

study participants showed improvements in both groups (intervention and control) for incontinence and QoL measure, but the exercise group had statistically significant improvements in ICIQ-SF scores and prevalence rates of incontinence with an 85% improvement in patients with symptoms of urinary incontinence at the start of treatment. No difference in pelvic floor muscle objective strength was found between intervention and control groups, but both groups had statistically significant changes from baseline over time that were attributed to natural recovery.

Sigurdardottir et al. (2019) conducted a small RCT (n=84) that assessed the efficacy of PFMT in the early postpartum period for the outcomes of urinary and fecal incontinence, related bother, and pelvic floor strength at 6 and 12 months after delivery in adult primiparous women with incontinence (urinary or fecal).[\(93\)](#) The treatment intervention started at approximately 9 weeks postpartum with individualized physical therapist-guided PFMT care with biofeedback consisting of 12 weekly rehabilitation treatment sessions. The control group received no instruction in PFMT. All participants received an initial assessment of pelvic floor muscle function examination with a single-digit vaginal palpation for muscle activation confirmation and objective strength tests vaginally and rectally with a manometer device. Postpartum PFMT reduced the rates of urinary incontinence and related bother and increased pelvic floor muscle strength and endurance at 6 months postpartum, but no difference between groups was found by 12 months. The PFMT training had no significant effects on fecal (anal) incontinence but improved pelvic floor muscle and anal sphincter strength values overall.

Evidence indicates no reported significant harms or adverse outcomes associated with PFMT in rehabilitation from the reviewed studies.[\(86, 92, 93\)](#) The SR by Woodley et al. (2020) cited two reports of pelvic floor pain with exercises.[\(86\)](#) This intervention is considered low risk and a key component of conservative care for the management of urinary incontinence in the general population.[\(90\)](#) The benefits of PFMT exercise include improved QoL with urinary continence and reduced health care costs and requirements that outweigh the harms and burdens of pelvic health rehabilitation programs.

Patient values and preferences varied somewhat regarding this treatment because patients might not want to undergo a pelvic muscle function examination and rehabilitation (e.g., history or trauma), might have competing demands as a new parent that interfere with the ability to consistently adhere to treatment requirements or attend rehabilitation, or both. Patients, however, might want to maximize conservative intervention first in lieu of medication or surgical interventions that might carry more inherent risks than rehabilitation, especially during childbearing years. The patient focus group findings cited desires for enhanced consideration of co-occurring health conditions and improved access to rehabilitation resources in the postpartum period. Access to this type of specialty care is limited nationwide because of a paucity of trained providers in pelvic health rehabilitation, which is the smallest cohort of board certification specialties in the physical therapy profession.[\(97\)](#) The factor of rehabilitation availability alone did not influence the strength of the recommendation.