

INTERNATIONAL SURVEY QUESTIONNAIRE ON PELVIC FLOOR REHABILITATION AFTER CHILDBIRTH

Hypothesis / aims of study

For 3 decades in France, it's the standard of care for every new mother to receive pelvic floor rehabilitation (PFR), after she delivers a baby. After giving birth, women are prescribed 10 sessions of "rééducation périnéale", in the form of pelvic floor exercises by manual internal techniques, biofeedback and electrical stimulation. These services are routinely provided by physical therapists or midwives, after 8 weeks of post-partum, regardless of symptoms. French Ob/Gyn doctors prescribe postpartum sessions and it's covered as part of the country's government health care plan.

France seems to be one of the only countries that sponsors such a program. Our study was based on the situation in other countries with regard to the approach of postnatal care management. An International Survey Questionnaire on "Pelvic Floor Rehabilitation After Childbirth" was conducted in 28 countries from June 1 to September 1, 2016 with the participation of members of ICS, IUGA, ICI, ACA, SOWH. To our knowledge it was the first international survey on pelvic floor rehabilitation for childbearing women (CW).

Study design, materials and methods

Participants filled out questionnaires (Table 1) included 21 items on 5 main topics. We specifically mentioned the term "In your country", in order to be sure that the answers were in regard to what the program was offered to the childbearing women. The main questions are the following:

Table 1

Do you propose PFR after delivery? When do the CW start the PFR in the early postpartum? Number of treatments for each individual, number of visits? What is the frequency of the treatment sessions? What is the percentage of CW attending the postnatal pelvic floor? What kind of pelvic floor evaluation for the first check-up visit? What type of PFMT? Do you propose electrical stimulation and/or biofeedback in office therapy or home care? Alternative methods of PFMT (Yoga, Pilates classes, Pelvic core classes) Do you propose in late postpartum (up to 1 year) minimally invasive surgery (sling)? Does the treatment is covered by National Social Security Agency? What is the percentage of reimbursement?

Results

The table 2 below shows the responses of the survey of 28 countries including North America, Europe, Asia and Middle East.

Table 2

Introduction of the pelvic floor rehabilitation in different countries: 1980-1990 in 41%

Pelvic floor rehabilitation is provided: both in 71% for vaginal birth and C-section

The pelvic floor rehabilitation starts: 6 weeks in 35% - 8 weeks in 34%

Number of treatments, number of visits: 1 to 6 sessions in 66%

Duration of (one-on-one) patient contact: 30 minute in 38% - 45-60 minutes in 36%

The frequency of the treatment sessions: weekly in 63%

The percentage of childbearing women attending the postnatal pelvic floor rehabilitation (only for symptomatic patients): - after vaginal delivery: 35% - after C section: 7 %

The childbearing women get patient information by: verbal instruction in 47% - leaflet or booklet in 43%

At the first visit, they have: a pelvic floor muscles assessment by digital palpation in 100% - Oxford Grading Scale (digital evaluation with scale) in 20% - use of perineometry EMG in 18%

The therapy is office therapy, outpatient clinic in 86%

The type of therapy proposed is voluntary pelvic floor muscle contractions under supervision (manual therapy) in 38 %

Adjunct therapies offered: biofeedback in 95% - electrical stimulation in 95%

When electrical stimulation is recommended, the device used is: vaginal probe in 93%

Alternative methods of pelvic floor muscles training: pelvic floor core exercises in 38% - pelvic floor exercises classes with average of 8 participants in 25%

Minimally invasive surgery (sling) in the late postpartum (up to 1 year) is proposed: 85%

The reimbursement by private Health Insurance (partly covered only): 75%

The percentage of reimbursement: 50-75 percent coverage rate

In general, PFR for CW is proposed 6 weeks after vaginal delivery only on symptomatic patients. The number of sessions is limited to 6, on weekly basis and between 30 to 45 minutes, under a control of a trained physiotherapist (physical therapist). The therapy is mostly pelvic floor exercises training program and Kegel unsupervised exercises as home care. Biofeedback and vaginal electrical stimulation are not first line treatment. Health insurance covers rarely these services prescribed by a doctor after childbirth. A 'gap' is the amount to pay for this therapy depending of the coverage from National Health Insurance and private health insurer.

Interpretation of results

In many countries, specifically USA and Asia countries, pelvic physical therapy after childbirth is still relatively underutilized and poorly supported by reimbursement authorities. There is no routine standardized program of pelvic floor rehabilitation provided for CW. PFR is not routinely proposed, only if symptomatic and service varies in most of the countries. Other countries in Europe, like France, are much more attune to this health issue. The main goal of the French program, which was instituted

in 1985, is to prevent postpartum incontinence and pelvic organ prolapse, and to restore sexual function, all major factors in a women's health and well-being. In many countries, a pelvic floor evaluation and PT postpartum is not part of delivery culture and the most common is to be instructed "to do Kegels". Ironically, studies show that 40% of women who are told to do Kegels by their healthcare providers aren't doing them correctly, so it would seem that verbal instruction isn't enough, women need someone to show them, not just tell them how to do Kegels. However, some doctors are starting to prescribe postpartum PT, women are starting to request it, and PTs are starting to offer it. Most women recover normally and pelvic floor disorders occur soon after birth in only a few women. Number of treatment sessions depends on the woman's problems and is not determined beforehand.

After childbirth, asymptomatic CW may have a verbal instruction with a booklet on PFMT 6 to 8 weeks after delivery. On the other hand, a symptomatic group with obstetric risk factors (prolonged second stage of labor, episiotomy, perineal lacerations, macrosomic birth, ...), and/or weak pelvic floor strength (Oxford testing <3) and/or pelvic floor disorders (UI, FI and POP) need to be assessed before referred to a trained health care provider. For these women, childbirth results in devastating consequences. Electrical stimulation and biofeedback should be offered when patients are unable to contract their pelvic floor muscle. Physiotherapy at home enabled these women, already busy, to carry out their perineal physiotherapy with minimum difficulty.

Concluding message

Currently, there are no clear guidelines for new mothers on prevention and, avoidance of pelvic floor dysfunction after childbirth. Therefore, a multidisciplinary strategy to make women aware during and after their first pregnancy of the importance of PFMT as a normal part of healthy lifestyle and general wellbeing, may be necessary. It seems important to propose adequate recovery/rehabilitation guidance in order to get a consensus about the management of postpartum care.

References

1. Wesnes SL, Lose G (2013) Preventing urinary incontinence during pregnancy and postpartum: a review. *Int Urogynecol J* 24: 889-899.
2. Morkved S, Bo K (2014): Effect of pelvic floor muscle training during pregnancy and after childbirth on prevention and treatment of urinary incontinence: a systematic review. *Br J Sports Med.*48(4):299-310.
3. Berghmans B, Selene M (2016): Long Term Effects of Pre- and post Partum Pelvic Floor Muscle Treatment in Primigravid with Stress Urinary Incontinence: A Short Systematic Review.*Obstet Int J.* (3):00157

Disclosures

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