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GUIDELINES FOR THE MANAGEMENT OF PELVIC FLOOR MUSCLES IN POSTPARTUM WOMEN: A NARRATIVE REVIEW

DIRETRIZES PARA ATENÇÃO DA MUSCULATURA DO ASSOALHO PÉLVICO DE MULHERES NO PÓS-PARTO: REVISÃO NARRATIVA

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ABSTRACT: This study aims to review the guidelines related to the prevention and treatment of pelvic floor muscle dysfunction (PFMD) in puerperal women. The study analyzes ten guidelines for postpartum care in Primary Health Care, identified through a narrative review. Manual searches were also conducted using documents from Brazil's Ministry of Health and international institutions, such as the World Health Organization, and guidelines from the United Kingdom, Ireland, and Spain. The study concludes that, in Brazil, it is essential to expand access to pelvic floor rehabilitation, implement triages to identify pelvic floor muscle dysfunction, and provide clear information on the symptoms. A further recommendation is to guide women on how and where to seek help for these problems.

KEYWORDS: Physical exercise. Postpartum period. Women's health.

RESUMO: Este estudo objetiva revisar as diretrizes relacionadas à prevenção e ao tratamento das disfunções da musculatura do assoalho pélvico (DMAP) em puérperas. O estudo consiste em uma análise de 10 diretrizes sobre cuidados no pós-parto na Atenção Primária à Saúde, identificadas por meio de uma revisão narrativa. Também foram realizadas buscas manuais em documentos do Ministério da Saúde e de instituições internacionais, como a Organização Mundial da Saúde, além de diretrizes do Reino Unido, Irlanda e Espanha. O estudo conclui que, no Brasil, é necessário ampliar o acesso à reabilitação do assoalho pélvico, implementar triagens para identificar disfunções dessa musculatura e fornecer informações claras sobre os sintomas. Ademais, recomenda-se orientar as mulheres sobre como e onde buscar ajuda para esses problemas.

PALAVRAS-CHAVE: Exercício físico. Período pós-parto. Saúde da mulher.

INTRODUCTION

The pelvic floor consists of voluntary and involuntary muscles formed by three layers (upper, middle, and lower) and ligaments connected to bone structures. Its function is to support the organs of the abdominal and pelvic regions, such as the bladder, uterus, and intestine[1]. The pelvic floor muscles (PFM) control important physiological functions, such as urination and evacuation. They also play an essential role during pregnancy, accompanying the fetus's growth and, during childbirth, working to expel the fetus through voluntary contractions[1].

Their viscoelasticity causes the PFM muscle fibers to distend (lengthen) significantly in preparation for childbirth. However, after birth, these fibers may take weeks or even months to return to their previous length and restore their ability to contract. During this recovery period, it is common for a woman to suffer from disorders related to losing the ability to contract these muscles[1].

Regardless of the type of delivery, about 10% of women have lesions (distension or laceration) of the PFM, especially in the perineum region, which can compromise pelvic floor functions[2]. This condition can predispose women to urinary incontinence, fecal incontinence, pelvic organ prolapse, dyspareunia, and perineal pain, which can last for a long time without proper treatment.

Healthcare professionals need access to guidelines to improve the quality of care in the public and private health systems. Guidelines are instructions for clinical practice developed by institutions and organizations from several countries. They consist of recommendations based on scientific evidence, mainly from systematic reviews and meta-analyses that assess the risks and benefits of different interventions for health problems[3].

The development of guidelines begins with identifying a problem that requires evidence-based guidance[4]. Interdisciplinary groups form a committee that works to draft and execute a protocol that will serve as a model for the development process. This protocol includes the project's scope, each committee member's role, the specific systematic review, and the consensus methods that will be employed to ensure quality recommendations and mitigate bias. The guidelines undergo a formal review, and the committee's final report must document the final recommendations[4].

Optimizing the adoption of recommendations requires outreach activities, including social media platforms and more purposefully designed implementation activities[4]. Methods to keep the recommendations up-to-date are also essential to ensure their continuous validity and credibility, especially to avoid the spread of weak, ineffective, hard-to-implement, or even potentially harmful guidelines[3].

Health systems should follow the clinical practice guidelines established by the World Health Organization (WHO) and published by the responsible institution in the corresponding country, especially systems organized in healthcare networks like Brazil, the United Kingdom, Ireland, and Spain. These networks are based on "strong, resolute, and coordinating primary care for users" to ensure a more effective, less onerous, more satisfactory, and fair health system that considers social diversities[5].

Health promotion is a central element in the care of pelvic floor muscles (PFM), especially in the postpartum period, due to the significant impact dysfunctions can have on the quality of life of women[2]. Strategies aimed at perineal rehabilitation, the triage of dysfunctions, and the education of postpartum women on the importance of self-care are fundamental to preventing problems like incontinence and prolapses, promoting physical and emotional well-being[2,3].

By addressing gaps in existing guidelines and proposing more integrated and accessible models, this study contributes to strengthening the role of health promotion in women's care, in line with the need for public policies that ensure more equity and effectiveness in health services. Given the above,

this study aimed to review the guidelines for preventing and treating pelvic floor muscle dysfunction (PFMD) in postpartum women established by the WHO, Brazil, the United Kingdom, Ireland, and Spain.

METHODOLOGY

This study consists of a narrative, descriptive, and exploratory literature review that conducted a critical analysis of the literature on the guidelines for PFM care in the postpartum period established by the WHO, Brazil, the United Kingdom, Ireland, and Spain. This approach does not impose specific criteria or systematization, allowing comprehensive data gathering and the discussion of gaps in the knowledge about a theoretical or contextual subject from several documentary sources[6,7].

The study was based on a systematic review[3] through which the authors evaluated the quality of the guidelines related to PFM care for puerperal women in Primary Health Care. It selected documents relevant to the subject investigated out of the ten previously analyzed by Baratieri et al.[3]

In addition, searches were conducted on the websites of the WHO, Brazil's Ministry of Health, and the international institutions that established the aforementioned guidelines[3]. The following specific terms were employed to find information on the websites: in Portuguese, "musculatura do assoalho pélvico" AND "puérperas"; in Spanish, "musculatura del suelo pélvico" AND "mujeres puérperas"; in English, "pelvic floor musculature" AND "puerperal women".

The selection and eligibility analysis of the documents took place in December 2022. Two independent researchers read the documentary evidence found. In the case of disagreements, the paper's other authors were consulted to reach a consensus. All authors participated in the analysis and interpretation of the documents retrieved. The inclusion criteria were specific clinical practical guidelines that addressed PFM care for puerperal women in Portuguese, Spanish, and English without establishing a time frame. After the data extraction, all guidelines that did not meet the criteria established were discarded.

RESULTS AND DISCUSSION

Searches on the website of Brazil's Ministry of Health returned three documents. In addition to the Brazilian documents, seven international clinical practice guidelines offered specific instructions for PFM care (prevention or treatment) in postpartum women out of the ten documents selected by Baratieri et al.[3]. The countries that originated the guidelines selected were the United Kingdom, Ireland, and Spain, in addition to the WHO. Chart 1 summarizes the guidelines analyzed.

Chart 1. Risk factors for pelvic floor dysfunction

Guidelines	Main recommendations	Limitations
World Health Organization (WHO)[8,9]	Recommends supervised pelvic floor muscle training (PFMT) to treat urinary and fecal incontinence; suggests informing all women about possible pelvic floor muscle dysfunction (PFMD); reinforces the importance of self-care and professional support.	Lack of strong evidence to initiate preventive PFMT immediately after delivery.
Brazil[10,11,12]	Includes PFMT as part of the treatment in 2016 protocols; instructs healthcare professionals on pelvic floor strengthening and gradual abdominal exercises during the puerperium.	Generic recommendations; lack of detailed protocols; responsibility delegated to untrained doctors and nurses.

Guidelines	Main recommendations	Limitations
United Kingdom[13,14]	Offers complete guidelines for prevention and non-surgical treatment of PFMD; proposes supervised PFMT for different specific cases; highlights the importance of treatment personalization and continuous evaluation	Cost-effectiveness prevents universal offer of supervised PFMT; low acceptance over time.
Ireland[15,16]	Recommends six to twelve weeks of physical therapy for cases of anal sphincter injury; offers postpartum follow-up consultations to assess healing and urinary and intestinal functions; clear instructions for home exercises.	Public service limited to certain groups; focus on perineal trauma.
Spain[17]	Proposes including PFMT in preparation for childbirth and as a preventive and therapeutic measure; emphasizes PFM evaluation before initiating the training and professional follow-up at immediate postpartum and hospital discharge.	Intervention limited to childbirth preparation and immediate postpartum; lack of continuous training.

Source: the authors.

The results indicate that the WHO's recommendations encompass important aspects of intrapartum and postnatal care, but have gaps concerning the preventive handling of PFMD. The 2018 guidelines focus on reducing unnecessary interventions during childbirth and assessing postpartum uterine atony to prevent bleeding, but they do not offer specific recommendations to prevent PFMD[8]. In 2022, the guidelines advanced by proposing pelvic floor muscle training (PFMT) as a treatment for urinary and fecal incontinence and highlighting its potential contribution to sexual function and reduction of PFMD[9]. However, not enough evidence was found to recommend initiating PFMT preventively shortly after delivery[9].

In Brazil, the existing protocols are insufficient to fully meet the PFMD-related needs[10]. The 2016 Primary Care Protocol offers general instructions regarding PFMT[11] but lacks details in the referral or prescription of exercises. Furthermore, the protocol assigns the task of prescribing PFMT to nurses and doctors without ensuring their training. The 2017 National Guidelines for Vaginal Delivery Care emphasize perineal care in the intrapartum period and immediately after delivery[12] but provide vague information on pelvic floor exercises and lack clear protocols for postpartum evaluation or follow-up.

In the United Kingdom, the National Institute for Health and Care Excellence (NICE) guidelines are exemplary, encompassing prevention and treatment of PFMD. The 2021 NG194 guideline reinforces the importance of assessing the general health of the puerperal woman and including PFMT as part of postnatal care[13]. The NG210 guideline provides detailed recommendations on the non-surgical treatment of PFMD, indicating professionally supervised PFMT based on identified risk factors[14]. Despite their thoroughness, the guidelines acknowledge limitations related to low acceptance of PFMT in the long term and the economic viability of offering it universally.

In Ireland, the guidelines for managing obstetric anal sphincter injury highlight the importance of physical therapy follow-up[15]. It recommends the evaluation of all women with perineal lesions before discharge from the hospital and six to twelve weeks of physical therapy for them[16]. The instructions include PFM exercises and specific care to accelerate perineum healing, but access to public healthcare services is restricted to specific population groups.

In Spain, the guidelines have a preventive approach. They recommend starting PFMT during pregnancy and continuing during the immediate postpartum period to reduce the risk of urinary incontinence[17]. They also value assessing the PFM before initiating training to ensure the correct

execution of the exercises[18]. However, the interventions are limited to the hospital discharge period and do not address care continuity, reducing the effectiveness of the recommendations in the long term.

CONCLUSION

The analysis of the guidelines related to pelvic floor muscles (PFM) care revealed significant advances and gaps. Although the WHO proposes general guidelines, the absence of more robust preventive recommendations compromises the uniformity of care. In Brazil, while the existing protocols include basic instructions, there is a lack of specific and effective strategies, like standardized triage and professional training. The comparison with other countries pointed to the British model as the most up-to-date and comprehensive. It prioritizes personalized treatment and supervised PFMT, despite facing challenges like cost-effectiveness and long-term acceptance.

Ireland and Spain also offer relevant contributions, especially in the context of post-perineal trauma rehabilitation and preventive measures in the prepartum and immediate postpartum periods. However, continuous care is limited, suggesting the need for more integrated services. Such contrasts emphasize the need to adopt international practices in the Brazilian context, focusing on clear, cost-effective guidelines that address regional diversity.

The integration of positive elements from diverse models, coupled with public policies promoting broader access to perineal rehabilitation and education, can substantially enhance PFM care in Brazil. Moreover, educational programs and the use of accessible technologies can potentially amplify the impact of interventions, contributing to the prevention of dysfunctions and promoting health in the postpartum period. These strategies, aligned with strong Primary Care, can ensure more equity and effectiveness in women's health care.

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