

effective in enhancing both mental health and pelvic floor outcomes (Zhao et al., 2025). Population-based surveys indicate substantial unmet information needs regarding PFD, with many women self-managing symptoms without professional guidance despite significant distress (Thangarajah et al., 2024). Therefore, incorporating individualized, assessment-based education into routine postpartum discharge counseling and establishing a closed-loop model of “assessment-education-reassessment-re-education” can support sustained prevention and long-term management of postpartum PFD (Rehman et al., 2025).

6 Concluding Remarks

Postpartum pelvic floor dysfunction (PFD) is a significant public health issue that affects women’s long-term health and quality of life. Its effective management depends on standardized and systematic nursing assessment. Multidimensional nursing assessment tools provide a structured approach to comprehensively evaluating pelvic floor health in postpartum women, particularly by facilitating the identification of symptoms that may go unreported due to embarrassment, stigma, or limited awareness. This reduces the risk of under-recognition and delayed intervention, underscoring the foundational role of nursing assessment in PFD prevention and management.

Validated subjective questionnaires, including the PFDI-20, PFIQ-7, ICIQ series, and pregnancy-or postpartum-specific instruments, systematically cover key domains such as bladder, bowel, pelvic organ prolapse, and sexual function, while quantifying their impact on quality of life. These tools provide comparable outcome measures for perinatal intervention and longitudinal monitoring. In parallel, objective assessment methods such as surface electromyography (sEMG), manometry, and ultrasound, along with the Pelvic Floor Health Index (PFHI) for rapid screening in primary care settings, enable quantification of pelvic floor muscle function and structural changes. The combined application of subjective and objective tools facilitates a shift in PFD nursing practice from a passive, symptom-driven approach to proactive, evidence-based, and continuous management, thereby reducing the risk of symptom chronicity and promoting overall recovery.

Given the multidimensional and dynamic nature of postpartum PFD, nursing practice should adhere to a “context-goal-tool” alignment strategy, selecting assessment instruments appropriately based on care settings, clinical objectives, and available resources. Brief questionnaires or indices are well suited for rapid screening and referral decision-making in inpatient and primary care settings, whereas comprehensive, reliable, and repeatable tools are more appropriate for specialized clinics and long-term follow-up, with objective assessments integrated when necessary. Future efforts should focus on strengthening nurse training, promoting routine and digitalized use of assessment tools, and continuously improving the evidence base for postpartum-specific instruments. These measures will support early detection, timely intervention, and effective management of PFD, ultimately enhancing women’s long-term health outcomes.

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Conflict of Interest Disclosure

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