



Women's Health

Pelvic floor muscle training for postpartum incontinence

What is most cost-effective: pelvic floor muscle training for all women or only for those with incontinence?

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Pregnancy and childbirth are recognised as significant risk factors for urinary (UI) and faecal incontinence. Treatment options for UI include conservative therapies, such as pelvic floor muscle training (PFMT), lifestyle changes and bladder training.

Pelvic floor muscle training can also be conducted prophylactically to prevent the development of urinary incontinence. There is high level evidence and international recommendations that PFMT should be the first-line management for urinary incontinence in adult women. Treatment options for faecal incontinence also include PFMT, along with lifestyle changes and bowel training. What is less clear is the most cost-effective way to deliver PFMT.

A recent cost-effectiveness analysis by physiotherapists in Australia examined 17 trials identified in a systematic literature review.

Three models of care were clinically effective: individually supervised PFMT during pregnancy to prevent urinary incontinence; group-based PFMT during pregnancy to prevent or treat urinary incontinence; and individually supervised postnatal PFMT to treat urinary incontinence and prevent or treat faecal incontinence.



The authors concluded that providing group-based PFMT for all women during pregnancy is likely more efficient than individual PFMT for incontinent women postnatally; however, providing PFMT for postnatal women with urinary incontinence should not be discounted because of the added known benefit for preventing and treating faecal incontinence.

Want to read deeper into this topic? Have a look at the free full text version of this article published in [Journal of Physiotherapy](#)!

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