



## Original Article



## Quality of Life among Women with Pelvic Organ Prolapses After Postpartum

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## ABSTRACT

Pelvic organ prolapse (POP) is the dropping of the pelvic organs as a result of the inability to hold them through weakness, especially in the aftermath of childbirth, which causes physical and emotional problems. **Objectives:** To evaluate the prevalence of POP and its effects on the quality of life (QoL) of postpartum women by administering the P-QoL questionnaire. **Purposes:** To establish the QoL of postpartum women who have pelvic organ prolapse. **Methods:** The study was a three-month cross-sectional study to gather information on various hospitals within Lahore. In the present study, 377 postpartum women (20 to 45 years old) in the public hospitals were evaluated by the P-QoL questionnaire, but they were not included whose prior POP treatment or were still pregnant. **Results:** The researchers established that 96.3 percent of 377 women experienced severe symptoms of POP, with the moderate-to-high performance scores consistent, and only half of them made it to the standardized analysis. **Conclusions:** The fact that severe POP symptoms occur in the majority of cases (96.3%), and moderate-to-high performance consistency highlights the fact that there is a strong necessity to enhance data inclusion and specific interventions.

## INTRODUCTION

Pelvic Organ Prolapse (POP) is a common problem, as weakened pelvic support results in dropper organs such as the bladder or uterus, which can cause the effect of bladder, bowel, and sexual problems [1, 2]. It is largely associated with giving birth, aging, obesity, and hard work. POP has a strong impact on the quality of life of women, yet it is usually underdiagnosed because of its stigma and inconsistent symptoms, as well as lack of adequate care access, particularly in low-resource environments. Physiotherapy or pessaries can be used in the management of cases at an early stage [3]. The knowledge of the POP effects and especially among the postpartum women, will play a crucial role in quick intervention and subsequent

improvement in health [4]. The situation is further aggravated by the fact that the condition is more common in the low-income areas with restricted access to healthcare services, including gynecological surgeries [5]. As much as the current body of research progressively increases on the prevalence of POP and its effects on the quality of life, little is known regarding the effects that the condition has on the postpartum period, a period that is already fraught with a lot of emotional and physical transformations in women [6, 7]. Symptoms of prolapse at early stages, often beginning after delivery, have not been given much attention, and the literature is predominantly dedicated to general female groups or to the cases of the



latter stage of prolapse [8, 9]. Moreover, the limited studies of postpartum POP that are presently available are more likely to underestimate its manifold effects on daily functioning, psychology, and physical recovery. Moreover, the perspectives of physiotherapy are not fully included, particularly in the assessment of the impact of dysfunction of the pelvic floor on postpartum quality of life. Therefore, the postpartum population remains underrepresented in care paradigms and clinical research [10].

Pelvic organ prolapse (POP) is a prevalent condition among postpartum women, causing significant physical, emotional, and psychosocial challenges that negatively impact quality of life. Despite its high occurrence, particularly in low-resource settings, POP remains underdiagnosed due to cultural stigma, low awareness, and limited postpartum screening and rehabilitation services. Most existing research focuses on general female populations or advanced stages of POP, leaving the postpartum population underrepresented and the early effects of POP on daily functioning, mental health, and physical recovery largely unexplored. This study aims to evaluate the prevalence of POP among multiparous postpartum women and examine its impact on quality of life using the P-QoL questionnaire, thereby highlighting the need for enhanced postpartum screening, targeted interventions, and physiotherapy integration.

## METHODS

The cross-sectional research design was used to identify the prevalence and related variables of pelvic organ prolapse at a given time. This design, however, was restrictive by nature in developing causal relationships between identified risk factors and the condition. The data was gathered by various hospitals in Lahore. This would be a three-month (July 2025 to September 2025) study period, which included ethical clearance of the Hajvery University with ref no: HU/FAHS/ECRB/2461, recruitment of the study participants, and data collection through the use of the P-QoL questionnaire, data analysis, and compiling of the report. A simple random sampling strategy was undertaken so that all eligible people in the sampling frame got an equal opportunity of being selected. The study sample comprised all multiparous postpartum women (20–45, up to 6 months after delivery) attending the gynecology Outpatient Departments of the study hospitals in Lahore within the four months of the study. Potential participants were assigned sequential numbers, and a computer-based random number generator was used to select the required 377 participants from this complete list. The sample size was calculated using the Raosoft Sample Size Calculator. For the calculation, an expected prevalence of pelvic organ prolapses of 50% was used, as no definitive local data was

available, and this proportion maximizes the required sample size for a given margin of error. With a 95% confidence level and a 5% margin of error, the calculated minimum sample size was 377 participants. The target population was women aged 20–45 after postpartum. Inclusion criteria included women aged 20–45 years, who had delivered within the postpartum period (up to 6 months after childbirth), multiparous (having had two or more deliveries) women were included, as repeated childbirth is a known risk factor for pelvic organ prolapse, and women with the ability to understand and complete the P-QoL questionnaire (self-administered or interview-assisted). Exclusion criteria were primiparous women (first delivery) to ensure focus on multiparity-related risk factors, women with ongoing pregnancy or multifetal gestation, women with a history of prior pelvic organ prolapse treatment, pelvic floor reconstructive surgery, or hysterectomy, women diagnosed with neurological, systemic, or cognitive impairments that could interfere with questionnaire completion, women with a history of perinatal death, chronic illnesses, or mental health disorders and women currently undergoing pelvic floor physiotherapy or conservative management for prolapse. Eligible participants were informed about the study and asked to sign an informed consent form. P-QoL questionnaire was given either as a self-administered or an interview using Urdu (translated when necessary). The Prolapse Quality of Life (P-QoL) Questionnaire was a validated instrument that was employed to determine the effect of pelvic organ prolapse. A strict forward and backward translation was carried out into the Urdu language to be used in this study. First, forward translation was done by two bilinguals who are independent. The translated versions were then harmonized into one draft by a committee of health care professionals and linguists. This was then back-translated to English by two other translators who were not told what the original instrument was. The back-translated one was put against the original to verify conceptual, semantic, and content equivalency. The last Urdu version was pilot-tested by a group of 20 postpartum women (not included in the main study), to ensure that there were comprehension and cultural appropriateness, and understanding. The analysis of data was based on version SPSS version 23.0. Demographic and clinical variables were summarized using descriptive statistics (mean, standard deviation, frequencies, and percentages). The prevalence was determined as the percentage of women who had POP symptoms. Inferential statistics was used to enhance the analytical scope to go beyond description. The Chi-square test was applied to determine the connection between categorical variables, including age groups, and the severity of POP impact on QoL. The p-value was taken to be significant at less than 0.05.

## RESULTS

The number of women enrolled in the study was 377, who developed pelvic organ prolapse (POP). All the 50 participants excluded in the final analysis were those whose responses to the questionnaire were incomplete, and therefore, 327 valid cases were used to conduct the statistical analysis (86.7%). During clinical examination, the severity of POP was determined using the standardized system of Pelvic Organ Prolapse Quantification (POP-Q). This system marks prolapse centimeters of the descent of the hymen relative to the pelvic organs between 0 and 4. To make this analysis, some stages were grouped as follows: Stage 0-II was categorized as 'Moderate', and Stage III-IV was categorized as 'Severe' (Table 1).

**Table 1:** Severity Level of POP

Severity Level	Frequency (%)
Moderate	14 (3.7%)
Severe	363 (96.3%)
Total	377 (100.0%)

The relationship between the age group and the extent to which POP affects the QoL was evaluated statistically. A Chi-square test of independence showed that there was a significant relationship between these variables,  $\chi^2$  (12, n=377) = 45.8,  $p < 0.001$ . The highest percentage (31.6%) of women who were severely affected were in the age group 36-40 years old, stating they experienced the highest impact (Table 2).

**Table 2:** Age and Severity of Respondents Affecting QoL

Age Group (Years)	Frequency (%)	Severity of Impact
20-25	50 (13.3%)	Mildly Affected
26-30	70 (18.5%)	A Lot Affected
31-35	80 (21.3%)	Moderately Affected
36-40	118 (31.6%)	Severely Affected
41-45	59 (15.3%)	Little Affected
Total	377 (100.0%)	-

Levels of symptom distress were uneven, as the results of the Pelvic Organ P-QOL questionnaire were found. The top complaints were bowel issues (10.3%), sexual discomfort (9.0%), and lower back pain with vaginal pain (8.2%). Common urinary symptoms included poor urinary stream (5.6%), straining to empty the bladder (5.8%), and urine dribbling (4.5%). Psychosocial impacts such as depression (1.1%), sleep disturbance (1.1%), and restricted social life (0.8%) were reported less frequently (Table 3).

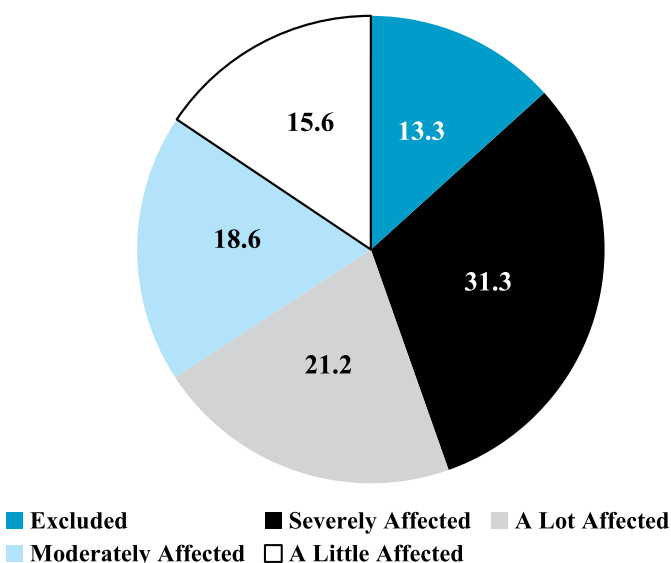
**Table 3:** Distribution of P-QOL Domain Scores

Variables	Symptom/ Domain, n (%)
Bowels Do Not Feel Empty	39 (10.3%)
Vaginal Bulge Interfering with Sex	34 (9.0%)
Lower Backache with Vaginal Discomfort	31 (8.2%)

Straining to Open Bowels	27 (7.2%)
Constipation	26 (6.9%)
Straining To Empty Bladder	22 (5.8%)
Poor Urinary Stream	21 (5.6%)
Urine Dribbles After Emptying	17 (4.5%)
Other Minor Symptoms	<4% Each
Total	377 (100.0%)

Out of 377 participants, 118 women (31.6%) reported being severely affected, 80 (21.3%) were a lot affected, 70 (18.5%) were moderately affected, and 59 (15.3%) were a little affected. For the analysis of the overall quality of life impact, data from 50 participants (13.3%) were excluded. This exclusion was necessary because these participants did not complete critical sections of the P-QOL questionnaire, specifically one or more domains required to compute a valid total QOL impact score (Figure 1).

**Quality of Life (Total Women = 377)**



**Figure 1:** Quality of Life Affected by POP

## DISCUSSION

The present study finds that the prevalence of pelvic organ prolapse (POP) is very high among postpartum women in Pakistan, with the majority having moderate to severe symptoms and a serious quality of life impairment, particularly in particular, physical and emotional well-being. The majority was middle-aged, and care-seeking was low due to stigma and lack of awareness. Compared to global data, the burden is higher in low-resource settings due to limited screening and postpartum support. While pelvic floor exercises have proven effective elsewhere, few women in this study practiced them, highlighting the need for greater physiotherapy integration and postpartum care improvements. Fourteen 32-41-year-old women with parity 1-3 attended, POP Grade 1-3. The reports of women being dismissive or not being appreciative of the effect of their

condition were high. Other reports involved communication with the HCPs who they believed were listening, understood the impact of their POP, positive diagnoses, and realistic treatment procedures [11]. Previous findings indicate the need to carry out larger epidemiological studies on the potential adverse reproductive health effects of heavy load-bearing exercises on third-world females [12]. Prevalence was 30.9 percent (95 percent confidence interval: 24.4–38.2 percent), (heterogeneity  $I^2=99.8$  percent). The meta-analysis of subgroups in the studies delivered the questionnaire to assess the prevalence rate and found that the prevalence was 25.0% and the physical examination was 41.8% [13]. One of the studies demonstrated the possibility of a pessary to positively influence the quality of life of women and the opportunity to considerably improve the sexual functioning and body perception [14]. High rates of LAM avulsion were detected in Chinese women with a POP of 39%. It was associated with an elevated level of POP, and these women were more handicapped in QoL. However, LAM avulsion was not an independent issue that influenced the QoL of such women [15]. POP also affects women, and the majority of them who visit the gynecology clinic in MRRH have the disease in stage II. POP is advised to be regularly screened to enable the detection and preventive action to be taken, especially with grand multiparous, peasant farmers, and people who have a history of perineal tears [16]. This was analyzed in 1426 women. There was a 4.9% prevalence of POP. POP was significantly related to the parity [17]. High rates of prevalence of depression in women with advanced prolapse of the pelvic organs were also reported by a study in comparison to the rest of the studies. The screening measures to be employed in the detection and management of depression in women who have advanced prolapse of the pelvic organs should be formulated to help identify the condition at its early stages [18]. A shared aetiology of both POP and other disorders that are related to collagen may occur at the molecular level of the collagens [19]. The awareness of the complexity of the etiology, epidemiology, and management of POP is significant in minimizing its burden and maximizing the health and well-being of the populations affected [20].

The cross-sectional design of the study limits causal and temporal inferences between potential risk factors and pelvic organ prolapse (POP), while cultural taboos, embarrassment, and low awareness may contribute to underreporting of symptoms and affect prevalence accuracy. Additionally, delayed postpartum data collection may introduce recall bias, and limited pelvic floor rehabilitation services with inconsistent postpartum screening can hinder accurate identification of POP. Future research should standardize pelvic floor

assessments within routine postnatal care, examine the prevalence of depression and anxiety among postpartum women with POP, and incorporate qualitative approaches to explore women lived experiences, cultural beliefs, and barriers to accessing care.

## CONCLUSIONS

This research concluded that the fact that severe POP symptoms (96.3%) were high and consistent performance moderate-high should prompt the need to improve data collection and specific interventions. A study that gauges the incidence of depression and anxiety among postpartum women with POP should be conducted. Research needs to be conducted in the future to address women lived experiences, cultural beliefs, and barriers to care using the qualitative method.

## Authors' Contribution

Conceptualization: AA<sup>1</sup>

Methodology: NR, AA<sup>2</sup>

Formal analysis: MS, UI, BA

Writing and Drafting: AA, MA, RT, FM, EG

Review and Editing: AA, MA, RT, FM, EG, NR, AA<sup>2</sup>

All authors approved the final manuscript and take responsibility for the integrity of the work.

## Conflicts of Interest

The authors declare no conflict of interest.

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