

muscle weakness and guide individualized rehabilitation planning (Dong et al., 2025). The study cases presented by Titulaer et al. (2025) demonstrates that a comprehensive 6-week postpartum nursing assessment should minimally include a validated questionnaire, structured risk review, and basic pelvic floor muscle evaluation, with referral for advanced testing as indicated (Figure 2).

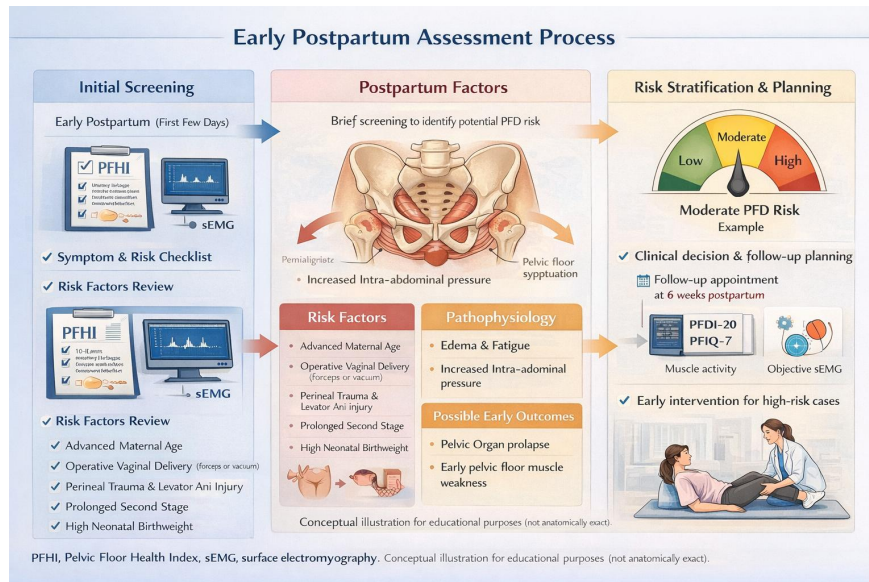


Figure 2 Case-based workflow of early postpartum pelvic floor assessment

4.3 Assessment during pelvic floor rehabilitation and follow-up

Following identification of functional impairment, the patient entered a pelvic floor rehabilitation program. Prior to intervention, nursing assessment established baseline symptom burden and pelvic floor muscle function to support individualized goal setting and outcome evaluation. Standardized, reliable, and change-sensitive tools were selected to ensure comparability across assessment time points (De Amorim et al., 2025). During rehabilitation and follow-up, assessments were conducted at multiple time points, integrating subjective symptom questionnaires with objective indicators such as pelvic floor muscle grading and sEMG parameters. Consistent with existing evidence, improvements in muscle activity were accompanied by reductions in symptom burden and improvements in psychological well-being, highlighting the importance of addressing both physical and psychosocial dimensions in postpartum rehabilitation assessment (Zhao et al., 2025).

In routine nursing practice, the assessment process can be appropriately simplified while ensuring adherence to core principles. A brief, responsive questionnaire was administered before rehabilitation, at program completion, and during follow-up at 3 and 6 months to monitor symptom burden and quality-of-life changes (De Amorim et al., 2025). When feasible, repeated objective measurements provided additional evidence of functional improvement. The iterative process of “assessment-feedback-adjustment-reassessment” enabled individualized nursing guidance and optimized rehabilitation outcomes (Huang et al., 2024). Long-term follow-up using pelvic floor-related instruments facilitated early identification of persistent or late-onset dysfunction and supported timely re-referral to pelvic floor physical therapy or urogynecological services (Nestor et al., 2025; Sitaraman et al., 2025).

5 Application of Nursing Assessment Results in Clinical Practice

5.1 Guiding individualized nursing interventions and rehabilitation programs

Postpartum PFD nursing assessment results serve as a critical basis for developing individualized nursing interventions and rehabilitation programs. By systematically evaluating the type and severity of functional impairment and its impact on quality of life, nurses can identify priority care issues and avoid experience-based or standardized interventions. Evidence indicates that individualized pelvic floor rehabilitation programs are commonly guided by baseline pelvic floor muscle strength, sEMG parameters, ultrasound findings, and symptom questionnaires, with intervention intensity and content tailored according to functional deficits and patient tolerance. In clinical decision-making, marked pelvic floor muscle weakness or abnormal sEMG findings warrant