

Implications: Complementary therapies play a crucial role in rehabilitation, and equine-assisted services should be recognized as a valuable intervention for children with CP.

Keywords: Cerebral Palsy, Equine-Assisted Therapy, Complementary Therapies

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PREGNANCY COSTS IN BRAZIL: A RETROSPECTIVE DESCRIPTIVE STUDY FROM THE PERSPECTIVE OF THE PUBLIC HEALTH SYSTEM

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Background: Pregnancy can be stratified as low-, medium-, or high-risk, depending on the impact of a possible comorbidity. In the low-risk pregnancy, maternal and perinatal morbidity and mortality are equal to or lower than those of the general population, without the need for high-density health technology. To date, there is insufficient data in Brazil or other countries on the costs of low-risk pregnancy. Therefore, it is important to understand these costs for future strategies that optimize the use of resources in the Brazilian public health system.

Objectives: To analyze the outpatient and hospital costs of low-risk pregnancy from the Brazilian public health system perspective.

Methods: This retrospective descriptive cost-of-illness study was conducted using a top-down approach. Data from adolescents and pregnant women from all states of Brazil aged between 15 and 40 years were included, using the international classification of diseases (ICDs) that characterize low-risk pregnancy (Z34 Supervision of normal pregnancy, Z34.0 Supervision of normal first pregnancy, Z34.8 Supervision of other normal pregnancy, and Z34.9 Supervision of normal pregnancy, unspecified). Healthcare cost data were collected considering the year 2023 and extracted from the Outpatient and Hospital Information System, obtained through DATASUS, by the TABNET application and processed through TABWIN, from the Brazilian Ministry of Health. Healthcare costs were presented as the total spent in 2023 with all ICDs evaluated and by ICD, in Brazilian Real.

Results: The total spent by the Brazilian public health system on low-risk pregnancy was R\$6,802,453. In the outpatient care, the total cost of a low-risk pregnancy was R\$4,812,488, representing 71% of the total healthcare costs. Separately by ICD in the outpatient care, the following costs were observed for ICD Z34 R\$1,459,427, Z34.0 R\$338,527, Z34.8 R\$341,471, and Z34.9 R\$2,673,063. In the hospital care, the total cost of a low-risk pregnancy was R\$1,989,967, representing 29% of the total healthcare costs. Separately by ICD in the hospital care, the costs were Z34 R\$1,265,809, Z34.0 R\$83,501, Z34.8 R\$115,390, and Z34.9 R\$525,267. The ICD with the highest cost in the outpatient care was Z34.9 related to the supervision normal pregnancy, unspecified, and in the hospital care was Z34 related to the supervision of normal pregnancy. The age group of 20 to 29 years presented the highest total cost: in the outpatient care, consultation/emergency care (in general) presented the highest expenditure for ICD Z34.9

R\$287,898, and in the hospital care, childbirth presented the highest expenditure for ICD Z34 R\$303,041.

Conclusion: The outpatient care contributed with greater expenses to the Brazilian public health system. The ICD Z34.9 represented the greater expenses to the outpatient care and the ICD Z34 to the hospital care. These costs may be even higher if we consider the loss of productivity and the patients' out-of-pocket costs, which should be explored in future studies.

Implications: These data are important to highlight how public investments are being applied, being of utmost importance for health managers and professionals. In addition, this information is essential to facilitate the implementation of health policies and encourage decision-making in the area.

Keywords: Pregnancy, Costs and cost analysis, Healthcare costs

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PELVIC FLOOR MUSCLE TRAINING OR HYPOPRESSIVE EXERCISES FOR RUNNING-INDUCED URINARY INCONTINENCE IN WOMEN: PRELIMINARY RESULTS OF RANDOMIZED CONTROLLED TRIAL

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Background: Female participation in running competitions has increased over the years at both amateur and professional levels. There is a high prevalence of urinary incontinence (UI) among female runners, but no studies have proposed a specific treatment for this condition in this population.

Objectives: This study aimed to compare two different pelvic floor muscle training (PFMT) regimens with an abdominal hypopressive technique (AHT) exercise program in female runners with UI.

Methods: Women who had been running at least 15 km per week for at least six months without interruptions exceeding three weeks and who reported urine leakage during running were included. Participants were required to have a pelvic floor muscle (PFM) strength of = 2 on the Oxford Scale. Exclusion criteria included neuromuscular diseases affecting the PFM, pregnancy, prior pelvic floor physiotherapy, and intolerance to vaginal palpation. Participants were randomized into three groups: isolated PFMT (iPFMT), involving maximal voluntary PFM contractions as the sole task; coordinated PFMT (cPFMT), incorporating maximal PFM contractions coordinated with abdominal activation; and AHT. The primary outcome was the impact of UI on quality of life, assessed using the International Consultation on Incontinence Questionnaire UI- Short Form (ICIQ-UI-SF). The secondary outcomes included PFM strength, evaluated via vaginal palpation and measured by Oxofrd and manometry (using Peritron). An experienced examiner, blinded to group allocation, conducted the assessments. The intervention lasted 12 weeks, twice a week, with progressive levels introduced monthly for the three groups. Reassessment was performed after 24 exercise