

HEALTHCARE COSTS DURING PREGNANCY CONSIDERING WOMEN'S HEALTH: A SYSTEMATIC REVIEW

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Background: Pregnancy is an essential physiological condition for the maintenance of life. Most pregnant women can be classified as low-risk pregnant women. However, due to the need for pregnancy monitoring to prevent undesirable outcomes, even low-risk pregnancies increase the use of health resources and associated costs.

Objectives: To conduct a systematic review to summarize healthcare costs in the management of low-risk pregnancies, considering women's health during the gestational period.

Methods: A search was performed on January 6, 2025, in the PUBMED, Embase, CINAHL, SPORTDiscus, EconLit, National Health Service Economic Evaluation Database (NHSEED), and Health Technology Assessment (HTA) databases. Cross-sectional and cohort studies that described the healthcare costs, considering women's health during the gestational period, were included. All costs were inflated to the year 2023 and converted to International Dollar (\$) using purchasing power parity. A descriptive summary of the data was performed.

Results: Seven studies were included in this systematic review: five studies considered the healthcare costs of low-risk pregnancies, and two studies considered the healthcare costs of low-risk pregnancies with physiological symptoms associated with pregnancy. One study conducted in a low-income country (Rwanda) reported a mean cost of \$68 per pregnant woman. Three studies were conducted in upper-middle-income countries (two in Brazil and one in India), and the mean costs ranged from \$8 to \$856 per pregnant woman, with the lowest cost observed in the study with a time horizon of the last prenatal check-up, while the other two studies reported costs related to the gestational period. Three studies were conducted in high-income countries (Australia, Canada and United States) and the mean costs ranged from \$5 to \$1,487 per pregnant woman, with the lowest cost observed in the study that considered a time horizon of one week and the other two studies considered the gestational period. Therefore, costs varied depending on the physiological symptoms of pregnancy, the perspective of the study, the time horizon and the cost components included. Costs of medications, diagnostic tests, consultations with obstetricians, nurses and/or alternative medicine, emergency and hospitalization services, materials and equipment, infrastructure, and support and administrative services were found among the components included in the healthcare cost. The highest costs were identified in studies conducted in high-income countries that reported only costs for medical consultations, both with conventional and alternative medicine.

Conclusion: Healthcare costs in prenatal care for low-risk pregnancies ranged from US\$5 to US\$1,487 per pregnant woman. Future studies should be conducted to assess and describe costs more clearly, including unit costs, information on the components included in the cost category, description of mean costs per patient, and measures of variability. Future studies should also be conducted from a societal perspective.

Implications: Summarizing healthcare costs and identifying whether spending is being directed toward interventions recommended by the guidelines can provide important information for

policymakers, decision-makers, and professionals who care for pregnant women, including physical therapists. Thus, well-targeted resources can be essential to prevent tragic or undesirable outcomes during pregnancy, which can be responsible for even more significant costs during pregnancy.

Keywords: economic evaluation, pregnancy, prenatal care

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WHAT IS THE LEVEL OF PHYSICAL ACTIVITY OF WOMEN IN DIFFERENT GESTATIONAL TRIMESTERS? A CROSS-SECTIONAL STUDY

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Background: Physical activity is an essential element of a healthy lifestyle and a component of optimal health. Women who exercise during pregnancy may experience a reduced risk of adverse pregnancy outcomes, such as gestational diabetes and even a shorter duration of active labor. Furthermore, physical activity is beneficial throughout all pregnancy trimesters and may help reduce potential risks to fetal growth.

Objectives: To analyze the level of physical activity among women in different pregnancy trimesters.

Methods: This is a cross-sectional study Brazilian pregnant women aged ≥18 years who were undergoing prenatal care were included. Data collection was conducted using an electronic form containing questions about sociodemographic and clinical data, along with the Global Physical Activity Questionnaire (GPAQ), which gathers information on physical activity related to work, transportation, and recreation. The instrument presents results in Metabolic Equivalents (METs) and categorizes physical activity levels as follows: weekly expenditure = 1500 METs as vigorous, 600 METs = METs < 1500 METs as moderate, and METs < 600 as low. Descriptive statistics were used to characterize participants, and the chi-square test was performed to verify the association between the gestational trimester and activity level, with a p-value < 0.05 considered significant.

Results: A total of 107 women participated in the study, with 28.0% (30) in the first trimester (mean age 32.7 ± 4.2 years), 35.5% (38) in the second (mean age 32.0 ± 5.3 years), and 36.5% (39) in the third trimester (mean age 30.3 ± 5.3 years). Monthly family income was classified as follows: Class A (above US\$3.826.82): 13.3% (4) in the first trimester, 10.5% (4) in the second, and 7.7% (3) in the third; Class B (US\$1.235.02–3.826.82): 56.7% (17), 44.7% (17), and 33.3% (13), respectively; Class C (US\$504.44–1.235.02): 26.7% (8), 21% (8), and 46.1% (18); Class D/E (below US\$504.44): 3.3% (1), 2.6% (1), and 12.8% (5). Regarding physical activity levels, 34.6% (37) of the pregnant women had a vigorous level of physical activity, 28% (30) moderate, and 37.4% (40) low. No significant association was found between gestational trimester and physical activity level (p = 0.24).

Conclusion: The level of physical activity among pregnant women was not related to the gestational trimester. However, it is

noteworthy that most women had a low level of physical activity, which may impact their pregnancy health.

Implications: Studies with a larger number of participants are necessary to evaluate the relationship between physical activity levels and gestational trimesters. Since physical activity directly impacts maternal and fetal health, it is highly recommended by the World Health Organization.

Keywords: Pregnancy, Physical Activity, Sedentary Behavior

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IMPACT OF ANXIETY AND SEXUAL FUNCTION ON CHRONIC PELVIC PAIN

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Background: Chronic pelvic pain (CPP) is a multifactorial condition that affects a significant number of women. It is characterized by persistent pelvic pain lasting more than six months. This condition can compromise quality of life and is frequently associated with psychological factors such as anxiety. Additionally, CPP may negatively impact sexual function. CPP has been linked to sexual dysfunction and anxiety, both of which can significantly affect patients' sexual and relational health.

Objectives: To investigate the association between anxiety levels, pelvic pain intensity, and female sexual function.

Methods: A cross-sectional study was conducted with 800 women aged 18 to 65 years. Pelvic pain intensity was assessed using the visual analog scale, while anxiety symptoms were measured using the Beck Anxiety Inventory. Sexual function was evaluated using the Female Sexual Function Index (FSFI), which assesses six domains: desire, arousal, lubrication, orgasm, satisfaction, and pain. Statistical analyses included correlation tests and regression models to determine the strength and significance of associations between variables.

Results: Higher anxiety levels were significantly associated with greater pelvic pain intensity ($p < 0.05$). Women with moderate to severe pain had significantly higher anxiety scores compared to those with mild or no pain. A correlation was observed between pelvic pain and sexual function: pelvic pain was negatively correlated with the total FSFI score ($r = -0.141$), with a more pronounced impact on the domains of desire ($r = -0.183$) and orgasm ($r = -0.095$).
Conclusion: The findings reinforce the complexity of chronic pelvic pain and its relationship with psychological and physiological factors. The correlation between greater pain intensity, higher anxiety levels, and lower sexual function scores suggests the need for multidisciplinary therapeutic approaches that include pain management, psychological support, and sexual function rehabilitation to improve patients' quality of life.

Implications: The results highlight the importance of an integrated approach that combines medical, psychological, and sexual health interventions to optimize patient care. Addressing anxiety and sexual function as part of chronic pelvic pain management may contribute to better therapeutic outcomes.

Keywords: Chronic Pelvic Pain, Anxiety, Sexual Function, Quality of Life, Women's Health

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PHYSICAL ACTIVITY LEVELS BY COMPONENT IN PREGNANT WOMEN WITH AND WITHOUT LUMBOPELVIC PAIN IN THE THIRD TRIMESTER: A DESCRIPTIVE ANALYSIS

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Background: Lumbopelvic pain is a common condition during pregnancy, impacting quality of life of pregnant women and influencing their physical activity levels. Regular physical exercise is recommended to improve maternal health and reduce pain symptoms; however, adherence to physical activity during pregnancy remains low. Understanding how different components of physical activity are distributed among pregnant women with and without lumbopelvic pain is essential to guide effective interventions and recommendations.

Objectives: To descriptively analyze the level of habitual physical activity in pregnant women in the third trimester of pregnancy with and without lumbopelvic pain, divided into components: occupational physical activities, leisure-time physical exercises, and physical activities during leisure and locomotion.

Methods: A cross-sectional study design was performed. Ten pregnant women were divided into two groups of five each: with and without lumbopelvic pain. Inclusion criteria were being in the third trimester of a singleton pregnancy and being at least 18 years old. Exclusion criteria were using assistive devices for walking, having neurological conditions affecting locomotion, history of spinal or lower limb surgeries, inflammatory or rheumatic diseases, and contraindications to exercise. Data collection included sociodemographic, anthropometric, and clinical information. Physical activity levels were assessed using the Baecke Habitual Physical Activity Questionnaire. Pain intensity was measured using the Numeric Pain Rating Scale. Differences between groups were analyzed descriptively due to the small sample size.

Results: The mean age in the pain-free and pain groups was 35.2 ± 7.3 years versus 29.4 ± 6.2 years, respectively. Gestational age was 34 weeks and 5.2 days ± 2 weeks and 4 days in the pain-free group versus 36 weeks and 3.6 days ± 2 weeks and 1 day in the pain group. Additionally, the pain group had a Numeric Pain Rating Scale score of 5.8 ± 1.9 . Regarding the results from the Baecke Habitual Physical Activity Questionnaire, descriptively findings suggested that pregnant women with pain engaged more in occupational activities and less in leisure-time physical exercises and physical activities during leisure and locomotion compared to the pain-free group. However, total physical activity levels were similar between the two groups: mean 10,825 and 8,975, respectively. The mean values for the components of occupational physical activities, leisure-time