

Background

Pelvic floor disease (PFD) can affect up to 50% of childbearing women¹ and women who have babies via spontaneous vaginal delivery are more likely to develop PFDs later in life. It is important to implement preventative measures, such as pelvic floor physical therapy (PFPT) in the postpartum period to reduce the risk of PFD later in life. PFD includes pelvic organ prolapse (POP), cystocele, rectocele, urinary incontinence and fecal incontinence.

Purpose of Research

The purpose of the research and analysis is to compare the effectiveness of pelvic floor physical therapy to no pelvic floor physical therapy in preventing pelvic floor diseases in postpartum women.

PICOT

In postpartum women, does pelvic floor physical therapy result in fewer pelvic floor related disorders when compared with no pelvic floor therapy?

Design & Methods

•**Keywords:** pelvic floor physical therapy, pelvic floor disorder, pelvic floor disease, postpartum women

•**Inclusion:** any postpartum women, nulliparous or multiparous, published within the last 5 years and in the English language

•**Exclusion:** male based pelvic floor therapy or nulliparous women

No age or race exclusions were made.

Database	Yielded	Reviewed	Included in Analysis
PubMed	16	14	8
Cochrane	10	10	1
Ebsco Host	991	20	4
Total:	1,017	43	13

Synthesis of Evidence

Level of Evidence	Included in Analysis
Meta analysis	2
Randomized Control Trials	5
Other	6
Total	13

Results:

Urinary Incontinence:

- PFPT with an assistive device improved stress urinary incontinence from 41.2% to 11.8%, and reduced urine leakage from from 23.5% to 5.9%²
- PFPT versus watchful waiting showed significant reduction in urinary incontinence in women receiving structure PFPT compared with watchful waiting³
- Women randomized to PFPT were about 22% less likely to have urinary incontinence after treatment compared to control groups 6-12 months post delivery⁴

Pelvic Organ Prolapse:

- In combined information from 6 studies with over 1200 participants, those who completed structured PFPT indicated a reduction in prolapse within 12 months postpartum compared to those who underwent watchful waiting³

Fecal Incontinence:

- Patients who had a 3rd to 4th degree perineal tear were enrolled in a 12-week therapy, 1-hour weekly session of PFPT and 72.2% reported feeling better compared to only 50.0% of the control group⁵
- After 12 weeks of therapy, patient self reporting indicated a 22.2% difference between the control and intervention group⁵

Best Practice

Since the evidence points to PFPT decreasing the incidence and impact of PFD, PFPT should be implemented in postpartum women who have a vaginal delivery. Even if there are no complications in delivery, loosening of the ligaments and muscles during pregnancy, labor and delivery can lead to PFD and can be prevented by implementing PFPT in the postpartum period.

Limitations & Further Study

Limitations include lack of studies on pelvic floor physical therapy and its benefits. Additionally, many symptoms' measurements are self reporting and progress is qualitative rather than quantitative. Self reporting by patients can lead to under reporting or over reporting of symptoms or improvement of symptoms. More studies should be done to address the benefit of PFPT in postpartum, antepartum and intrapartum women.

Conclusion

While there are some gaps in literature, PFPT has many benefits for postpartum women and rebuilding the strength of their pelvic floor. With implementing PFPT, the incidence of PFD will decrease as women age. Women should undergo structured PFPT with supervision before doing it on their own. This ensures that patients are doing the proper exercises and engaging the correct muscles. Implementing PFPT decreases the need later in life for pessaries, medications, and even surgeries to fix PFDs.

References

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