

## **BARRIERS AND FACILITATORS FOR PARTICIPATION IN A PREVENTIVE PELVIC FLOOR MUSCLE TRAINING PROGRAM FROM THE PERSPECTIVE OF POSTPARTUM WOMEN: A WEB-BASED SURVEY**

### Hypothesis / aims of study

Urinary incontinence (UI) is a widespread problem with great impact on quality of life and with high annual costs for patients and society. Pregnancy and delivery are the most prominent risk factors for the onset of pelvic floor injuries and -later-on- UI. Intensive supervised pelvic floor muscle training (PFMT) during and after pregnancy is proven effective for the prevention of UI on the short term. However, only a minority of women do participate in preventive PFMT programs. Therefore, an analysis of barriers and facilitators from the perspective of postpartum women for participation in a preventive PFMT program was performed.

### Study design, materials and methods

A web-based survey was held in 3-months post-partum women in four regions in the Netherlands. All participating women gave their informed consent to the health professionals who approached them for the survey. To find barriers and facilitators for participation in a preventive PFMT program, postpartum women were asked for their willingness to participate (WTP) in such a preventive intensive PFMT program. To find specific factors that might be associated with prevalence of pelvic floor dysfunctions (PFDs) and the WTP, participants reported on demographic and clinical characteristics, i.e. obstetrical and urogynecological history, knowledge and experience with PFMT and preconditions for actual WTP.

Frequencies and percentages are reported for categorical data. Bivariate analysis was performed in cross tabulations (with  $\chi^2$  statistics) to explore the relationship between WTP and various independent categorical variables. A linear regression analysis was done to analyse which variables are associated with WTP using listwise deletion of missing cases. A p-value less than 0.05 is considered statistically significant. SPSS 21 is used for data analysis.

### Results

The web-based questionnaire was filled in by 169 adult white women (64%). The age of the majority of the women was between 25 and 34 years and 79.2% finished tertiary education. Almost half of the women had ever experienced UI and over half of them had UI during and after the last pregnancy.

The large majority of all postpartum women (over 95%) want professional information on the prevention of -later onset- PFDs and acknowledge that intensive supervised preventive PFMT during and after pregnancy may be very important to prevent future pelvic floor problems. Women prefer to be informed during pregnancy (75%), either individually by a health professional (43%) or through a folder or website (43%). However, when asked for their willingness to actively participate in an intensive preventive PFMT program one out of three women reported to be willing to participate and 41% of the women reported to be in doubt, 11.9% already participates in PFMT and 15.4% is not interested (at all). No statistically significant association was found between WTP and risk and prognostic factors for PFDs (maternal age, parity, birth weight, BMI, pelvic floor injuries).

Further analysis showed that women with a better general health and women with a higher UI severity sumscore and POP symptoms are statistically significantly more 'willing to participate' in a preventive PFMT program ( $p < 0.001$ ,  $p = 0.010$  and  $p = 0.001$  respectively).

Preconditions for those women who are willing to participate or those in doubt are program costs. Up to €100 is acceptable for the majority of these women. However, one of five of the women in doubt is not prepared to pay for a PFMT program at all. Next to this, travel time should not exceed 15 minutes.

### Interpretation of results

It is obvious that the large majority of women who recently had a baby do want professional information on the prevention of PFDs and do acknowledge the importance of preventive PFMT during and after pregnancy. However, several barriers and facilitators for change in actual WTP in preventive PFMT from the perspective of postpartum women are found. The study results show that there is no association between the awareness of the preventive effects and the existence of PFDs, even controlled for risk and prognostic factors for PFDs. Further research should focus on solutions how to support both women and health professionals (obstetricians, midwives, family physicians, physiotherapists) to improve awareness of risk and/or prognostic factors for PFDs, to inform on the benefits of a good PFM function and to facilitate motivation of postpartum women for active participation and adherence to preventive PFMT programs (multidisciplinary supported and tailor made intensive supervised evidence based program). Next to this, taking into consideration preconditions can facilitate actual participation of postpartum women in preventive PFMT programs.

### Concluding message

Looking at the perspective of postpartum women, there is room for quality improvement of preventive PF management. Further research should focus on solutions to tackle major barriers and to introduce facilitators for postpartum women to participate and adhere to intensive PFMT programs to prevent -later onset- PFDs.

### References

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#### Disclosures

**Funding:** NA **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Upon consultation, the Medical Ethics Committee of the region Maastricht, stated that ethical approval was not needed given the non-invasive character of the survey. However, all participating women gave their informed consent to the health professionals that approached them for the survey. **Helsinki:** Yes **Informed Consent:** Yes