#632 PELVIC FLOOR DYSFUNCTION SYMPTOMS VARIATION OF PREGNANT, AND POSTPARTUM WOMEN

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ABSTRACT

- The follow-up of the symptoms of pelvic floor dysfunction (PFD) during pregnancy is an important factor in treating and preventing the onset of these diseases in the postpartum period. Studies show that there is a correlation between the history of dysfunctions during pregnancy and their onset/worsening in the puerperium [1].
- There is a variation in symptoms of PFD in pregnant and postpartum women: pregnant women in the third trimester and postpartum women in the first month postpartum have worse symptoms, but it tends to gradually decrease during the first postpartum year [2].
- Despite its importance, few studies still assess and monitor the development of these symptoms during pregnancy and postpartum using validated instruments capable of assessing and quantifying self-reported symptoms over time.
- The aim of this was to assess the pelvic floor dysfunction symptoms in our population throughout pregnancy and postpartum.

METHODS

- **148 women** were evaluated: 46 were pregnant for up to 28 weeks (G_28); 28 pregnant women gestational age between 28 and 40 weeks (third trimester) (G_40); 48 women in the postpartum period of up to 24 weeks (6 months) (PP_24); and 26 postpartum women between 24 and 60 weeks (6 months to 1 year and 3 months) (PP_60)
- The assessment was performed using the **Australian Pelvic Floor Questionnaire:** 42 questions divided into four domains **(urinary function, intestinal function, prolapse, and sexual function)**
- One-way ANOVA: to compare demographic data (age, parity, and gravidity)
- ANCOVA: to compare the domains of the questionnaire, with parity set as a covariate.
- Statistically significant differences were considered when $p<0.05$.

RESULTS

- The one-way ANOVA: effect for the parity between groups ($p<0.001$) -> set as covariate
- ANCOVA: significant differences for the **Urinary** ($p=0.01$) and **Sexual** ($p=0.03$) functions **between groups**
- Tukey post hoc for the **Urinary Function**: difference between **groups G_28** and **PP_24** [p tukey= 0.02, Cohen's d= 0.64 (CI 0.19-1.08)], where the G_28 group has more urinary dysfunction symptoms (mean of 6.98 points) than the PP_24 (mean of 4.56 points)
- Tukey post hoc for the **Sexual Function**: difference between groups **G_40** and **PP_60** [p tukey=0.02, cohen's d= 0.85 (CI 0.85-1,43)], where the PP_60 has more sexual dysfunction symptoms (mean of 3.85 points) than G_40 group (mean of 1.43 points)

Table. Results from one-way ANOVA and ANCOVA tests between groups.

Variable	G_28	G_40	PP_24	PP_60	p
Age [years, mean (SD)]	31.7 (6.66)	30.9 (6.31)	31.1 (6.87)	29 (6.98)	0.43#
Parity [median (min-max)]	1 (0-3)	1 (0-2)	2 (1-3)	1 (1-4)	<0.001#
Gravidity [median (min-max)]	2 (1-7)	2 (1-6)	2 (1-8)	2 (1-4)	0.46#
Urinary Function [mean (SD)]	6.98 (4.33)	6.68 (6.25)	4.56 (5.34)	6.96 (6.45)	0.01*@
Intestinal Function [mean (SD)]	4.43 (4.49)	3.96 (4.61)	6.04 (5.09)	4.85 (4.81)	0.47@
Prolapse [mean (SD)]	0.02 (0.15)	0.07 (0.38)	0.04 (0.29)	0.27 (0.78)	0.09@
Sexual Function [mean (SD)]	2.09 (2.65)	1.43 (2.01)	2.48 (3.22)	3.85 (3.37)	0.03*@
Total score [mean (SD)]	10.7 (7.59)	9.38 (8.05)	10.7 (7.69)	13.1 (8.52)	0.55@

*statistical significance
p from one-way ANOVA
@ p from ANCOVA with parity set as covariable

CONCLUSIONS

This study demonstrates that there are variations in the occurrence of PF dysfunctions throughout pregnancy and the postpartum period, not only for urinary symptoms (usually monitored) but also for sexual function. This suggests that the follow-up of women during these periods can bring benefits in terms of prevention and early treatment. In this sense, more studies are needed to better map the trend of these changes so that this monitoring is more effective.

REFERENCES

1. SPELLACY CE. Urinary incontinence in pregnancy and the puerperium. J Obst Gynecol Neonatal Nurs, v. 30, n.6, p. 634-41, 2008.
2. MILSOM I, Altman D, Cartwright R, Lapitan MC, Nelson R, Sjöström S, et al. Epidemiology of urinary incontinence (UI) and other lower urinary tract symptoms (LUTS), pelvic organ prolapse (POP) and anal incontinence (AI). In: Abrams P, Cardozo L, Wagg A, Wein A, editors(s). Incontinence: 6th International Consultation on Incontinence, Tokyo, September. 6th edition. Vol. 1. Bristol (UK): International Continence Society (ICS) and International Consultation on Urological Diseases (ICUD), 2017:1-141, 2016.