

PFD is closely associated with reduced health-related quality of life (HRQoL), emotional distress, limitations in social functioning, and impaired intimate relationships (Wang et al., 2024; Nestor et al., 2025). Some women may also experience feelings of shame, anxiety, depression, and social avoidance (Cattani et al., 2024). Systematic reviews further confirm a consistent association between PFD and adverse postpartum mental health outcomes, highlighting the intertwined nature of its physical and psychological consequences (VanWiel et al., 2024). Without timely identification and intervention, certain pelvic floor dysfunctions may become chronic or progressive, persisting or even emerging years after childbirth (González-Timoneda et al., 2025; Sitaraman et al., 2025).

This study will examine the foundational role of nursing assessment within the prevention and management framework for postpartum pelvic floor dysfunction (PFD). Nurses and midwives play a critical role in symptom screening, risk identification, health education, and follow-up monitoring. Given that some women do not actively report symptoms due to embarrassment or limited awareness, systematic and standardized nursing assessment is particularly important. Validated instruments, such as the Pelvic Floor Distress Inventory-20 (PFDI-20), the Pelvic Floor Impact Questionnaire-7 (PFIQ-7), and tools recommended by the International Consultation on Incontinence, have been shown to effectively assess symptom severity and their impact on quality of life. Structured nursing interventions based on assessment findings can improve pelvic floor function and enhance health-related quality of life (HRQoL); however, a unified assessment tool applicable across different postpartum stages is currently lacking. Therefore, from a nursing perspective, systematically reviewing and optimizing assessment tools for postpartum PFD is essential for standardizing care processes and improving long-term health outcomes for women.

2 Major Types of Postpartum Pelvic Floor Dysfunction

2.1 Urinary incontinence and voiding dysfunction

Urinary incontinence (UI) and voiding dysfunction are among the most common types of postpartum pelvic floor dysfunction (PFD). UI mainly includes stress urinary incontinence (SUI), urgency urinary incontinence (UII), and mixed urinary incontinence (MUI). Its occurrence is closely related to injury or functional impairment of pelvic floor support structures, the urethral sphincter, and neuromuscular pathways during pregnancy and childbirth. When intra-abdominal pressure increases and urethral closure pressure or support is insufficient, involuntary urine leakage may occur; urgency urinary incontinence more often reflects impaired coordination between the bladder and pelvic floor (Gao et al., 2024). Studies indicate that approximately one-quarter to one-half of women report varying degrees of urinary incontinence in the months to years following childbirth, with higher prevalence among those who undergo vaginal delivery, are of advanced maternal age, or have higher body mass index (Jamil et al., 2024). In the early postpartum period (approximately 6-10 weeks), the prevalence of urinary incontinence is about 18%-27% after vaginal delivery and 13%-20% after cesarean section, suggesting that mode of delivery, while important, is not the sole determinant. In addition to urinary incontinence, some women experience voiding difficulties such as hesitancy, incomplete emptying, or urinary retention, which are more common after cesarean section or complicated vaginal delivery and reflect impaired coordination between bladder outlet function and pelvic floor muscles.

From a nursing assessment perspective, urinary incontinence and voiding dysfunction not only affect daily activities, physical exercise, and childcare, but are also strongly associated with feelings of embarrassment, psychological distress, and reduced quality of life. Reliance solely on patient-initiated consultation may therefore lead to underassessment and delayed intervention (VanWiel et al., 2024; González-Timoneda et al., 2025). Accordingly, nursing assessment should systematically address symptom subtype (SUI/UII/MUI), frequency and volume, degree of distress, and functional impact, supported by standardized instruments to quantify severity and referral thresholds. For example, the ICIQ-SF can be used for rapid assessment of urinary incontinence severity and its impact on daily life, while the PFDI-20 enables comprehensive evaluation of pelvic floor symptom burden, supporting risk stratification and outcome monitoring (Jamil et al., 2024). Evidence further indicates that pelvic floor muscle training implemented during pregnancy and the first postpartum year has a moderate protective effect against postpartum urinary incontinence, underscoring the value of early screening and intervention in nursing practice (Beamish et al., 2024).