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

Questionnaire), physical assessment of the PFM with a one-finger palpation measured using the Oxford Scale, and the Peritron equipment. To test the normality of the data, the Shapiro-Wilk test was applied, and repeated measures Two-Way ANOVA with a Tukey post hoc test was used.
Results: Preliminary results showed the following average age: EG 57.87 (± 4.48) years and CG 57.36 (± 4.70) years. The average number of childbirths in the EG was 2.60 (± 0.93) and in the CG 2.31 (± 0.95). The average BMI in the EG was 30.27 (± 4.84) Kg/m^2 and in the CG 30.47 (± 4.49) Kg/m^2. The ICIQ-SF in the EG changed from 11.07 (± 5.61) to 7.13 (± 3.58), and in the CG from 11.79 (± 4.42) to 3.86 (± 2.71), inter-group ($p = 0.047$) and intra-group ($p < 0.001$). All muscle variables improved: In the EG, strength increased from 3.00 (± 0.85) to 3.73 (± 0.80), and in the CG from 3.00 (± 1.11) to 3.71 (± 0.91), inter-group ($p = 0.973$) and intra-group ($p < 0.001$); in the EG, endurance increased from 4.80 (± 1.42) to 6.67 (± 2.16), and in the CG from 3.71 (± 0.91) to 5.14 (± 1.92), inter-group ($p = 0.215$) and intra-group ($p < 0.001$); peak pressure in the EG was 34.48 (± 18.48) to 38.98 (± 17.18), and in the CG was 37.57 (± 17.53) to 38.98 (± 21.98), inter-group ($p = 0.801$) and intra-group ($p = 0.408$).
Conclusion: Preliminary results suggest that PFMT is more effective in treating SUI in postmenopausal women when compared to Mat Pilates.
Implications: PFMT remains the level A evidence treatment and should be the first choice for physical therapists in the management of SUI.
Keywords: Pelvic Floor, Urinary Incontinence, Stress, Resistance Training

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WHAT IS THE PROFILE OF BRAZILIAN WOMEN WHO RECEIVE PHYSIOTHERAPEUTIC ASSISTANCE DURING CHILDBIRTH? A CROSS-SECTIONAL STUDY

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Background: In Brazil, the team assisting childbirth traditionally consists of doctors and nurses, however, physiotherapists can be part of the interprofessional team aiming for more humanized care. Physiotherapy assistance during labor can promote a better experience and satisfaction with delivery.
Objectives: To describe the profile of women who received physiotherapy assistance during childbirth.
Methods: This is a cross-sectional observational study that included postpartum women aged ≥ 18 years, up to 12 months postpartum, who experienced vaginal delivery in a hospital setting. The study was approved by the Human Research Ethics Committee. Data were collected nationwide using an electronic form via Google Forms, containing questions about sociodemographic and health data. In this form, women were asked about access to physiotherapy care during labor by the question: "Which health professionals accompanied you during labor?" with the option to mark physiotherapist, doula, obstetric nurse and doctor. Data analysis was performed descriptively, representing continuous variables as mean and median, and categorical variables as absolute numbers and percentages.
Results: 320 postpartum women participated in the study, of which 111 (34.69%) received physiotherapy assistance during labor. The average age of women who had a physiotherapist during the birthing process was 32.9 (±4.25) years. Regarding the region of residence, 69 (62.2%) resided in the South and Southeast regions, while 40 (36.0%) in the North, Northeast, and Midwest regions. Regarding education level, 73 (65.8%) postpartum women reported having postgraduate education. Concerning self-declaration of race/color, 78 (70.3%) declared themselves white. Regarding marital status, 106 (95.5%) participants reported having a stable union. Finally, in relation to monthly family income, 48 (43.2%) indicated belonging to Class B, 29 (26.1%).
Conclusion: The women in this study, who had the presence of an intrapartum physiotherapist, were mostly from the South and Southeast regions, with a high level of education, white, in stable unions, and with high income. This shows an extremely restricted profile that does not reflect the reality of most women in Brazil, possibly indicating that a large portion of women do not have access to physiotherapy care in maternity hospitals. Implication: The characterization of women who had access to the services of a physiotherapist during intrapartum reinforces that access to this professional is still limited; women with higher education levels and high income have the opportunity to have more qualified assistance. It is known that the physiotherapeutic resources employed during the birthing process are related to the reduction of pain and anxiety, relaxation, reduction of labor time, in addition to the professional collaborating with continuous support providing a more positive birth experience. These findings highlight the need for the advancement of public policies that favor the presence of physiotherapists in maternity hospitals and in different socioeconomic contexts, in order to promote better birth experiences.
Keywords: Physiotherapist, Childbirth Experience, Women's Health

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ENDOMETRIOSIS BEYOND PAIN: AN OVERVIEW OF EMOTIONAL STRESS

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Background: Endometriosis is a chronic and inflammatory gynecological disease characterized by the presence of tissue outside the uterine cavity. The most common symptoms are chronic pelvic pain, dyspareunia, dysuria, dyschezia, fatigue, and infertility. The disease can affect up to 10% of women in reproductive age, leading to negative physical and psychological impacts on their lives. Epidemiological studies point to possible risk factors for the disease, including stress, triggered by physical or psychological stimuli. In recent years, studies have suggested the presence of an association between high levels of stress and endometriosis and have revealed that women with the disease report higher levels of depression and emotional stress, and psychological factors appear to contribute to the intensification of the symptoms of the disease.