

References doc attached

### Scar healing

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**Magnetic resonance imaging evaluation of incision healing after cesarean sections.**  
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<https://www.ncbi.nlm.nih.gov/pubmed/9000391>

### Common problems with pregnancy

1. "Pregnancy (> 20 weeks), regardless of the mode of delivery, greatly increased the prevalence of major pelvic floor dysfunction, defined as any type of incontinence, symptoms of prolapse or previous pelvic floor surgery."  
[BJOG](#). 2000 Dec;107(12):1460-70.  
**The prevalence of pelvic floor disorders and their relationship to gender, age, parity and mode of delivery.**  
[MacLennan AH](#)<sup>1</sup>, [Taylor AW](#), [Wilson DH](#), [Wilson D](#).  
<https://www.ncbi.nlm.nih.gov/pubmed/11192101>

### DRA

1. **Prevalence and risk factors of diastasis recti abdominis from late pregnancy to 6 months postpartum, and relationship with lumbo-pelvic pain.**  
[Fernandes da Mota PG](#)<sup>1</sup>, [Pascoal AG](#)<sup>2</sup>, [Carita AI](#)<sup>3</sup>, [Bø K](#)<sup>4</sup>.  
[Man Ther](#). 2015 Feb;20(1):200-5. doi: 10.1016/j.math.2014.09.002. Epub 2014 Sep 19.  
<https://www.ncbi.nlm.nih.gov/pubmed/25282439>, <https://nih.brage.unit.no/nih-xmlui/bitstream/handle/11250/226392/BoManTherap2014.pdf?sequence=1>
2. Book: **"Diastasis Rectus Abdominis, A clinical guide for those who are split down the middle"**  
Dianne Lee  
Learn with Dianne Lee, 2017, p18
3. **Diastasis recti abdominis during pregnancy and 12 months after childbirth: prevalence, risk factors and report of lumbopelvic pain**  
Jorun Bakken Sperstad,<sup>1</sup> Merete Kolberg Tennfjord,<sup>1,2</sup> Gunvor Hilde,<sup>2</sup> Marie Ellström-Engh,<sup>2,3</sup> Kari Bø<sup>1</sup>  
Br J Sports Med: first published as 10.1136/bjsports-2016-096065 on 20 June 2016.  
<https://bjsm.bmj.com/content/bjsports/50/17/1092.full.pdf>

### SUI

1. "Urinary incontinence during pregnancy is extremely common, affecting over half of pregnant women. Urinary incontinence beginning during pregnancy roughly doubles the likelihood of urinary incontinence at 3 months postpartum, regardless whether delivery is vaginal or by Caesarean section."  
**Effects of carrying a pregnancy and of method of delivery on urinary incontinence: a prospective cohort study**  
[Erica Eason](#),<sup>1</sup> [Michel Labrecque](#),<sup>2</sup> [Sylvie Marcoux](#),<sup>3</sup> and [Myrto Mondor](#)<sup>4</sup>  
[BMC Pregnancy Childbirth](#). 2004; 4: 4. Published online 2004 Feb 19. doi: [10.1186/1471-2393-4-4](https://doi.org/10.1186/1471-2393-4-4)  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC375532/>

2. "Four years after the first delivery, prevalence of stress urinary incontinence was 29%"  
**Stress urinary incontinence 4 years after the first delivery: a retrospective cohort survey**  
[Xavier Fritel](#),<sup>2,\*</sup> [Arnaud Fauconnier](#),<sup>1,2</sup> [Caroline Levet](#),<sup>2</sup> and [Jean-Louis Bénifla](#)<sup>2</sup>  
*Acta Obstet Gynecol Scand.* 2004 Oct; 83(10): 941–945. doi: [10.1111/j.0001-6349.2004.00457.x](https://doi.org/10.1111/j.0001-6349.2004.00457.x)  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2662093/>
  
3. "During the first 3 months postpartum, the pooled prevalence of any postpartum incontinence was 33% (95% confidence interval (CI) 32–36%) in all women. The mean prevalence of weekly and daily incontinence was 12% (95% CI 11–13%) and 3% (95% CI 3–4%), respectively. The mean prevalence was double in the vaginal delivery group (31%, 95% CI 30–33%) compared to the cesarean section group (15%, 95% CI 11–18%). The mean prevalence was double in the vaginal delivery group (31%, 95% CI 30–33%) compared to the cesarean section group (15%, 95% CI 11–18%)."  
**Prevalence of postpartum urinary incontinence: a systematic review**  
[David H. Thom](#) [Guri Rortveit](#)  
*AGS* Volume 89, Issue 12 December 2010, Pages 1511–1522  
<https://obgyn.onlinelibrary.wiley.com/doi/full/10.3109/00016349.2010.526188>
  
1. **Conservative management for female urinary incontinence and pelvic organ prolapse review 2013: Summary of the 5th International Consultation on Incontinence.**  
Dumoulin C<sup>1</sup>, Hunter KF<sup>2</sup>, Moore K<sup>2</sup>, Bradley CS<sup>3</sup>, Burgio KL<sup>4</sup>, Hagen S<sup>5</sup>, Imamura M<sup>6</sup>, Thakar R<sup>7</sup>, Williams K<sup>8</sup>, Chambers T<sup>2</sup>.  
*Neurourol Urodyn.* 2016 Jan;35(1):15–20. doi: 10.1002/nau.22677. Epub 2014 Nov 15  
<https://www.ncbi.nlm.nih.gov/pubmed/25400065>

## POP

1. **The prevalence of pelvic organ prolapse symptoms and signs and their relation with bladder and bowel disorders in a general female population**  
Marijke C. Ph. Slieker-ten Hove & Annelies L. Pool-Goudzwaard & Marinus J. C. Eijkemans & Regine P. M. Steegers-Theunissen & Curt W. Burger & Mark E. Vierhout  
*Int Urogynecol J* (2009) 20:1037–1045 DOI 10.1007/s00192-009-0902-1  
<https://link.springer.com/content/pdf/10.1007%2Fs00192-009-0902-1.pdf>
  
2. "There is now some evidence available indicating a positive effect of PFMT for prolapse symptoms and severity. The largest most rigorous trial to date suggests that six months of supervised PFMT has benefits in terms of anatomical and symptom improvement (if symptomatic) immediately post-intervention."  
**Conservative prevention and management of pelvic organ prolapse in women.**  
[Hagen S](#)<sup>1</sup>, [Stark D](#).  
*Cochrane Database Syst Rev.* 2011 Dec 7;(12):CD003882. doi: 10.1002/14651858.CD003882.pub4.  
<https://www.ncbi.nlm.nih.gov/pubmed/22161382>
  
3. "One-to-one pelvic floor muscle training for prolapse is effective for improvement of prolapse symptoms. Long-term benefits should be investigated, as should the effects in specific subgroups"

**Individualised pelvic floor muscle training in women with pelvic organ prolapse (POPPY): a multicentre randomised controlled trial**

Suzanne Hagen, Diane Stark, Cathryn Glazener, Sylvia Dickson, Sarah Barry, Andrew Elders, Helena Frawley, Mary P Galea, Janet Logan, Alison McDonald, Gladys McPherson, Kate H Moore, John Norrie, Andrew Walker, Don Wilson, on behalf of the POPPY Trial Collaborators\*

Lancet 2014; 383: 796–806 Published Online November 28, 2013

[http://dx.doi.org/10.1016/S0140-6736\(13\)61977-7](http://dx.doi.org/10.1016/S0140-6736(13)61977-7)

<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2813%2961977-7>

4. “The increase in pelvic floor pressure before the increase in the abdomen pressure indicates that this response is preprogrammed. Dysfunction of the pelvic floor muscles can result in urinary and fecal incontinence. Abdominal muscle training to rehabilitate those muscles may be useful in treating these conditions.”

**Contraction of the pelvic floor muscles during abdominal maneuvers**

Sapsford RR<sup>1</sup>, Hodges PW.

*Arch Phys Med Rehabil.* 2001 Aug;82(8):1081-8.

<https://www.ncbi.nlm.nih.gov/pubmed/11494188>

**A weak core**

**To treat or not to treat postpartum pelvic girdle pain with stabilizing exercises?**

Stuge B<sup>1</sup>, Holm J, Vøllestad N.

Manual Therapy doi:10.1016/j.math.2005.07.004

[https://www.tigraheerenveen.nl/wp-content/uploads/2017/11/11-Stuge et al. 2006.pdf](https://www.tigraheerenveen.nl/wp-content/uploads/2017/11/11-Stuge_et_al_2006.pdf)

1. **Book: “Kinetic control, the management of uncontrolled movement”**

M Comerford, Sarah Mottram

Elsevier 2012, p 4

2. **JOURNAL?**

“The European guidelines for the diagnosis and treatment PGP recommend individualized exercises in pregnancy, an adequate supply of information about the condition, and reassurance for patients as part of a multifactorial treatment focusing on specific exercises for motor control and stability postpartum.”

**Pelvic girdle pain: examination, treatment, and the development and implementation of the European guidelines**

B. Stuge

Journal of the Association of Chartered Physiotherapists in Women’s Health, Autumn 2012, 111, 5–12

<https://pdfs.semanticscholar.org/299f/b0c5315a36fc8abde4824e6aa4c2e9e2f484.pdf>

3. **Journal?**

**The Efficacy of a Treatment Program Focusing on Specific Stabilizing Exercises for Pelvic Girdle Pain After Pregnancy A Two-Year Follow-up of a Randomized Clinical Trial**

Britt Stuge, MSc, PT,\* Marit Bragelien Veierød, PhD,\*† Even Lærum, PhD,‡ and Nina Vøllestad, PhD\*

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.567.6268&rep=rep1&type=pdf>

4. This comparison indicates that effective treatment of postpartum PGP may be achieved when exercises for the entire spinal musculature are included, individually guided and adapted to each individual.

**To treat or not to treat postpartum pelvic girdle pain with stabilizing exercises? Britt Stugea,, Inger Holma,b, Nina Vøllestad**

[https://www.tigraheerenveen.nl/wp-content/uploads/2017/11/11-Stuge\\_et\\_al.\\_2006.pdf](https://www.tigraheerenveen.nl/wp-content/uploads/2017/11/11-Stuge_et_al._2006.pdf)

**Digital and external exam are effective**

Visual inspection and digital tests are easy and reliable methods by which insight can be gained into the multi-muscular activity and coordination of the pelvic floor and lower abdominal muscles in continent and incontinent women.

**Clinical evaluation of pelvic floor muscle function in continent and incontinent women.**

[Devreese A<sup>1</sup>, Staes F, De Weerd W, Feys H, Van Assche A, Penninckx F, Vereecken R.](#)

<https://www.ncbi.nlm.nih.gov/pubmed/15098213>

<https://pdfs.semanticscholar.org/156b/88a4616ab78293f1e86f6205adbd4877e9b5.pdf>