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IMPLEMENTATION OF A PROTOCOL TO GUIDE OBSTETRICIANS ON THE NEED TO REFER OBSTETRIC PATIENTS TO PHYSIOTHERAPY

Hypothesis / aims of study: There are many studies that show the relevance of obstetric physical therapy in pregnant women for the prevention of pelvic floor dysfunction. According to a systematic review by Smith et al 2009, primiparous continent should conduct a training program of pelvic floor muscles before delivery to prevent urinary incontinence during pregnancy and after childbirth. However, obstetrical services in Brazil usually have no specific obstetric physiotherapy departments directed to the care of the pelvic floor. This study aimed to develop a protocol to be implemented by health professionals in a private hospital quaternary Brazilian in order to educate them about the need to refer the pregnant and postpartum women for physical therapists. In order for the implementation of the Protocol were justified an evaluation was made of the pressure and muscle strength of the pelvic floor of a small group of primigravidae.

Study design, materials and methods: From March 2012 to August 2012, 16 women in their first pregnancy were subjected to evaluation of force and contraction pressure of the pelvic floor muscles measured by Peritron ® perineometer, CardioDesign, Australia) or Modified Oxford Scale. The results of this clinical evaluation will be cited to illustrate the relevance of the proposed protocol. Professionals reviewed the current literature on risk factors for pelvic floor dysfunction.

Results:
Observed that 100% of 16 patients evaluated had a degree of force by Oxford scale smaller than 2 and less than 35cmH2O pressure for contraction of the pelvic floor muscles in Peritron ® , 9 (56.3%) women had deficiency control and coordination muscles of the pelvic floor and 3 (18.7%) women had to urinary loss efforts. The protocol was developed by a team of obstetricians, urologists, gynecologists and physiotherapists. The following factors were included : the presence and history of symptoms of PF dysfunction , according to the ICS definition , PF muscle tightening pressure < 35.5 cmH20 (measured by Peritron ® perineometer , CardioDesign , Australia) or Modified Oxford Scale degree < 2 , obesity (body mass index> 30kg/m2 mass) , the excessive weight gain during pregnancy , birth weight > 4000g , instrumental delivery , perineal trauma (episiotomy or spontaneous laceration requiring suturing) and expulsion prolonged period (> 2 hours) . Based on this, the need to refer the patient to the therapist was classified into three categories : optimum , desirable and imperative .

Interpretation of results:
The prevalence of pelvic floor dysfunction during the first pregnancy is significant with 15 to 30% of urinary incontinence, 7 to 8% of anal incontinence, and 22 to 28% of sexual dysfunction (Liang et al, 2013). The main risk factors established in the current literature are primaparidade, instrumental delivery, and episiotomy and head circumference above 35 cm. In this study, we showed for the assessment of pelvic floor of the women that there is a significant deficit of force pressure during pregnancy, this loss can be due to hormonal and overload pelvic floor by the progressive increase in intra-abdominal pressure. The developed protocol is shown in Figure 1. The need to refer to pregnant women physiotherapy services is described for each time (before, during or after pregnancy). In imperious category the presence of a single factor is sufficient to characterize the need for referral.

Concluding message:
Baracho and Cols. on a study conducted in 2012 with Brazilian pregnant women showed that women with Oxford score < 2 or contraction pressure < 35cmH2O (Peritron) have a high risk of pelvic floor dysfunction . Based on these data it is understood that a training of pelvic floor muscles to prevent urinary , bowel and sexual dysfunction in these patients is necessary. A routing protocol patients for physiotherapy service , according to the predictors of dysfunction of the pelvic floor muscles factors was established. It is expected that , if followed by obstetricians , the number of referrals to physiotherapy services may increase and possibly the risk of pelvic floor dysfunction can be reduced by improving the quality of care for women during pregnancy and puerperium cycle. Future studies are needed to more fully test this protocol and investigate its ability to decrease the prevalence of PF dysfunctions .

Tabela 1 – Protocol for prevention and treatment of pelvic floor dysfunction in pregnancy and puerperium.

Activity	**When refer women for**	**physiotherapy**
Optimal (Primary prevention)	Before pregnancy	* without symptoms
Desirable (Secondary prevention)	Pregnancy (in the 1st evaluation of prenatal)	No symptoms of pelvic floor dysfunction
Imperious (Tertiary prevention)	Before pregnancy or during pregnancy	Prior pelvic floor dysfunction or initiated in the current pregnancy and / or pressure * contraction of pelvic floor muscles <35 cmH2O . * BMI> 30 or excessive weight gain during pregnancy
	Postpartum	Prior pelvic floor dysfunction or initiated in the current pregnancy If any degree laceration or episiotomy Instrumental delivery Prolonged second stage (> 2 hours), birthweight > 4000g Pressure contraction of muscles of the pelvic floor <35 cmH2O or Oxford <2.

BMI: body mass index

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