There's only one way to cure stress incontinence forever.

Get Pelvic Floor Muscles of Steel
....The NordicSphincter

Call 1-800-Sphincter
For a Free Brochure.
(no salesman will call)
Cochrane Review Antenatal PFMT in Continent Women

• 38 trials of 9892 women
• 62% less likely to have UI in late pregnancy
• 29% less likely to have UI at 3-6 months postpartum
• Insufficient evidence for effect greater than 6-12 months postpartum

Woodley SJ et al 2017
Cochrane Review Antenatal PFMT in Continent Women - Conclusions

“Targetting continent antenatal women early in pregnancy and offering a structured PFMT programme may prevent the onset of urinary incontinence in late pregnancy and postpartum.”

Woodley SJ et al 2017
A multicentre randomised controlled trial of a pelvic floor muscle training intervention for the prevention of pelvic organ prolapse


NMAHP Research Unit, Glasgow; Health Services Research Unit, Aberdeen; University of Birmingham; Dunedin School of Medicine, University of Otago; Birmingham Women's Hospital; Aberdeen Royal Infirmary; Yunus Centre, Glasgow Caledonian University

Funded by Wellbeing of Women

PREVPROL – 2 Year Follow Up - Conclusions

- Women in the Intervention group more likely to report doing PFM exercises (77% v 53% P <0.001) and to say they felt a health-related benefit (44.2% v 9.8% P <0.001) compared to Controls.

- Significantly lower POP-SS score at 2 years in the Intervention Group compared to Control P = 0.004

- Further treatment for prolapse symptoms was less common in the Intervention Group (5.9% v 14.4% P = 0.007)

- Rate of GP consultations related to prolapse symptom was lower in the Intervention Group (2.9% v 12.2% P = 0.01).

Women should be recommended to undertake PFMT even before they have bothersome symptoms
PINT RCT. Results – woman performing pelvic floor muscle training

Percent

0 20 40 60 80 100

1 year P=0.037

6 years NS

12 years NS

Intervention
Control

Glazener et al 2014
Pelvic floor muscle training to prevent pelvic floor dysfunction

• It works!
• Challenge – How do we increase motivation, and adherence to PFMT?
Current Main Prevention Strategies

• Caesarean Section and other delivery modes
• Pelvic floor muscle training
• Modifiable risk factors/lifestyle interventions
Modifiable Risk Factors/Lifestyle Interventions Preventing Urinary Incontinence

• Women should aim at normal weight before pregnancy (Grade A)
• Aim at regaining pre-pregnancy weight postpartum (Grade B)
• Constipation should be avoided during pregnancy and postpartum (Grade C)

Current Main Prevention Strategies

- Caesarean Section and other delivery modes
- Pelvic floor muscle training
- Modifiable risk factors/lifestyle interventions

Influenced by UR-CHOICE “Score” giving personalised “Risk”/likelihood of developing PFD (UI, FI & POP)