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

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Hypothesis / aims of study

Pregnancy and delivery are the most prominent risk factors for the onset of pelvic floor injuries and later-on, urinary incontinence (UI). 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 in 3-months post-partum women in the Netherlands.

Primary outcome measure:
• Willingness to participate (WTP) in a preventive intensive PFMT program

Secondary outcome measures:
• Associations of WTP with different factors like demographical and clinical characteristics, i.e. obstetrical/ urogynaecological history
• Perceptions and wishes towards the preventive PFMT program
• Preconditions for participation

Preconditions for participation

Statistics: Bivariate analysis (with χ² statistics) and linear regression analysis.

Results

• 169 adult white women filled in the questionnaire (64%, majority 25 - 34 years)
• Almost half ever experienced UI; over half of them: UI during and after their last pregnancy
• Over 95% want professional information on the prevention of PFDS and acknowledge that PFMT during and after pregnancy may be very important to prevent future PFDS
• Women (75%) prefer to be informed during pregnancy
• WTP: yes 31%, in doubt 41%, already participates in PFMT 12%, not interested at all 15%
• No significant association between WTP and risk and prognostic factors (maternal age, parity, duration 2nd stage labour, birth weight, pelvic floor injuries, body mass index, family history of UI and pelvic organ prolapse (POP)) for PFDS.
• Women with better general health, higher UI severity sum score, POP symptoms: significantly more WTP in a preventive PFMT program (table 1)
• Preconditions for women who are WTP or in doubt: program cost and travel time (table 2)

Interpretation of results

It is obvious that a 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 tailored 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 – UI and POP.

Table 2 Preconditions for WTP in a preventive PFMT program (N = 121, 100%)

<table>
<thead>
<tr>
<th>Preconditions</th>
<th>WTP=N (n=%)</th>
<th>Maybe=n (%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of money prepared to pay for PFMT program</td>
<td>€ 0</td>
<td>141 (18.8)</td>
<td>13 (19.1)</td>
</tr>
<tr>
<td></td>
<td>€ 100-200</td>
<td>140 (18.7)</td>
<td>22 (33.8)</td>
</tr>
<tr>
<td>Don't know</td>
<td>124 (16.4)</td>
<td>18 (26.9)</td>
<td></td>
</tr>
<tr>
<td>Insurance coverage</td>
<td>No</td>
<td>149 (20.8)</td>
<td>13 (19.1)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>126 (16.4)</td>
<td>17 (26.0)</td>
</tr>
<tr>
<td>Preferable day part for PFMT</td>
<td>Morning</td>
<td>28 (33.8)</td>
<td>22 (33.8)</td>
</tr>
<tr>
<td></td>
<td>Afternoon</td>
<td>23 (28.8)</td>
<td>11 (16.9)</td>
</tr>
<tr>
<td></td>
<td>Evening</td>
<td>30 (37.0)</td>
<td>19 (29.3)</td>
</tr>
<tr>
<td>Day part on which childcare can be arranged privately</td>
<td>Morning</td>
<td>22 (28.8)</td>
<td>20 (30.8)</td>
</tr>
<tr>
<td></td>
<td>Afternoon</td>
<td>22 (28.8)</td>
<td>19 (29.3)</td>
</tr>
<tr>
<td></td>
<td>Evening</td>
<td>30 (37.0)</td>
<td>19 (29.3)</td>
</tr>
<tr>
<td>Day part on which PFMT doesn't matter</td>
<td>Yes</td>
<td>13 (16.7)</td>
<td>28 (42.8)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>38 (47.1)</td>
<td>27 (40.9)</td>
</tr>
</tbody>
</table>

*p<0.05: WTP = willingness to participate, N = number, % = percentage, PFMT = pelvic floor muscle training, min = minutes, € = euro.

References


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