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Too tight to give birth? Assessment of pelvic floor muscle function in 277 nulliparous pregnant women.

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Abstract

INTRODUCTION AND HYPOTHESIS: Theoretically, tight or strong **pelvic** floor muscles may impair the progress of labor and lead to instrumental deliveries. We aimed to investigate whether vaginal resting pressure, **pelvic** floor muscle strength, or endurance at midpregnancy affect delivery outcome.

METHODS: This was a prospective cohort study of women giving **birth** at a university hospital. Vaginal resting pressure, **pelvic** floor muscle strength, and endurance in 300 nulliparous pregnant women were assessed at mean gestational week 20.8 (± 1.4) using a high precision pressure transducer connected to a vaginal balloon. Delivery outcome measures [acute cesarean section, prolonged second stage of labor (> 2 h), instrumental vaginal delivery (vacuum and forceps), episiotomy, and third- and fourth-degree perineal tear] were retrieved from the hospital's electronic **birth** records.

RESULTS: Twenty-three women were lost to follow-up, mostly because they gave **birth** at another hospital. Women with prolonged second stage had significantly higher resting pressure than women with second stage less than 2 h; the mean difference was 4.4 cmH₂O [95 % confidence interval (CI) 1.2-7.6], $p < 0.01$, adjusted odds ratio 1.049 (95 % CI 1.011-1.089, $p = 0.012$). Vaginal resting pressure did not affect other delivery outcomes. **Pelvic** floor muscle strength and endurance similarly were not associated with any delivery outcomes.

CONCLUSIONS: While midpregnancy vaginal resting pressure is associated with prolonged second stage of labor, neither vaginal resting pressure nor **pelvic** floor muscle strength or endurance are associated with operative delivery or perineal tears. Strong **pelvic** floor muscles are not disadvantageous for vaginal delivery.

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