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The effect of antenatal pelvic floor muscle exercises on labour and birth outcomes: a systematic review and meta-analysis.

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Abstract

Introduction and hypothesis: The current data on the effectiveness of antenatal pelvic floor muscle exercises (PFME) on childbirth outcomes is controversial and limited. Therefore, this study assessed the effect of antenatal PFMEs on labour and birth outcomes by undertaking a meta-analysis.

Methods: Databases were systematically searched from 1998 until June 2019. Randomized controlled trials (RCTs) and quasi-experimental studies were included. The methodological quality of studies was assessed using Cochrane Collaboration tools. The outcomes of interest were: duration of first and second stage of labour, episiotomy and perineal outcomes, mode of birth (spontaneous vaginal birth, instrumental birth and caesarean section) and fetal presentation. The mean difference (MD) and risk ratio RR) with the corresponding 95% confidence intervals (CIs) were calculated to assess the association between PFMT and the childbirth outcomes.

Results: A total of 16 articles were included (n= 2829 women). PFME shortened the duration of second stage of labour for women [MD= -20.90, 95%, CI: -31.82 to - 9.97, I2=0%, P=0.0002] and for prim gravid women in a subgroup analysis [MD: -21.02, 95% CI: -32.10 to -9.94, I2 :0%, P=0.0002]. PFME also reduced severe perineal lacerations [RR 0.57, 95% CI: 0.38 to 0.84, I2:30%, P=0.005]. No significant effect was found on the effect of PFME on normal vaginal birth, caesarean section, instrumental birth and episiotomy rate. Most of the studies carried moderate to high risk of bias.

Conclusion: Antenatal PFMT might be effective at shortening the second stage of labour and reducing severe perineal trauma. More high quality RCTs are needed.



Biography:

I am Mrs. Sahar Sobhgol. I have research on Evaluation of the effect of an antenatal pelvic floor muscle exercise programme on female sexual function during pregnancy and the first 3 months following birth: study protocol for a pragmatic randomized controlled trial.

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