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ASSESSING PELVIC FLOOR QUALITY OF LIFE IN POSTPARTUM WOMEN-PPFDQ, A NOVEL SCREENING TOOL

Hypothesis / aims of study

Pelvic floor dysfunction (PFD) is common following child birth with one in three women suffering postpartum urinary incontinence and one in ten suffering anal incontinence.⁽¹⁾ PFD can occur following both vaginal and abdominal deliveries and lead to a reduced quality of life. Up to 87% of Obstetric Anal Sphincter Injuries (OASIS) are undiagnosed at delivery and PFD is significantly worse in women who have suffered OASIS.⁽²⁾ PFD may thus be a marker for OASIS undiagnosed at delivery.

General Practitioners (GPs) and midwives are established points of contact for women at 6 weeks postpartum, but there is evidence that up to 71% of women suffer in silence.⁽³⁾

Existing pelvic floor questionnaires tend to be long (Pelvic Floor Incontinence Questionnaire) or very specific, ICIQ-Vaginal Symptoms and are not validated for postpartum women.

The aim of this study was to create a new short symptom questionnaire to screen for PFD in postpartum women.

Study design, materials and methods

To ensure 'Content validity,' focus groups, consisting of patients, GPs and midwives were convened.

Responses from the patients focus group included "I had been pre-occupied with the assessment of my baby and didn't think to ask questions about my pelvic floor," "I felt embarrassed" and "If I had been asked, I would have discussed it." Responses from the GPs and midwives focus group included "Time constraints during the check-up appointment meant balancing care for the mother and baby and may remove attention from the mother's pelvic floor" and that a "Questionnaire utilised in person or preferably by a nurse over the telephone would be beneficial."

It was confirmed a structured screening questionnaire, to be used in person, or by telephone would be beneficial.

Based upon concerns identified by these focus groups, a tertiary center multidisciplinary team of women's health nurses, physiotherapists, urologists, colorectal surgeons and urogynaecologists devised a draft questionnaire. Feedback regarding the draft questionnaire was received from the focus groups and the questionnaire amended accordingly. A pilot version of the questionnaire with 9 items was then successfully tested on 10 patients.

A prospective cross sectional study was then carried out to validate PPFDQ. Ethical approval was obtained. All postnatal ward patients ≥18 years, English literate and able to provide informed written consent were invited to participate between July and December 2014. All trial participants were called by telephone 4-8 weeks postpartum to complete the PPFDQ. 40 women were required to complete it again a week later.

'Test/re-test reliability' compared the difference between the responses at the first and second call with weighted kappa(k).

'Internal consistency' was assessed using Cronbach's alpha (α) correlating items addressing similar issues within the questionnaire.

MedCalc and SPSS were used for statistical analysis.

Results

210 women were recruited. 177 participated in the first phone call, of which 45 participated in the second. Median age of 33 years (18-47 yrs), median BMI 25.3(16.7-49.9), and median parity 2(1-9). 9.6%(17 women) were delivered by forceps, 10.7% (19) by ventouse, 19.2% (34) by caesarean section, and 58.8% by spontaneous vaginal delivery. 1.7% (3) had a vaginal delivery for a first twin followed by CS for the second twin. 34.5% (61) had no trauma or 1st degree tear, 60.5% (107) 2nd degree or episiotomy, 5.1%(9) 3rd degree tear and none had a 4th degree tear.

Psychometric analyses showed good test/re-test reliability throughout the questionnaire (k=0.66-0.97), and good internal consistency (α = 0.62).

Question	Weighted kappas (k)	Confidence Interval
1	0.72	0.41 - 1.00
2	0.74	0.47 - 1.00
3	0.68	0.44 - 0.82
4	0.77	0.46 - 1.00
5	0.97	0.91 - 1.00
6	0.91	0.81 - 1.00
7a	0.66	0.39 - 0.93
7b	0.94	0.86 - 1.00
7c	0.79	0.34 - 1.00
8	0.94	0.86 - 1.00

Interpretation of results

PPFDQ, is a novel post-partum pelvic floor function telephone based questionnaire devised in co-operation with a multidisciplinary team in both primary and tertiary care to ensure content validity. PPFDQ also demonstrated good test/re-test reliability and internal consistency.

Concluding message

These findings support the use of the PPFDQ as a global assessment of pelvic function in post-partum women. Further research will now be carried out to assess PPFDQ responses in women with previously undiagnosed OASIS to ascertain if PPFDQ can be used as a tool to screen for undiagnosed PPFDQ.

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