

# CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

REVISÃO DE ESCOPO

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## NURSE ASSISTANCE IN PELVIC FLOOR DYSFUNCTIONS IN WOMEN: SCOPING REVIEW

*Assistência do enfermeiro nas disfunções do assoalho pélvico em mulheres: revisão de escopo*  
*Asistencia de enfermería en disfunciones del suelo pélvico en mujeres: revisión del alcance*

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### RESUMO

**Objetivo:** mapear as evidências sobre a assistência do enfermeiro nas disfunções do assoalho pélvico em mulheres atendidas em unidades de atenção primária e secundária à saúde em cenários nacional e internacional. **Método:** revisão de escopo seguindo o *Instituto Joanna Briggs*. Pesquisa abrangente foi realizada nas fontes de informação, incluindo a literatura cinzenta e busca manual na lista de referências dos estudos incluídos. **Resultados:** foram incluídos 17 estudos subdivididos em duas categorias: apresentação do processo de seleção dos estudos e caracterização dos estudos. **Conclusão:** a assistência de enfermagem no contexto de mulheres com disfunções do assoalho pélvico enfrenta várias problemáticas, sobretudo a respeito da desinformação e da falta de conhecimento de técnicas e tratamentos de prevenção e reabilitação tanto pela mulher quanto pelo enfermeiro. Logo, urge-se que o assunto em questão seja melhor abordado na formação de profissionais de enfermagem e seja melhor propagado em ambientes de serviços de saúde.

**DESCRITORES:** Distúrbios do assoalho pélvico; Enfermeiros; Enfermagem; Cuidados de enfermagem.

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## ABSTRACT

**Objective:** to map the evidence on nursing assistance for pelvic floor dysfunctions in women attended to in primary and secondary healthcare units in both national and international contexts. **Method:** a scoping review was conducted following the Joanna Briggs Institute methodology. Comprehensive searches were performed in information sources, including gray literature and manual searches in the reference lists of the included studies. **Results:** a total of 17 studies were included, divided into two categories: presentation of the study selection process and characterization of the studies. **Conclusion:** nursing assistance in the context of women with pelvic floor dysfunctions faces several issues, primarily regarding misinformation and a lack of knowledge about prevention and rehabilitation techniques and treatments, both among women and nurses. Therefore, it is crucial that this issue be better addressed in nursing education and more widely disseminated in healthcare settings.

**DESCRIPTORS:** Pelvic floor disorders; Nurses; Nursing; Nursing care.

## RESUMEN

**Objetivo:** mapear las evidencias sobre la asistencia de enfermería en las disfunciones del suelo pélvico en mujeres atendidas en unidades de atención primaria y secundaria en contextos nacional e internacional. **Método:** se realizó una revisión de alcance siguiendo la metodología del Instituto Joanna Briggs. Se llevaron a cabo búsquedas exhaustivas en fuentes de información, incluyendo literatura gris y búsquedas manuales en las listas de referencias de los estudios incluidos. **Resultados:** se incluyeron 17 estudios, divididos en dos categorías: presentación del proceso de selección de estudios y caracterización de los estudios. **Conclusión:** la asistencia de enfermería en el contexto de mujeres con disfunciones del suelo pélvico enfrenta varias problemáticas, principalmente en cuanto a la desinformación y la falta de conocimiento sobre técnicas y tratamientos de prevención y rehabilitación, tanto por parte de las mujeres como de los enfermeros. Por lo tanto, es urgente que el tema en cuestión sea mejor abordado en la formación de profesionales de enfermería y que se difunda más ampliamente en los servicios de salud.

**DESCRIPTORES:** Trastornos del suelo pélvico; Enfermeros; Enfermería; Atención de enfermería.

## INTRODUCTION

Pelvic Floor Dysfunctions (PFD) are considered problems responsible for severe morbidity in the population and arise when the pelvic musculature becomes weakened.<sup>1</sup> As a result, women may develop urinary incontinence (UI), fecal incontinence (FI), pelvic organ prolapse (POP), vaginal laxity, bladder overactivity, and sexual dysfunctions.<sup>2</sup> PFD are associated with risk factors such as advanced age, family history, obesity, previous gynecological surgeries, among others.<sup>3-5</sup>

PFD affect several areas of women's quality of life, including social, psychological, and economic aspects, in addition to significantly impacting the healthcare system. Nurses play a crucial role in identifying and treating PFD, promoting changes to improve patients' physical, emotional, and social well-being. Health education facilitates the perception, adaptation, and acceptance of treatment.<sup>4,6,7</sup>

Therefore, this study aimed to map the evidence on nursing care in pelvic floor dysfunctions in women treated in primary and secondary healthcare settings in both national and international contexts.

## METHOD

Scoping review conducted in accordance with the Joanna Briggs Institute (JBI),<sup>8</sup> using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Review (PRISMA-ScR).<sup>9</sup> The protocol is available on the Open Science Framework under DOI: <https://doi.org/10.17605/OSF.IO/QY8UT.10>

The following steps were followed: 1) Definition of objectives and research question; 2) Definition of inclusion criteria; 3) Planning of search steps, study selection, data extraction, and presentation of evidence; 4) Identification of relevant studies; 5) Study selection; 6) Data extraction; 7) Data analysis; 8) Presentation of results; 9) Summary of evidence and conclusions.<sup>8</sup>

The mnemonic PCC<sup>8</sup> strategy was used, with P (population): women with pelvic floor dysfunctions; C (concept): nursing care for pelvic floor dysfunctions; C (context): primary and secondary levels of care in national and international settings. Thus, the guiding question for this review was: "What evidence is available in the literature on nursing care for pelvic floor dysfunctions in women treated in primary and secondary healthcare services in national and international contexts?"

Eligibility criteria followed the PCC acronym structure. Studies were selected regardless of study design, as long as they were available in the information sources and addressed the guiding question. No language restrictions were applied.

In addition, primary and secondary studies published from 2004 onwards were included, as this was the year of the implementation of the National Policy for Comprehensive Women's Health Care in Brazil, whose main goal was comprehensive care. Studies on PFD in hospitals, involving transgender populations and cisgender men, as well as letters, comments, and editorials, were excluded.

For data collection, a three-step search strategy was used: preliminary search in the information sources, analysis of words and terms contained in the studies, and manual search for the selection of additional studies.<sup>8</sup>

Searches were carried out in the following databases: Medical Literature Analysis and Retrieval System Online (Medline/PubMed), Web of Science Core Collection (WOSCC), Scopus, Latin American and Caribbean Literature on Health Sciences (LILACS), Nursing Database of the Virtual Health Library (BDENF/BVS), Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Excerpta Medica Database (Embase), in addition to the grey literature ProQuest Dissertations & Theses Global and Google Scholar. Descriptors, alternative terms, and keywords were combined with the Boolean operators AND and OR, with necessary adjustments to the strategy as presented in the protocol appendix.<sup>10</sup>

The search was carried out on February 7, 2024, and the studies were exported on the same day to the reference

manager.<sup>11</sup> The studies were organized, and duplicates were removed.<sup>8,12</sup>

Subsequently, the records were transferred to ASReview LAB,<sup>13</sup> an artificial intelligence tool created to assist in screening reviews. The studies were divided into two batches. A warm-up phase was performed in ASReview LAB<sup>14</sup>, and study selection was conducted blindly in pairs according to the eligibility criteria, with title and abstract screening in stage 1, and full-text reading in stage 2. It is noteworthy that conflicts during these stages were resolved by a third reviewer.

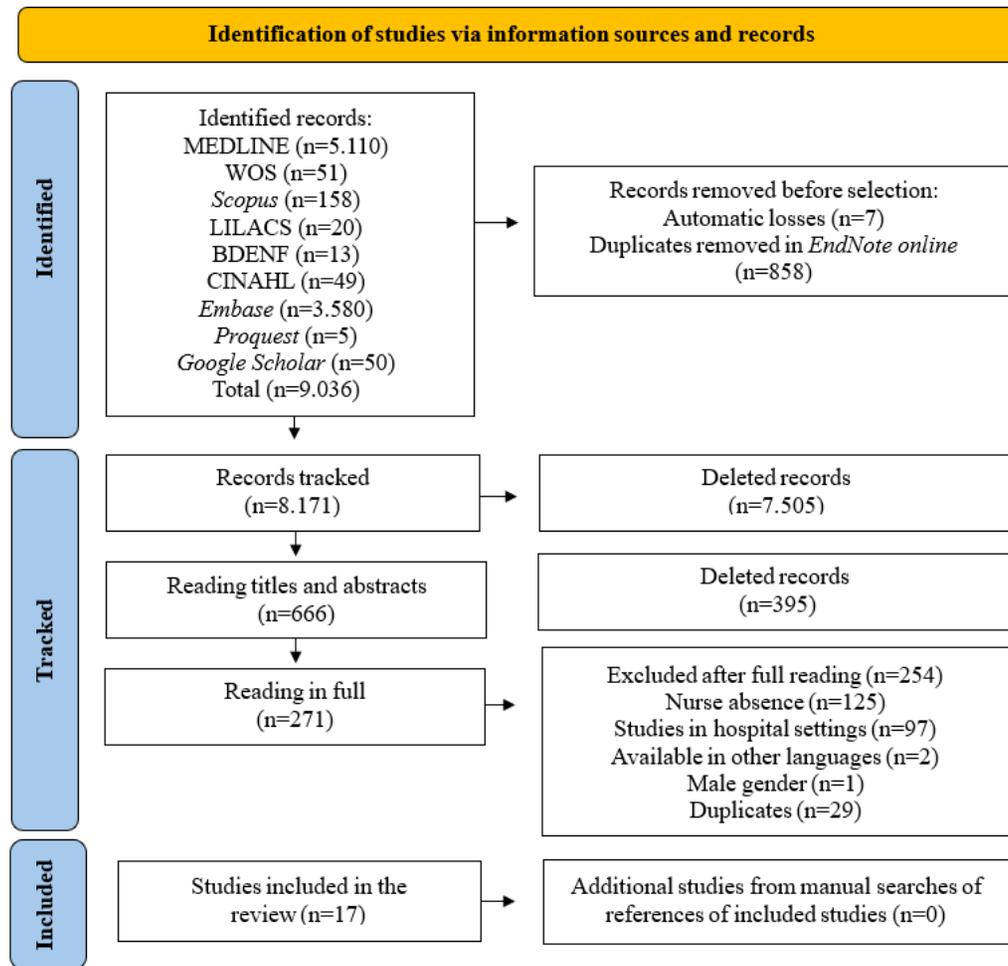
For evidence extraction, the form recommended by JBI<sup>8</sup> was used, adapted by the authors, based on the PCC elements of the review protocol. This step was performed independently by the reviewers and subsequently reviewed by a third reviewer.

The results were analyzed and presented descriptively, as well as through tables and figures created using Canva and Microsoft Excel software\*.

## RESULTS

A total of 9,036 records were found, with seven automatic losses observed during saving, in addition to 858 duplicates removed in the reference manager.

Thus, 8,171 references were retained for preliminary analysis using the ASReview LAB software. The screening classified the studies based on the probability of relevance. A total of 666 records were assessed for eligibility. The remaining 7,505 records were not considered by ASReview LAB. Figure 1 illustrates the process performed.

**Figure 1** - PRISMA flowchart of studies. Alfenas, MG, Brazil, 2024

The studies were published between 2005 and 2023, with the highest number of publications in 2020, totaling three (17.65%). Of the 17 studies, 13 (76.47%) were published in English, three (17.65%) in Portuguese, and one (5.88%) in Spanish. The included studies presented different publication settings:

five in the United States (29.41%), four in the United Kingdom (23.53%), two in Spain (11.76%) and Portugal (11.76%), and one in Brazil (5.88%), India (5.88%), and Switzerland (5.88%).

The characteristics and main results of the included studies are shown in Table 1.

**Table 1** - Characteristics of the included studies: reference, place of publication, objective(s), type of study, and main outcomes. Alfenas, MG, Brazil, 2024

Reference	Place of publication	Objective(s)	Type of study	Main outcomes
Le Quoy, M. et al. Identificação dos principais fatores que influenciam a escolha do tipo de pessário vaginal para mulheres com prolapso de órgãos pélvicos: entrevistas semi-diretivas e desenvolvimento de um algoritmo. <i>Journal of Clinical Medicine</i> . 2023. <sup>15</sup>	Switzerland.	Explore the experience of specialists in the use of pessaries, analyze the factors that influence their choice of vaginal pessary type, and propose and test the accuracy of an algorithm that assists in the choice of pessary.	Prospectivo. Seventeen semi-structured face-to-face interviews were conducted with a multidisciplinary panel of experts in pessary prescription.	The study resulted in an algorithm based on the experience of a panel of experts that can assist in prescribing pessaries for the management of POP. The algorithm was well evaluated by both experts and non-experts in terms of relevance and usefulness.
Jayanthi, V. et al. Impacto do pacote de terapia conduzido por enfermeiros nos sintomas de POP entre mulheres com útero prolapsado. <i>Journal of Pharmaceutical Negative Results</i> . 2022. <sup>16</sup>	India.	Assess the level of POP symptoms in women with uterine prolapse (UP). Assess the impact of the Nurse Led care therapy package on POP symptoms among women with UP.	Quasi-experimental study on the impact of a nurse-led care therapy package on POP symptoms among women with UGP.	Nurse Led Bundle Care Therapy can have significant benefits in managing POP-related symptoms, including symptom reduction, improved health, and possible reductions in hospitalization rates.
Pinto, V. E.; Esquivel, V. Intervenções de enfermagem de reabilitação na mulher com disfunção do pavimento pélvico. <i>Revista Portuguesa de Enfermagem de Reabilitação</i> . 2022. <sup>17</sup>	Portugal.	Identify existing scientific evidence on rehabilitation nursing interventions in women with PFD.	Narrative review of the literature.	The interventions identified included techniques such as biofeedback and electrostimulation, hypopressive abdominal exercises, relaxation strategies, and specific support products.
Barroso, A. I. R. A Mulher com hipotonia do assoalho pélvico: necessidades em cuidados de enfermagem. Instituto Politécnico de Viana do Castelo. 2020. <sup>18</sup>	Portugal.	Understanding the rehabilitation nursing care needs of women with PF hypotonia in order to contribute to better intervention in this area.	Qualitative, exploratory, and descriptive, 10 women with PF hypotonia, selected by accidental sampling with semi-structured interviews.	Understanding the need for healthcare and, more specifically, specialized nursing care within the scope of PFD.
Pizzoferrato, A. et al. Pessário vaginal para prolapso de órgãos pélvicos: uma pesquisa multidisciplinar francesa. <i>Journal of Women's Health</i> . 2020. <sup>19</sup>	United States of America (USA).	Investigate current knowledge and practices among key healthcare professionals involved in the use of pessaries in France.	Cross-sectional between April and October 2020. A questionnaire was developed by the authors and validated.	Most healthcare professionals in France are involved in fitting pessaries. Additional, tailored training is needed to improve knowledge and practice.

Reference	Place of publication	Objective(s)	Type of study	Main outcomes
Terry, R. <i>et al.</i> "Você está cuidando do assoalho pélvico?" Uma exploração etnográfica da interação entre mulheres e parteiras sobre treinamento dos músculos do assoalho pélvico (TMAP) durante a gravidez. <i>Midwifery</i> . 2020. <sup>20</sup>	United Kingdom.	Explore challenges, opportunities, and concerns for women and healthcare professionals related to the implementation of PFMT.	Ethnographic. Researchers also formed and collaborated with a public advisory group.	Pregnant women who received adequate guidance during prenatal care demonstrated greater awareness and adherence to the PFMT, contributing to a reduction in the incidence of UI and experiencing increased self-confidence in relation to pelvic health control, improving their quality of life.
Åhlund, S. Complicações do assoalho pélvico após o nascimento vaginal. Karolinska Institutet. 2019. <sup>21</sup>	Sweden.	Investigate and evaluate perineal injuries, PF complications, and consequences affecting women after the birth of their first child, up to 1.5 years postpartum.	Study I: mixed, experimental, investigating the prevalence and experiences of women with hemorrhoid symptoms. Studies II-IV: cohorts: II addressed postpartum perineal pain in 461 women; III and IV explored UI, AI, and difficulties with bowel emptying in 410 women.	Obstetric health professionals should recognize that PFDs can affect women with moderate perineal injuries, not just severe ones.
Caagbay, D. <i>et al.</i> Ensinando treinamento muscular do assoalho pélvico para profissionais de saúde locais na zona rural do Nepal. <i>International Journal of Health Promotion and Education</i> . 2018. <sup>22</sup>	United Kingdom.	Determine whether a one-day educational workshop for obstetric nurses increases their knowledge of PFD and PFMT.	Description of the educational intervention in two parts: an educational workshop for nurse midwives with a pre- and post-knowledge questionnaire and an assessment of the nurse midwives' skills.	The workshop, in addition to individual supervision, is an effective way to train obstetric nurses. Considering the prevalence of PFD in low-resource settings, improving the qualifications of local health professionals on PFMT may be a useful public health strategy.
Lopes, L. G. <i>et al.</i> Programa de reabilitação do assoalho pélvico: relato de 10 anos de experiência. <i>Revista Brasileira de Enfermagem</i> . 2017. <sup>23</sup>	Brazil.	Report on the creation, implementation experience, and care provided in the Pelvic Floor Rehabilitation Program (PFRP).	Report.	Lower urinary tract and PF dysfunctions, which are prevalent and impact quality of life, require specialized care.
Ostle, Z. Avaliação, diagnóstico e tratamento da incontinência urinária na mulher. <i>British Journal of Nursing</i> . 2016. <sup>24</sup>	United Kingdom.	Provide an overview of the symptoms, diagnosis, and treatment of UI.	Theoretical. Discusses the role of nurses in managing UI and the importance of identifying women with UI, as well as the need to perform assessments.	Equitable and integrated continence services are essential to improving the quality of care for people with continence problems.

Reference	Place of publication	Objective(s)	Type of study	Main outcomes
Hernandez, R. R. V. et al. Fatores associados ao comportamento de busca de tratamento para incontinência urinária pós-parto. <i>Journal of Nursing Scholarship</i> . 2014. <sup>25</sup>	Spain.	Identify the factors associated with the behavior of seeking treatment for UI among postpartum women.	Cross-sectional study with 142 women with postpartum UI interviewed by telephone. The association between seeking treatment and predictive variables was assessed using odds ratios and 95% confidence intervals.	Nurses and midwives should provide counseling to women and monitor pelvic-perineal rehabilitation after childbirth.
Wang, X.; Li, G. Y.; Deng, M. L. Treinamento muscular do assoalho pélvico como intervenção de enfermagem persistente: efeito no resultado do parto e na miodinâmica do assoalho pélvico. <i>International Journal of Nursing Sciences</i> . 2014. <sup>26</sup>	USA.	To evaluate the effect of TMPA as a nursing intervention on birth outcomes and postpartum PF myodynamics.	Randomized clinical trial with 106 nulliparous women divided into intervention and control groups. They participated in a PFMT program with midwife supervision, guidance on pelvic muscle contractions by a physical therapist, and monitoring of the intervention group by a nurse; the control group did not receive guidance.	Health professionals should educate women about PFD prevention and integrate PFMT into prenatal programs to improve their quality of life.
Hernández-González, A. M. Caso clínico: cuidados de enfermagem no aparecimento de prolapso do assoalho pélvico. <i>Enfermagem Clínica</i> . 2008. <sup>27</sup>	Spain.	Not listed.	Clinical case of a 51-year-old woman who goes to the primary care nursing clinic to have her blood pressure checked.	It was found that the patient follows the PFMT program and urinary evacuation training daily. She comments on how happy she is to feel safer.
Butterfield, Y. C. et al. Incontinência urinária periparto: um estudo sobre o conhecimento e as práticas das parteiras. <i>Women and Birth</i> . 2007. <sup>28</sup>	USA.	Investigate midwives' practices in assessing and managing UI in women during the peripartum period and explore their knowledge of risk factors.	Non-experimental descriptive study. Midwives who were members of the Victoria Australian College of Midwives were recruited to respond to a questionnaire about their knowledge of peripartum UI.	Many women may not be adequately assessed, diagnosed, or treated for this condition due to variations in the knowledge of professionals, including midwives.
Whitford, H. M.; Alfer, B.; Jones, M. Um acompanhamento longitudinal de mulheres na prática de exercícios perinatais do assoalho pélvico e incontinência urinária de esforço no nordeste da Escócia. <i>Midwifery</i> . 2007. <sup>29</sup>	United Kingdom.	Investigate knowledge, practice of PFMT, and incontinence among women before and after childbirth.	Cohort. Women were interviewed about their knowledge and practice of PFMT, as well as symptoms of UI. Six to twelve months after delivery, a postal questionnaire was sent.	Although more than 80% of women report practicing PFMT in the immediate postnatal period, stress UI is still a common problem.

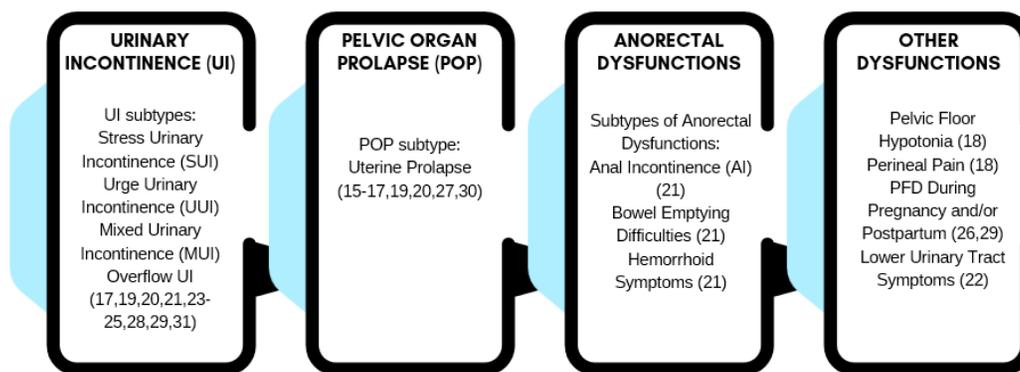
Reference	Place of publication	Objective(s)	Type of study	Main outcomes
Maito, M. M. <i>et al.</i> Preditores de ajuste de pessário bem-sucedido e uso contínuo em uma clínica de pessário de enfermagem obstétrica. <i>Journal of Midwifery &amp; Women's Health.</i> 2006. <sup>30</sup>	USA.	Identify predictors of success in the adaptation and continued use of pessaries in a pessary clinic run by nurse midwives.	Retrospectively, he observed and recorded data, focusing on factors that influence the successful adaptation and continued use of pessaries.	Pessaries are an effective, noninvasive treatment for UI and POP. Nurses can play an important role by learning how to fit pessaries in settings that allow for multiple fittings and follow-up.
Dannecker, C. <i>et al.</i> O treinamento dos músculos do assoalho pélvico assistido por biofeedback-EMG é uma terapia eficaz para incontinência urinária de esforço ou mista: uma experiência de 7 anos com 390 pacientes. <i>Wound Management &amp; Prevention.</i> 2005. <sup>31</sup>	USA.	To determine the short- and long-term effectiveness of an intensive PFMT program, assisted by EMG biofeedback, as a therapy for SUI or MUI in women.	Coorte retrospectiva de registros de treinamento muscular AP assistido por biofeedback EMG realizado por uma enfermeira e uma parteira.	Nurses should be trained in preparing appropriate educational materials for patients.

The PFD addressed in the included studies are presented in Figure 2. It is noteworthy that UI was the most highlighted PFD in the studies..<sup>17,19,20,21,23-25,28,29,31</sup>

**Figure 2.** PFD addressed in the included studies. Alfenas, MG, Brazil. 2024

## TYPES OF PFD ADDRESSED

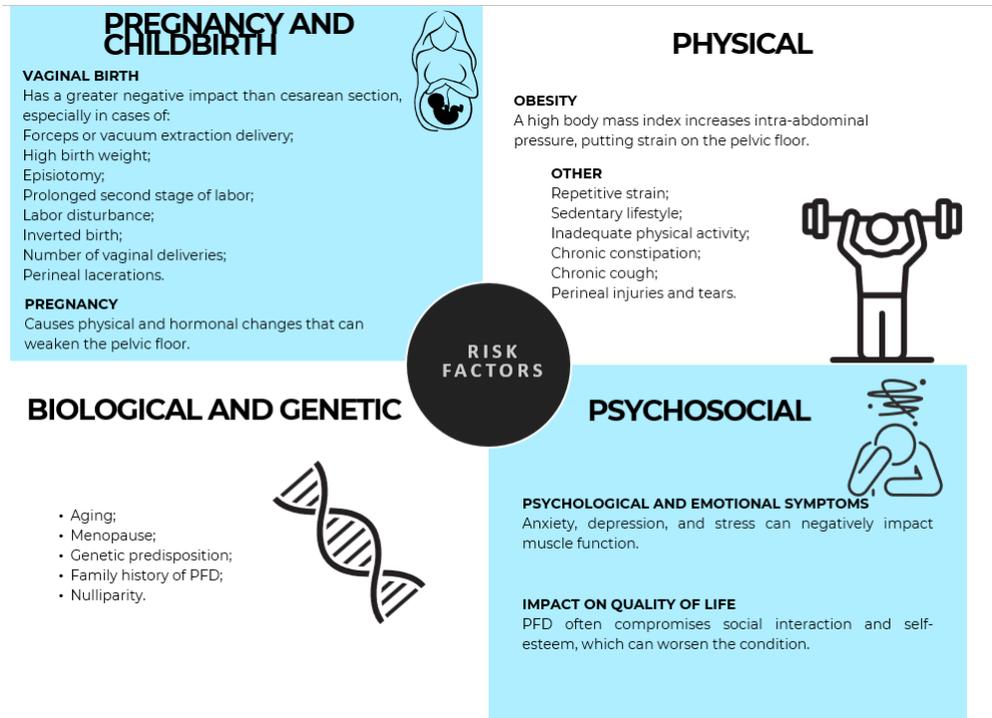
Pelvic Floor Dysfunctions



Regarding the risk factors (Figure 3), it was possible to identify a higher incidence related to vaginal delivery and pregnancy.<sup>26</sup> In addition, other factors were also mentioned,

such as: physical;<sup>18,20-21,24</sup> biological and genetic;<sup>21</sup> and psychosocial.<sup>18,21</sup>

**Figure 3.** Risk factors related to PFD. Alfenas, MG, Brazil. 2024

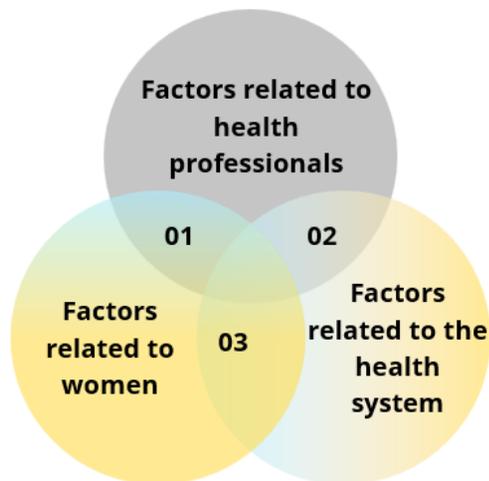


Regarding nursing care (Figure 4), particularly that provided by nurses, greater involvement was observed in interventions and the implementation of strategies and PFMT. The studies indicated that nurses are responsible for the assessment and diagnosis of PFD,<sup>17,27</sup> for applying nursing interventions,<sup>18,22,25,26,31</sup> and for working at different levels of care.<sup>17-20,21,22,28,30</sup>

Pessaries are a functional and non-invasive treatment for UI and POP, with nurses playing an essential role in their management. In settings where adjustments and follow-up are possible, nurses indicate and insert pessaries. An algorithm was developed based on expert experience to guide pessary prescription in the treatment of POP, highlighting the importance of nursing care in improving treatment effectiveness and management.<sup>15,30</sup>

**Figure 4.** Nursing care in PFD and challenges and barriers in nursing care for PFD. Alfenas, MG, Brazil. 2024

## Challenges and Barriers in Nursing Care:



01

- **Stigma and Taboo:** Underreporting of symptoms and difficulty seeking help.
- **Embarrassment:** Shame about reporting signs and symptoms.
- **Misinformation:** Lack of knowledge about PFD, its causes, and treatments.
- **Misbeliefs:** Perception that signs and symptoms are normal or related to aging.
- **Limited Access:** Difficulty accessing health services, especially in rural areas.

02

- **Lack of knowledge and specific training on PFD.**
- **Limited consultation time and a superficial approach.**
- **Difficulty identifying and managing complex cases.**
- **Insufficient number of qualified professionals to meet demand.**

03

- **Lack of effective public policies for the prevention and treatment of PFD.**
- **Limited resources for implementing rehabilitation programs.**
- **Inequality in access to health services, especially for women in socially vulnerable situations.**
- **Lack of investment in research and development of new technologies.**



## RECOMMENDATIONS

- **Professional Training:** Train healthcare professionals to identify, treat, and prevent PFD.
- **Public Awareness:** Conduct campaigns to break down stigma and encourage people to seek help.
- **Public Policy:** Strengthen women's health policies to ensure equitable access to services and treatments.
- **Research Promotion:** Support research to improve knowledge and treatment strategies for PFD.

The included studies also addressed the knowledge and perceptions of affected women. The low priority given to the topic during prenatal care, along with the lack of information related to PFD and the stigma surrounding the issue, was highlighted.<sup>20</sup> They also reflect on the impacts within the biopsychosocial context of women with PFD, with mental health and well-being being particularly affected.<sup>16</sup>

Finally, the studies reflect on the obstacles to be overcome in providing care to women with PFD, which include factors related to the women themselves, healthcare professionals, and the healthcare system.<sup>22</sup>

## DISCUSSION

PFD can cause various short- and long-term consequences in women's lives.<sup>21</sup>

UI affects different age groups, with a prevalence between 25% and 45%, causing physical, emotional, occupational, sexual, and social impacts.<sup>23</sup> Stress urinary incontinence (SUI), the most common, is characterized by urine leakage during physical activities, exercise, or when coughing and sneezing, while urge urinary incontinence (UUI) occurs when urine leakage happens before reaching the toilet. Mixed urinary incontinence (MUI) is associated with both SUI and UUI.<sup>32</sup> UI has several contributing factors, such as intrinsic, obstetric, gynecological, and potentiating factors.<sup>18,29</sup>

FI encompasses involuntary stool leakage, passive incontinence, stool leakage during intercourse, flatal incontinence, and fecal urgency. Symptomatic hemorrhoids, caused by prolonged labor, high newborn weight, constipation, and genetic factors, can affect quality of life.<sup>21</sup>

Regarding POP, this includes urogenital and rectal prolapse, characterized as a consequence of the relaxation of pelvic support structures.<sup>18</sup> Urogenital prolapse is often accompanied by varying degrees of cystocele, rectocele, and sometimes enterocele.<sup>27</sup>

In line with the triggering factors of UI, those for POP include vaginal delivery, multiparity, high newborn weight, perineal tears, forceps, advanced age, White race, menopause, systemic diseases, obesity, smoking, and chronic constipation.<sup>16</sup>

PFD have a devastating impact on women's quality of life, with many avoiding social and family interactions, which influence mental health.<sup>18</sup>

Assisting women in pelvic floor rehabilitation is a nursing role.<sup>24</sup> PFMT and biofeedback are reported to be effective in the prevention and treatment of UI,<sup>31</sup> including during pregnancy and postpartum,<sup>20</sup> and, as an alternative treatment for POP, the indication and insertion of pessaries.<sup>15,30</sup>

Embarrassment, stigma, the taboo surrounding UI, and the assumption that this condition is normal during pregnancy and postpartum further discourage discussions on the subject. Therefore, it is essential that healthcare professionals are trained to assist these women.<sup>20</sup>

Competencies of the nurse specialist in rehabilitation nursing in the care of women with PFD include assessing functionality in the domains of physiological elimination and sexuality, the use of scales and measurement instruments, as well as the evaluation of activities of daily living and psychosocial aspects.<sup>17</sup>

Women's knowledge and perceptions of PFD are fundamental for treatment adherence and the effectiveness of interventions. Cultural and social factors influence the perception and management of these conditions, highlighting the importance of healthcare professionals in education and in creating an integrated care environment that promotes trust and communication.<sup>17,24</sup>

Many women may not be properly assessed, diagnosed, and referred for UI treatment due to differences in healthcare professionals' knowledge about PFD, including midwives.<sup>28</sup>

Strategies shown to be effective in increasing knowledge about the pelvic floor include educational workshops, group exercise classes, and media campaigns.<sup>22</sup> The PRAP (Pelvic Floor Rehabilitation Program) in Campinas, São Paulo, was created to meet the growing demand of women with UI in nursing consultations. The center assists women with PFD, trains professionals, and educates undergraduate and graduate students.<sup>23</sup>

One of the main interventions in the treatment of women with PFD is PFMT, which aims to improve strength,

coordination, and endurance of the pelvic musculature, and, as a complement, electrostimulation.<sup>17</sup>

### Limitations of the study

As a limitation of the present review, there is a gap in not identifying assessment and diagnostic methods used by nurses for PFD in women in studies published before 2004, in addition to the limited number of information sources consulted.

### Contributions to practice

It is believed that the results of this study may contribute to the training of future nursing professionals to improve care for women with PFD. It may also raise nurses' awareness of their importance in the care, promotion, and rehabilitation of PFD. The review aims to improve women's quality of life, destigmatizing the condition and facilitating its proper management.

### CONCLUSION

It is concluded that it was possible to map the evidence in the context of nursing care for PFD in women treated in primary and secondary healthcare units in both national and international settings.

Different types of PFD affect women's quality of life in several aspects. Nursing faces challenges due to the lack of knowledge about prevention and treatments, both among women and nurses. It is necessary to better integrate this topic into education and healthcare services.

Given the breadth of this topic, it is important that more robust primary studies be conducted, minimizing the existing gaps.

### CONFLICT OF AFFILIATION

Manuscript extracted from the final course project "Nursing care for pelvic floor dysfunction in women: scope review," defended in 2024, in the Nursing Undergraduate Program at the Federal University of Alfenas.

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