#675 CREATION OF A SPECIALIZED GROUP FOR PELVIC FLOOR DYSFUNCTION DURING PREGNANCY, CHILDBIRTH, AND POSTPARTUM (GPAP)

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ABSTRACT

- In the literature, only 10 specialized clinics for pelvic floor dysfunction (PFD) during pregnancy, childbirth, and postpartum are described [1]
- The aim of this work is to describe the creation of a specialized group for PFD during pregnancy, childbirth, and postpartum (GPAP) at a public university and the experience obtained in the first 25 months of care

METHODS

- February 2021: the Gynecology department created the GPAP after meetings with a **multidisciplinary team**, to provide care for **pregnant**, and **postpartum women** up to one year after childbirth with **perineal trauma, PFD and/or diastasis of the rectus abdominis muscle**

Medical care

- **Pregnant**: anamnesis, physical examination, **perineal ultrasound**, and the Australian Pelvic Floor Questionnaire (APFQ) (every three months, on the 7th and 40th days of the puerperium and also every three months until one year postpartum)

- **Postpartum women**: anamnesis, physical examination, **perineal and abdominal ultrasound**, APFQ, Childbirth Experience Questionnaire and the **Edinburgh Postnatal Depression Scale** (every three months until one year postpartum)

Physiotherapy

- **Pregnant**: Self-Efficacy Scale for Practicing Pelvic Floor Exercises, bidigital palpation, surface electromyography (vaginal) and dynamometry (after the 20th gestational week, and reassessed between the 37th and 38th gestational week and 40 days after delivery)
  - ❖ **From the 20th to the 32nd gestational week**: pelvic floor muscle strengthening,
  - ❖ **From the 32nd gestational week until delivery**: also were included in another protocol to prepare them for the delivery

- **Postpartum women**: Self-Efficacy Scale for Practicing Pelvic Floor Exercises, **bidigital palpation, surface electromyography (vaginal and anal) and dynamometry** (40 days after delivery, and reassessed when the proposed treatment was completed, with a follow-up of 6 and 12 months after treatment)
  - ❖ **Rectus abdominis muscle diastasis protocol:** confirmed by ultrasound, abdominal circumference checked and answered the Low Back Pain Questionnaire, with reassessment at the end of the 3-month treatment
  - ❖ **3rd and 4th degree perineal lacerations protocol:** Fecal Incontinence Quality of Life Questionnaire (FIQL) and Fecal Incontinence Severity Index (FISI), with a reassessment after 3 months of the proposed treatment, and follow-up at 6 and 12 months

RESULTS

- **25 months: 61 patients were treated**
- 24% were pregnant (n=15): **33% experiencing some type of urinary incontinence**
- 76% were postpartum patients (n=46): **69% were referred for 3rd or 4th degree laceration**, 11% for urogenital fistulas, 8% had complaints of urinary incontinence, and 4% had complaints of fecal incontinence
- **46% of the patients received simultaneous medical and physiotherapeutic care**, 8% received only medical care, and 46% did not follow-up
- The average age of the patients was **29 years old**, and 4**6% were primiparous**
- **15%** of the patients lived with a monthly income of up to 1 minimum wage (approximately US$260), **49%** with 1 to 3 minimum wages (approximately US$260 to US$782), 24% with 3 to 6 minimum wages (approximately US$782 to US$1564), and 6% with 6 to 9 minimum wages (more than US$1564)
- Treatment adherence rate: 46%
- For the pregnant women: no drop out
- For the postpartum women: difficulty related to adherence

CONCLUSIONS

The GPAP is a unique public health service in the prevention and treatment of Pelvic Floor Dysfunction for pregnant and postpartum women in Latin America, with a specialized multidisciplinary team. More than half of the patients in this project are considered very low and low-income, patients who would not have access to this type of service if it were not for the public healthcare system. The main reasons for referral to the group were 3rd and 4th degree perineal injuries during childbirth, reinforcing the importance of initiatives that minimize lacerations, such as monitoring throughout the pregnancy and postpartum period to minimize future Pelvic Floor Dysfunction.

REFERENCES

1. Elliot V, Yaskina M, Schulz J. Obstetrical Anal Sphincter Injuries and the Need for Adequate Care. Female Pelvic Med Reconstr Surg 2019;25(2):109–112.