Prevention of pelvic floor dysfunction in peripartum women. Needed or luxury?

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Pelvic floor muscle training (PFMT) is frequently employed for prevention and treatment.

During and after pregnancy, women are advised to perform PFMT to prevent the development of pelvic floor dysfunction. In established urinary incontinence (UI), PFMT is prescribed routinely as first-line treatment and there seems to be a modest immediate response to PFMT. Published studies are small, underpowered and of uneven methodological quality. Variations in study populations, intervention types and outcome measures make comparisons difficult. While further studies are needed, the available evidence suggests a lack of long-term efficacy of peripartum PFMT.

Based on the available evidence, a critical reappraisal of PFMT is needed, and judgments on the place of PFMT in current clinical practice should be reserved until further evidence, including cost-benefit analyses, has unequivocally demonstrated a clinically relevant efficacy.

A Cochrane review looking at the role of PFMT in the ante and postpartum period included fifteen studies with a total of 6,181 women. The results showed that when PFMT was performed antenatally in pregnant women without urinary incontinence there was a reduction of the risk of developing urinary incontinence in later pregnancy or post partum. PFMT in peripartum patients with urinary and anal incontinence experienced also a reduction of their symptoms following training.

A more recent Cochrane review included twenty-two trials involving 8,485 women. The data confirmed that for women who are continent during pregnancy, PFMT may prevent urinary incontinence up to 6 months after delivery. The extent to which mixed prevention and treatment approaches to PFMT in the postnatal period are effective is less clear that is, offering advice on PFMT to all pregnant or postpartum women whether they have incontinence symptoms or not. There was little evidence about long-term effects for either urinary or fecal incontinence.

The initially beneficial effect of supervised antenatal PFMT on SUI do not seem to continue for a long term despite the majority claiming to still perform PFMT. These findings are in keeping with those of other studies and raise concerns about the long-term efficacy of PFMT. Strategies to improve compliance with PFMT are required.

PFMT is effective when supervised training is conducted. Further high-quality RCTs are needed especially after delivery. Given the prevalence of female UI and its impact on exercise participation, PFMT should be incorporated as a routine part of women's exercise programmes in general.
No effect of PFMT was found when the exercises were taught in a general fitness class for pregnant women without individual instruction of correct PFM contraction.

Data regarding the effect of PFMT on prevention of anal incontinence are lacking, and also on its prevention of prolapse.