

Postpartum Pelvic Floor Physiotherapy and Sexual Functioning

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Question

- In postpartum women, how does pelvic floor physiotherapy compared to no pelvic floor physiotherapy affect sexual function?



<https://www.bannerhealth.com/healthcareblog/better-me/postpartum-depression-not-just-the-baby-blues>

Background

- 2,462,904 births were registered as vaginal deliveries in the United States in 2020. This accounts for over 68% of births in the United States that year (Osterman, 2022).
- Physical alterations to the pelvic floor muscles that occur during a vaginal delivery may have a large influence on postpartum sexual functioning.
- Female sexual dysfunction is a common complication; however, it is significantly more prevalent during postpartum.
- Pelvic floor muscle training (PFMT) may be an affordable, non-invasive intervention that can be implemented by nurses during the postpartum period to help improve female sexual function.
- PFMT consists of exercises that include repetitions of contracting and relaxing the pelvic floor muscles in order to build muscular strength (Pourkhiz, 2017).
- Sexual functioning is an important part of comprehensive healthcare, and postpartum women deserve to have options, education, and support.

Study	Description	Results
Effect of Pelvic Floor Muscle Training on Female Sexual Function During Pregnancy and Postpartum: A Randomized Controlled Trial 2017, Pourkhiz et al. Level II randomized controlled trial	<ul style="list-style-type: none"> Sample: 84 nulliparous women at 17-20 weeks gestation, in Sari, Iran. Goal: determine the relationship between pelvic floor muscle (PFM) training and sexual function during and after pregnancy. Control Group: randomly assigned. 42 women received standard prenatal & postpartum care. Intervention Group: randomly assigned. 42 women received standard care, and PFM training until 36-37 weeks gestation and beginning again promptly after birth. Measurement Tools: Female Sexual Function Index (FSFI), Sexual Quality of Life-Female (SQOL-F) scale, and PFM strength measurements. 	<ul style="list-style-type: none"> Intervention group showed higher mean scores on the FSFI, the SQOL-F, and an increase in the pelvic muscle strength after participation in the PFM training program. Intervention group showed improved female sexual function in all 6 domains of sexual function: desire, arousal, lubrication, orgasm, satisfaction, and pain. Most significant results were during the postpartum period.
The Effect of Pelvic Floor Muscle Exercises Program on Sexual Self-Efficacy in Primiparous Women After Delivery 2015, Golmakani et al. Level II randomized controlled trial	<ul style="list-style-type: none"> Sample: 79 nulliparous women, 8 weeks after childbirth, in Mashhad, Iran. Goal: study the impact of PFM strengthening on sexual self-efficacy. Control Group: randomly assigned. 52 women without PFMT. Intervention Group: randomly assigned. 52 women with PFMT. Included education on Kegel exercises and measurement of PFM strength. Measurement Tools: PFM strength measured with Brink scale and self-efficacy measured using Bailes sexual self-efficacy questionnaire. 	<ul style="list-style-type: none"> Statistically significant difference of pelvic floor muscle strength between the intervention and control groups after 8 weeks of the training program. Sexual self-efficacy showed an increase after 8 weeks in the intervention group, most notably in the categories of desire, sensuality, arousal, orgasm, emotions, communication, refusing sex, and body acceptance.
Effect of Postpartum Pelvic Floor Muscle Training on Vaginal Symptoms and Sexual Dysfunction - Secondary Analysis of a Randomised Trial 2015, Tennfjord et al. Level II randomized controlled trial	<ul style="list-style-type: none"> Sample: 175 women after singleton vaginal delivery, 6 weeks postpartum, in Norway. Goal: assess the impact of PFMT on female sexual dysfunction and PFM strength in postpartum women. Control Group: randomly assigned. 88 women, taught basic pelvic floor contraction methods. Intervention Group: randomly assigned. 87 women, taught basic pelvic floor contraction methods and participated in weekly PFMT sessions. Measurement Tools: International Consultation on Incontinence Modular Questionnaire-Vaginal symptoms questionnaire (ICIQ-VS), ultrasound of pelvic floor muscles, vaginal resting pressure. 	<ul style="list-style-type: none"> This study found that there was not a significant difference between the sexual functioning of the intervention and control group after the PFMT training program. However, fewer women reported symptoms of "vagina feels loose or lax" in the intervention group than in the control group. Additionally, an increase in pelvic floor muscle strength and endurance in the intervention group after PFMT was measured.

Conclusion

- The majority of the research showed that there is potential in the ability of PFMT to improve postpartum sexual functioning and sexual self-efficacy.
- PFMT does have a significant impact on increasing pelvic floor muscle strength.



<https://www.oviahealth.com/guide/109668/pelvic-floor-muscle-exercise-in-pregnancy-and-postpartum-should-i-do-it/>

Application

- As trusted professionals, nurses can have an honest conversation with patients about the importance of sexual health and the impacts of vaginal delivery on sexual functioning.
- PFMT is a free, non-invasive tool that may help to improve postpartum sexual self-efficacy and sexual functioning.
- Nurses and more robust discharge education.
- Interdisciplinary focus: nurses can encourage consultation with physical therapists (PT) and reinforce PFMT exercises taught by the PT.
- There is room for future studies that can be completed by nurses.

This work is not original. This is a systematic review of published research conducted by professionals. Guidance was provided by Melissa Kukulski, professor of ACNU307: Evidence-Based Practice Research.