intact perineum is significantly increased by using EPI-NO to prepare the perineum. Mothers have experienced less anxiety after training with EPI-NO, and are better prepared to concentrate on other aspects of the delivery.

### **What Frequency of EPI-NO Childbirth Training (preparing the perineum) is recommended?**

It is recommended that EPI-NO be used once or twice daily, 10 to 20 minutes for each training session of 3 to 4 dilation cycles.

### **Can EPI-NO training over-expand the vagina?**

No, quite the contrary. By gradually and naturally stretching the perineum as a precautionary measure it is possible to avoid long-term perineal damage. When you pull a tight sweater over your head, the neck expands and returns to its original shape. Similarly, during childbirth the opening of the vagina must expand to allow the passage of the baby's head. The EPI-NO training accustoms the vagina to the stretching required in childbirth and facilitates its return to normal.

### **Can EPI-NO be used if the woman already has had a previous episiotomy or a perineal tear?**

Yes. The EPI-NO training stimulates blood circulation and the muscles. This can make scar tissue more flexible and easier to stretch. If a woman experiences local pain and discomfort she should consult her physician before commencing training.

### **What are the stages of EPI-NO Training?**

EPI-NO training occurs in 4 Stages. In Stage 1 the pelvic floor muscles are exercised early in the pregnancy. Stages 2 to 3 begin at the thirty-seventh week of pregnancy. In Stage 2 the perineum and the birth canal are gradually and gently stretched. In Stage 3 the woman prepares for the sensation of delivery by easing the balloon out of the vagina. In Stage 4 (four to six weeks postpartum) the pelvic floor muscles



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are toned by applying pressure simultaneously squeezing and drawing up against resistance provided by the EPI-NO balloon. Progress is measured (biofeedback) by the deflection of the needle on the hand-pump dial.

### **Can premature contractions or a premature delivery be unintentionally initiated by training with EPI-NO?**

No. In the EPI-NO clinical trials there were no indications whatsoever for any premature initiation of contractions or of premature birth. The EPI-NO training should be undertaken under the guidance of a physician and should ideally begin three weeks prior to the calculated date of the birth.

### **What Lubricant should be used with EPI-NO?**

EPI-NO should ONLY be used with a water-based lubricant such as KY Jelly. Non water-based lubricants must not be used. Essential Oils, Fragrant Oils, Almond Oil and petroleum based lubricants will damage the balloon.

### **Is it possible to accidentally puncture the amniotic membrane by training with EPI-NO?**

There are no indications whatsoever from the clinical studies or from the observations made by obstetricians and midwives that it is possible to puncture the amniotic membrane during EPI-NO training. The balloon is inserted 2/3 into the vagina and sits at the vaginal os. The balloon does not come into contact with the cervix.

### **Is there any risk of infection?**

The danger of an infection was investigated in the clinical trials. The vagina is not a sterile environment. If the device is cleaned and disinfected according to the Instructions for Use no increased risk of infection is expected. We recommend EPI-NO for personal use only, and should not be passed on to another woman.

### **How do I measure the size of the balloon on the gauge?**

The size of the balloon is not measured on the hand pump gauge. The gauge only measures the pelvic floor muscle strength when

EPI-NO is used to exercise the pelvic floor. The size of the balloon is measured against a template in the Instructions for Use. Hold the balloon above the template and note the balloon diameter.

### **What is the balloon made of?**

The EPI-NO balloon is made of non-allergenic silicone.

### **Can the balloon burst?**

This is extremely unlikely provided the balloon is not inflated beyond 10cm. Each balloon has been individually tested to a size exceeding 20 cm diameter and meets stringent safety standards for medical devices. EPI-NO should be stored safely and the balloon protected from risk of damage.

### **Can a woman injure herself in training?**

As in all physical training, the woman should not exert herself beyond her personal level of comfort. The naturally occurring hormone Relaxin provides elasticity to the perineum at the latter stage of pregnancy. Stretching exercises should commence gradually and increase in frequency over three weeks as the perineum increases in elasticity.



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### **How far should the balloon be inserted into the vagina during training?**

The balloon is inserted two-thirds of the way into the vagina. It will protrude about 2cm (0.8 inches) out of the vagina. Ensure that the balloon is inflated once inside the vagina. Securing the balloon can be achieved by closing the legs however most women will find that they will hold the balloon in place with their hand. This would also prevent the EPI-NO from slipping out of the vagina during training and to prevent the balloon from being drawn too far into the vagina. It will take only two or three training sessions for a woman to determine the optimal position of the balloon to her body.

### **Will EPI-NO training promote recovery after childbirth, and how does it tone the pelvic floor muscles?**

Mothers report that with EPI-NO post-partum training, the muscles of their pelvic floor strengthen quickly and efficiently. EPI-NO restores vaginal muscle tone following childbirth. The balloon is pumped up gently until the pointer on the pressure gauge reaches (4) and then inserted into the vagina. Ten minutes of training each day is sufficient to restore strength to the muscles of the pelvic floor.

### **Is it still helpful to massage the perineum?**

EPI-NO has been clinically proven to be the most effective method of avoiding injuries to the perineum in a vaginal delivery. EPI-NO training stretches the perineum evenly and is more effective than Perineal Massage, which becomes difficult for a woman to perform in the latter stages of pregnancy.

### **What Lubricants can be used with EPI-NO?**

Only Water Based Lubricants such as KY Jelly should be used with EPI-NO. It is important to ensure that "essential oils" and non water based lubricants are NOT used with the EPI-NO balloon. Almond Oil will damage the silicone EPI-NO balloon and must never be used as a lubricant.

Should EPI-NO be used by more than one woman?

No. It is not possible to sterilize the EPI-NO Childbirth Trainer. EPI-NO is designed to be used as both a Childbirth and Pelvic Floor Trainer to restore pelvic floor muscle tone following childbirth. Pelvic floor muscle exercises are recommended to all women as a continuing regimen.