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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Background: Lumbopelvic pain is a common musculoskeletal complaint during pregnancy, affecting 24% to 90% of pregnant women. Although often considered a normal part of pregnancy, it can negatively impact quality of life, daily activities, sleep, and mental health. Regular physical activity helps reduce pain intensity and improves maternal and fetal outcomes. However, many pregnant women face barriers to exercise, including fear of movement, known as kinesiophobia, which can lead to avoidance behaviors, functional decline, and reduced adherence to rehabilitation.
Objectives: To descriptively compare kinesiophobia levels between pregnant women with and without lumbopelvic pain in the third trimester of pregnancy.
Methods: Twenty pregnant women were assigned to two groups of ten: those with and without lumbopelvic pain. The inclusion criteria required participants to be in the third trimester of a singleton pregnancy and at least 18 years old. Exclusion criteria included reliance on assistive devices for walking, neurological disorders affecting mobility, previous spinal or lower limb surgeries, inflammatory conditions in the lower back or lower limbs, and contraindications to physical activity. Data collection included sociodemographic, anthropometric, and clinical variables. Kinesiophobia was assessed using the Tampa Scale for Kinesiophobia. Pain intensity was measured with the Numeric Pain Rating Scale, and disability due to low back pain and pelvic pain was evaluated using the Roland-Morris Disability Questionnaire and the Pregnancy Pelvic Girdle Questionnaire, respectively. Due to the small sample size, differences between groups were analyzed descriptively, without statistical tests.
Results: The average age was 32.6 $\pm$ 6.5 years in the pain-free group and 30.7 $\pm$ 4.9 years in the pain group. Gestational age was 34 weeks and 0.2 days $\pm$ 3 weeks and 2 days in the pain-free group and 35 weeks and 6.2 days $\pm$ 2 weeks and 2.7 days in the pain group. Participants in the pain group reported a mean score of 5.75 $\pm$ 1.5 on the Numeric Pain Rating Scale. The Roland-Morris Disability Questionnaire and Pregnancy Pelvic Girdle Questionnaire showed mean scores of 10.7 $\pm$ 7.2 (indicating low disability levels) and 47.7 $\pm$ 22.5 (indicating moderate disability levels) in the pain group, respectively. Regarding kinesiophobia levels, a descriptive analysis revealed similar scores in both groups: 28.7 $\pm$ 5.9 in the pain-free group and 30.7 $\pm$ 7.5 in the pain group, indicating high kinesiophobia levels in both.
Conclusion: In this descriptive and preliminary analysis, pregnant women with lumbopelvic pain exhibited kinesiophobia levels similar to those without pain, with both groups presenting high levels. These findings suggest that pregnancy may be a critical period for the development or manifestation of kinesiophobia. However, caution is needed due to the small sample size, and further studies are necessary to confirm these findings.
Implications: This study enhances the understanding of kinesiophobia levels in pregnant women with and without lumbopelvic pain, highlighting its relevance in pain management strategies. Recognizing kinesiophobia as a potential barrier to physical activity is essential for developing targeted interventions that promote movement, reduce disability, and improve overall maternal well-being during pregnancy.
Keywords: Kinesiophobia, Lumbopelvic pain, Pregnancy

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ASSOCIATION BETWEEN TRAINING VOLUME AND SEXUAL AND URINARY DYSFUNCTIONS IN FEMALE CYCLISTS: A CROSS-SECTIONAL STUDY

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Background: Women's cycling has gained popularity in recent years, and while the literature highlights numerous health benefits, including improved cardiovascular fitness and muscle endurance, certain training practices raise concerns about potential negative effects on pelvic health, particularly regarding sexual and urinary dysfunctions. Sexual dysfunction (SD) in female cyclists has been associated with various factors, including prolonged perineal compression, hormonal imbalances, and high training loads. Similarly, urinary incontinence (UI) may be influenced by repeated impact and sustained intra-abdominal pressure. Despite these concerns, Brazilian studies exploring the relationship between training volume and pelvic floor dysfunctions in female cyclists remain scarce.
Objectives: To analyze the association between training volume and sexual and urinary dysfunctions in female cyclists.
Methods: This is a cross-sectional study approved by the Research Ethics Committee. All athletes provided informed consent before responding to the questionnaire, which was distributed online. Female cyclists aged 18 to 50 years, cycling for at least one year, training at least once a week, and sexually active (at least one sexual intercourse or sexual relations in the past four weeks) in the last four weeks were included — pregnant women, those with any previous pelvic surgery for prolapse and orthopedics. The questionnaires included training behavior variables (i.e. distance daily, Distance weekly, Frequency weekly, training hours per day, training intensity by borg scale), the presence of sexual dysfunction assessed by the Female Sexual Function Index (FSFI), and urinary incontinence evaluated using the International Consultation on Incontinence Questionnaire (ICIQ). Descriptive data were used to identify prevalence, and Pearson's test was applied to assess the correlation between training behavior and FSFI and ICIQ scores. Parametric descriptive data were presented as mean $\pm$ standard deviation. Correlation values, represented by R values within the range of 0.0—0.30, were considered weak; 0.31—0.50, mild; 0.51—0.70, moderate; 0.71—0.90, strong; and 0.91—1.0, excellent correlations. Statistical analyses were performed using SPSS software, version 26.0.
Results: The study included 95 female cyclists. The average age of the athletes were 36.0 $\pm$ 8.6 years, with a cyclist time experience of 3.24 $\pm$ 1.81 years. The training intensity, assessed using the Borg Scale, was 14 points (almost exhausting). The prevalence of SD was 33.7% and UI among the women included in the study were 4.12%, with 12 women reporting "no awareness of urine loss," accounting for 13.7%. A positive and weak correlation was found between the weekly training volume and the FSFI questionnaire score ($r = 0.210$; $p = 0.043$).
Conclusion: Higher weekly training volumes are associated with better sexual function in female cyclists.
Implications: Further studies are needed to truly confirm that training long distances is not associated with dysfunctional pelvic floors.
Keywords: Athletes, Urinary incontinence, Sexual dysfunction

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