

Application of this recommendation might potentially require enhanced availability of resources such as qualified personnel to provide consistent and standardized training in various forms when feasible and indicated. The systematic evidence review established that enhanced patient supervision in pelvic muscle training showed better outcomes.[\(87, 88\)](#) However, to refer every pregnant patient to pelvic health rehabilitation for individual care is infeasible because of the limited availability of pelvic health therapists in the U.S. This intervention shows positive treatment and prevention effects that have the potential to reduce overall health care costs and to improve QoL in the long term for patients during and after pregnancy in patients with and without symptoms of urinary incontinence.

The education and training interventions in the reviewed studies were highly variable, including with provider education on pelvic muscle training exercises ranging from individually, self-directed home programs, group exercise sessions, or both. A patient education handout or discussion in the absence of pelvic floor muscle examination with instruction training on how to properly perform pelvic floor muscle activation is likely insufficient according to the systematic evidence review, although it is common practice in many primary care and specialty (non-rehabilitation) clinics. PFMT can be accomplished via home exercise program education instruction during pelvic examination by providing verbal and tactile feedback on appropriate muscle activation, exercise education in a group prenatal care program, independent exercise/self-care strategies, or any combination of these approaches.

The Work Group systematically reviewed evidence related to this recommendation.[\(86-88\)](#) Therefore, it is categorized as *Reviewed, New-added*. The Work Group's confidence in the quality of the evidence was low. The body of evidence had some limitations, including challenges with blinding active interventions, short-term follow-up periods, diversity of intervention methodologies, and variability in the outcome measurement tools used. These studies overall concluded that the conduct of PFMT exercises supported by a confirmation examination of pelvic muscle function and with training (individual, home program, or group) for the mixed prevention and treatment of incontinence when initiated in early pregnancy reduces the incidence of urinary incontinence in late pregnancy and up to 6 months postpartum compared with TAU routine care (no PFMT exercises or self-directed care without provider muscle activation confirmation and training). These studies evaluated the primary outcome of urinary incontinence by assessing the prevalence of any level of urinary incontinence in patients. These studies used self-report questionnaires or tools during and after pregnancy using mixed prevention and treatment with a variety of training techniques, frequency, duration, and settings. The benefits of PFMT exercises outweigh the potential harm (no significant adverse events reported), but the burden of increased care requirements for the patient and provider should be considered. Patient values and preferences vary somewhat as some patients might not want to or are unable to have an internal pelvic floor examination or to conduct pelvic muscle training consistently.