

S. Billecocq, Maternity unit, Hôpital Paris Saint Joseph
H. Busche, Centre hospitalier universitaire de Nîmes
F. Éboué, Maternity unit, Hôpital Paris Saint Joseph

Hypothesis / aims of study

A recent study showed that perinatal women's knowledge of obstetric pelvic floor disorders (PFDs), their risk factors and preventive measures is limited [1,2], suggesting that they are unable to take care of themselves and are fatalistic when faced with their symptoms [1].

Furthermore, adherence to preventive measures is dependent on knowledge of obstetric PFDs. None studies addressed, in their questionnaires, all of the different themes of information on obstetric PFDs.

Our first aim was to study the knowledge of postpartum women in an obstetric department about obstetric PFDs, taking into account the anatomy and function of pelvic floor muscles, obstetric PFDs, the means of preventing or treating them.

Our secondary aims were to study whether the desire for information varies according to the presence of some obstetric PFD's symptoms, to describe the topics relating to obstetric PFDs discussed by healthcare professionals during pregnancy, to determine the sources and format of the information received during pregnancy.

Study design, materials and methods

This study was a prospective, monocentric cohort survey of 251 adult women whose infants were in good health and were recruited during their stay in the maternity suite between June 2021 and June 2022. Participants were recruited on the basis of medical records and information obtained from midwives. The midwives informed the operator of the women's emotional state (fatigue, traumatic birth, etc.), so that he could go to the right time slot or return to the rooms the next day.

Data were collected using a self-administered questionnaire specific to the study, inspired by the validated PIKQ questionnaire and questionnaires found in the literature.

The questionnaire was reread, reviewed and discussed by a multidisciplinary pelvi-perineology team and tested on 10 participants.

The final questionnaire comprises of 5 sections ie, "Your knowledge", "Information and pregnancies", "Your sources of information", "Current symptoms", and "Desired format".

The presence of symptoms was collected using data from the department follow up.

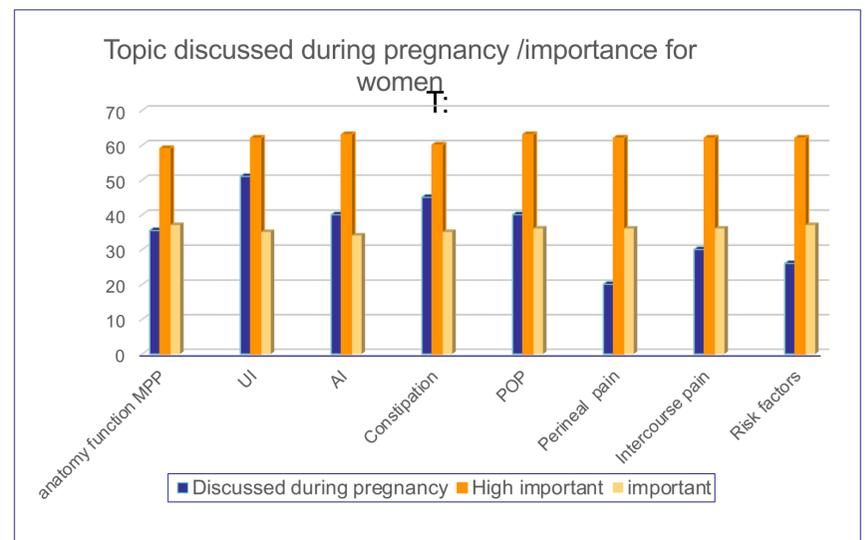
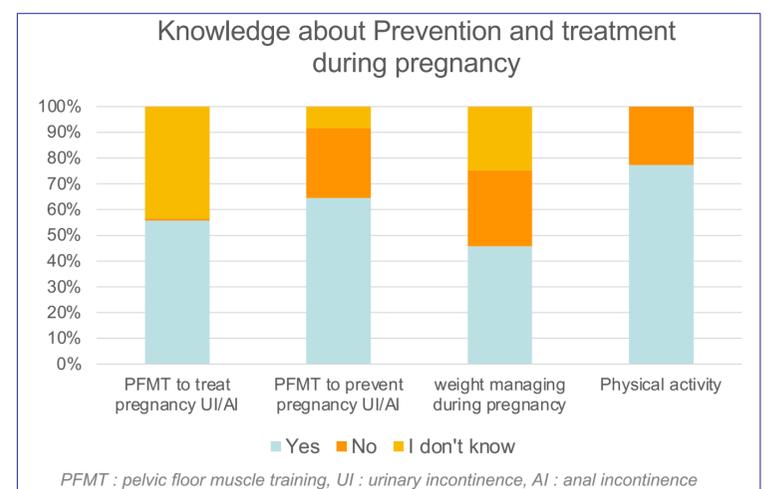
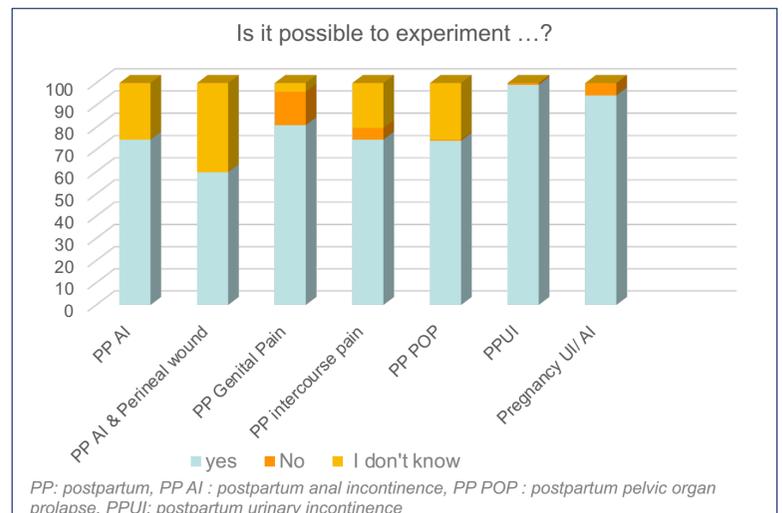
The knowledge score was determined by the number of correct answers obtained, 1 point per correct answer, 0 for wrong answers and 0.5 for "I don't know", giving a score out of 21. The "I don't know" answers were counted along with the "wrong" answers, for certain questions when their number was less than 4%.

For the information score, the score was determined from the 2 questions "On which topics would you have liked more information during your pregnancy?" and "Please tell us if, for the following topics, you looked for information by yourself", giving a total score out of 14.

A comparison was made between symptomatic and non-symptomatic women to determine whether having symptoms led to a greater desire for information.

Results and interpretation

Knowledge score (/21)	Total (n= 251)	No symptoms (n= 112)	At least 1 symptom (n= 139)	P
Mean (SD)	14.25 (2.54)	14.06 (2.74)	14.40 (2.37)	0.30



Reported information providers	Preferred format		
Midwives	33 %	App	87 %
Gynecologists	22 %	video	40 %
General practitioners	22 %	information booklet	37 %
Physiotherapists	23 %	workshop	32 %

➤ 72% required information during the 1st trimester of pregnancy

Conclusions

The level of knowledge about obstetric PFDs was satisfactory.

However, women's education about the risk factors and the preventative measures for the occurrence obstetric PFDs was incomplete.

Health professionals were a poor source of information; only the midwife was identified as such.

References

O'Neil AT, Hockey J, O'Brien P, et al. Knowledge of pelvic floor problems: a study of third trimester, primiparous women. *Int Urogynecol J.* 2017;28:125–9.

McLennan MT, Melick CF, Alten B, Young J, Hoehn MR. Patients' knowledge of potential pelvic floor changes associated with pregnancy and delivery. *Int Urogynecol J.* 2006;17:22–6.