The Leak Switch™

A Simple 4-Step System for Women Who Want to Feel More Confident Living With Bladder Leakage

PINPOINT
Understand your leakage patterns

ACTIVATE
Build pelvic-floor awareness and control

COORDINATE
Connect control with movement

EXPAND
Reclaim activities and confidence

Better understanding.
Stronger control. More confidence.

Your life, back.

HER WELLNESS GUIDE

CHAPTER 1

The Little Leak You Pretend Nobody Notices

The problem starts smaller than you think

Maybe this is just what happens after 50

The private cost of constantly being careful

CHAPTER 2

Before You Do Another Kegel, Find Your Pattern

Your bladder is giving you clues

The Leak Map™

The 60-Second Leak Detective

What you've probably tried—and why guessing isn't enough

CHAPTER 3

Meet Your Leak Switch

The simple idea behind The Leak Switch™

The P.A.C.E.™ System

The moment everything starts to make sense

CHAPTER 4

Switch On: Learn the Muscle Without Guessing

CHAPTER 5

Now Use the Switch When Real Life Happens

CHAPTER 6

The Habits That Can Quietly Make Things Harder

CHAPTER 7

Four Weeks to Start Taking Your Confidence Back

CHAPTER 8

Don’t Let One Leak Decide What You Do Tomorrow

Your 28-Day Review

Your Confidence Ladder™

The P.A.C.E.™ Maintenance Routine

When to stop guessing and get checked

Your next 30 days

BONUS SECTION:

The 7-Day Bladder Confidence Tracker The Emergency Leak Confidence Kit The “Bathroom Freedom” Confidence Checklist

CHAPTER 1

The Little Leak You Pretend Nobody Notices

You laugh. You sneeze. You cough.

And then you quietly wonder:

"Did anyone notice?"

Maybe it is only a few drops.

Maybe it happens when you lift something heavy, get up from a chair, exercise, or suddenly feel that familiar rush to the bathroom.

Maybe you have become very good at managing it.

You know where the bathrooms are.

You choose darker clothes.

You carry an extra pair of underwear "just in case."

You cross your legs before a sneeze.

You think twice before drinking too much water before leaving home.

And sometimes, you simply decide not to go.

Not because you don't want to.

Because you're afraid your bladder might make the decision for you.

If any of this sounds familiar, there is something important you should know:

You are not the only woman dealing with this.

And urinary leakage is not something you should automatically dismiss as "just getting older."

There are different types and causes of bladder-control problems, and understanding your particular pattern is an important first step.

That is exactly where we're going to begin.

The Problem That Happens in Seconds

Bladder leakage can be strangely difficult to explain.

There may be nothing visibly wrong with you.

You can look completely healthy.

You can be active, independent, successful and perfectly capable of taking care of everyone around you.

Then you sneeze.

A few drops.

And suddenly you're thinking about your underwear instead of the conversation you were having.

Or you are laughing with your grandchildren and feel that familiar pressure.

Or you're carrying groceries into the house and notice a small leak.

Or you're walking toward the bathroom when the urge suddenly becomes overwhelming.

These moments may seem small to someone else.

But **you know what they do to your confidence.**

One incident can make you start planning for the next one.

And eventually, planning becomes a habit.

The Quiet Things You Start Doing

Most women don't wake up one morning and decide:

"From today, I'm going to organize my life around my bladder."

It happens gradually.

You skip the exercise class because you don't want to risk leaking.

You hesitate before taking a long bus journey.

You look for the bathroom as soon as you arrive somewhere.

You stop wearing certain clothes.

You become careful about jumping, running or dancing.

You may even laugh less freely.

Not because you have changed as a person.

Because you are trying to avoid an embarrassing moment.

And nobody else may realize that this is happening.

That's one of the hardest parts.

The outside world sees the woman who is carrying on normally.

Only you know how much mental energy goes into making sure nobody sees what you're worried about.

"Maybe This Is Just What Happens After 50"

This is one of the most common thoughts women have.

"I'm getting older."

"I've had children."

"This must be normal now."

"My mother had the same problem."

"I suppose I just have to live with it."

But there is an important difference between something being **common** and something being **something you simply have to accept.**

Urinary incontinence can have different patterns and causes. Leakage may occur with coughing, sneezing, laughing or physical activity; some women experience sudden urgency followed by leakage; and some experience a mixture of patterns.

Other factors can also contribute to bladder-control problems.

That means there isn't one universal explanation—and there isn't one universal solution.

Your job isn't to diagnose yourself.

Your first job is simply to understand what is happening.

That's why The Leak Switch™ begins with something much simpler than a complicated exercise routine.

It begins with **awareness.**

Your Bladder Is Giving You Clues

Think about the last time you leaked.

What were you doing?

Were you:

- coughing?\
- sneezing?\
- laughing?\
- lifting something?\
- standing up?\
- exercising?\
- rushing to the bathroom?\
- already experiencing a strong urge?

These details matter.

Imagine two women.

Woman A

She rarely feels a strong urge to urinate beforehand.

But when she sneezes, she sometimes leaks.

When she laughs hard, it can happen.

When she lifts something heavy, it may happen again.

Her leakage appears closely connected with physical pressure and movement.

Woman B

She can be sitting comfortably when she suddenly gets a powerful urge to urinate.

She knows she needs to get to the bathroom immediately.

Sometimes she doesn't make it in time.
Her experience is different.
Neither woman should assume she knows the exact medical cause simply from these observations.
But their **patterns are different**.
And recognizing that difference is useful.

The First Shift: From Shame to Curiosity

This is where we want you to change the question you're asking yourself.
Instead of:

> **"What's wrong with me?"**

try:

> **"What pattern is my body showing me?"**

That is a much more useful question.
You aren't judging yourself.
You are observing.
You aren't trying to diagnose yourself.
You are collecting information.
You aren't trying to fix everything today.
You are taking the first step toward understanding your symptoms.
This is the beginning of **The Leak Switch™.**

The Private Cost of Constantly Being Careful

Leakage isn't only about the physical sensation.
It can change the way you move through your day.

Clothing

You may choose what you wear based on what would hide a possible leak.

Exercise

You may avoid movements that make you nervous.

Social events

You may sit closer to the bathroom.

Travel

You may plan your entire journey around toilet access.

Sleep

If bladder symptoms wake you repeatedly, your nights can become disrupted.

Intimacy

You may become self-conscious or worried about leakage during intimacy.

Confidence

Perhaps the biggest cost is the quiet feeling that your body is becoming less dependable.
And that can be painful.
Because after spending decades taking care of yourself and others, you want to feel that you can still trust your own body.

You Don't Have to Be Ashamed

Let's make one thing clear.
Urinary leakage is a health concern, not a character flaw.
It does not mean you are dirty.

It does not mean you are lazy.

It does not mean you have failed to take care of yourself.

And it does not take away your femininity.

If you've been hiding this problem, there is no need to feel embarrassed about beginning to understand it now.

You deserve information that is respectful.

You deserve practical strategies.

And you deserve to know when something should be discussed with a healthcare professional.

A Gentle Reality Check

There is another side to this conversation that is important.

While some forms of leakage can improve with pelvic-floor muscle training and behavioural strategies, **not every bladder problem should be treated as a simple "weak pelvic floor."**

That's why The Leak Switch™ will never tell you to blindly do hundreds of exercises and hope for the best.

Some women need an individualized assessment.

Some symptoms may have an underlying medical cause.

And some situations require professional attention rather than self-management.

This guide is designed to help you understand your patterns, develop appropriate habits and become better prepared to seek care when necessary.

It is not a diagnosis.

If something about your symptoms worries you, speak with a qualified healthcare professional.

Your First Leak Switch™ Exercise

We're not going to ask you to do 50 exercises today.

We're going to ask you to notice.

Over the next day, pay attention to your bladder without judging it.

When you experience leakage—or a strong urge—notice what happened immediately beforehand.

Ask yourself:

---

1. What was I doing?

---

2. Did I feel an urge beforehand?
Yes / No / Not sure

---

3. What happened immediately before the symptom?

---

4. How much leakage was there?
A few drops / Small amount / More than expected / Not sure

---

5. How did I feel afterward?

You don't need perfect answers.

You are simply beginning to collect clues.

Meet Your First Tool: The Leak Map™

Throughout this guide, you'll use a simple tool called the **Leak Map™**.

It has one purpose:

To help you see your pattern instead of guessing.

For now, write down just one recent episode.

What happened? Your answer

What were you doing?
Did you feel an urge?
What triggered it?
How much leakage?
What did you do afterward?
How did it make you feel?

You may notice something interesting.
Your leakage may not be random.
Perhaps it happens mainly when you cough.
Perhaps it happens during exercise.
Perhaps urgency is the bigger issue.
Perhaps there are several situations.
Or perhaps you aren't sure yet.
That's okay.
You are not expected to solve the mystery on Day 1.
You're simply turning the light on.

CHAPTER 2

Before You Do Another Kegel, Find Your Pattern

Your bladder is giving you clues.

You may have spent months—or even years—trying to work around leakage.

Maybe you've started going to the bathroom "just in case."

Maybe you've reduced how much you drink before leaving the house.

Maybe you've bought pads, changed your exercise routine, or searched online for pelvic-floor exercises.

And perhaps you've even tried Kegels.

But there is one question that often gets skipped:

What kind of pattern are you actually dealing with?

That question matters.

Because "urinary leakage" is not one single experience.

For some women, leakage happens when pressure suddenly increases—such as during a cough, sneeze, laugh, lift or physical activity.

For others, the main problem is a sudden, difficult-to-delay urge to urinate.

Some women experience both.

And some women aren't sure.

You don't need to diagnose yourself.

But learning to **observe your symptoms** can give you and your healthcare professional much more useful information.

That's what we're going to do in this chapter.

Your Body Has a Pattern

Imagine that you keep noticing a small leak when you sneeze.

At first, you might think:

> **"My bladder is getting weak."**

But let's slow down.

What happened?

You were fine.

Then you sneezed.

Your abdominal pressure suddenly increased.

And you experienced leakage.

Now imagine another situation.

You're sitting at home, and suddenly you feel an intense need to urinate.

You stand up and hurry toward the bathroom.

The urge becomes stronger.

You don't quite make it.

That's a different experience.

The important point isn't for you to decide, "I definitely have this condition."

The important point is:

> **"These two situations aren't identical."**

That observation is useful.

Pattern One: "It Happens When I Move"

Think about leakage associated with activities such as:

- coughing\

- sneezing\
- laughing\
- lifting\
- exercising\
- jumping\
- getting up from a chair

The common thread is often **physical pressure or movement**.

If this sounds familiar, write down your most common trigger:

My biggest movement/pressure trigger is:

Now ask:

Does leakage usually happen without a strong urge to urinate first?

Yes / No / Not sure

Again, this isn't a diagnosis.

It's simply information about your pattern.

Pattern Two: "The Urge Comes Out of Nowhere"

Some women experience something quite different.

They may suddenly feel:

"I need to go. Now."

The urge can feel difficult to postpone.

They may hurry toward the bathroom, look for the nearest toilet, or worry that they won't make it in time.

If this is familiar, write down:

My strongest urgency trigger is:

And:

How often does the urge become difficult to delay?

There can be many reasons for urinary urgency, so don't assume that one explanation applies to you.

The goal at this stage is simply to recognize what you're experiencing.

Pattern Three: "Honestly, It's Both"

You may read the first two patterns and think:

"That's me."

Maybe you leak when you cough **and** sometimes experience sudden urgency.

That's possible too.

Some women experience more than one type of bladder-control symptom.

If that's your experience, don't worry that you've "failed" the exercise.

Quite the opposite.

You've just learned something important.

Your bladder story may have more than one chapter.

This is another reason we aren't going to throw a random list of exercises at you and assume they'll solve everything.

Pattern Four: "I'm Still Not Sure"

This may be your answer.

And that's completely fine.

Perhaps your leakage is unpredictable.

Perhaps you haven't paid close attention before.

Perhaps your symptoms have changed over time.

Perhaps you simply don't know what counts as a trigger.

Don't guess.

Start tracking.

A short symptom diary can help you see patterns that aren't obvious when you're thinking about individual episodes.

And if you're concerned about your symptoms, take that information to a healthcare professional.

Meet the Leak Map™

Now we're going to turn observation into something practical.

Your **Leak Map™** is a simple record of what happened before, during and after a bladder episode.

You don't need to write a long story.

A few words are enough.

The Leak Map™

When? What was I Urge Leakage? What happened doing? beforehand? immediately before?

Morning

Afternoon

Evening

You can use this for several days.

Don't become obsessed with recording every sip of water or every trip to the bathroom.

We're looking for **useful patterns**, not perfection.

Your 60-Second Leak Detective

Here's your first real exercise.

Think about your **most recent leakage episode**.

Now answer these five questions.

1. WHAT WAS I DOING?

2. DID I FEEL AN URGE FIRST?

☐ Yes\ ☐ No\ ☐ Not sure

3. WHAT HAPPENED IMMEDIATELY BEFORE?

4. HOW MUCH LEAKAGE WAS THERE?

☐ A few drops\ ☐ Small amount\ ☐ Larger amount\ ☐ Not sure

5. WHAT DID I DO AFTERWARD?

That's it.

You have just created your first piece of useful information.

Now Look for the Repetition

One episode can be interesting.

A repeated pattern is much more useful.

Over the next several days, look for things such as:

"It usually happens when I sneeze."

or:

"It tends to happen when I'm rushing to the bathroom."

or:

"Exercise seems to trigger it."

or:

"I can't identify a pattern yet."

Any of those observations is useful.

You are moving from:

"My bladder randomly embarrasses me."

to:

"I can see what tends to happen before my symptoms."

That is a meaningful change.

What Have You Already Tried?

Now let's look backward.

There is a good chance you've already tried something.

Maybe more than one thing.

Put a check beside anything you've done:

☐ Started doing Kegels\ ☐ Bought pads or liners\ ☐ Reduced fluids\ ☐ Avoided coffee or tea\ ☐ Started going to the bathroom more often\ ☐ Avoided certain exercises\ ☐ Stopped running or jumping\ ☐ Avoided long journeys\ ☐ Planned outings around bathrooms\ ☐ Searched online for solutions\ ☐ Tried supplements or home remedies\ ☐ Talked to a healthcare professional\ ☐ Nothing yet\ ☐ Something else: _____

Now answer this:

What has helped, even a little?

What hasn't helped?

What are you still unsure about?

This information matters.

Because the goal isn't to keep repeating something simply because someone told you it works.

The goal is to understand **your experience** and choose appropriate next steps.

The "Just In Case" Trap

There's another habit worth noticing.

Going to the bathroom "just in case."

Maybe you're leaving the house at 2:00 p.m.

You don't really need to go.

But you think:

> **"I'd better go now. I don't know when I'll get another chance."**

Sometimes planning around bathroom access is completely reasonable.

But if you constantly organize your day around preventing any possible urge, it can become exhausting.

Rather than automatically following a rigid rule, start observing your actual patterns.

When do you genuinely need to go?

When are you going simply because you're worried?

What happens when you wait?

There isn't one schedule that is right for every woman, and bladder-training approaches should be individualized when they're appropriate.

Your job here is simply to notice.

Please Don't Dehydrate Yourself

If you've ever thought:

> **"I'll just drink less so I don't have to worry about leaking."**

You're not alone.

It can seem logical.

Less fluid in means less urine out.

But deliberately drinking far too little can cause problems of its own.

You need adequate hydration, and your individual fluid needs can vary.

So instead of trying to "win" against your bladder by barely drinking, pay attention to your overall fluid habits and discuss concerns with a healthcare professional when appropriate.

Your new rule:
Don't punish your body to manage your symptoms.

Your Pattern Is Not Your Identity

This chapter is about symptoms.

But there is an emotional distinction I want you to make.

You are not:

"an incontinent woman."

You are a woman who is experiencing **a bladder-control symptom**.

That's different.

One describes who you are.

The other describes something you're experiencing.

That distinction matters because health problems can easily become part of the way we see ourselves.

Don't let a symptom become your identity.

Your Personal Leak Profile

Now bring everything together.

Complete these statements:

My most common trigger is:

_____

My symptoms usually happen:
☐ With physical movement/pressure\ ☐ With sudden urgency\ ☐ With both\ ☐ I'm not sure

The activity I most want to do without worrying about leakage is:

_____

The biggest thing I've been avoiding is:

_____

One thing I've already tried is:

_____

One thing I still want to understand is:

_____

Take a moment to read your answers.

This is your **Personal Leak Profile**.

You don't need to show it to anyone.

But if you eventually speak with a healthcare professional, this information may help you explain what you've been experiencing.

What exactly is the "Leak Switch"?

In the next chapter, you'll meet the **P.A.C.E.™ System** and learn why The Leak Switch™ isn't simply another booklet telling you to "do more Kegels."

But first, take a breath.

You've already done something important.

You've stopped guessing.

CHAPTER 3

Meet Your Leak Switch™

What if you stopped thinking about your pelvic floor as something you simply need to "strengthen"?
For years, women have been told one simple thing:

"Do your Kegels."

So you try.

You squeeze.

You hold.

You repeat.

Maybe you remember for a few days.

Then life gets busy.

Or you aren't sure whether you're doing them correctly.

Or you do them consistently but still experience leakage when you cough, sneeze, laugh, lift or exercise.

And you start wondering:

> **"Why isn't this working for me?"**

Here's the shift we want to make in this guide:

Your pelvic floor isn't just a muscle to exercise. It's part of a system that works with your breathing, pressure, movement and bladder control.
That doesn't mean every woman's leakage has the same cause.

It doesn't.

But it does mean that simply telling every woman to "squeeze harder" isn't a very complete strategy.

That's why we created **The Leak Switch™.**

So What Is the Leak Switch™?

Think about an ordinary light switch.

You don't leave your hand pressed against it all day.

You don't switch it on 100 times just because you want the light to work.

You use it **when you need it.**

Your pelvic-floor muscles also need to be able to:

contract when appropriate,

and

relax when appropriate.

The Leak Switch™ is our simple way of thinking about that relationship.

It helps you learn to:

Notice → Activate → Coordinate → Return to life
Instead of approaching your pelvic floor as something you must constantly squeeze, you're learning how to develop **awareness, control and coordination**.

And that is where the **P.A.C.E.™ System** comes in.

Meet P.A.C.E.™

P.A.C.E.™ is the four-step framework behind The Leak Switch™.

P PINPOINT

Find your pattern.
Before you can work on your symptoms intelligently, you need to know what you're actually experiencing.

That's why you started the **Leak Map™** in Chapter 2.

You're looking for patterns such as:

- leakage during coughing or sneezing\
- leakage during physical activity\
- leakage when lifting\
- sudden urgency\
- difficulty reaching the bathroom in time\
- a mixture of symptoms

You're not diagnosing yourself.

You're gathering information.

Your first P.A.C.E. question:

> **"When does this usually happen?"**

That question changes everything.

A ACTIVATE

Learn to find the right muscles.

The pelvic floor contains muscles that help support the bladder and other pelvic organs and contribute to bladder and bowel control.

Pelvic-floor muscle training is an established conservative approach for some forms of urinary leakage.

But here's the important part:

Correct technique matters.

You don't want to spend weeks squeezing your thighs, tightening your buttocks or holding your breath and assuming you're training the pelvic floor.

The goal isn't to become an expert overnight.

It's to gradually learn what a controlled pelvic-floor contraction feels like—and equally importantly, what **relaxation** feels like.

That is why The Leak Switch™ doesn't begin with:

"Do 100 repetitions."

It begins with:

"Can you find the right muscles?"

C COORDINATE

Connect your practice to real life.

This is where the idea of the "Switch" becomes especially useful.

Your pelvic-floor muscles don't exist separately from the rest of your body.

Everyday movements can change pressure inside your abdomen.

Think about:

- coughing\
- sneezing\
- laughing\
- lifting\
- standing\
- exercising

You don't live your life lying down doing pelvic-floor exercises.

You live your life **moving.**

So once you've learned the basic contraction and relaxation skills, the next step is learning how to incorporate appropriate pelvic-floor control into everyday situations.

This is **Coordination.**

Not more squeezing.

Better awareness of when your muscles need to respond.

E EXPAND

Take your confidence back into the world.

Here's something that often gets overlooked.

You can become very good at exercises while still being afraid to go out.

You can know exactly where your pelvic floor is and still avoid the exercise class.

You can understand your triggers and still choose not to travel.

So the final part of P.A.C.E. is **Expand.**

You gradually begin doing more of the things you've been avoiding.

Not recklessly.

Not by forcing yourself through symptoms.

And not by promising yourself you'll never leak again.

Instead, you create small, manageable steps.

For example:

10-minute walk

↓

20-minute walk

↓

Local shopping trip

↓

Social gathering

↓

Longer outing

The goal is to rebuild confidence through gradual experience.

The P.A.C.E.™ Formula

Put the four steps together:

PINPOINT

Know your pattern.

↓

ACTIVATE

Learn appropriate pelvic-floor control.

↓

COORDINATE

Use that awareness with everyday movement.

↓

EXPAND

Gradually reclaim activities you've been avoiding.

That's **P.A.C.E.™**

And that's the foundation of The Leak Switch™.

The Switch Has Two Directions

There's another concept that's just as important as activation.

ON
The pelvic-floor muscles contract when appropriate.

OFF
The muscles relax when appropriate.

You need both.

A muscle that never activates isn't useful.

But a muscle that is constantly clenched isn't necessarily ideal either.

This is why we won't turn your 28-day program into a competition to see how many contractions you can perform.

Control includes knowing when to relax.
As you practise, pay attention to both sensations.

Gentle contraction.

Then:

Complete, comfortable relaxation.

Your First Leak Switch™ Practice

We're not doing a long workout yet.

This is an awareness exercise.

Find a comfortable position.

You can sit or lie down.

Take a normal breath.

Relax your shoulders.

Let your abdomen remain comfortable.

Now gently bring your attention to the muscles around your pelvic floor.

Without straining, practise a **gentle contraction**.

Notice what happens.

Then release.

Allow the muscles to relax.

Pause.

Repeat gently according to the exercise guidance provided in this program.

While you practise, ask:
Am I holding my breath?

Am I squeezing my thighs?

Am I clenching my buttocks?

Am I straining?

Can I feel the difference between contracting and relaxing?

You don't need to force anything.

If you're uncertain whether you're identifying the correct muscles, a healthcare professional—particularly a pelvic-floor physiotherapist—can help assess your technique.

Your P.A.C.E. Check-In

Before moving on, answer these four questions:

PINPOINT
What is my biggest leakage trigger?

ACTIVATE
Can I identify a gentle pelvic-floor contraction?

☐ Yes\ ☐ Not sure yet

COORDINATE

Which everyday movement do I most want to practise with?

☐ Coughing\ ☐ Sneezing\ ☐ Laughing\ ☐ Standing\ ☐ Lifting\ ☐ Exercise\ ☐ Other: _____

EXPAND

What activity do I want to feel more confident doing again?

Keep these answers.

They become your starting point.

A Note About Your Expectations

You may be excited to start.

That's wonderful.

But give yourself permission to be patient.

Pelvic-floor muscle training isn't an overnight fix, and the right approach depends on the type and cause of your symptoms.

Some women improve with conservative strategies.

Others need additional assessment or treatment.

Some need help learning the exercises correctly.

And if your symptoms aren't improving—or they're getting worse—that isn't a reason to blame yourself.

It's a reason to reassess.

Progress isn't measured by how hard you try.
It's measured by whether the approach is appropriate for you.

YOUR NEXT STEP

Before opening Chapter 4, choose **one everyday situation** where you would like to feel more prepared.

Circle one:

COUGH

SNEEZE

LAUGH

STAND

LIFT

EXERCISE

Don't practise it aggressively yet.

Just choose it.

Because in the next chapter, we're going to slow everything down and focus on the most important part of the Switch:

"Learning to activate the right muscles—without guessing."

That's where your practical training begins.

CHAPTER 4

Switch On: Learn the Muscle Without Guessing

You now know your pattern.

You know when leakage tends to happen.

You know the situations you most want to feel confident about again.

Now we're ready to work on the **A in P.A.C.E.™: Activate.**

And this is where I want you to slow down.

Because pelvic-floor training isn't a competition.

You don't need to squeeze as hard as possible.

You don't need to do hundreds of repetitions.

And you don't need to feel exhausted afterward.

The goal is control.

A gentle, correctly performed contraction is more useful than a forceful squeeze that recruits every muscle around it.

So let's start by learning what you're actually trying to do.

First, Meet Your Pelvic Floor

Your pelvic floor is a group of muscles and connective tissues at the bottom of your pelvis.

These structures help support pelvic organs and play an important role in bladder and bowel control.

Think of the pelvic floor as part of your body's **support and control system**.

When you're standing, walking, coughing, lifting or exercising, your body is constantly responding to changes in pressure and movement.

The pelvic floor is one part of that system.

But here's an important distinction:

The goal isn't to keep these muscles switched on all day.

Healthy muscle control includes both:

CONTRACTION

and

RELAXATION.

That's why The Leak Switch™ focuses on both.

The First Skill: Finding the Right Muscles

This sounds simple.

But many women aren't completely sure they're contracting their pelvic-floor muscles correctly.

That's nothing to feel embarrassed about.

It's a learned skill.

When you gently contract the pelvic-floor muscles, you may feel a sensation of lifting or tightening around the openings of the pelvis.

You shouldn't need to squeeze your entire body.

You shouldn't need to hold your breath.

And you shouldn't feel like you're performing a maximum-effort exercise.

Think:

Gently lift.

Not:

Squeeze everything.

Your "Wrong Muscle" Checklist

During practice, watch for these common signs.

Are you squeezing your thighs?
If your legs are doing most of the work, pause and reset.

Are you clenching your buttocks?
Your glutes don't need to be doing the exercise for you.

Are you holding your breath?
Take a normal breath and let your shoulders stay relaxed.

Are you pulling your stomach in aggressively?
You don't need to brace your entire abdomen to perform a pelvic-floor contraction.

Are you straining?
If you feel yourself bearing down or pushing rather than gently contracting, stop and reset.

The goal is **specific, controlled movement**.

A Very Important Warning About the Toilet

You may have heard that one way to "find" your pelvic-floor muscles is to stop your urine stream while you're urinating.

Don't turn that into your exercise routine.

Repeatedly interrupting your urine flow isn't recommended as a way to train the pelvic floor.

Instead, identify and practise the muscles **when you are not urinating**.

If you're struggling to identify the correct muscles, ask a qualified healthcare professional for help.

A pelvic-floor physiotherapist can assess your technique and help you understand whether you're contracting and relaxing appropriately.

Your First Switch-On Practice

Find a comfortable position.

You can begin lying down or sitting.

If you're lying down, allow your body to settle.

If you're sitting, place your feet comfortably on the floor.

Now:

STEP 1 — BREATHE
Take a comfortable breath.

Don't hold it.

Let your shoulders soften.

STEP 2 — NOTICE
Bring your attention to the muscles around your pelvic floor.

Don't squeeze yet.

Simply notice the area.

STEP 3 — GENTLY ACTIVATE
Imagine a gentle lifting sensation in the pelvic-floor muscles.

Think **"lift"**, not **"clench."**

Keep the rest of your body relaxed.

STEP 4 — RELEASE
Let the contraction go.

Allow the muscles to relax completely.

STEP 5 — PAUSE
Take another comfortable breath.

Then repeat gently according to your exercise plan.

The Part Many Women Forget

Relaxation.
It's easy to focus entirely on the contraction.
Squeeze.
Hold.
Release.
Then immediately squeeze again.
But the release matters.
Your pelvic-floor muscles need to be able to relax as well as contract.
So during every practice session, pay attention to the difference between:
ON
and
OFF.
That difference is part of what we're training.

The Mirror Test

You don't need a mirror to do your exercises.
But you can use one as a simple awareness tool if you're struggling with technique.
The goal is not to watch the pelvic floor itself.
Instead, notice whether you're visibly tensing other parts of your body.
Ask yourself:
Are my shoulders tense?
Am I gripping my thighs?
Am I clenching my buttocks?
Am I holding my breath?
If the answer is yes, pause.
Take a breath.
Relax.
Try again with less effort.

Remember:
Less effort can sometimes give you more control.

Position Matters

You may find it easier to recognize the contraction in one position than another.
That's okay.
Start where you can feel the movement most clearly.
Then, as your awareness improves, you can gradually practise in other positions.

Level 1 — Lying
A comfortable starting position for learning awareness.

Level 2 — Sitting
Now you're working against gravity while remaining supported.

Level 3 — Standing
This begins to resemble more of the situations you encounter during daily life.
Don't rush through the levels.
Control first. Progress second.

Your Daily Switch Practice

For this program, your goal is consistency rather than intensity.

Create three simple practice moments in your day:

MORNING

☐ Practise

☐ Breathe normally

☐ Focus on gentle activation

☐ Fully relax afterward

MIDDAY

☐ Practise

☐ Check your technique

☐ Avoid unnecessary tension

☐ Fully relax afterward

EVENING

☐ Practise

☐ Notice your control

☐ Finish with relaxation

☐ Record your practice

The exact exercise dosage should follow the individualized guidance appropriate to your symptoms rather than treating one repetition schedule as suitable for everyone.

If you're unsure about the correct routine for you, seek professional guidance.

The "Quality Before Quantity" Rule

Imagine you're learning to play the piano.

Playing the same wrong note 100 times doesn't make the mistake disappear.

It simply gives you more practice at the mistake.

Pelvic-floor exercises are similar.

If you're repeatedly contracting the wrong muscles, holding your breath or straining, doing more repetitions isn't necessarily the answer.

First:
Find it.

Then:
Control it.

Then:
Repeat it consistently.

That's our philosophy.

What Should You Feel?

There isn't one identical sensation every woman will experience.

But a correct, gentle contraction shouldn't feel like an aggressive full-body squeeze.

You may notice a subtle tightening or lifting sensation.

Then, when you release, you should notice the muscles relaxing.

Over time, the movement may become easier to identify.

If you're experiencing pain, significant discomfort, or you're unsure whether you're performing the exercises correctly, stop and seek appropriate professional advice.

What If You Can't Feel Anything?

Don't panic.

You're not failing.

Some women have difficulty identifying their pelvic-floor muscles.

That's exactly why professional assessment can be valuable.

A trained healthcare professional can help you identify the muscles and assess whether you're contracting them appropriately.

The rule is simple:
Confusion is a reason to get guidance—not a reason to squeeze harder.

What If You Feel Too Much Tension?

This is equally important.

More tension isn't automatically better.

If you notice persistent pelvic discomfort, difficulty relaxing the muscles, pain, or other concerning symptoms, don't simply respond by increasing strengthening exercises.

Talk with a qualified healthcare professional.

The right approach depends on what's happening in your body.

Your Switch-On Scorecard

After today's practice, give yourself a simple score.

I could identify the muscles:
1 — Not yet
2 — Barely
3 — Somewhat
4 — Mostly
5 — Clearly
My score: _____

I could relax the muscles afterward:
1 — Not yet
2 — Barely
3 — Somewhat
4 — Mostly
5 — Clearly
My score: _____

I kept my breathing relaxed:
Yes / Mostly / Not yet

I avoided squeezing other muscles:
Yes / Mostly / Not yet

Don't worry about getting a perfect score.

This is simply a baseline.

Your "Switch On" Reminder

Write this somewhere you'll see it:

> **GENTLE. CONTROLLED. RELAXED.**

Not:

Harder. Longer. More.

The Leak Switch™ isn't about turning your pelvic floor into the strongest muscles in your body.
It's about learning how to **recognize, activate and relax** them appropriately.

A Small Practice for Real Life

You don't need to spend your whole day doing exercises.
Instead, connect your practice to an existing habit.
For example:
After brushing your teeth → pelvic-floor practice.
Or:
After your morning tea → pelvic-floor practice.
Or:
Before your evening routine → pelvic-floor practice.
Choose one habit you already have.
Then attach your new habit to it.

My anchor habit:

_____

My practice time:

_____

My reminder:

_____

The easier you make the habit to remember, the more likely you are to practise consistently.

CHAPTER 5

Now Use the Switch When Real Life Happens

You've learned how to find the muscles.
You've practised gently activating them.
You've learned that control isn't about squeezing harder and harder.
Now comes the part that matters most:

Using what you've learned when your body is actually moving.

Because nobody spends their day lying quietly on a bed thinking about their pelvic floor.
You cough.
You sneeze.
You laugh.
You stand up.
You lift a bag of groceries.
You climb stairs.
You exercise.
Life happens quickly.
And sometimes leakage happens in those same quick moments.
That's why the **C in P.A.C.E.™ is Coordinate.**
The goal is to connect your pelvic-floor awareness with the movements and situations you experience in everyday life.
Not perfectly.
Not all at once.
Gradually.

Your Body Works as a Team

Think about what happens when you sneeze.
Your breathing changes.
Your abdominal muscles respond.
Pressure inside your abdomen changes.
Your trunk moves.
And your pelvic floor is part of that larger system.
You don't consciously think:

> **"Now I need to coordinate six different muscles."**

Your body simply responds.
The purpose of your practice is not to turn every movement into a complicated calculation.
Instead, you're developing better awareness of how your pelvic floor can participate in certain movements.

The sequence is simple:

Notice the movement.
↓
Prepare when appropriate.
↓
Move naturally.
↓
Release and relax.
This is coordination.

The Cough Switch

Coughing is one of the classic situations in which some women notice leakage.
If this is one of your triggers, start with practice—not by waiting for a real cough.
Sit or stand comfortably.
Take a normal breath.
Imagine the movement you're preparing for.
Then practise a gentle pelvic-floor contraction immediately before or during the simulated cough movement.
You don't need to squeeze with maximum force.
You don't need to hold your breath.
You don't need to tense your entire body.

Think:
"Prepare, move, release."
Practise gently.
Then relax completely.

The Sneeze Switch

A sneeze can arrive with almost no warning.
That can make it difficult to feel prepared.
If sneezing is one of your triggers, practise the sequence during calm moments.

Step 1
Notice the sensation of preparing to sneeze—or simply imagine it.

Step 2
Gently activate your pelvic floor.

Step 3
Allow your body to sneeze naturally.

Step 4
Relax afterward.
The goal isn't to suppress the sneeze.
It's to practise coordinating your pelvic-floor response with a sudden increase in pressure.
Over time, the sequence can become more familiar.

The Laugh Switch

Nobody plans a good laugh.
That's part of what makes it wonderful.
But if laughing has become something you fear because of leakage, you may find yourself holding back.
Let's change the way you think about it.
You don't need to avoid laughter.
Instead, practise your response.
Sit comfortably.
Think of something that makes you laugh.
As you anticipate the laugh, practise a gentle pelvic-floor contraction.
Then let yourself laugh naturally.
Relax afterward.

You're teaching your body:
"I can respond without panicking."
And just as importantly:

“I don’t have to avoid the things that make me happy.”

The Stand-Up Switch

Sometimes the movement from sitting to standing can bring on leakage.

This is a simple movement to practise because you can repeat it safely at home.

Sit in a stable chair.

Place your feet comfortably.

Before standing, take a relaxed breath.

Gently activate your pelvic floor.

Then stand normally.

Once you’re upright:

Relax.

Don’t keep the muscles clenched.

Repeat according to your practice plan.

Your cue:

Prepare → Stand → Release.

You’re beginning to connect your pelvic-floor control with a real movement.

The Lift Switch

Lifting is another situation in which some women notice leakage.

Maybe it’s a shopping bag.

A laundry basket.

A small child.

A box.

A household item.

Rather than suddenly turning every lifting movement into a complicated exercise, begin with a light, manageable object.

Before the lift:

Position yourself well.

Take a normal breath.

Gently prepare your pelvic floor.

Then lift using a comfortable technique.

After the movement, relax.

Remember:

Don’t hold your breath.

Don’t strain unnecessarily.

Don’t turn the movement into a maximum-effort test.

The purpose is coordination.

The Exercise Switch

This one may be especially important if you’ve stopped exercising because you’re worried about leakage.

Perhaps you used to:

- walk long distances\
- dance\
- do aerobics\
- cycle\
- swim\
- practise yoga\
- attend fitness classes\

- play with your grandchildren

And now you think twice.

The answer isn't necessarily to jump straight back into the activity that makes you most nervous.

Instead, create a progression.

Example:

Short walk

↓

Longer walk

↓

Faster walking

↓

More challenging movement

↓

Return toward your preferred activity

Your progression will depend on your symptoms, fitness level and health.

If exercise consistently causes significant leakage, pain or other concerning symptoms, consider discussing your situation with a qualified healthcare professional or pelvic-floor physiotherapist.

The Three-Part Movement Cue

For the situations you're practising, remember three words:

PREPARE

Get your body ready for the movement.

MOVE

Perform the movement naturally.

RELEASE

Let go of unnecessary tension afterward.

Write this somewhere visible:

PREPARE → MOVE → RELEASE

That's your coordination cue.

Practice One Movement at a Time

You don't need to master coughing, sneezing, laughing, lifting and exercise simultaneously.

Choose **one**.

If coughing is your biggest trigger:

Start with coughing.

If standing is your biggest trigger:

Start there.

If lifting is the problem:

Practise lifting.

Your biggest trigger:

Why I chose it:

How confident do I currently feel?

1 — Very nervous

2 — Somewhat nervous

3 — Neutral

4 — Mostly confident

5 — Very confident

My score: _____

This number isn't a judgment.

It's your starting point.

The Confidence Experiment

Now choose one small version of your movement.

For example:

Instead of:

"I'm going to clean the entire house without leaking."

Try:

"I'm going to lift this light basket carefully."

Instead of:

"I'm going back to the gym."

Try:

"I'm going for a short walk."

Instead of:

"I'm going to travel all day."

Try:

"I'm going to take a short local outing."

Small experiments give you information.

And information gives you confidence.

What If You Leak Anyway?

This may happen.

And if it does, **you haven't failed.**

Read that again.

A leak is information—not a grade.

Ask:

What was I doing?

What happened immediately before?

Did I feel an urge?

Was the movement more intense than my current practice level?

What can I learn from this?

Then record it.

You don't need to criticize yourself.

You don't need to give up.

You don't need to decide that nothing works.

Simply return to your Leak Map™.

Your Body May Need a Different Approach

There's another reason we don't want you blaming yourself.

If you consistently practise appropriate pelvic-floor exercises and your symptoms don't improve, there may be more to investigate.

Pelvic-floor muscle training can be useful for some types of urinary leakage, but it isn't the correct explanation or treatment for every bladder symptom.

You may need an assessment of:

- your pelvic-floor muscle function\
- your bladder symptoms\

- your bowel habits\
- medications\
- other health factors\
- the specific type of leakage you're experiencing

A qualified healthcare professional can help determine what is appropriate for you.

Don't turn lack of improvement into self-blame.
Turn it into a reason to reassess.

Your Real-Life Switch Practice

Choose one everyday activity today.

Activity:

Before you begin, pause.

1. NOTICE
What am I about to do?

2. PREPARE
Can I gently activate without holding my breath or tensing everything else?
Yes / Not sure

3. MOVE
Perform the movement naturally.

4. RELEASE
Can I relax afterward?
Yes / Not sure

5. REFLECT
What did I notice?

That's one successful practice session.

It doesn't matter whether it felt perfect.

You're building familiarity.

Your Coordination Ladder

Once you're comfortable with one movement, you can gradually progress.

LEVEL 1 — STILL
Practise the contraction and relaxation while sitting or lying.

LEVEL 2 — SIMPLE MOVEMENT
Practise standing or walking.

LEVEL 3 — EVERYDAY MOVEMENT
Add lifting, bending or household activities as appropriate.

LEVEL 4 — YOUR TRIGGER
Practise the movement most associated with your leakage.

LEVEL 5 — YOUR LIFE
Gradually return to the activity you've been avoiding.

You don't have to climb the ladder quickly.

The ladder exists to give you somewhere to go—not somewhere to rush.

The Habits That Can Quietly Make Things Harder

We'll look at the everyday habits worth reviewing—and separate useful strategies from the common advice that can leave you more frustrated than helped.

CHAPTER 6

The Habits That Can Quietly Make Things Harder

Sometimes the things affecting your bladder aren't dramatic.

They're ordinary.

A cup of coffee in the morning.

A glass of water you decide not to drink.

A bathroom visit "just in case."

A day when your bowels aren't moving comfortably.

A habit you've had for years without ever connecting it to your bladder.

None of these things automatically means you've caused your symptoms.

And none of them should become another reason to blame yourself.

But once you've started noticing your pattern, it's worth looking at the everyday habits surrounding it.

Because sometimes a small change in your routine can make managing symptoms easier.

The key word is **sometimes**.

There is no single bladder routine that works for every woman.

So rather than giving you a long list of rules, we're going to help you become a better observer of your own body.

Habit #1: Drinking Far Too Little

Let's start with one of the most understandable reactions to leakage:

> **"If I drink less, I'll leak less."**

It sounds logical.

If there is less fluid going in, there should be less urine coming out.

But your body still needs fluids.

Deliberately restricting fluids too much can leave you dehydrated and may make urine more concentrated, which can be uncomfortable for some people.

So please don't turn dehydration into your bladder-management strategy.

Instead, ask:

How much am I drinking?

Am I regularly avoiding fluids because I'm afraid of leaking?

Do I notice any relationship between what I drink and my symptoms?

Am I drinking normally throughout the day?

You don't need to obsessively measure every glass.

Start by noticing.

The "I Don't Drink Before I Go Out" Habit

Maybe you've developed a routine.

Going out at 4 p.m.?

You stop drinking at 1 p.m.

Taking a long journey?

You barely drink beforehand.

Going to church?

You decide you'll "catch up" on water when you get home.

This may feel safer.

But if avoiding fluids has become a regular part of your life, it's worth reconsidering.

Your goal isn't:

"How little can I drink?"

Your goal is:

"How can I stay appropriately hydrated while understanding my bladder?"

If you're unsure about your individual fluid needs—particularly if you have another health condition or have been given specific fluid instructions—follow your healthcare professional's advice.

Habit #2: What About Tea and Coffee?

Let's talk about one of the most common morning routines.

You wake up.

You have your tea or coffee.

Then you notice you're visiting the bathroom more frequently.

Could the drink be part of the pattern?

For some women, caffeine can increase urinary urgency or frequency.

But that doesn't mean every woman needs to eliminate coffee or tea completely.

Don't guess.

Experiment thoughtfully.

If you suspect caffeine may be affecting your symptoms, keep a simple record for several days.

Notice:

What did I drink?

How much?

When?

What happened afterward?

Then compare.

You may discover a relationship.

Or you may discover that the drink wasn't the main issue.

That's useful information too.

The Gentle Caffeine Experiment

If caffeine seems connected with your symptoms, don't necessarily go from several cups a day to zero overnight.

Instead, consider making a gradual change and observing what happens.

For example:

BEFORE

"My symptoms seem worse after my morning coffee."

EXPERIMENT

Reduce or modify your caffeine intake in a sensible way.

OBSERVE

Track your urgency, frequency or leakage.

REVIEW

Did anything change?

This isn't about creating another strict rule.

It's about learning what **your body** responds to.

Habit #3: The "Just In Case" Bathroom Trip

You've probably done this.

You're leaving the house.

You don't really need the bathroom.

But you think:

> **“I’d better go now, just in case.”**

So you go.
Then perhaps you do it again before a meeting.
Again before shopping.
Again before getting into the car.
Again before leaving the restaurant.
It can become automatic.
And once it becomes automatic, you may stop noticing whether you actually needed to go.

So here’s the experiment:
Before your next “just in case” bathroom visit, pause.
Ask:

> **“Do I actually feel that I need to go, or am I going because I’m afraid I might need to later?”**

There isn’t a universal answer to what you should do next.
Bladder-training approaches need to take your symptoms into account.
But simply recognizing the difference between **a genuine urge** and **fear-driven checking** can be valuable.

Habit #4: Ignoring Your Bowel Habits

This one is easy to overlook.
You might be focused entirely on your bladder and forget that your bowel habits are part of the same pelvic region.
Constipation and straining can affect pelvic-floor function and may contribute to bladder symptoms in some people.
So ask yourself:

How are your bowel movements?
☐ Comfortable and regular
☐ Sometimes difficult
☐ Frequently constipated
☐ I regularly strain
☐ I’m not sure
If constipation is a persistent problem, don’t simply ignore it.
Discuss it with a healthcare professional if needed.
And remember:

Your pelvic floor is not only about your bladder.
It’s part of a larger system.

Habit #5: Holding Your Urine for Too Long

Life gets busy.
You may be working.
Cooking.
Driving.
Caring for family.
Running errands.
And sometimes you simply don’t want to stop.
So you hold it.
Occasionally, that’s unavoidable.
But if you’re regularly ignoring strong urges for long periods, it’s worth paying attention to that pattern.
Instead of thinking:

"I should always hold it."

or:

"I should always go immediately."

Start observing.

Ask yourself:

How strong is the urge?

How long has it been since I last urinated?

Am I regularly delaying because I'm busy?

Do I experience pain or difficulty when I try to urinate?

Your answers give you information to discuss with a healthcare professional if needed.

Habit #6: Turning Your Life Into a Bathroom Map

You arrive somewhere new.

First question:

"Where's the bathroom?"

You enter a restaurant.

You check.

You get to church.

You check.

You arrive at a friend's house.

You check.

You may feel safer knowing exactly where it is.

And there's nothing wrong with knowing where a bathroom is.

The problem is when the search becomes the main thing you think about.

You stop enjoying the event because you're constantly calculating:

"What if?"

This is where physical symptoms and confidence can become intertwined.

And that's why our final stage—**Expand**—matters.

We aren't only working on physical skills.

We're gradually reducing the amount of life controlled by fear.

Your Bladder Habits Audit

Now let's look at your routine.

Put a check beside anything that sounds familiar.

FLUIDS

☐ I regularly drink very little because I'm afraid of leaking.

☐ I avoid drinking before leaving home.

☐ I drink large amounts at once because I've avoided fluids earlier.

☐ I haven't paid attention to whether certain drinks affect me.

BATHROOM

☐ I often go "just in case."

☐ I regularly plan activities around toilet access.

☐ I sometimes hold urine for long periods because I'm busy.

☐ I feel anxious when I don't know where the nearest bathroom is.

BOWELS

☐ I often experience constipation.

☐ I regularly strain during bowel movements.

☐ I haven't considered whether my bowel habits relate to my symptoms.

LIFESTYLE

☐ I've stopped exercising because of leakage.

☐ I've reduced social activities.

☐ I've changed my clothing choices.

☐ I've avoided travelling.

☐ I spend a lot of mental energy planning around my bladder.

Don't judge your answers.

This isn't a test.

It's a snapshot.

Choose One Habit to Investigate

Don't try to change everything at once.

Choose **one** habit from your audit.

The habit I want to understand better:

Why I chose it:

What I'll observe:

How long I'll observe it:

That's enough.

You don't need a complete lifestyle overhaul.

What Not to Do

Let's make this very clear.

Don't deliberately dehydrate yourself.
Your body needs appropriate fluids.

Don't stop prescribed medication because you think it affects your bladder.
Speak with the healthcare professional who prescribed it.

Don't assume every bladder symptom is caused by a weak pelvic floor.
There are different causes and patterns.

Don't punish yourself for having symptoms.
Bladder leakage is a health issue.

Don't ignore symptoms that are new, severe, persistent or concerning.
Get appropriate medical advice.

Your Personal Bladder Habits Plan

Complete these five statements.

One drink or beverage I want to observe:

One bathroom habit I want to notice:

One bowel habit I want to pay attention to:

One activity I want to return to:

One small change I can make this week:

Now put the pen down.

You don't need to solve everything today.

CHAPTER 7

Four Weeks to Start Taking Your Confidence Back

You've spent the first part of this guide learning something important:

You don't have to guess.

You can notice your patterns.

You can learn how pelvic-floor activation feels.

You can practise coordination with movement.

You can look at the everyday habits surrounding your bladder symptoms.

Now we're going to put those pieces together.

Welcome to your **28-Day P.A.C.E.™ Plan.**

This isn't a challenge to become perfect.

It isn't a race.

And it isn't a promise that every woman will be completely leak-free in 28 days.

Instead, think of these four weeks as a structured period of **learning, practising and rebuilding confidence**.

Your body may respond differently from someone else's.

That's okay.

Your job is not to rush.
Your job is to show up.

Your 28-Day Roadmap

The plan has four stages:

WEEK 1

PINPOINT

"I know my pattern."

You'll focus on observation and awareness.

WEEK 2

ACTIVATE

"I know how to practise."

You'll focus on pelvic-floor awareness, gentle contraction and relaxation.

WEEK 3

COORDINATE

"I can use what I've learned in real life."

You'll connect your practice with movement.

WEEK 4

EXPAND

"I'm ready to reclaim more of my life."

You'll gradually return to activities you've been avoiding.

Before Day 1

Take a moment to establish your starting point.

You don't need complicated measurements.

Just answer these questions honestly.

How often am I currently bothered by leakage?

☐ Rarely
☐ Occasionally
☐ Several times a week
☐ Most days
☐ I'm not sure

How much does leakage affect my confidence?

1 — Not much
2 — A little
3 — Moderately
4 — Quite a lot
5 — A great deal

My score: _____

How many activities have I changed or avoided because of leakage?

☐ None
☐ One or two
☐ Several
☐ Many

The activity I most want to reclaim is:

_____

Keep these answers.
You will revisit them at the end of the 28 days.

WEEK 1 PINPOINT

"I Know My Pattern."

Your mission this week:
Observe before you change.

You've already started using your Leak Map™.
This week, we're going to become more consistent with it.
You're looking for patterns—not perfection.

DAY 1 Start Where You Are

Today, simply notice.
Record any leakage episode or significant urgency episode.
Write down:

What happened?
What was I doing?
Did I feel an urge beforehand?

☐ Yes ☐ No ☐ Not sure

Don't try to fix anything today.

Today's goal:
Awareness.

DAY 2 Find Your Biggest Trigger

Look back at your recent experiences.

What situation appears most often?

☐ Coughing
☐ Sneezing
☐ Laughing
☐ Lifting
☐ Standing
☐ Exercise
☐ Sudden urgency
☐ Other: _____

Today's goal:
Identify your **number-one pattern**.

DAY 3 Notice Your Habits

Today, pay attention to:

- what you're drinking\
- when you're drinking\
- bathroom visits\
- "just in case" trips\
- bowel habits\
- activities you're avoiding

Don't change everything.

Just observe.

Today's question:
"What habit might be worth investigating?"

DAY 4 Notice Your Body

Today, spend a few quiet moments noticing your pelvic floor.

Don't worry about repetition counts.

Simply ask:

Can I identify a gentle contraction?

Can I feel myself release afterward?

If you're unsure, that's useful information.

It means technique may need more attention.

Today's goal:
Awareness of activation and relaxation.

DAY 5 Notice Your Movement

Choose one everyday movement.

Perhaps:

- standing\
- walking\
- lifting\
- bending

Notice what happens.

Does the movement make you nervous?

Do you automatically tense your whole body?

Do you hold your breath?

Do you notice leakage?
Write down what you discover.

DAY 6 Review Your Map

Look at your Leak Map™.
Circle anything you've noticed more than once.

My repeated pattern:

My most common trigger:

One thing that surprised me:

You are beginning to see your personal pattern.

DAY 7 Your Week-One Check-In

Take a breath.
You've completed your first week.
You haven't been asked to fix everything.
You've been asked to **notice.**

My biggest discovery this week:

My confidence score today:
1 2 3 4 5

One thing I want to learn next week:

WEEK 2 ACTIVATE

"I Know How to Practise."

Now that you've spent a week observing, we're moving into the second stage.
This week is about **practice**.
Remember the principle from Chapter 4:

Gentle. Controlled. Relaxed.
Your goal is not maximum effort.
Your goal is to become more familiar with:
activation → release
and eventually:
activation → movement → release.

DAY 8 Find Your Starting Position

Choose the position where you feel most comfortable.
☐ Lying
☐ Sitting
☐ Standing
Practise your gentle contraction and relaxation according to your exercise guidance.

Focus on:

- normal breathing\
- relaxed shoulders\
- minimal unnecessary tension\
- complete release afterward

Today's goal:
Find control without strain.

DAY 9 Activation and Relaxation

Today, pay equal attention to both parts.

CONTRACT
Gentle activation.

RELEASE
Let the muscles relax.
Don't rush the second part.
Ask:

> **"Can I clearly feel the difference between ON and OFF?"**

If you're uncertain, don't force it.

DAY 10 Technique Check

During today's practice, check:
☐ I'm breathing normally.
☐ I'm not clenching my thighs.
☐ I'm not squeezing my buttocks unnecessarily.
☐ I'm not straining.
☐ I'm allowing the muscles to relax afterward.

Today's reminder:
Quality before quantity.

DAY 11 Make It a Habit

Choose an existing habit as your practice anchor.
For example:
After brushing my teeth.
After breakfast.
After my morning routine.

My anchor:

_____

My practice reminder:

_____

The goal is to make practice easier to remember.

DAY 12 Try a Different Position

If your current practice feels comfortable, try another position.
Move gradually:

lying → sitting → standing

Only progress when you can maintain comfortable control.

My current position:

My next position:

DAY 13 Check Your Breathing

Today, make breathing your main focus.

During practice:

Breathe in.

Breathe normally.

Activate gently.

Release.

If you notice yourself holding your breath, pause and reset.

Today's goal:
Relaxed breathing.

DAY 14 Week-Two Check-In

You've now completed two weeks.

I feel more confident identifying my pelvic-floor muscles:
1 2 3 4 5

I can feel the difference between activation and relaxation:
1 2 3 4 5

One thing that feels easier:

One thing I'm still unsure about:

If you continue to feel unsure about technique, remember:

Professional guidance is available.

You don't need to guess.

WEEK 3 COORDINATE

"I Can Use What I've Learned in Real Life."

This week changes the game.

We're moving from:

practice

to:

practice + movement.

Choose your most relevant trigger.

Maybe it's coughing.

Maybe standing.

Maybe lifting.

Maybe exercise.

You don't need to practise everything.

Choose one:

DAY 15 Prepare

Before your chosen movement, pause.

Notice:

What am I about to do?

Then gently activate your pelvic floor as appropriate.

Don't tense your whole body.

Don't hold your breath.

Today's cue:
PREPARE.

DAY 16 Move

Repeat your chosen movement.

This time focus on performing the movement naturally.

Your pelvic floor is part of the movement—not the entire movement.

Today's cue:
PREPARE → MOVE.

DAY 17 Release

Today, focus on what happens after the movement.

After activating and moving, allow unnecessary tension to disappear.

Today's cue:
PREPARE → MOVE → RELEASE.

This three-part sequence is your core coordination reminder.

DAY 18 Cough or Sneeze Practice

If coughing or sneezing is one of your triggers, practise your coordinated response.

The aim is not to suppress the cough or sneeze.

You're practising awareness around the movement.

If neither is your trigger, continue with your own chosen movement.

My movement:

What I noticed:

DAY 19 Standing and Walking

Practise transitioning from sitting to standing.

Then take a short, comfortable walk.

Notice how your body feels.

Don't spend the entire walk thinking about your pelvic floor.

The goal is to begin making the response more natural.

DAY 20 Everyday Strength

Choose one manageable household activity.

For example:

- carrying a light shopping bag\
- lifting a small laundry basket\
- moving a lightweight household item

Practise:

Prepare → Move → Release.

Don't turn it into a heavy lifting challenge.

DAY 21 Week-Three Review

Look back.

Which movement feels easier?

Which movement still makes me nervous?

My confidence score:
1 2 3 4 5

One movement I want to continue practising:

You're now ready for the final stage.

WEEK 4 EXPAND

"I'm Ready to Reclaim More of My Life."

This week isn't about proving anything.

It's about taking one small piece of your life back.

Remember the activity you wrote down at the beginning?

Find it now.

I want to feel confident doing:

Now we're going to build toward it gradually.

Your Confidence Ladder™

Imagine a staircase.

At the top is the activity you've been avoiding.

But you don't have to jump to the top.

You take one step.

Then another.

Then another.

STEP 1 — EASY
What's the smallest version of the activity?

STEP 2 — A LITTLE MORE
What would be a slightly bigger version?

STEP 3 — MODERATE
What would feel challenging but manageable?

STEP 4 — NEARLY THERE
What's close to the full activity?

STEP 5 — THE GOAL
What's the activity you ultimately want to reclaim?

DAY 22 Step One

Complete the easiest version of your chosen activity.
Keep it manageable.

Before:
Confidence: **1 2 3 4 5**

After:
Confidence: **1 2 3 4 5**

What did I learn?

DAY 23 Repeat

Repeat the same activity.
Sometimes confidence comes from repetition rather than constantly increasing the challenge.

Today's reminder:
You don't have to progress every day.

DAY 24 Step Two

If you're comfortable, move one step higher on your Confidence Ladder™.
If you're not ready, stay where you are.

My activity:

What happened?

DAY 25 Reduce the Fear

Today, notice the thoughts that come before an activity.
Maybe:

> **"What if I leak?"**
> **"What if somebody notices?"**
> **"What if I can't find a bathroom?"**

Don't argue with the thought.
Simply notice it.
Then ask:

"What evidence do I have from my recent practice?"
You're learning to make decisions from information rather than fear.

DAY 26 Your Real-Life Practice

Choose a normal activity.

Go about your day.
Don't make your bladder the centre of attention.
Use what you've learned when appropriate.
Then move on.

Today's goal:
Live first. Monitor second.

DAY 27 Your Confidence Test

Think back to Day 1.

Before the program, my confidence was:
1 2 3 4 5

Today, my confidence is:
1 2 3 4 5

The biggest difference I notice is:

It may be physical.
It may be emotional.
It may be practical.
It may simply be that you understand your symptoms better.
All of those are worth noticing.

DAY 28 YOU MADE IT

Take a moment.
Four weeks ago, you may have felt confused.
Embarrassed.
Frustrated.
Or simply tired of planning your life around your bladder.
Today, you have something you didn't have before:

A clearer understanding of your pattern.

A framework for practising pelvic-floor control.

A way to connect practice with movement.

A plan for gradually rebuilding confidence.
That's worth celebrating.

Your 28-Day Review

Now return to the answers you wrote on Day 1.

How often am I currently bothered by leakage?
☐ Rarely
☐ Occasionally
☐ Several times a week
☐ Most days
☐ I'm not sure

How much does leakage affect my confidence now?
1 2 3 4 5

How many activities am I avoiding because of leakage?

☐ None

☐ One or two

☐ Several

☐ Many

What has changed?

What hasn't changed yet?

What do I want to work on next?

Don't Expect a Straight Line

Progress rarely looks like this:

Day 1 → Day 28 → Perfect.

It may look more like:

Better → difficult day → better → small setback → better again.

That's normal.

A single leak doesn't erase your progress.

A difficult week doesn't mean you've failed.

And improvement isn't always immediate.

If symptoms aren't improving, are worsening, or continue to interfere significantly with your life, that is useful information to take to a healthcare professional.

The goal is not perfection.

The goal is progress, understanding and appropriate care.

Your P.A.C.E.™ Promise to Yourself

Complete this sentence:

"From today, I will..."

Maybe your answer is:

"...pay more attention to my body."

Or:

"...stop being ashamed to talk about my symptoms."

Or:

"...make time for my practice."

Or:

"...go back to walking with my friends."

Or simply:

"...ask for help when I need it."

Whatever you write, make it yours.

You Are Not Going Back to Day 1

You may still experience leakage.

You may still have questions.

You may still need professional support.

That's okay.

The purpose of these 28 days wasn't to make you afraid of another leak.

It was to give you a better way to respond when one happens.

You now know to:

PINPOINT the pattern.

ACTIVATE with control.
COORDINATE with movement.
EXPAND your life gradually.
That's P.A.C.E.™
And that's the skill set you carry forward.

CHAPTER 8

Keep the Switch Working Without Thinking About It All Day

You made it through 28 days.
You observed your patterns.
You practised activation.
You worked on coordination.
You started rebuilding confidence.
Now comes the question many women forget to ask:

"What do I do from here?"

Because the last thing we want is for bladder control to become another full-time job.
You don't need to spend the rest of your life counting contractions.
You don't need to constantly monitor your bladder.
And you certainly don't need to organize your entire day around avoiding leaks.

The goal is to take what you've learned and make it sustainable.
Simple.
Practical.
Flexible.
And realistic enough to fit into an actual life.

Your 28 Days Were a Beginning, Not an Ending

Think back to where you started.
Maybe you weren't sure what was triggering your leakage.
Maybe you weren't confident you were using the right muscles.
Maybe you had stopped exercising.
Maybe you were planning every outing around bathrooms.
Maybe you simply wanted to feel like yourself again.
Whatever brought you here, you've now built a foundation.
But pelvic-floor training isn't a one-time project.
Like many physical skills, it can benefit from ongoing practice.
The difference is that your routine doesn't have to dominate your life.

You're moving from:
TRAINING MODE
to
MAINTENANCE MODE.

Your Maintenance Routine

Your long-term routine should be something you can realistically maintain.
That means you don't need to copy someone else's schedule.
Instead, build your routine around three elements:

1. PRACTISE

Continue appropriate pelvic-floor exercises according to the guidance you've been given.
Focus on:
gentle contraction
↓
controlled release
The exact frequency and dosage should be appropriate for you.
If you're unsure, a pelvic-floor physiotherapist or other qualified healthcare professional can help tailor the program.

2. COORDINATE

Continue using your awareness during relevant everyday movements.

You don't need to consciously think about your pelvic floor during every activity.

Instead, remember your cue when appropriate:

PREPARE → MOVE → RELEASE

Use it particularly around the situations you've identified as triggers.

3. EXPAND

Keep doing things.

Walk.

Socialize.

Exercise appropriately.

Travel.

Laugh.

Go out.

Live.

Your progress shouldn't become another reason to stay home.

The purpose of the training is to support your life—not replace it.

Your 5-Minute Reset

On busy days, you may not have much time.

That's okay.

Create a short reset that reminds you of the skills you've learned.

MINUTE 1

Settle your breathing.

Relax your shoulders.

Notice your body.

MINUTES 2–3

Practise appropriate pelvic-floor activation and relaxation.

Focus on quality.

MINUTE 4

Think about one movement or trigger you've been working on.

Visualize:

Prepare → Move → Release.

MINUTE 5

Ask yourself:

> **"What is one thing I can do today without letting fear of leakage decide for me?"**

Then go do it.

That's your reset.

You Don't Have to Start Over

Suppose you have a difficult week.

You get busy.

You miss several practice sessions.

Then you experience leakage again.

It's tempting to think:

> **“I’ve ruined everything.”**

You haven’t.
You simply had a break in your routine.
Don’t respond by doing an enormous workout.
Don’t punish yourself.
Don’t decide the entire program failed.

Just return to the basics.
Pinpoint.
What’s happening?
Activate.
Can I practise appropriate control?
Coordinate.
Can I connect it with movement?
Expand.
What’s one small activity I can continue?
That’s P.A.C.E.™
You can return to it whenever you need to.

Your Monthly Check-In

Once a month, take five minutes.
Ask yourself:

SYMPTOMS
Have my symptoms changed?

TRIGGERS
Are my main triggers still the same?

CONFIDENCE
How confident do I feel?
1 2 3 4 5

ACTIVITY
What am I doing now that I wasn’t doing before?

NEXT STEP
What needs more attention?
That’s enough.
You don’t need to track every bathroom visit forever.
The purpose of tracking is to help you notice meaningful changes—not create anxiety.

Your “Life Is Bigger Than Leakage” List

This might be the most important exercise in the entire guide.
Write down five things you want your life to contain more of.
Not exercises.
Not bladder goals.
Life goals.

1.

2.

3.

4.

5.

Maybe you want:

More walks.

More travel.

More time with friends.

More dancing.

More confidence.

More spontaneity.

More intimacy.

More laughter.

More freedom.

Whatever your answers are, keep them.

Because these are the reasons you're doing the work.

What If I'm Still Leaking?

This is an important question.

You may complete the 28-day program and still experience leakage.

That does not automatically mean you did something wrong.

There are different types and causes of urinary incontinence, and pelvic-floor muscle exercises aren't a universal solution for every person or every bladder symptom.

If symptoms continue, worsen, or significantly affect your quality of life, it's appropriate to speak with a healthcare professional.

You may benefit from a more individualized assessment.

That could include discussion of:

- the type of leakage you're experiencing\
- urinary urgency and frequency\
- pelvic-floor muscle function\
- bowel habits\
- medications\
- other health factors\
- previous pregnancies or pelvic procedures\
- lifestyle factors\
- other possible causes

Don't assume you simply need to "try harder."
Sometimes you need a different strategy.

When You Should Get Checked

Please don't rely on a self-guided program when symptoms suggest you need medical evaluation.

Seek appropriate medical advice if you experience symptoms such as:

- blood in your urine\
- painful urination\
- difficulty starting or maintaining urination\
- inability to empty your bladder\

- significant or persistent pelvic pain\
- recurrent urinary infections\
- new symptoms that are severe or rapidly worsening\
- leakage that is significantly interfering with your daily life

And if you're worried about a symptom, it's okay to ask.

You don't have to earn the right to seek medical care.

How to Talk to Your Healthcare Professional

Sometimes the hardest part isn't making the appointment.
It's knowing what to say.
You don't need medical terminology.
You can simply say:

> **"I've been experiencing urine leakage and I'd like to understand what's causing it."**

Then describe your pattern.
For example:

> **"It usually happens when I cough or exercise."**

Or:

> **"I sometimes get a sudden urge and can't reach the bathroom in time."**

Or:

> **"I'm leaking during both activity and urgency."**

You can also bring your Leak Map™.
That's useful information.

Don't minimize it because you're embarrassed.
Healthcare professionals hear these symptoms regularly.

Questions You Can Take to an Appointment

Save this page.
You can even take a photo of it.

Ask:
"What type of urinary leakage might this be?"
"Should I have an assessment of my pelvic-floor muscles?"
"Am I doing pelvic-floor exercises correctly?"
"Would pelvic-floor physiotherapy be appropriate for me?"
"Are any of my medications or other health factors relevant?"
"What should I do if the exercises aren't helping?"
"Are there any symptoms I should watch for?"
You don't have to ask every question.
Choose the ones that matter to you.

The Confidence Rule

Here's one final rule to carry forward:

Don’t wait for 100% certainty before living your life.

You may still wonder:

> **“What if I leak?”**

That’s okay.

Confidence doesn’t mean you know nothing uncomfortable will ever happen.

Confidence means:

> **“If something happens, I know what to do next.”**

That is a very different feeling.

You don’t need perfect control to start reclaiming your life.

You need enough knowledge to take the next reasonable step.

Your Personal P.A.C.E. Plan

Complete this page and keep it somewhere accessible.

PINPOINT

My main trigger is:

The pattern I want to keep watching is:

ACTIVATE

My preferred practice time is:

My practice anchor is:

COORDINATE

The movement I want to stay comfortable with is:

My cue:
PREPARE → MOVE → RELEASE

EXPAND

The activity I want to keep doing is:

My next small step is:

Your Emergency Reset

Not an emergency medical procedure.

A **mental reset**.

For the days when you feel frustrated.

When you’ve had a leak.

When you skipped your exercises.

When you’re tempted to stop trying.

Pause.

Take a breath.

Then remember:

1. I am not my symptoms.

2. A difficult day doesn't erase my progress.

3. I can learn from what happened.

4. I can take one small step next.

5. I can ask for help if I need it.

That's enough.

You Don't Need to Be Ashamed

Let's end with something that should have been said at the beginning.

Urinary leakage is common.

But common doesn't mean you have to quietly tolerate it.

You don't need to laugh it off.

You don't need to hide it.

You don't need to stop exercising.

You don't need to stop travelling.

You don't need to believe that leakage is simply something you must accept because you're getting older.

And you don't need to feel broken.

Your body deserves attention, not shame.

There may be things you can do.

There may be things you need help with.

And there may be things that take time.

All three can be true.

The Leak Switch™ Final Reminder

If you remember only one page from this entire guide, make it this one.

PINPOINT

Know your pattern.

ACTIVATE

Learn controlled pelvic-floor contraction and relaxation.

COORDINATE

Connect your control with movement.

EXPAND

Gradually reclaim your activities and confidence.

And throughout the process:

Don’t chase perfection.

Don’t punish yourself.

Don’t ignore concerning symptoms.

Don’t be afraid to ask for help.

A Letter to Your Future Self

Before you close this guide, write a short note to yourself.
Don’t write what you think you should say.
Write what you genuinely want to remember.
Start here:

> **Dear Me,**
>
> **I started The Leak Switch™ because...**
>
> **The thing I most want to remember is...**
>
> **When I have a difficult day, I want to remember...**
>
> **One thing I want to give myself permission to do again is...**
>
> **I’m proud of myself for...**
>
> **Love,**

Keep it.
Read it when you need it.

YOU’VE FINISHED THE LEAK SWITCH™

But more importantly:

You’ve started learning how to listen to your body without letting fear run your life.

You know your patterns.
You have a framework.
You have practical tools.
And you know that asking for professional help isn’t failure.
It’s part of taking care of yourself.
So take what you’ve learned.
Keep the practices that work for you.
Adjust when you need to.
Seek help when you need it.
And keep expanding your life.
Because the ultimate goal was never to spend your days thinking about your bladder.

It was to think about your life again.

THE LEAK SWITCH™

Your Quick-Reference Card

WHEN YOU NEED A REMINDER:
PINPOINT\ What’s happening?
ACTIVATE\ Can I gently engage and relax?
COORDINATE\ Can I prepare for the movement?
EXPAND\ What’s one small thing I can do today?

YOUR MOVEMENT CUE:

PREPARE → MOVE → RELEASE

YOUR MINDSET:

Gentle.

Consistent.

Patient.

Curious.

No shame.

And remember:

You don't have to wait until your body feels perfect to start living fully.

Start where you are.

Take the next step.

Keep going.