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Abstract

Pregnancy And Postpartum Management: A New Approach

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Abstract:
Vaginal childbirth is probably the most important factor in the aetiology of pelvic floor dysfunction. This usually arises from trauma to levator ani muscles and pudendal nerve. However, not all women who deliver vaginally develop lower urinary tract symptoms, pelvic organ prolapse or bowel dysfunction; some are more likely to be at risk than others. Levator ani muscle injuries occur in 13–36% of women who have a vaginal delivery and is attributed to vaginal delivery resulting in reduced pelvic floor muscle strength, enlargement of the vaginal hiatus and pelvic organ prolapse. The strong association between pelvic organ prolapse and levator avulsion can be explained to a large extent by a larger levator hiatus and weaker pelvic muscles. There are different risk factors which are well identified, such as: constitutionally/genetically weak connective tissue and collagen; a history of incontinence before a first pregnancy; age at delivery and body mass index; baby's weight >4 kg.It is beneficial for all new mothers to have their pelvic floor evaluated as well as musculoskeletal examination with an assessment of structure, muscles, tissue with focus on diastasis recti examination and scar mobilization for C-section, episiotomy, and other vaginal scars. Among the key recommendations is that all women should be given evidence-based information and advice about PFME and an opportunity to discuss pelvic care with a qualified healthcare professional, like a midwife or a continence nurse. Most continence problems do resolve during the first couple of weeks following birth, but midwives should be checking antenatally. It is really important to find a midwife or a specialist nurse during pregnancy as well as it's important to find a physio/physical therapist with advanced training in assessment and treatment of the pelvic floor. They can treat a myriad of issues, including pelvic and back pain, incontinence, and other ailments. Currently, there are no clear guidelines for new mothers on prevention and, avoidance of pelvic floor dysfunction after childbirth. It seems important to propose adequate recovery/rehabilitation guidance in order to get a consensus about the management of postpartum care.

Biography:

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Recent Publications:

1. Freeman RM et al: Can we prevent childbirth‐related pelvic floor dysfunction? BJOG 2013; Vol.120, Issue 2: 137-140
2. Wilson D et al: UR-CHOICE: can we provide mothers-to-be with information about the risk of future pelvic floor dysfunction? Int Urogynecol J. 2014 ;25(11):1449-52
3. Bourcier A et al: International Survey Questionnaire On Pelvic Floor Rehabilitation After Childbirth. ICS Florence 2017. Abst 791
4. Berghmans B et al.: Long Term Effects of Pre-and postpartum Pelvic Floor Muscle Treatment in Primigravid with Stress Urinary Incontinence. Obstet Gynecol Int J 2016, 5(3)
5. Bourcier AP et al. Pregnancy and postpartum management: a new approach. Leading Op. Gynäkology 1/2019; pp 38-45

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