

ABSTRACT

Postpartum women commonly suffer from symptoms of pelvic floor dysfunction, which can significantly impact daily activities and quality of life ^(1,2,3,4). Pregnancy and childbirth place women at increased risk for developing symptoms ^(1,2). Pelvic floor physical therapy is an evidence-based treatment option for relieving pelvic floor dysfunction symptoms, especially urinary incontinence and various types of pelvic pain and sexual dysfunction^(5,6). However, a knowledge gap regarding pelvic floor dysfunction and pelvic floor physical therapy often impedes women from seeking treatment^(4,7). Stigma, fear, embarrassment, and dismissal of patient concerns by some healthcare providers further exacerbate this knowledge gap creating further barriers ^(4,7,8). This project aims to empower postpartum women to manage symptoms better and seek treatment resources through improved hospital discharge education provided by nurses.

PICO QUESTION

In postpartum nurses (P), how does education about pelvic floor dysfunction and pelvic floor physical therapy (I) improve patient education on these subjects (O) compared to no education (C)?

LITERATURE REVIEW

- Urinary incontinence is reported in 10%-31% of postpartum women ^(2,9). Dyspareunia is reported in 16%-27% of postpartum women ^(1,10).
- Studies indicate that women who underwent pelvic floor physical therapy (PFPT) had statistically significant improvement in sexual dysfunction in postpartum women ⁽¹¹⁾.
- Pelvic pain scores dropped significantly (an average of 7 points on a 10-point scale) after PFPT, with significant improvement after just one visit ^(5,12).
- Women are five times more likely to report resolution of urinary incontinence symptoms after PFPT ⁽¹³⁾.
- In a meta-analysis of 2692 participants PFPT was found to be more beneficial than pelvic floor muscle training without supervision or structure ⁽⁶⁾.
- The American College of Obstetrics and Gynecology (ACOG) recommends the use of PFPT as a first line treatment of urinary incontinence and sexual dysfunction, especially dyspareunia ^(14,15).
- Emotional responses such as embarrassment, shame, self-consciousness, and fear of different activities was common among women with pelvic floor dysfunction ^(3,4,7). One study even found that the risk of a positive postpartum depression screen was 235% higher in women with pelvic floor dysfunction ⁽¹⁶⁾.

Pelvic Floor Dysfunction in Postpartum Women

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PROJECT METHODOLOGY

Recent studies indicate a lack of knowledge and discussion about pelvic floor physical therapy, suggesting the need for more patient education and better resources on the topic ^(4,7). The postpartum hospital setting is an optimal time for education regarding pelvic floor dysfunction since pregnancy and childbirth are major risk factors ^(1,2). To provide better patient education, nurses must first possess the knowledge necessary to allow for meaningful and factual discussion. This project delivers education to nurses in hospital obstetrical units and assists them in providing better education to patients on discharge from the hospital. Nurses can help patients better understand pelvic floor dysfunction symptoms, break down potential barriers, reduce stigma and help patients know where to turn for help if needed.

Plan and Development

A nurse education presentation and deliverables were created to fulfill project outcomes.

- An education presentation was given to nurses during a monthly staff meeting. This meeting was presented both in-person and online, and nurses were introduced to new teaching tools to aid them in discussing pelvic floor dysfunction with patients.
- An educational handout was distributed to patients with other discharge education materials. This handout also serves as a resource reminder to patients to take home for future review.
- An additional screening tool was given to patients to help them identify pelvic floor dysfunction and encourage them to seek treatment if needed.



Figure 2

Evaluation

Different evaluation methods were developed to ensure project goals were met and assess for needed adjustments in the program.

- Follow-up surveys evaluated the effectiveness of the educational presentation and the nurse's experience with incorporating pelvic floor dysfunction information into discharge teaching.
- Feedback from surveys was gathered and reviewed. This information will drive adjustment to the presentation and project deliverables, and it will guide troubleshooting solutions and brainstorming ideas to further support nurses in delivering educational content to patients.

Conclusion

Providing informed discussion with patients on pelvic floor dysfunction can help reduce stigma and empower women to seek resources to mitigate symptoms. Many women don't know what treatment options are available, including PFPT ^(4,7). This treatment option is evidence-based and especially effective in treating urinary incontinence, pelvic pain, and sexual dysfunction ^(5,6,11,12,13). Furthermore, it is a recommended first-line treatment by ACOG ^(14,15). More education regarding symptoms, prevalence, resources, and treatment options should be available to women to assist them in making sound care decisions for themselves. Nurses have the unique position to hold these discussions with individual patients, which will bring about widespread change in how we address and view the topic of pelvic floor dysfunction.



Figure 1

THEORETICAL FRAMEWORK

- In the 1970's researcher George Engle presented the biopsychosocial model of health, which proposed that well-being and health were the integration of biological, psychological, and social factors ⁽¹⁷⁾.
- This model is exemplified well within the postpartum period of life, where there is an intense interconnectedness between psychological factors, biological processes, and social roles and relationships.
- While being a biological process, pelvic floor dysfunction affects daily activities, mental well-being, and relationships ^(3,4,7).
- It is for these reasons, that providing better care and information to women suffering from pelvic floor dysfunction is vitally important. It is a necessary part of obtaining overall health and wellness for women.

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