

HIPS/25/26 - External validation, enhancement and assessment of implementation potential of a risk prediction tool for predicting long-term pelvic floor dysfunction (PFD) in women after childbirth (EVERLONG)

Pelvic Floor Dysfunction (PFD) (prolapse, urinary and faecal incontinence) negatively affects women, is costly, and is the focus of the Scottish Government's Women's Health Plan (Phase 2). Childbirth is a major cause of PFD. We developed a way to calculate what a woman's PFD risk would be 12 and 20 years after childbirth (a risk prediction tool: UR-CHOICE), for discussion with her as part of maternity care. This project would use available Scottish health data to test if the tool works as it should, and to encourage its use post-natally to identify women who will have PFD in the future. We would approach women from a research volunteer database (SHARE) who have given birth. We would gain approval to survey these women about their births and any PFD experienced, e.g. an operation they had for urinary incontinence or prolapse. We would also ask women about their family history of PFD (information needed for the prediction), and their symptoms and treatment received. With women's consent, we would link their survey responses with their other routinely-collected health data. We would enter women's risk data into the existing prediction tool to check how well it identifies those who we know developed PFD. We would also develop an enhanced tool which would consider other time-periods post-childbirth (e.g. up to 5, 10, 15 years later). A web application containing the tools would be developed. Two events would be held to discuss with women, healthcare staff and other stakeholders how the tools can be used.