B. Rehabilitation Care Provider

Pelvic health rehabilitation encompasses services conducted by physical therapists, occupational therapists, or other professionals with documented specialized training and competencies in evaluating and treating conditions related to pelvic (floor) muscle dysfunction. It is a first-line, conservative treatment option in the pregnancy and postpartum periods for managing urinary or fecal incontinence, voiding dysfunctions, pain in the pelvis and adjacent regions, or any combination of the foregoing complaints. Contraindications for pelvic health rehabilitation might include an indwelling catheter, active pelvic infection, open pelvic wounds or sutures, impaired cognitive function, and menorrhagia or hematochezia without prior evaluation. Pelvic health (floor) rehabilitation is a minimally invasive, low-risk treatment approach that can reduce or eliminate symptoms of pelvic muscle dysfunction.(86, 311-313) To improve function and QoL, treatment strategies are designed to strengthen, relax, or facilitate proper coordination of the pelvic floor and trunk muscles or to achieve any combination of these objectives.(311, 314, 315) Strategies can include internal pelvic floor evaluation and treatment using therapeutic exercise, electrical stimulation, biofeedback training, manual therapy, behavioral education, or any combination of these interventions.(311, 316) Pelvic health rehabilitation that includes professional individualized instruction from a therapist and intensive exercise training with personalized feedback demonstrates superior outcomes to generalized education or self-care.(311, 313, 317, 318) A validated assessment questionnaire might be helpful to providers as a screening tool for the presence of pelvic muscle dysfunction during and after pregnancy.(313). The DHA uses the Cozean Screening Tool as referenced in the 2022 DHA Practice Recommendation “Pelvic Health Pregnancy and Postpartum Rehabilitation Services.” See Recommendation 5 and Recommendation 6 for further information.

Also, important to highlight is that should a pregnant patient experience musculoskeletal pain or dysfunction during pregnancy, providers should consider early referral to rehabilitation services (e.g., physical therapy, occupational therapy) to conservatively manage these conditions. The presence of multiple musculoskeletal pain conditions is common in pregnancy, especially in the third trimester.(319) Pregnancy is not an absolute contraindication to rehabilitation care, and the completion of pregnancy alone will likely fail to resolve pain chronic symptoms. For example, evidence suggests that patients who experience low back/pelvic girdle pain during pregnancy are at higher risk for postpartum depression and chronic pain.(320, 321) Providers should also consider a postpartum referral to rehabilitation services should the patient continue to experience persistent postpartum symptoms of pelvic muscle dysfunction, musculoskeletal pain, or both, especially if a traumatic birth injury occurred. Rehabilitation providers can provide evidenced-based treatment and education for patients with musculoskeletal conditions that support the safe conduct of physical activity goals during and after pregnancy. Table 12 lists rehabilitation referral guidelines for common specific pregnancy-related musculoskeletal conditions.