

Prolapse education matters, but social, cultural and structural factors also influence women's experiences.

A Systematic Review of Prolapse Knowledge, Attitudes and Practices (KAPs) in Pregnant and Parous Women of Reproductive Age

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BACKGROUND & AIM:

Pelvic organ prolapse (POP) can affect women during pregnancy and following childbirth, yet their awareness of the condition, its symptoms and management remains limited. Women may also experience stigma, uncertainty and barriers to accessing appropriate information and care.

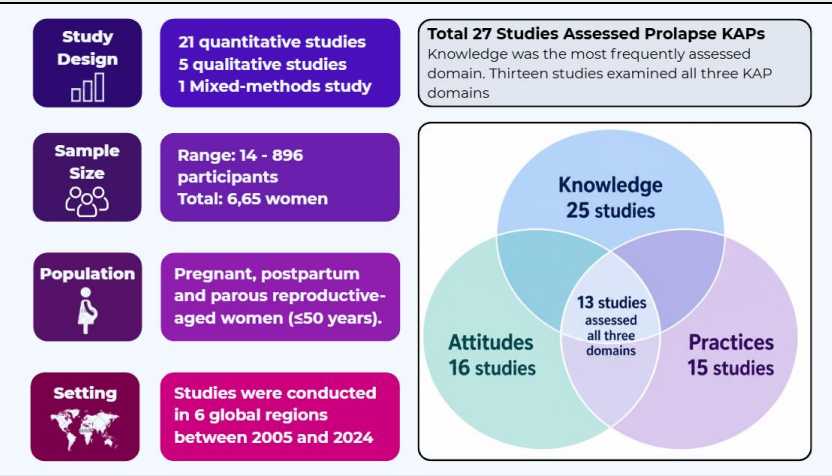
This review aimed to synthesise evidence on pregnant and parous reproductive-aged women's prolapse knowledge, attitudes and practices (KAPs), and explore the wider sociocultural and structural factors influencing these domains.

METHODS:

Systematic review and framework synthesis using the KAP framework. Conducted according to PRISMA guidelines and registered with PROSPERO (CRD42024558655).

- **Search strategy:** MEDLINE, CINAHL, PsycINFO and Cochrane Library searched from inception to June 2024.
- **Eligibility criteria:** Peer-reviewed studies reporting prolapse-related KAPs in pregnant or parous women aged ≤50 years, using quantitative, qualitative or mixed-methods designs.
- **Synthesis:** Quantitative and qualitative findings were integrated across KAP domains and interpreted alongside wider social, cultural and structural influences.
- **Methodological quality:** Assessed using the Mixed Methods Appraisal Tool (MMAT).

RESULTS: 27 INCLUDED STUDIES



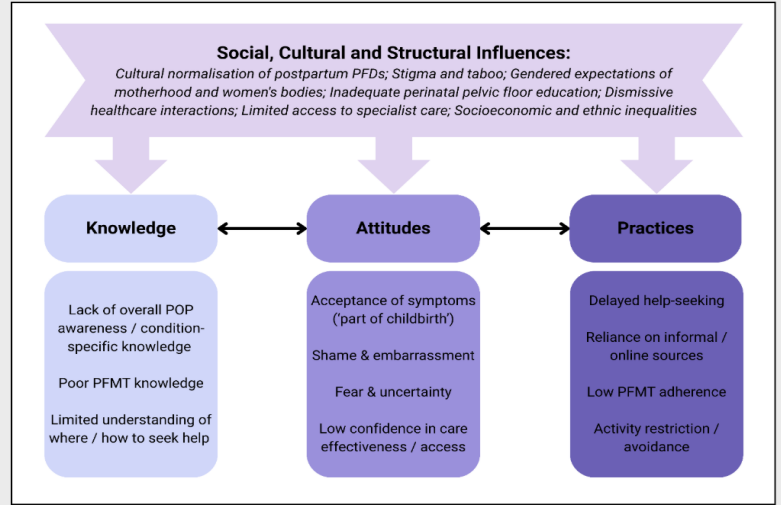
RESULTS: KNOWLEDGE, ATTITUDES & PRACTICES

- **KNOWLEDGE:** Consistently low across studies, incl. of symptoms, causes, diagnosis, treatment and PFMT. Most women received little/no antenatal pelvic floor education. Educational interventions improved understanding and confidence.
- **ATTITUDES:** Symptoms are often normalised after childbirth. Shame, fear, uncertainty and negative healthcare experiences affected attitudes towards condition and motivation to seek help.
- **PRACTICES:** Help-seeking and treatment adherence (incl. PFMT) were sub-optimal. Knowledge and positive attitudes did not always translate into action.

WHY MIGHT THESE PATTERNS OCCUR?

Authors of the included studies linked their KAP findings to wider sociocultural and structural influences, including:

- **Social & gendered norms** – stigma, symptom normalisation and expectations of motherhood (e.g. caregiving demands).
- **Healthcare systems** – inconsistent education, dismissive care experiences, unclear pathways and access barriers.
- **Socioeconomic inequalities** – differences in access to information, services and support.



CONCEPTUAL MODEL: Younger women's KAPs are interconnected, rather than linear; Wider contextual factors affect symptom recognition, help-seeking and access to reliable information and appropriate care.

CLINICAL IMPLICATIONS:

Pregnancy and postnatal care provide important opportunities for pelvic floor education. However, improving outcomes also requires clearer care pathways and responsive services tailored to overcome inequalities in access to care