



BACKGROUND

There is a need for a concise, evidence-based questionnaire to allow ante- and postnatal women to signal bothersome symptoms of bladder or bowel dysfunction including incontinence, vaginal prolapse or problems with sex.

Although many questionnaires have been developed to assess pelvic floor dysfunction (PFD), no self-assessment questionnaire in English exists that is validated for the comprehensive assessment of ante- and postnatal PFD ¹.

The development of the new Perinatal Pelvic Health Self-Assessment Questionnaire (PPHSAQ) will enable women to report their symptoms before and after the birth of their baby, to allow early identification of pelvic floor dysfunction symptoms and ensure rapid referral for treatment.

STUDY METHODS

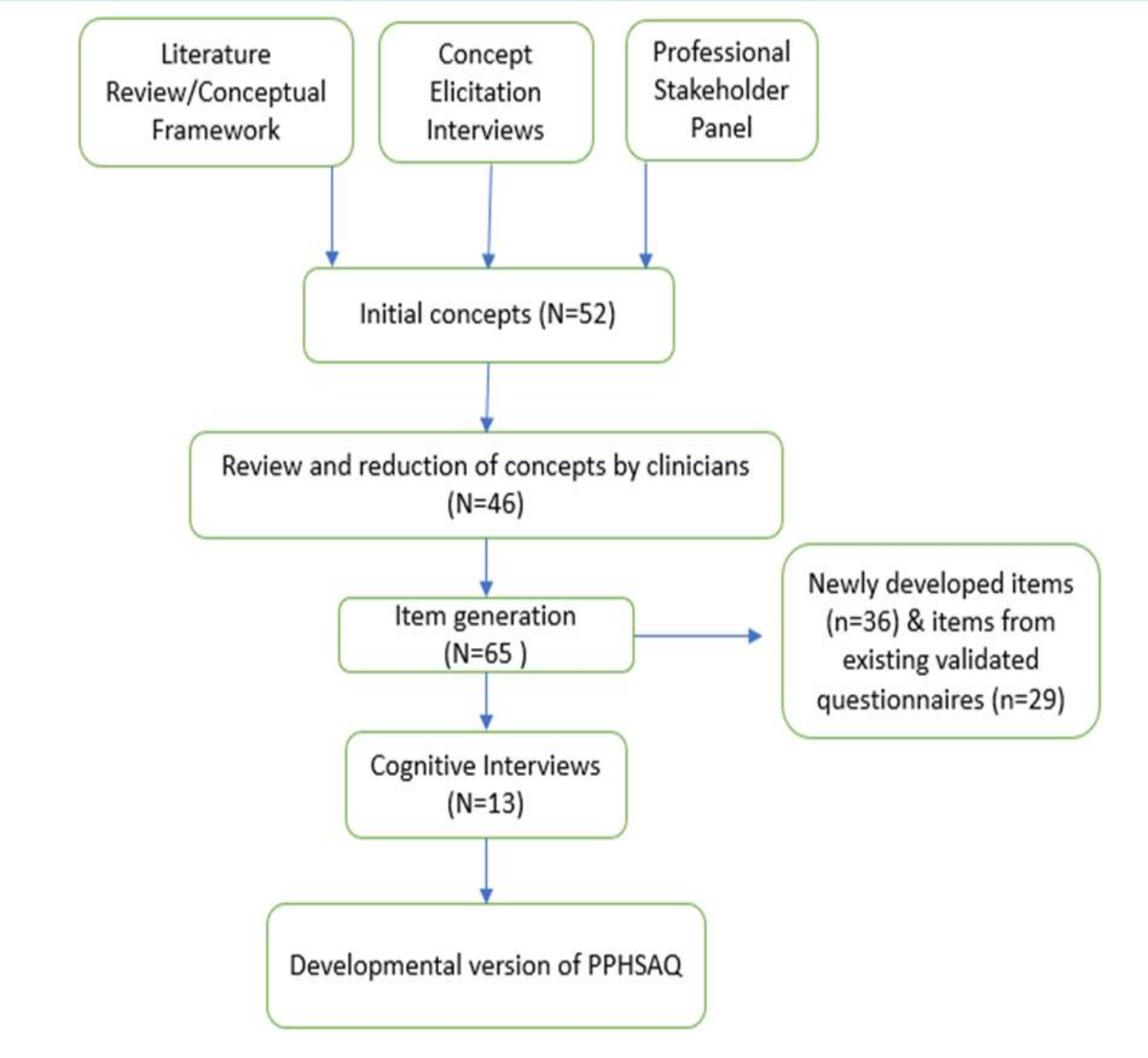
Literature review: A literature review mapped existing literature about perinatal women’s experiences of PFD symptoms and existing self-assessment questionnaires and underpinned the conceptual framework.

Concept elicitation interviews: Semi-structured interviews to identify concepts of greatest importance to perinatal women experiencing PFD symptoms. Conducted in NHS Trusts in England using MS Teams or by telephone. Thematic Analysis was employed.²

Delphi panel: Multidisciplinary professional stakeholders (including nurses/midwives, senior clinicians and allied health professionals) to prioritise concepts deemed essential for comprehensive assessment of perinatal PFD for inclusion in the PPHSAQ. An online three-round Delphi survey was used to reach consensus.

Cognitive interviews: Cognitive interviews³ to evaluate aspects of the questionnaire such as comprehension of questions and response options within the target population. Iterative revisions were made to the questionnaire over three consecutive rounds until no further changes were necessary.

Figure 1: Key developmental stages of PPHSAQ



RESULTS

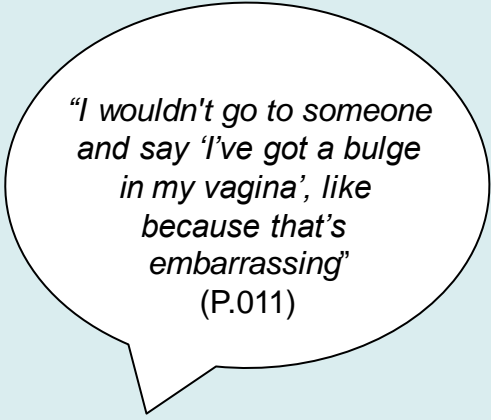
Concept Elicitation Interviews (N=27)

Most bothersome PFD symptoms:

Urinary Incontinence (n=10, 37%),

Pelvic Organ Prolapse (n=9, 33%).

Themes identified: ‘Strategies to adapt to the physical impact, and cope with the emotional impact of PFD symptoms’; ‘Factors that underpinned women’s help-seeking behaviour’; ‘Unmet expectations of perinatal care’; ‘Importance of timely referral and personalised care.’



Delphi Panel (N=56)

Round 1: Participants (n=38)

Round 2: Participants (n=24)

Round 3: Participants (n=21)

Concepts accepted for inclusion (n=52)



Cognitive Interviews (N=13)

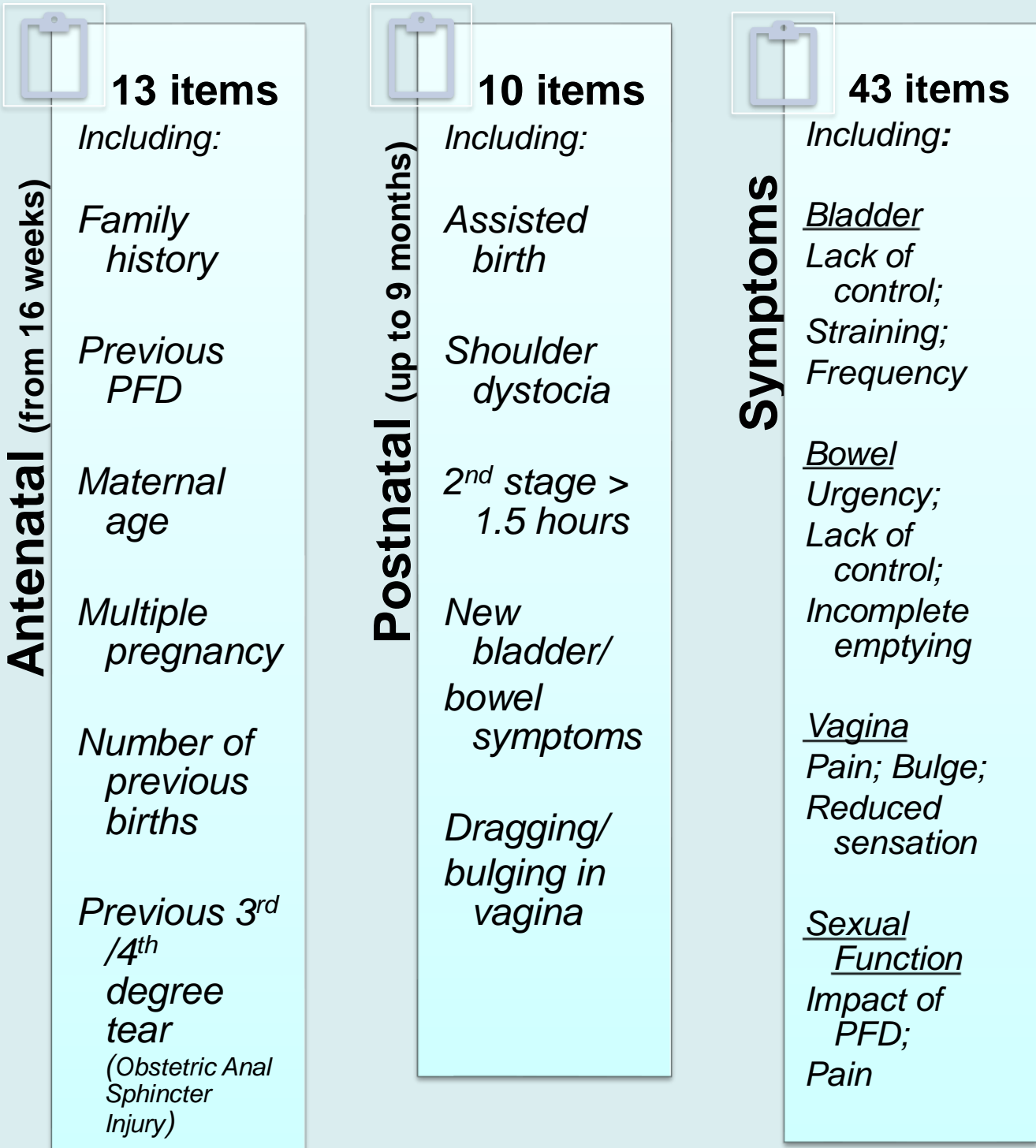
Round 1: Modifications made to six items

Round 2: Modifications made to six items

Round 3: Modifications made to one item



Figure 2: Questionnaire Items



CONCLUSIONS AND NEXT STEPS

PFD symptoms have negative physical and psychological consequences for women, and experiences of timely referral for clinical care are often suboptimal.

Concept elicitation interviews, and cognitive interviews in the target population resulted in a questionnaire with clinical relevance, comprehensiveness and content validity.

NEXT STEPS

Quantitative testing of the questionnaire in a large sample of perinatal women will enable evaluation of its psychometric properties and the derivation of a suitable scoring system.

References

1) Gray, T. G., Vickers, H., Krishnaswamy, P., & Jha, S. (2021). A systematic review of English language patient-reported outcome measures for use in urogynaecology and female pelvic Medicine. *International Urogynaecology Journal*, 32(8), 2033-2092.
2) Braun, V. and Clarke, V., 2006. Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), pp77-101.
3) Willis GB. Cognitive Interviewing: A Tool for Improving Questionnaire Design. SAGE Publications, 2004