

## **Rates of Teaching and Practice of Pelvic Floor Muscle Exercises in Primiparous Women Before and After Delivery. P Fine for the Pelvic Floor Disorders Network**

**Objective:** To describe teaching and practice of pelvic floor muscle exercises (Kegels) in American primiparous women before and after delivery.

**Methods:** This is a secondary data analysis from a prospective IRB-approved multicenter cohort study, the **C**hildbirth **A**nd **P**elvic **S**ymptoms (CAPS) study, performed by the Pelvic Floor Disorders Network. Participants were primiparous and had a term singleton delivery between 2002 and 2004. The 6-month postpartum interview included questions on instruction and practice of Kegels.

**Results:** Of the 921 women in CAPS, 759 (82%) completed the 6-month postpartum interview and 482 (64%) responded they had been taught Kegels. Most women (430 of 482, 89%) who were taught received instructions during pregnancy. Reminders given at the postpartum visit most often came from doctors, nurses, or both. Women with anal sphincter tears were not more likely to receive instruction or reminders for Kegels after delivery, compared to women who delivered vaginally without anal sphincter tears. Kegels were usually taught with verbal (76%) and/or written (55%) instruction; only 10% of women were taught during pelvic examination (modes of teaching exceed 100% because each woman could identify more than one mode). More Caucasian women (75%) were taught Kegels than Asian (48%), African American (36%), or Hispanic women (39%) ( $p < 0.0001$ ). More women with some or complete college education (74%) were taught Kegels compared to women without college education (37%,  $p < 0.0001$ ). Of the 482 women taught, 328 (68%) reported performing Kegels postpartum and 207 of 328 (63%) were still performing them 6 months after delivery. Most women who either never performed Kegels despite instruction (108 of 154, 70%) or who stopped before 6 months postpartum (87 of 121, 72%) indicated that exercise seemed unnecessary since there was no problem. However, many women also reported that they forgot (61-69%), were too busy (53-55%), or too tired (30-34%) to exercise (again, percentages exceed 100% for multiple responses chosen). There was no association between performance of Kegels, and fecal and urinary continence status. Of 324 women who reported how frequently they performed Kegels, 42 (13%) were more than once per day, 86 (26%) once daily, 135 (42%) several days per week, and 61 (19%) less than once per week.

**Conclusions:** Since this was not a randomized trial of efficacy of performing Kegels, the lack of association between Kegels and incontinence may be due to self-selection of the participants; many did not perform or stopped Kegels because they were not incontinent. We identified many opportunities during and after a woman's first pregnancy for improved teaching and monitoring performance of Kegels, including antepartum teaching, postpartum reinforcement, directed therapy for symptomatic women, and increased levels of intensity to achieve maximum benefit. Women at highest risk for postpartum symptoms, such as women with anal sphincter tears, should be targeted for focused attention to pelvic floor muscle function.

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