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.