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.

Objectives: To describe the profile of women with endometriosis and the prevalence of emotional stress as a factor in worsening the disease.
Methods: Cross-sectional study involving 135 women with a medical diagnosis of endometriosis, treated by the Physiotherapy service of a Comprehensive Women's Health Care Center, between 2011-2019. Sociodemographic and clinical data of these women were collected from medical and physiotherapy records. The data were presented descriptively.
Results: Most women (74.81%) were in reproductive age, with average age of 37.50 $\pm$ 8.77 years, 80 (59.26%) were married, 101 (74.82%) had already undergone at least one surgery due to symptoms and only 6 (4.44%) were undergoing hormonal treatment to control endometriosis symptoms. In this sample, we identified that 53 (39.26%) reported physical or emotional stress as a factor in worsening symptoms, 37 (27.41%) reported physical stress, 41 (30.37%) reported emotional stress, 7 (5.18%) had a history of depression and 17 (12.59%) undergoing drug treatment with antidepressants. Of the women included in the study, 116 of them had pain at the time of evaluation and the average pelvic pain according to the visual analog scale was 7,44 $\pm$ 1,94.
Conclusion: This study presented relevant information about the profile of women with endometriosis, highlighting the prevalence of emotional stress as a factor associated with worsening symptoms. The findings underscore the need for integrated approaches that consider the impact of emotional well-being on disease management, highlighting the fundamental role of multidisciplinary teams in providing comprehensive and personalized care. With these insights, it is expected to foster more effective therapeutic strategies, promoting a better quality of life for women affected by endometriosis.
Implications: Knowing the epidemiological profile of women with endometriosis helps in better understanding and therapeutic approach, thus allowing a more effective treatment, considering the influence of the emotional factors of this condition.
Keywords: Endometriosis, Psychological Distress, Pelvic Pain

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SELF-REPORT OF PREVIOUS LABOR EXPERIENCE AT A UNIVERSITY HOSPITAL IN BRASÍLIA: A CROSS-SECTIONAL STUDY

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Background: Maternal satisfaction with childbirth is associated with a positive perception of the care received during labor, and is influenced by professional practices, the environment, women's expectations, and the support offered during this period. Studies indicate that the information provided to patients during labor is one of the most important predictors of high satisfaction and a positive experience. However, high satisfaction with childbirth is observed even in unfavorable scenarios, which may be related to low schooling and limited pre-partum education in emerging countries. Thus, we aim to understand maternal satisfaction with the previous childbirth experience through self-reporting in a public hospital in Brasília.
Objectives: Describe previous experience of women's childbirth in a public hospital in Brasília.
Methods: This was an observational study conducted at the Obstetric Center of a public hospital in Brasília, from August to December 2024. Women who were admitted to this hospital and agreed to participate by signing the Informed Consent Forms (ICF) participated in the research. Abortions and stillbirths were exclusion criteria. Trained researchers observed the hospital service routine twenty-four hours a day and collected demographic and obstetric data from patients, including reports of previous labor experiences.
Results: 56 parturients were included in the study, 39 (69.64%) with positive experience and 17 (30.36%) with negative experience. Among the parturients with positive experience, the most prevalent age group was 20 to 29 years (58.97%), with a mean age of 28.89 (SD: 5.44). The women were mostly brown (56.41%), had completed high school (53.85%) and were single (48.72%). Regarding the previous gestational history of these women, there was an average of 2.10 pregnancies (SD: 1.04), 1.74 vaginal deliveries (SD: (1.01), 0.20 abortions (SD: 0.40) and 0.15 cesarean sections (SD: 0.26). Among the patients with negative experiences, the age group that prevailed was 30 to 39 years (70.59%), with an average age of 30.76 (SD: 4.10). The parturients were black (70.59%), had completed elementary school (47.06%) and were single (67.71%). Regarding the previous gestational history of these women, there was an average of 1.88 pregnancies (SD: 1.23), 1.44 vaginal deliveries (SD: 1.19), 0.16 abortions (SD: 0.51) and 0.27 cesarean sections (SD: 0.46).
Conclusion: Most parturients reported a positive previous experience. This high level of satisfaction can be explained by the growing wave of humanization, evidence-based practices in obstetric centers and the recommendations of good practices suggested by the WHO and the Ministry of Health. However, it is worth noting that the low level of education and knowledge about childbirth tends to increase the level of satisfaction with labor.
Implications: The experience of women in labor is important data for health managers, since it is a data composed of several variables and can impact the subsequent pregnancy and childbirth experience, since a negative experience can lead to a worsening of sleep, self-rated health and fear of childbirth in subsequent pregnancies.
Keywords: Self-report, labor, experience

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KINESIOPHOBIA IN PREGNANT WOMEN WITH AND WITHOUT LUMBOPELVIC PAIN IN THE THIRD TRIMESTER OF PREGNANCY: A DESCRIPTIVE ANALYSIS

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