Comparison 2: Postnatal PFMT compared with no intervention or usual care for treatment of incontinence

Source: Woodley SJ, Lawrenson P, Boyle R, Cody JD, Mørkved S, Kernohan A, Hay-Smith EJC. Pelvic floor muscle training for preventing and treating urinary and faecal incontinence in antenatal and postnatal women. Cochrane Database Syst Rev.2020;(5):CD007471.

Certainty assessment							№ of patients		Effect			
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PFMT	No PFMT or usual care	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
Urinary i	ncontinence la	te postnatal po	eriod (> 6–12 mo	onths)								
3 ^a	randomized trials	very serious ^b	serious ^c	not serious	serious ^d	none	188/341 (55.1%)	257/355 (72.4%)	RR 0.55 (0.29 to 1.07)	326 fewer per 1000 (from 514 fewer to 51 more)	⊕○○○ VERY LOW	CRITICAL
Urinary i	ncontinence la	te postnatal po	eriod (> 6–12 mo	onths) – PFMT	vs no PFMT				·			,
1	randomized trials	serious ^e	not serious	not serious	serious ^f	none	12/43 (7.9%)	19/19 (100.0%)	RR 0.29 (0.18 to 0.47)	710 fewer per 1000 (from 820 fewer to 530 fewer)	⊕⊕⊖⊖ LOW	CRITICAL
Urinary i	Urinary incontinence late postnatal period (> 6–12 months) – PFMT vs usual care											
2	randomized trials	very serious ^b	not serious	not serious	serious ^d	none	176/298 (59.1%)	238/336 (70.8%)	RR 0.80 (0.61 to 1.06)	142 fewer per 1000 (from 276 fewer to 43 more)	⊕○○○ VERY LOW	CRITICAL
Urinary i	ncontinence lo	ng term (> 5–1	0 years) – PFMT	vs usual care					·		<u> </u>	
1	randomized trials	very serious ^b	not serious	not serious	not serious	none	201/263 (76.4%)	201/253 (79.4%)	RR 0.96 (0.88 to 1.05)	32 fewer per 1000 (from 95 fewer to 40 more)	⊕⊕○○ LOW	CRITICAL
Urinary i	ncontinence ve	ery long term (> 10 years) – PFI	MT vs usual car	re			I	1		1	
1	randomized trials	very serious ^b	not serious	not serious	not serious	none	190/230 (82.6%)	194/241 (80.5%)	RR 1.03 (0.94 to 1.12)	24 more per 1000 (from 48 fewer to 97 more)	⊕⊕⊖⊖ LOW	CRITICAL

Certainty assessment							№ of patients		Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PFMT	No PFMT or usual care	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
Faecal in	continence late	e postnatal per	riod (> 6–12 mor	nths) – PFMT v	s usual care							
2	randomized trials	very serious ^b	serious ^c	not serious	serious ^d	none	17/292 (5.8%)	45/328 (13.7%)	RR 0.68 (0.24 to 1.94)	44 fewer per 1000 (from 104 fewer to 129 more)	⊕○○○ VERY LOW	CRITICAL
Faecal incontinence long term (> 5–10 years) – PFMT vs usual care												
1	randomized trials	very serious ^b	not serious	not serious	serious ^d	none	32/261 (12.3%)	32/248 (12.9%)	RR 0.95 (0.60 to 1.50)	6 fewer per 1000 (from 52 fewer to 65 more)	⊕○○○ VERY LOW	CRITICAL
Faecal in	continence ver	y long term (>	10 years) – PFM	T vs usual care	1				!		!	!
1	randomized trials	very serious ^b	not serious	not serious	serious ^d	none	43/228 (18.9%)	35/240 (14.6%)	OR 1.36 (0.84 to 2.22)	43 more per 1000 (from 20 fewer to 129 more)	⊕○○○ VERY LOW	CRITICAL
Urinary i	ncontinence-sp	ecific quality o	of life – PFMT vs	usual care					·		l	1
1	randomized trials	very serious ^b	not serious	not serious	very serious ^{d,g}	none	9	9	-	MD 1.66 lower (3.51 lower to 0.19 higher)	⊕○○○ VERY LOW	CRITICAL

CI: confidence interval; MD: mean difference; RR: risk ratio.

a. Control group: two trials considered the control group as usual care. The third trial considered the control group as relaxation massage of back and extremities by a physiotherapist, asking women not to exercise the pelvic floor at home.

b. Most of the pooled effect provided by studies "B" or "C" but with a substantial proportion (i.e. > 50%) from studies "C".

c. Severe, unexplained, heterogeneity ($I^2 \ge 60\%$ or $Chi^2 < 0.05$).

d. Wide confidence interval crossing the line of no effect.

e. Most of the pooled effect provided by studies "B" or "C" but without a substantial proportion (i.e. < 50%) from studies "C".

f. Less than 300 participants.

g. Less than 400 participants.