

Case Study

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Nursing Assessment Tools for Postpartum Pelvic Floor Dysfunction and Their Appropriate Use Scenarios

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Abstract This study explores the types and application characteristics of commonly used nursing assessment tools for postpartum pelvic floor dysfunction (PFD). A systematic comparison is provided of the Pelvic Floor Distress Inventory-20 (PFDI-20), Pelvic Floor Impact Questionnaire-7 (PFIQ-7), the ICIQ series, pregnancy- and postpartum-specific questionnaires, and brief screening tools such as the Pelvic Floor Health Index (PFHI), with particular attention to their assessment domains, reliability and validity, and clinical applicability. In addition, objective assessment methods-including digital palpation, surface electromyography, manometry, and ultrasound, are introduced to illustrate their complementary value in quantifying pelvic floor muscle function and evaluating rehabilitation outcomes, along with an analysis of the strengths and limitations of each method across different nursing contexts. Through a single case analysis spanning early postpartum hospitalization, systematic reassessment at 6 weeks postpartum, and subsequent pelvic floor rehabilitation with follow-up, this paper further demonstrates an integrated approach to applying nursing assessment tools across different postpartum stages. The findings highlight the practical significance of these tools in early screening, risk stratification, individualized intervention planning, and outcome evaluation. Overall, the combined use of subjective and objective assessment tools facilitates a shift in postpartum PFD nursing care from a passive, symptom-driven model to a proactive, evidence-based, and continuous management strategy. This review provides a structured reference to support nurses in the rational selection and application of assessment tools across care settings, thereby promoting standardized postpartum pelvic floor health management and improving long-term health outcomes for women.

Keywords Postpartum pelvic floor dysfunction; Nursing assessment; Pelvic floor assessment tools; Quality of life; Postpartum rehabilitation

1 Introduction

Postpartum pelvic floor dysfunction (PFD) refers to a group of syndromes that occur after pregnancy and childbirth as a result of injury or functional impairment of the pelvic floor muscles, fascia, connective tissue, and neural structures, leading to abnormalities in pelvic support, continence, and sensory function. Its clinical manifestations include urinary incontinence, fecal incontinence, pelvic organ prolapse, defecatory and sexual dysfunction, as well as chronic pelvic floor or perineal pain. Multiple symptoms often coexist and may persist or worsen over time (Firthous et al., 2025; Sitaraman et al., 2025). Evidence suggests that hormonal changes during pregnancy, sustained increases in intra-abdominal pressure, and mechanical stretching of pelvic floor tissues during childbirth-particularly vaginal delivery-are the primary pathophysiological mechanisms underlying PFD (Gao et al., 2024). With the growing number of postpartum women, PFD has become a common yet frequently overlooked health concern. Epidemiological studies indicate that approximately 40%-50% of women may experience at least one pelvic floor dysfunction symptom in the years following childbirth, with urinary incontinence being the most prevalent (Nestor et al., 2025).

Previous studies have identified vaginal delivery, prolonged labor, macrosomia, instrumental delivery, perineal trauma, multiparity, advanced maternal age, and elevated body mass index as major risk factors for postpartum PFD (Zhang et al., 2024; Hagawane et al., 2025). Despite its substantial disease burden, postpartum pelvic floor health remains insufficiently addressed in routine postnatal care, and related symptoms are often regarded as “normal postpartum changes,” leading to delays in assessment and intervention. Beyond physical impairment,