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**EVOLIUCINĖ MEDICINA:  
ŽMOGAUS RAIDOS PERSPEKTYVOS IR SVEIKATA  
BESIKEIČIANČIOJE APLINKOJE**

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**EVOLUTIONARY MEDICINE:  
PERSPECTIVES ON HUMAN DEVELOPMENT AND HEALTH  
CONSEQUENCES IN A CHANGING ENVIRONMENT**

Rengėjas:

Vilniaus universiteto Medicinos ir sveikatos mokslų  
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Organized by

the Doctoral School of Medicine and Health sciences  
at Vilnius University, VU Faculty of Medicine

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# POSTPARTUM REHABILITATION TRIAL: REASONS OF DECLINING AN INVITATION TO PARTICIPATE AND PROGNOSTIC FACTORS FOR SUCCESS – PRIMARY RESULTS OF AN ONGOING CLINICAL TRIAL

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**Background and Aim:** Pregnancy and childbirth are major independent risk factors for pelvic floor dysfunction (PFD). Pelvic floor muscle (PFM) training postpartum has been shown to improve PFD symptoms. The aim was to identify factors associated with study dropout and greater improvement in PFM function after rehabilitation.

**Materials and Methods:** Women were invited to participate after delivery or during their first postpartum visit to an obstetrician-gynecologist. Reasons for declining participation were collected through an individual inquiry. Participants were evaluated by an obstetrician-gynecologist before rehabilitation and by physiotherapist and rehabilitation physician before and after rehabilitation. The inclusion criteria were singleton delivery and full completion of 4-week rehabilitation program consisting of physiotherapy, biofeedback therapy, trans-cutaneous tibial nerve electrostimulation, initiated at 6-8 weeks postpartum. Statistical analysis was performed using Pearson's or Spearman's correlation analyses, and Welch's t-test or the Mann-Whitney U test for group comparisons, depending on data distribution. These analyses evaluated the relationship between improvement in PFM function and maternal/neonatal clinical factors.

**Results:** Less than 5% of invited woman, only 14 participants, completed rehabilitation program. Urinary incontinence (UI) prior to rehabilitation was significantly associated with greater improvement in maximum PFM contraction. Higher newborn weight was correlated with lower initial PFM strength. The main reasons for declining participation in the study were social difficulties and a lack of public information.

**Conclusions:** Women with UI prior to rehabilitation may demonstrate greater improvement in PFM activity. Early identification of these patients could help optimize the allocation of postpartum rehabilitation resources. Greater public awareness of postpartum rehabilitation and remote rehabilitation options is needed.

**Keywords:** pelvic floor dysfunction, postpartum rehabilitation, urinary incontinence prevention