

priority use of device-assisted training, graded pelvic floor muscle training (PFMT), and breathing-based relaxation techniques, whereas women with mild dysfunction and low symptom burden may benefit from home-based PFMT, lifestyle counseling, and reinforced follow-up to enhance adherence and conserve healthcare resources. Risk stratification models incorporating electrophysiological indicators and symptom outcomes, together with predictors such as age, gestational weight gain, and mode of delivery, further support adjustment of intervention intensity, enabling earlier or more intensive rehabilitation for high-risk women (Gao et al., 2024).

Huang et al. (2024) demonstrated that the superiority of assessment-driven care over uniform approaches. Randomized controlled studies show that individualized postpartum nursing guidance based on assessment findings can improve pelvic floor muscle strength, reduce PFD incidence, and increase patient satisfaction (Huang et al., 2024). The Newman nursing model similarly emphasizes tailoring interventions to assessment-identified knowledge gaps, emotional concerns, and life impacts, thereby improving quality of life and pelvic floor recovery (Wang et al., 2024). In postpartum women with comorbid generalized anxiety disorder, integrated interventions guided by anxiety scales, PFDI-20/PFIQ-7, and sEMG assessments have demonstrated concurrent improvements in anxiety levels, pelvic floor function, and quality of life within 12 weeks, highlighting the value of addressing both physical and psychological dimensions in individualized care (Zhao et al., 2025). Overall, systematic use of assessment results promotes a shift from “one-size-fits-all” care to responsive, patient-centered rehabilitation management (Cheredarchuk and Makarchuk, 2025).

5.2 Evaluating the effectiveness of nursing interventions and rehabilitation

Nursing assessment is essential not only for problem identification but also for evaluating the effectiveness of nursing interventions and rehabilitation. Repeated measurements using the same or equivalent tools before and after intervention allow objective comparison of pelvic floor function changes and determination of whether therapeutic goals have been achieved. Multiple randomized and quasi-experimental studies have employed symptom questionnaires, quality-of-life scales, and objective measures (sEMG, manometry, POP-Q, and ultrasound) at baseline and follow-up points (e.g., 6 weeks, 3 months, 6 months, and 1 year) to assess nurse-led postpartum pelvic floor rehabilitation outcomes, providing methodological support for quantifiable efficacy (Mikhelson et al., 2025; Zhao et al., 2025).

Existing evidence indicates that postpartum pelvic floor rehabilitation nursing significantly reduces symptom distress scores and improves patient satisfaction compared with routine care (Zhou and Guo, 2024). sEMG-based monitoring further demonstrates that comprehensive nursing interventions can enhance electromyographic parameters, muscle strength, and fatigue resistance within 3-6 months, offering objective evidence of treatment effects. Assessment data also facilitate comparison of rehabilitation strategies and timing, with early individualized programs and enhanced techniques (e.g., biofeedback) generally yielding superior symptom improvement and response rates. Evidence-based guidelines support PFMT as a core intervention for the prevention and treatment of urinary incontinence, underscoring the importance of establishing repeated-measurement frameworks (baseline-follow-up-outcome) to drive quality improvement in clinical nursing practice (Mikhelson et al., 2025).

5.3 Supporting health education and enhancing self-management capacity

Nursing assessment results play a direct role in health education and the enhancement of postpartum women's self-management capacity. Communicating assessment findings in an accessible manner helps women understand their pelvic floor function status and the rationale for rehabilitation and lifestyle modification, thereby increasing engagement and adherence. Studies show that integrating structured assessment with targeted health education improves pelvic floor health knowledge, self-efficacy, muscle function, and symptom outcomes (Huang et al., 2024; Wang et al., 2024; Cheredarchuk and Makarchuk, 2025).

The Newman nursing model highlights the importance of designing educational and counseling content based on assessment-identified knowledge gaps and emotional needs, contributing to improved psychological well-being and quality of life (Wang et al., 2024). In programs involving postpartum women with anxiety disorders, repeated use of assessment tools to provide progress feedback and reinforce effective self-care behaviors has proven