

Patrícia Silva¹, Paula Maia², Filipa Pires¹

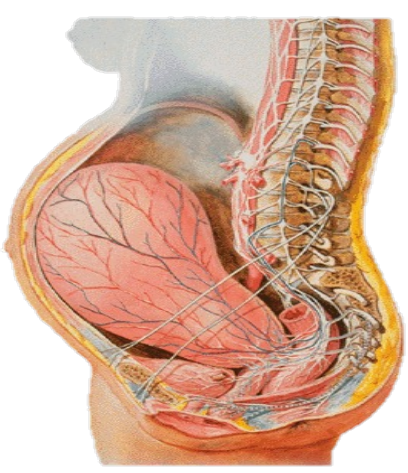
¹ ESTeSL - Escola Superior de Tecnologia da Saúde, Instituto Politécnico de Lisboa, Lisbon, Portugal

² USF Novo Mirante, Lisbon, Portugal

Hypothesis / aims of study

Pelvic floor dysfunctions affect over 25% of women, with pregnancy and childbirth identified as significant risk factors. These dysfunctions encompass urinary incontinence, pelvic organ prolapse, and sexual dysfunction. Physiotherapy plays a crucial role within a multidisciplinary approach, with recent guidelines advocating for conservative treatment as the first-line intervention. This strategy aims to prevent, treat, and enhance functionality and quality of life for affected women.

The aims of this study were:



- identify the approach of primary care physicians (PCP) in the presence of a woman with Pelvic Floor Dysfunctions (PFD) up to 1 year postpartum;
- understand if the identified strategies, in the opinion of the doctors, have a timely response.

Study design, materials and methods

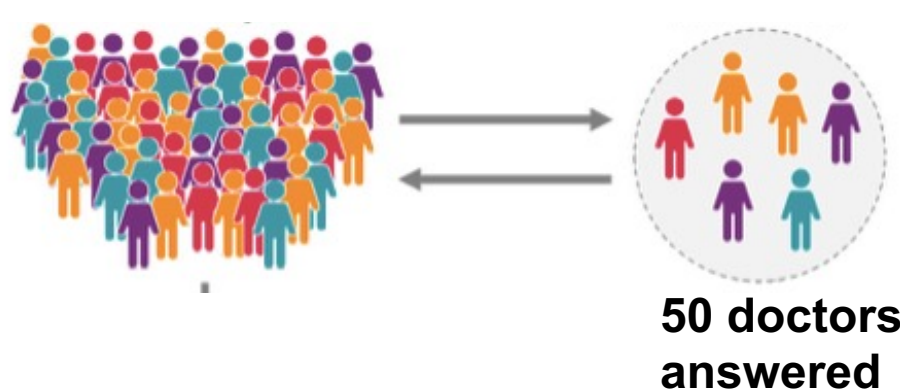
STUDY DESIGN - Cross-sectional study through the application of an online questionnaire, to PCP doctors in Lisbon.

Data collection was carried out, between 1 July 2023 and 31 August 2023.

INCLUSION CRITERIA Specialists in PCP or doctors undergoing an internship in PCP who work at healthcare centers in Lisbon.

PROCEDURES The questionnaire consisted of 20 questions: socio-demographic characterization, follow-up of pregnant and/or postpartum women; guidance for those women experiencing PFD (sexual dysfunction, pelvic organ prolapse, urinary incontinence, decrease of pelvic floor muscle strength) and time to response following referral.

Results and interpretation



- 34 aged between 30-39 years.
- All professionals follow pregnant women and women postpartum.

URINARY INCONTINENCE

- 24 refer to hospital **gynecology** consultations
- 21 consultations in Physical Medicine and Rehabilitation (PMR) **clinics** for physiotherapy

SEXUAL DYSFUNCTION

- 38 refer to hospital **gynecology** consultations
- 19 reassessment in **PCP consultations**

POP

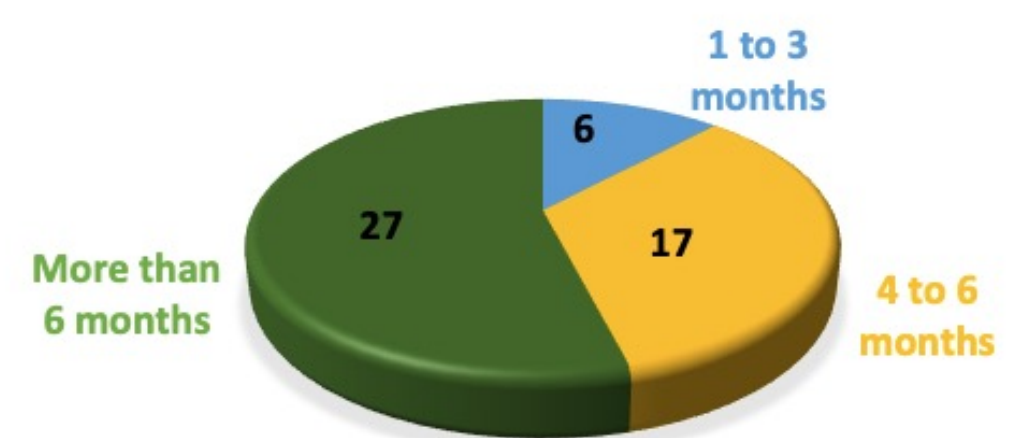
- 44 refer to hospital **gynecology** consultations

Hypotonia and/or ↓ strength

- 29 consultations in Physical Medicine and Rehabilitation **clinics** for physiotherapy
- 18 refer to **PMR in hospital**

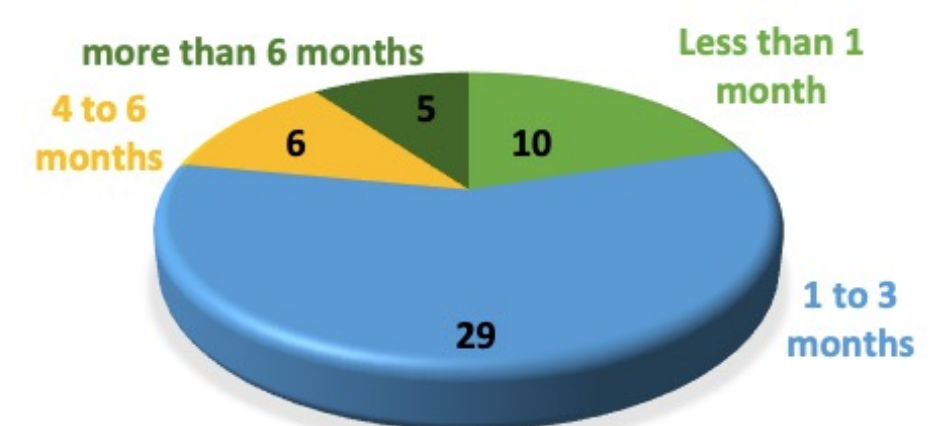
- Average waiting time after referral:

➤ Hospitalar referral (gynecology /urology/ PMR)



- 49 doctors considering this time “not” adequate.

➤ Consultation in PMR clinics for physiotherapy



- 26 doctors considering this time adequate.

- 47 of the PCP doctors in this study also consider that pelvic floor physiotherapists should be part of primary health care.

Conclusions

Considering **high prevalence of PFD in this population**, as described in the literature, as well as the **latest guidelines** from the International Continence Society, which emphasize the importance of conservative approach, there is an urgent need to **create referral pathways** for the more effective and efficient management of these women.

The prevention and treatment of PFD should involve a **multidisciplinary team**, where each professional develops evidence-based practice to optimize patient outcomes. This approach aims to **maximize health benefits** and **enhance quality of life**. Delayed follow-up can lead to worsening symptoms, significantly impacting family and social life, and ultimately resulting in increased healthcare costs.

References

- Aoki Y, Brown HW, Brubaker L, Cornu JN, Daly JO, Cartwright R. Urinary incontinence in women. Nat Rev Dis Primers. 2017 Jul 6;3:17042. doi: 10.1038/nrdp.2017.42. Erratum in: Nat Rev Dis Primers. 2017 Nov 16;3:17097. PMID: 28681849; PMCID: PMC5878864