

PELVIC FLOOR TRAINING IS NOT PAINFUL IN THE MAJORITY OF WOMEN SHORTLY AFTER CHILDBIRTH

Hypothesis / aims of study

Pelvic floor training (PFT) is effective in the prevention and treatment of pelvic floor dysfunction during pregnancy and after childbirth. Therefore it is important to promote PFT during and after every pregnancy. But the prevalence of perineal pain after childbirth is high (19%) and no data are available on the onset of perineal pain during pelvic floor muscle contractions in women after childbirth. Such data would be very useful, to encourage and reassure women to start PFT shortly after childbirth.

The purpose of the study is to investigate whether analytic PFMC provoke perineal pain in women immediately after delivery and 10 weeks after delivery.

Study design, materials and methods

Observational longitudinal survey. Study subjects were recruited within 1 to 6 days after delivery at the maternity ward of a tertiary hospital. Assessment of perineal pain (1-6 days and 6-10 weeks postpartum) was performed using a visual analogue scale (VAS) from 0 to 10. Possible pain provoking activities were assessed: activities of daily life (ADL), micturition, defecation and PFT. Concerning PFT, the contraction and relaxation of the pelvic floor muscles were visually evaluated and instructional feedback was given.

A priori power analysis (non inferiority test) determined the objective to include 230 participants. Descriptive statistics, Wilcoxon and Mc Nemar tests were used.

Results

A total of 233 women were included (148 primiparous and 85 multiparous women). Immediately postpartum the prevalence and intensity of pain during ADL (57%; VAS 4.1 (± 2.1)), micturition (46%; 3.4 (± 1.7)) and defecation (19%; 3.8 (± 2.2)) were significantly higher (both $p < 0.000$) than during PFT (7%; 2 (± 2)). At 9.3 weeks postpartum, 15% still experienced perineal pain, during sexual intercourse or defecation, but none during PFT.

Interpretation of results

Perineal pain is highly prevalent during ADL, micturition and defecation. This does not seem to be related to PFT in most women. Only 7% of women, experience perineal pain during analytic contractions of the pelvic floor muscles. And the pain intensity during PFT is significantly less, compared to perineal pain during ADL, micturition and defecation. After 6 to 10 weeks no women report perineal pain during PFT, but some of them experience pain during defecation and sexual intercourse.

Concluding message

These results indicate that starting PFT shortly after childbirth is possible in the majority of women without fear of perineal pain.

Disclosures

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