

MAIN FINDING

PFMT improved postpartum pelvic-floor outcomes.

Overall pooled effect
SMD 0.329 (95% CI 0.265–0.392), $p < .001$

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STUDY PROFILE

19

RCTs

1,659

records

6

databases

ABSTRACT NO.

[Abstract 471]

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EFFECTIVENESS OF PELVIC FLOOR MUSCLE TRAINING
IN POSTPARTUM WOMEN

A Systematic Review and Meta-Analysis of Randomized Controlled Trials

BACKGROUND & OBJECTIVE

This systematic review and meta-analysis aimed to evaluate the effectiveness of pelvic floor muscle training (PFMT) on urinary incontinence and pelvic floor muscle strength in postpartum women. Additionally, the study sought to compare the effects of different intervention characteristics, including intervention type (PFMT-only vs. PFMT with adjunctive components), intensity (moderate vs. high), and delivery mode (supervised vs. unsupervised), to identify optimal approaches for improving postpartum pelvic floor outcomes.

METHODS

- A systematic literature search was performed across six electronic databases (ASSIA, CENTRAL, CINAHL, Scopus, PubMed, and Web of Science) using predefined.
- Boolean strategies between March 19 and March 31, 2026, restricted to studies published within the last 10 years. Interventions were classified as PFMT-only or PFMT with adjunctive components and compared with usual care or no intervention.

STUDY SELECTION

1,659 records → 92 duplicates removed → 1,567 screened → 24 full texts assessed → 19 RCTs included. One report was inaccessible; 2 studies were excluded after sensitivity analysis and 2 for insufficient data.

ELIGIBILITY / PICO

- Population: postpartum women
- Intervention: PFMT ± adjuncts
- Comparators: usual care/no intervention/other conservative care
- Primary outcomes: urinary incontinence & pelvic-floor muscle strength

OVERALL META-ANALYSIS

- The pooled effect was statistically significant and positive (SMD = 0.329; 95% CI 0.265–0.392; $p < .001$). Heterogeneity was low ($Q = 13.68$, $p = .749$).

SUBGROUP RESULTS

- Urinary incontinence: 0.377 (0.194–0.561):** Moderate positive effect on urinary incontinence
- Pelvic-floor function: 0.312 (0.176–0.448):** Small-to-moderate positive effect on pelvic-floor function
- PFMT only: 0.332 (0.271–0.393):** Effective as a standalone intervention
- PFMT + adjuncts: 0.323 (0.145–0.500):** Effective when combined with adjunctive interventions
- High intensity: 0.360 (0.258–0.462):** Moderate positive effect; slightly greater than moderate intensity
- Moderate intensity: 0.273 (0.186–0.361):** Small-to-moderate positive effect
- Supervised: 0.350 (0.093–0.557):** Effective, with a slightly greater effect
- Unsupervised: 0.320 (0.262–0.377):** Effective with a positive effect

CONCLUSION

- The meta-analysis showed a **statistically significant overall effect of PFMT** ($t(18) = 10.90$, $p < .001$), with a **moderate positive pooled effect** (SMD = 0.329; 95% CI: 0.265–0.392). PFMT was associated with improvements in both **urinary incontinence** and **pelvic floor function**.
- Both **PFMT alone** and **PFMT combined with adjunctive interventions** produced beneficial and comparable effects. **High-intensity programs** showed somewhat larger effects than moderate-intensity programs. Similarly, both **supervised** and **unsupervised PFMT** were effective, although supervised programs demonstrated a slightly greater effect.

TAKE-HOME: PFMT supports postpartum pelvic-floor recovery.

Figure. Forest Plot for All Studies

