

PFHI is a 10-item self-administered instrument designed for immediate postpartum use and suitable for repeated measurement at 2, 4, and 6 months postpartum, demonstrating good test-retest reliability and responsiveness to change.

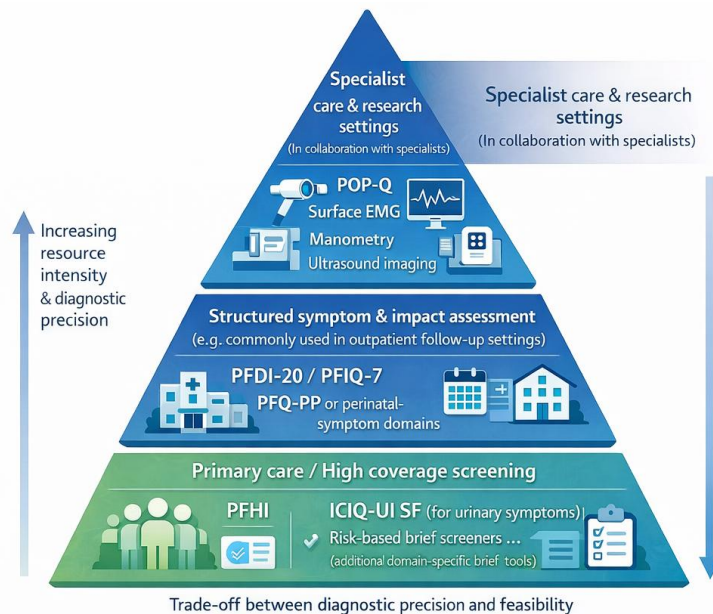


Figure 1 A tool selection framework for nursing-led assessment of postpartum pelvic floor dysfunction

Risk factor assessment was conducted through medical record review and brief bedside inquiry, including maternal age, mode of delivery, operative vaginal delivery, perineal trauma, prolonged second stage of labor, and neonatal birth weight. These factors are consistently associated with increased PFD risk and early pelvic floor muscle weakness detected by surface electromyography (sEMG) at 42-90 days postpartum (Gao et al., 2024; Dong et al., 2025). Based on combined symptom screening and risk profiling, the patient was classified as having moderate PFD risk and was scheduled for a comprehensive nursing assessment at approximately 6 weeks postpartum. Patients presenting with prominent warning signs or multiple risk factors would, in similar circumstances, be referred for earlier reassessment or pelvic floor rehabilitation services (Fertel et al., 2024; Sitaraman et al., 2025).

#### 4.2 Systematic assessment at 6 weeks postpartum

At approximately 6 weeks postpartum, the patient returned for follow-up, marking the transition from acute recovery to the early rehabilitation phase. By this time, pelvic floor edema had largely resolved, and neuromuscular function had stabilized, allowing more accurate symptom reporting and functional evaluation. The focus of nursing assessment shifted from risk screening to evaluation of functional status, classification of dysfunction, and identification of persistent or emerging PFD (Gao et al., 2024).

An integrated assessment strategy was applied, combining subjective questionnaires, structured risk review, and objective measurements. The patient completed validated multidimensional instruments, including the Pelvic Floor Distress Inventory-20 (PFDI-20) and the Pelvic Floor Impact Questionnaire-7 (PFIQ-7), which comprehensively assessed bladder, bowel, prolapse, and sexual function symptoms and their impact on quality of life. The evaluation results in De Amorim et al. (2025) and Nestor et al. (2025) demonstrated that, mild urinary symptoms not previously reported during hospitalization were identified at this stage, illustrating the dynamic nature of postpartum symptom trajectories and the importance of systematic reassessment.

Objective assessment was introduced, including basic pelvic floor muscle examination and pelvic floor sEMG to quantify muscle activation and endurance. Where resources permit, similar cases may incorporate ultrasound or POP-Q assessment to further evaluate early structural changes (Gao et al., 2024). In higher-risk profiles, objective findings may be combined with demographic and obstetric variables to inform predictive models for pelvic floor