

Postpartum Pelvic Health Education, Attitudes, and Knowledge

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INTRODUCTION

- Many women experience symptoms of postpartum pelvic floor trauma including urinary or bowel incontinence, sexual dysfunction, and pelvic organ prolapse (POP).
- Women do not receive adequate education from their health care providers on this topic and turn to other sources to seek information.

PURPOSES

- To query postpartum women to understand sources and timing of pelvic health education.
- . To understand attitudes and knowledge about pelvic health among postpartum women.

METHODS

STUDY DESIGN AND INCLUSION CRITERIA

- Cross sectional survey designed by the research team
- Women over the age of 18
- No more than 12 months postpartum

QUESTIONNAIRE

- Utilized pre-existing sources
- 4 sections
- Demographics, delivery experience, and postpartum physical health
- Prenatal education
- Postnatal education and symptoms (PFDI-20)
- Attitudes, Beliefs, Knowledge

RECRUITMENT OF PARTICIPANTS

- ResearchMatch.org
- Postcard mailed to registered daycares in South Dakota
- Social media and word of mouth recruitment

DATA VISUALIZATION

Table 1. Distribution of Participant Symptom States

| PDFI-20 Subscale | No Symptoms | Acceptable Symptom State | Unacceptable Symptom State |
|--|-------------|-----------------------------|-------------------------------|
| Pelvic Organ Prolapse Distress Inventory (POPDI-6) | 68 (49.3%) | 70 (50.7%) | 0 (0.0%) |
| Colorectal-Anal Distress Inventory (CRADI-8) | 42 (30.4%) | 96 (69.6%) | 0 (0.0%) |
| Urinary Distress Inventory (UDI-6) | 43 (31.2%) | 91 (65.9%) | 4 (2.9%) |

Figure 1. Did you receive education or guidance about pelvic health during ANY postpartum visit with your medical provider?

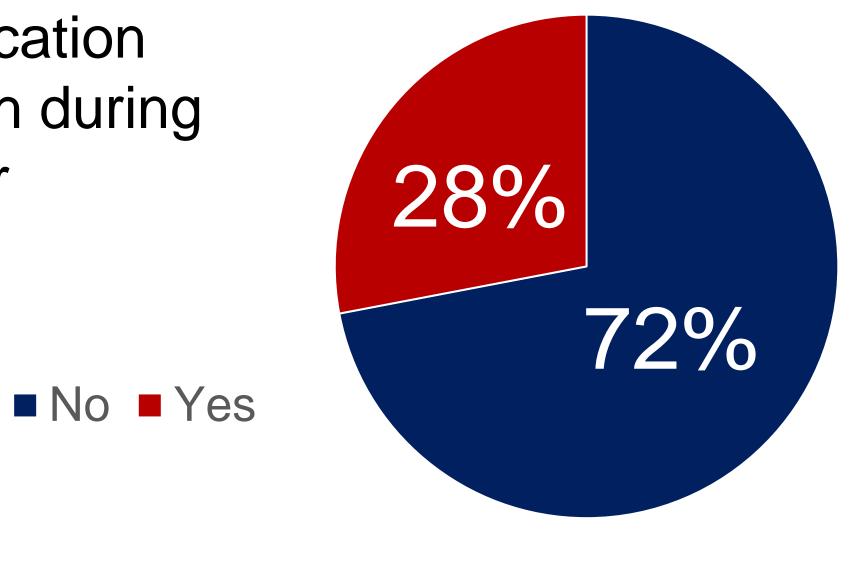
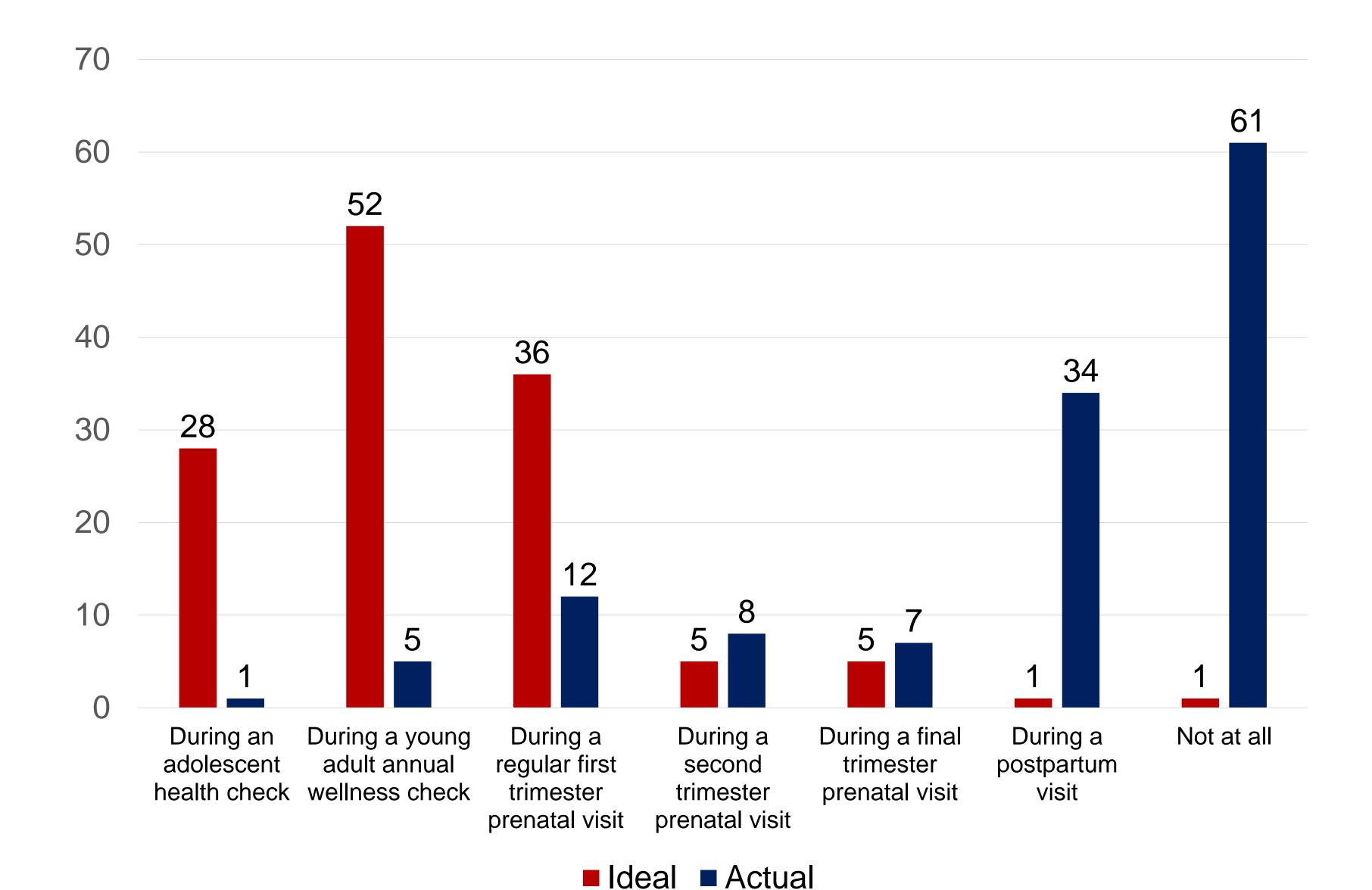


Figure 2. Ideal vs. Actual Lifespan Timing for Pelvic Health Education by a Health Care Provider



RESULTS

PARTICIPANTS

- . 138 respondents after exclusion
- M = 30.1 years (SD = 3.7 years)
- . 76.8% vaginal delivery; 93.5% on-time delivery
- 82.9% amniotomy, 45.7% labor induction, 24.6% labor augmentation, 76.1% epidural anesthesia, 29.0% oral pain relief, 6.5% vacuum, 0.7% forceps, 3.6% episiotomy, 53.6% tearing
- 30% 3-6 months postpartum; 25% 6-9 months postpartum;
 23% 9-12 months postpartum
- . 51% POP, 70% colorectal-anal, 69% urinary symptom states (Table 1)

EDUCATION

- 24% received information about pelvic health for postpartum women from medical professional compared to 31% during prenatal classes
- Frequency of healthcare provider offering education during postnatal visits: 30% urinary incontinence, 15% fecal incontinence, 8% POP, 15% sexual dysfunction
- Only 28% received guidance about pelvic health during a postpartum visit (Figure 1)
- Lifespan timing for receiving education about pelvic health is later than considered ideal by respondents (Figure 2).

CLINICAL BOTTOM LINE

- Lack of education leads to a lack of informed decision-making.
- There is a mismatch between occurrence of symptoms (much higher) and occurrence of education for symptomatic women.
- . Postpartum pelvic floor dysfunction affects countless women.
- Pelvic health education should be included as a standard in prenatal education.
- Healthcare professionals should empower prenatal women with pelvic health education so they can make informed decisions about their care.