



# Commentary on “Postpartum pelvic organ prolapse and pelvic floor muscle training: secondary analysis of a randomized controlled trial of primiparous women”

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This study presents a secondary analysis of an originally randomized controlled trial (RCT). Whereas the prior RCT [1] was aimed at determining the effects of physiotherapist-guided pelvic floor muscle training (PFMT) on postpartum urinary and anal incontinence symptoms, this secondary analysis focused on the effect on pelvic organ prolapse (POP) symptoms. The secondary analysis was conducted with the original dataset, which included 84 primiparous women after singleton delivery. At an average of 9 weeks postpartum the trial group had started a 12-week PFMT training whereas the control group had not received instructions to perform PFMT. The outcome was defined as self-evaluated POP symptoms using the Australian Pelvic Floor Questionnaire (translated, but not validated, into the Icelandic language). Time-points of outcome assessment were after the last PFMT session and after 12 months. This secondary analysis did not identify any differences in POP symptoms at either time point between the two groups. In both groups, POP symptoms similarly decreased during the period investigated.

Results from this study need to be interpreted with caution as they rely on a secondary analysis. The original RCT was powered to detect differences in urinary and anal incontinence symptoms, but not POP symptoms. Screening was focused on women with urinary incontinence and

excluded women with only POP symptoms. Overall, this might lead to an underestimation of the actual effect owing to inappropriate inclusion criteria and also an inadequate sample size. Furthermore, in the original RCT, women of the PFMT group showed significant improvements in pelvic floor muscle strength and endurance. It seems likely that these improvements would have an effect on POP symptoms as well. This secondary analysis is not able to identify those women who will benefit from postpartum PFMT.

Last, the even more important question cannot be answered by this study—whether postpartum PFMT can help to reduce the probability of developing POP in the long term.

## Reference

1. Sigurdardottir T, Steingrimsdottir T, Geirsson RT, Halldorsson TI, Aspelund T, Bø K. Can postpartum pelvic floor muscle training reduce urinary and anal incontinence? An assessor-blinded randomized controlled trial. *Am J Obstet Gynecol.* 2020;222(3):247. e1–8. <https://doi.org/10.1016/j.ajog.2019.09.011>.

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