

Knowledge of the Pelvic Floor and the Impact of Urinary Symptoms on Quality of Life in Pregnant Women

PFM KNOWLEDGE DEFICITS

77.6%

Unaware of Pelvic Floor

93.9%

No Professional Guidance

Information sources (22.4% aware):
Internet & Social Media (63.6%) -
systemic absence of education.
89.8% voluntary contraction ability

Functional misconceptions:
82.7% didn't know PFM functions
(82.4% sexual activity).

ICIQ-SF severe impact X symptoms

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BACKGROUND & RATIONALE

Gestational Overload: Fetal weight, hormonal and biomechanical adaptations predispose to Pelvic Floor Dysfunctions (PFDs)

Public Health Gap: Despite high coverage in Brazil, routine prenatal visits lack PFM education -- information from informal web sources.

Hypothesis: Late pregnant women exhibit low PFM knowledge, high urinary symptom rates, and QoL impairment despite high prenatal satisfaction.

STUDY OBJECTIVES

1. Assess prenatal attendance & satisfaction.
2. Evaluate PFM knowledge & guidance / orientation
3. Profile late-pregnancy urinary symptoms.
4. Quantify QoL impact

RESULTS

PRENATAL CARE

98.0% Coverage
93.9% ≥6 visits

77.3% Satisfied
Excellent / Good

69.4% No Birth Prep
Zero orientation

Questions regarding knowledge, function, and guidance concerning PFM		n=98 (%)
Heard about PFM	Yes	22 (22,44)
	no	76 (77,56)
Source of information*	Internet	14 (63,64)
	Social media	5 (22,72)
	at the University	3 (13,64)
Knows its function	yes	17 (17,35)
	no	81 (82,65)
Functions believed to be associated**	Sexual activity	14 (82,35)
	Continence (urinary + fecal)	11 (64,70)
	Urinary Continence	5 (29,41)
Guidance from professionals	yes	6 (6,13)
	no	92 (93,87)
Prenatal preparation	yes	11 (11,23)
	no	87 (88,77)

PFM CONTRACTION & EXERCISES

89.8% voluntary contraction ability 11.2% performed exercises

MATERIALS & METHODS

Design & Setting: Cross-sectional study (Nov–Dec 2023) at Maternidade Nossa Senhora de Lourdes (Aracaju/SE, Brazil).

Sample: 98 immediate postpartum women evaluating last 4 gestational weeks (mean age: 29.6±6.9 yrs; BMI: 31.2±7.1 kg/m²).

Instruments: 20-question questionnaire regarding prenatal care and PFM knowledge

QUID-Br (SUI ≥4, UII ≥6) ICIQ-SF (0–21)
PFM contraction test (inspection/verbal).

Data Analysis: BioEstat 5.0 (Descriptive statistics, mean ± SD, percentages).

URINARY SYMPTOM PREVALENCE

Nocturia and urinary frequency : 90.8%

Urgency: 58.2%

SUI: 50.0% (Cough 72.9%)

SUI ≥ 4 21 (21,43)
UII ≥ 6 14 (14,28)
SUI + UII 8 (8,16)
QUID-Br

ICIQ-SF (n=49)
10.8 ± 4.9
severe impact (n=17; 17.35%)
very severe impact (n=23; 23.46%)

CONCLUSIONS & IMPLICATIONS

The Satisfaction Paradox: High prenatal satisfaction contrasts with lack of knowledge, of PFM function and high prevalence and impact of symptoms.

Physiotherapy Integration: public prenatal must systematically include routine PFM education and TMAP.

FUNDING

