

## Research review

This instalment reviews papers on the incidence of painful sex in British women and pregnant women's knowledge about their pelvic floor muscles (PFMs), and a longitudinal study of pelvic organ prolapse following childbirth. I also discuss a paper that challenges some of the current thinking on diastasis rectus abdominis (DRA) and urinary incontinence (UI), and finally, one that considers the language that we use when asking our patients to perform a specific manoeuvre. Thanks go to this edition's reviewers, Kirstie Ross and Kirsteen Ferguson.

Mitchell *et al.* (2017) studied the prevalence of painful sex in a large sample of 15 162 women aged between 16 and 74 years of age. Women were included if they were currently or had previously been sexually active. Seven and a half per cent of the participants reported painful sex, and nearly 5% described this as having had a duration of more than 6 months. Seventeen per cent of women who not been sexually active in the past year were avoiding sex because of the pain that they experienced. Also of interest was that 62% of the participants lacked any interest in sex, and one-third of the women were dissatisfied with their sex lives.

An Australian cross-sectional survey of 633 pregnant women by Hall *et al.* (2017) analysed their knowledge, awareness and beliefs about their PFMs. They found that, although 76% of the participants knew that PFMs can prevent UI, most did not know that these muscles prevented faecal incontinence. Forty-one per cent thought that it was normal to leak urine while pregnant. Disappointingly, only 11% were practising PFM exercises (PFMEs). Women who had attended antenatal classes knew more about their PFM function. Those who did not speak English at home were much less likely to attend antenatal classes, and were much less knowledgeable about their PFMs and PFMEs. Hall *et al.* (2017) recommended that education is provided using a variety of modes to enable women from diverse backgrounds to access it.

Pelvic organ prolapse was found to be highly prevalent in a retrospective study of 300 women following the delivery of their first baby (Ferreira *et al.* 2017). On average, the participants were

seen 0.39 and 3.1 years after their first delivery. There was a significant reduction in pelvic organ mobility and hiatal area over time, but the improvement was less in women suffering from levator ani muscle avulsion.

Bø *et al.* (2017) studied the controversial relationship between DRA and PFM dysfunction in 300 women in Norway up to 1 year postpartum. They found no statistically significant difference in the prevalence of UI in the women with and without DRA, and at 6 weeks postpartum, there was a higher incidence of prolapse in the women without this condition.

In a study assessing the effects of the Valsalva manoeuvre versus straining on the bladder neck and the position of the puborectalis muscle, and PFM activation in 17 continent and 85 incontinent women, Baessler *et al.* (2017) found that Valsalva and straining are different tasks with different PFM activation patterns. The majority of women activate their PFMs with a Valsalva manoeuvre, whereas significantly fewer did this by straining, and there was greater bladder neck and puborectalis descent with the latter.

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### References

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