Results: The results showed that both interventions significantly reduced the interference of urinary incontinence in quality of life. The Booklet group showed higher adherence to the protocol (90.73% of the proposed days) compared to the App group (39.59%), as well as better performance on ICIQ-SF and KHQ scores, especially in reducing the frequency and amount of urinary leakage ($p = 0.001$). In the between-group analysis, the Booklet group had better results regarding UI impact and social limitations. Regarding satisfaction, both groups had high approval rates, with a higher percentage of "excellent" ratings in the App group (84.61% vs. 76.92% in the Booklet group).
Conclusion: The findings suggest that despite high satisfaction with the app, adherence to PFMT was lower than in the Booklet group, resulting in less expressive symptom improvement.
Implications: Future studies should explore ways to optimize adherence to app-based training, including remote professional support. The incorporation of mobile technologies into UI treatment appears promising, but additional strategies are necessary to maximize its effectiveness and long-term adherence.
Keywords: Urinary incontinence, Mobile Applications, Pelvic floor

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CHARACTERIZATION OF THE MAIN POSTPARTUM COMPLICATIONS IN WOMEN UNDERGOING FOLLOW-UP IN PRIMARY HEALTH CARE: A CROSS-SECTIONAL STUDY

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Background: Postpartum is a period marked by intense physical and emotional adaptations, signaling the end of pregnancy and the beginning of a phase of great vulnerability in women's health. During this time, complications may arise that compromise quality of life and well-being, requiring appropriate attention and care. Among the most common complications are postpartum hemorrhage, pelvic floor dysfunctions such as urinary and anal incontinence, as well as prolapse and pelvic pain, and psychological disorders like depression and anxiety. These conditions can have a negative impact on quality of life, potentially leading to hospitalization, the use of medications and procedures, as well as affecting daily activities, maternal-infant bonding, and generating a substantial economic impact on individuals and healthcare services.
Objectives: To characterize the main postpartum complications and highlight their prevalence.
Methods: This is a cross-sectional, descriptive study conducted from August 2023 to April 2024. The sample consisted of postpartum women up to one year postpartum, aged 18 years or older, who voluntarily consented to participate in the study by signing the Free and Informed Consent Form (TCLE). Participants who did not express interest in joining the study were excluded. Postpartum complications were self-reported, allowing for a subjective analysis of the complications experienced during this period.
Results: A total of 61 women were included, with an average age of 29 years and an average of 132 days postpartum. The majority of the women (80.33%) did not experience postpartum complications. Among the participants who reported complications (19.67%), perineal laceration was the most frequent, accounting for 58.33% of cases, followed by postpartum depression and hemorrhage (25%), and infection (8,33%).
Conclusion: The majority of postpartum women did not experience complications. Among the most frequent, perineal laceration stands out. Additionally, complications such as postpartum depression, hemorrhage, and infection were observed. These findings highlight the need for continuous monitoring and early interventions to ensure maternal health and well-being in the postpartum period. A limitation of this study is the use of self-reporting, which may be subject to participants' perception and memory bias.
Implications: The analysis of postpartum complications highlights the prevalence of conditions such as perineal laceration and emphasizes the importance of physical therapy in managing these conditions. The findings indicate that, despite the majority of postpartum women not experiencing complications, a proportion of women report complications that require early intervention.
Keywords: Postpartum complications, Primay Health Care, Intercurrences

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PELVIC FLOOR MUSCLE TRAINING OR MAT PILATES FOR STRESS URINARY INCONTINENCE IN MENOPAUSAL WOMEN: A RANDOMIZED CONTROLLED CLINICAL TRIAL

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Background: Stress urinary incontinence (SUI) affects many women, particularly those who are postmenopausal. Pelvic floor muscle training (PFMT) is the first-line treatment, but it has low adherence rates. Mat Pilates (MP) has been proposed as an alternative treatment for SUI. Pilates instructors believe the method can strengthen the pelvic floor muscles, making it an appealing alternative for treating SUI. However, current evidence is not robust enough to conclude that MP has a clinically relevant effect on SUI treatment.
Objectives: To compare the effects of MP combined with maximum voluntary contraction of the pelvic floor muscles (PFM) and compare it to the gold standard PFMT in postmenopausal women with SUI.
Methods: This is a randomized controlled clinical trial with two groups: the experimental group (EG): MP combined with maximum voluntary contraction of the PFM, and the control group (CG): PFMT. Inclusion criteria included postmenopausal women aged 45 to 65 years with SUI. Both training programs consisted of 36 sessions, three times a week on alternate days over a 3-month period. Both groups performed the same number of PFM contractions, with training progression occurring every 12 sessions by increasing the load and number of maximum contractions. Assessments were performed using the ICIQ-SF (International Consultation on Incontinence