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REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO
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**CONTRIBUTIONS OF MATERNAL AND OBSTETRIC NURSING
AND REHABILITATION TO MOTOR AND SENSORY
REHABILITATION IN WOMEN AFTER CHILDBIRTH:
A SCOPING REVIEW**

**CONTRIBUTOS DA ENFERMAGEM DE SAÚDE MATERNA
E OBSTÉTRICA E DE REABILITAÇÃO NA REABILITAÇÃO
MOTORA E SENSITIVA DA MULHER NO PÓS-PARTO:
UMA SCOPING REVIEW**

**CONTRIBUCIONES DE LA ENFERMERÍA DE SALUD MATERNA
Y OBSTÉTRICA Y DE REHABILITACIÓN EN LA REHABILITACIÓN
MOTORA Y SENSITIVA DE LA MUJER EN EL POSPARTO:
UNA SCOPING REVIEW**

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Abstract

Background: The postpartum period is characterized by significant physiological changes, mainly in the abdominal muscles and pelvic floor, which impact women's motor, sensory, and postural function. Conditions such as abdominal diastasis, urinary and fecal incontinence, pelvic organ prolapse, and lumbopelvic pain are common and can compromise the physical and emotional well-being of postpartum women. **Objective:** to identify evidence on the roles of Maternal and Obstetric Health Nursing and Rehabilitation Nursing in postpartum motor and sensory recovery. **Methodology:** Scoping Review. Eleven national and international studies were selected, addressing physical exercise strategies, rehabilitation programs, and prevention of musculoskeletal disorders. **Results:** The results show that structured exercise programs, including pelvic floor training, abdominal strengthening, and neuromotor exercises, promote functional recovery, prevent complications, and promote lumbopelvic stability. The integration of nursing specialties, through early screening, preventive exercise guidance, and rehabilitation interventions, is essential. **Conclusion:** It is concluded that multidimensional, woman-centered interventions are crucial for improving health, preventing complications, and optimizing quality of life in the postpartum period.

Keywords: Nurse Midwives; Pelvic Floor Disorders; Postpartum Period; Rehabilitation Nursing.

Resumo

Enquadramento: O período pós-parto é caracterizado por alterações fisiológicas importantes, principalmente na musculatura abdominal e no pavimento pélvico, que impactam a funcionalidade motora, sensitiva e postural da mulher. Condições como diástase abdominal, incontinência urinária e fecal, prolapso de órgãos pélvicos e dor lombopélvica são frequentes, podendo comprometer o bem-estar físico e emocional da puérpera. **Objetivo:** identificar evidências sobre os papéis da Enfermagem de Saúde Materna e Obstétrica e da Enfermagem de Reabilitação na recuperação motora e sensitiva no pós-parto. **Metodologia:** *Scoping Review*. Foram selecionados 11 estudos nacionais e internacionais, abordando estratégias de exercício físico, programas de reabilitação e prevenção de disfunções musculoesqueléticas. **Resultados:** Os resultados demonstram que programas estruturados de exercícios, incluindo treino do pavimento pélvico, fortalecimento abdominal e exercícios neuromotores, favorecem a recuperação funcional, previnem complicações e promovem a estabilidade lombo-pélvica. A integração das especialidades de enfermagem, por meio de triagem precoce, orientação de exercícios preventivos e intervenções de reabilitação, mostra-se essencial. **Conclusão:** Conclui-se que intervenções multidimensionais e centradas na mulher são decisivas para melhorar a saúde, prevenir complicações e otimizar a qualidade de vida no pós-parto.

Palavras-chave: Distúrbios do Assoalho Pélvico; Enfermagem em Reabilitação; Enfermeiros Obstétricos; Período Pós-Parto.

Resumen

Contexto: El posparto se caracteriza por importantes cambios fisiológicos, principalmente en la musculatura abdominal y el suelo pélvico, que afectan a la funcionalidad motora, sensorial y postural de la mujer. Afecciones como la diástasis abdominal, la incontinencia urinaria y fecal, el prolapso de órganos pélvicos y el dolor lumbopélvico son frecuentes y pueden comprometer el bienestar físico y emocional de la puérpera. **Objetivo:** identificar evidencias sobre el papel de la enfermería materna y obstétrica y de la enfermería de rehabilitación en la recuperación motora y sensorial después del parto. **Metodología:** revisión exploratoria. Se seleccionaron 11 estudios nacionales e internacionales que abordaban estrategias de ejercicio físico, programas de rehabilitación y prevención de disfunciones musculoesqueléticas. **Resultados:** Los resultados demuestran que los programas estructurados de ejercicios, incluyendo el entrenamiento del suelo pélvico, el fortalecimiento abdominal y los ejercicios neuromotores, favorecen la recuperación funcional, previenen complicaciones y promueven la estabilidad lumbopélvica. La integración de las especialidades de enfermería, mediante la detección precoz, la orientación sobre ejercicios preventivos y las intervenciones de rehabilitación, resulta esencial. **Conclusión:** Se concluye que las intervenciones multidimensionales y centradas en la mujer son decisivas para mejorar la salud, prevenir complicaciones y optimizar la calidad de vida en el posparto.

Descriptores: Enfermeras Obstétricas; Enfermería en Rehabilitación; Periodo Posparto; Trastornos del Suelo Pélvico.

Introduction

The puerperal or postpartum period corresponds to the phase of the gravid-puerperal cycle characterized by the regression of the physical changes resulting from pregnancy and by the transition to the exercise of motherhood⁽¹⁾. It begins immediately after delivery of the placenta and extends, on average, up to six weeks after childbirth, although its duration is chronologically variable and imprecisely defined⁽²⁾. During this period, involutional and maternal recovery changes occur that aim to restore the pre-pregnancy condition, in a transition process involving physical and psychological changes in the woman's life^(3,4).

Pregnancy and childbirth bring about significant changes in women, specifically in the abdominal musculature and pelvic floor⁽³⁾, structures directly involved in the gestational process and in labor.

Throughout pregnancy, uterine growth affects the shape of the abdomen and the geometry of the abdominal musculature, which is stretched to its limit by the end of gestation⁽³⁾. Under the hormonal action of relaxin, the ligaments lose resistance, leading to a decrease in the tension of the connective tissues and a consequent increase in the mobility of the anatomical structures⁽³⁾. Diastasis of the abdominal musculature has a prevalence of 66% in pregnant women in the third trimester⁽³⁾, and may persist in 45% of women at six months postpartum and in 33% after the first year⁽¹⁾.

The pelvic floor consists of a set of muscles and their respective ligaments arranged in a funnel shape that bounds the abdominal cavity inferiorly⁽⁵⁾, supporting the pelvic organs. The contraction of this muscular structure is responsible for maintaining urinary and fecal continence, and is also directly involved in sexual function⁽³⁾. Likewise, the pelvic floor muscles are part of the core musculature, playing an essential role in stabilizing the spine and pelvis, assisting in their movement and in the maintenance of posture⁽⁶⁾.

Pregnancy and childbirth are risk factors for impairment of the pelvic floor muscles, due to the hormonal action that promotes muscle relaxation, the compression exerted by the uterus on the bladder, and

the possibility of perineal lacerations and episiotomy during delivery⁽⁶⁾. The weakening of these muscles may result in the onset of urinary/fecal incontinence or the development of pelvic organ prolapse⁽⁶⁾.

All changes resulting from pregnancy and childbirth predispose to the development of functional changes at different stages of a woman's life, manifesting in the short, medium, and long term^(7,8). In addition to urinary and fecal incontinence and pelvic organ prolapse, musculoskeletal changes such as low back pain and diastasis of the rectus abdominis muscles are noteworthy⁽³⁾, and may compromise the woman's physical and emotional well-being. It is estimated that one in every three women who have given birth will suffer from urinary incontinence, one in every two will develop pelvic organ prolapse, and one in every ten will suffer from fecal incontinence⁽⁶⁾. Given this high prevalence, it is essential to implement preventive interventions and appropriate treatment to improve women's quality of life⁽¹⁾.

The practice of physical exercise is recommended, with aerobic, flexibility, resistance, and neuromotor exercise programs targeting the training of the pelvic floor and abdominal muscles, after 6 weeks postpartum and under careful observation by the Specialist Nurse in Maternal and Obstetric Health^(1,3).

Specialized care in maternal and obstetric health nursing in the postpartum period aims to provide a professional response to women's needs through the implementation of actions that include assessing progress and promoting postpartum recovery, as well as identifying potential women's health problems⁽⁹⁾. In this context, their practice encompasses early screening for muscular dysfunctions such as urinary incontinence or lumbopelvic pain. In addition, the Specialist Nurse in Maternal and Obstetric Health plays an important role in implementing preventive strategies through the teaching of perineal and respiratory exercises, which reduce functional complications and promote the woman's early recovery⁽¹⁰⁾. From a multidisciplinary perspective, they play a fundamental role in referring women to rehabilitation programs, in order to ensure a comprehensive, woman-centered approach that integrates Rehabilitation Nursing into the interventions to be implemented.

The Specialist Nurse in Rehabilitation complements the practice of the Maternal and Obstetric Health Nurse with an intervention focused on motor, sensory, and postural functionality. They develop their intervention in a holistic, transversal, multi- and interdisciplinary manner, which should begin in the preconception period from an educational perspective, progressing throughout pregnancy and the postpartum in close cooperation with the Specialist Nurse in Maternal and Obstetric Health Nursing⁽³⁾. This intervention is carried out through the implementation of strategies to prevent complications, physical exercise programs, and motor and sensory rehabilitation and re-education programs⁽³⁾.

The articulation between specialized care in Maternal and Obstetric Health Nursing and in Rehabilitation Nursing stands as a determining factor in achieving health gains, through a multidimensional, woman-centered approach.

In light of the above, this scoping review aims to map the evidence on the contributions of Maternal and Obstetric Health Nursing and Rehabilitation Nursing to motor and sensory rehabilitation in the postpartum period, in response to the physiological changes resulting from pregnancy and childbirth.

Methodology

A scoping review allows the systematic mapping of the existing evidence on a given phenomenon, regardless of the nature of the source, and also enables the identification of the main characteristics or factors related to the phenomenon under study, including methodological aspects⁽¹¹⁾.

This scoping review followed the methodological recommendations of the Joanna Briggs Institute (JBI)⁽¹²⁾ and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses — Scoping Reviews (PRISMA-ScR). The review question was structured based on the PCC mnemonic, where P stands for “Participants”, C for “Concept”, and C for “Context”. Participants were defined as women in the postpartum period; Concept as the contribution of Maternal and Obstetric Health Nursing and Rehabilitation

Nursing to motor and sensory rehabilitation in the postpartum period; and Context as interventions carried out in different health care settings (hospital, community, or home-based).

Based on the PCC strategy, the following review question was formulated: What are the contributions of Maternal and Obstetric Health Nursing and Rehabilitation Nursing to motor and sensory rehabilitation in the postpartum period, in response to the physiological changes resulting from pregnancy and childbirth?

Regarding the inclusion criteria, concerning participants, this scoping review considered all studies addressing women in the postpartum period, regardless of the type of delivery, age, or parity. Regarding the concept, studies exploring interventions, contributions, practices, or roles of Maternal and Obstetric Health Nursing and/or Rehabilitation Nursing in motor and sensory recovery after childbirth were considered. Concerning the context, studies addressing the provision of care were included, regardless of the institutional setting (hospital, health center, home, rehabilitation clinics).

Regarding the type of studies, primary quantitative, qualitative, and mixed-methods articles, literature reviews, and gray literature were considered, excluding works published in conference proceedings as oral communications and/or posters, editorials, and letters to the editor. Publications in Portuguese, English, or Spanish were included, with a time limit of the last 12 years.

The search strategy was carried out in a three-phase process, following the JBI recommendations^(12,13). The first phase involved an initial search in the following databases: MEDLINE (via PubMed), CINAHL Complete (via EBSCO), Nursing & Allied Health Collection (via EBSCO), MedicLatina (via EBSCO), and Cochrane Plus Collection (via EBSCO), in order to identify the keywords most frequently used in the titles and abstracts of articles on the phenomenon of interest, as well as the indexing terms. The search for unpublished studies was conducted in the Scientific Open Access Repository of Portugal (RCAAP) and ResearchGate. In the second phase, based on the identified keywords and index terms, the Medical

Subject Headings (MeSH) descriptors “Postpartum”, “Midwifery”, “Rehabilitation nursing”, and “Pelvic Floor disorders” were combined using the Boolean operator AND, in order to form a search expression adapted to the specificity of each database or repository. Finally, the bibliographic references of the selected articles were analyzed to identify additional studies eligible for inclusion in this review. The selection process was presented in a flow diagram in accordance with PRISMA-ScR.

Study selection was carried out in two sequential stages: the first consisted of screening titles and abstracts, and the second of fully reading the eligible texts. Two reviewers conducted the assessment independently, resolving disagreements by consensus or through the intervention of a third reviewer when necessary. The results of this process are represented in the flowchart in Figure 1, in alignment with PRISMA-ScR.

Results

A total of 11 national and international articles were integrated into this scoping review, analyzing the physiological changes resulting from pregnancy and childbirth, as well as the maternal, obstetric, and rehabilitation nursing interventions aimed at motor and sensory recovery in the postpartum period. The synthesis of the results allowed the evidence to be structured around four main thematic axes: musculoskeletal and functional changes in the puerperium; the impact of physical exercise on women’s rehabilitation; the contributions of Maternal and Obstetric Health Nursing; and the contributions of Rehabilitation Nursing.

In the domain of musculoskeletal and functional changes, several studies^(3,7) show that pregnancy and childbirth promote significant changes in the abdominal and pelvic floor musculature, with repercussions that may persist over time. Among the most prevalent complications are diastasis of the rectus abdominis muscles, whose prevalence may reach 66% in the third trimester and persist in more than 30% of women after one year⁽¹⁾; urinary incontinence, reported by about one third of postpartum women; pelvic

organ prolapse, present in up to half of women; and fecal incontinence, which affects approximately 10% of women who have given birth⁽⁶⁾. These findings reinforce the relevance of early detection of these changes and the implementation of specific preventive and therapeutic measures.

Regarding the impact of physical exercise, the scientific literature highlights its relevance as a central strategy in the postpartum rehabilitation process. A systematic review⁽⁷⁾ and a meta-analysis on the effects

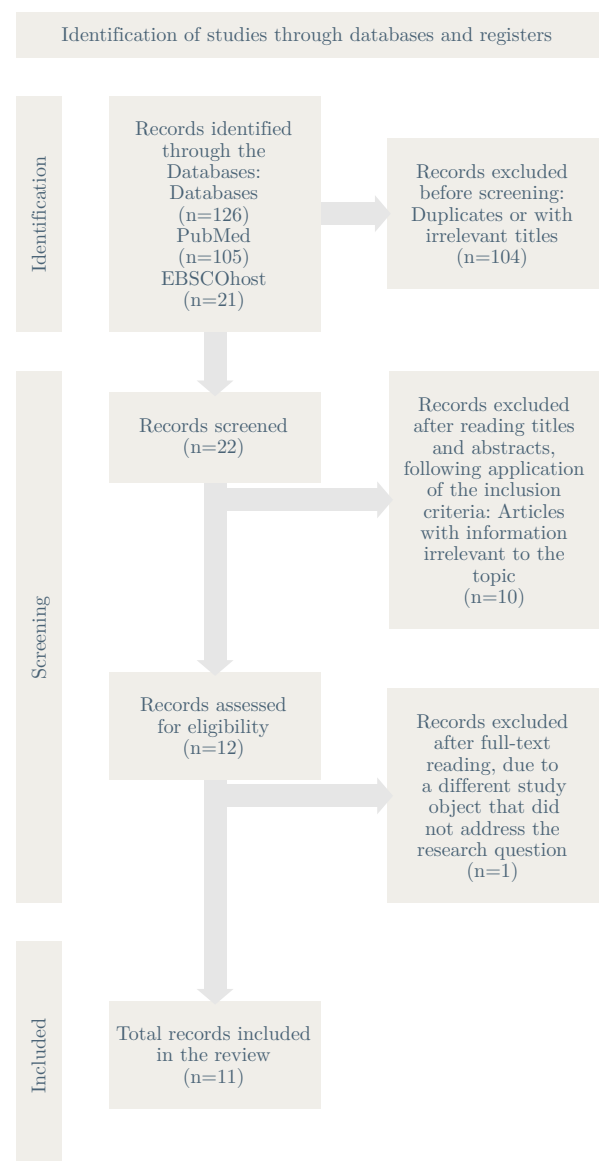


Figure 1: PRISMA Flowchart⁽¹⁴⁾.

of exercise in the treatment of urinary and fecal incontinence and abdominal diastasis demonstrate the efficacy of pelvic floor muscle training in the prevention and treatment of these dysfunctions. Additionally, intervention programs such as Flexi-Bar Training have shown benefits in abdominal and pelvic strength, contributing to functional recovery and the prevention of lumbopelvic pain. National evidence^(1,3) supports the recommendation of aerobic, resistance, flexibility, and neuromotor exercise programs, initiated from the sixth week postpartum and conducted by specialized professionals.

Regarding the role of Maternal and Obstetric Health Nursing, the available evidence^(9,10) underscores the importance of the specialist nurse in monitoring the woman's physiological and functional progress in the postpartum period, in the early screening of muscular dysfunctions such as urinary incontinence and lumbopelvic pain, and in the promotion of preventive respiratory and perineal exercises. Referral to multidisciplinary rehabilitation programs is also an essential strategy, contributing to physical recovery, psychological well-being, and adaptation to the experience of motherhood.

Finally, regarding Rehabilitation Nursing, the analyzed articles^(3,6) highlight the complementarity of this specialty in the follow-up of postpartum women. Among the most relevant contributions are interventions oriented toward motor, sensory, and postural

functionality; the implementation of physical exercise programs tailored to the context of the puerperium; and rehabilitation targeted at the abdominal and pelvic musculature. Interdisciplinary articulation with Maternal and Obstetric Health Nursing makes it possible to provide a comprehensive response centered on the woman's needs in the postpartum period.

In summary, the data mapped in this review confirm that the physiological changes resulting from pregnancy and childbirth have a substantial impact on women's health, with potential negative repercussions on their quality of life. The available evidence shows that both the practice of supervised physical exercise and specialized nursing interventions constitute fundamental resources for the prevention of complications, the promotion of functional rehabilitation, and the facilitation of early recovery. In this regard, the integration between Maternal and Obstetric Health Nursing and Rehabilitation Nursing emerges as an essential strategy, enabling an interdisciplinary, woman-centered approach oriented toward achieving effective health gains.

Table 1: Summary of the articles included in the review.

Article Identification	Objective	Results	Conclusion
Folgado (2022).	To analyze pelvic floor dysfunctions.	Identified a high prevalence of abdominal diastasis, urinary incontinence, pelvic organ prolapse, and fecal incontinence in the postpartum period.	Highlights the importance of early detection and specific intervention to minimize functional complications.
Woodley <i>et al</i> (2017).	To assess pelvic floor muscle training in the prevention/treatment of urinary and fecal incontinence.	Demonstrated the efficacy of pelvic floor training in the prevention and treatment of incontinence and related dysfunctions.	Recommends regular pelvic floor training as a preventive and therapeutic strategy.
Beamish <i>et al</i> (2024).	To review the impact of postpartum physical exercise on pelvic floor disorders and abdominal diastasis.	The review and meta-analysis confirmed clear benefits of structured exercise, with a reduction in incontinence and diastasis.	Structured physical exercise should be integrated as recommended clinical practice in the postpartum period.
Sonwane <i>et al</i> (2025).	To assess the Flexi-Bar Training program in postpartum women.	The program showed improvements in abdominal and pelvic strength and a reduction in lumbopelvic pain.	Flexi-Bar Training is effective for functional recovery and pain prevention.
Costa & Azevedo (2021).	To review nursing care in the puerperium.	Identified the central role of early screening and guidance on preventive exercises.	The integration of specialized nursing contributes to adaptation to motherhood and the prevention of complications.
Pinto & Esquivel (2025).	To explore Rehabilitation Nursing interventions in pelvic floor dysfunctions.	Highlighted interventions oriented toward motor, sensory, and postural functionality in the puerperium.	The integration of Rehabilitation Nursing ensures a comprehensive, woman-centered approach.
Ribeiro <i>et al</i> (2024).	To assess motor and sensory rehabilitation of the abdominal and pelvic musculature in the postpartum period.	Demonstrated the benefits of individualized exercise programs in functional recovery.	Reinforce the importance of protocols adapted to women's clinical needs.

Discussion of the Results

This scoping review shows that pregnancy and childbirth cause profound changes in the abdominal musculature and pelvic floor, with a direct impact on women's motor, sensory, and postural functionality. Among the most frequent dysfunctions are abdominal diastasis, urinary and fecal incontinence, pelvic organ prolapse, and lumbopelvic pain, all with high prevalence rates and a tendency to persist throughout the puerperium. These conditions compromise not only physical health but also psychological and social well-being, reinforcing the importance of early screening and intervention strategies aimed simultaneously at functional recovery and the prevention of future complications.

Physical exercise as a central axis of rehabilitation

The analysis of the reviewed articles shows a consensus on the efficacy of structured physical exercise, especially pelvic floor muscle training and strengthening of the abdominal musculature, in the prevention and treatment of the most common dysfunctions after childbirth. Systematic reviews and meta-analyses confirm clear benefits in reducing urinary and fecal incontinence, abdominal diastasis, and lumbopelvic pain. In addition, innovative programs such as Flexi-Bar Training have shown promising results in promoting muscle strength and lumbopelvic stability. However, considerable heterogeneity remains regarding the frequency, intensity, and duration of the exercise programs evaluated, which limits the formulation of uniform recommendations. This reality underscores the urgency of developing specific guidelines for the puerperium, grounded in solid scientific evidence and translatable to clinical practice.

Contributions of Maternal and Obstetric Health Nursing

The role of the Specialist Nurse in Maternal and Obstetric Health stands out in the transition between childbirth and the puerperal period. Their intervention, preventive and educational in nature, includes the early detection of dysfunctions, the promotion of respiratory and perineal exercises, and referral to rehabilitation programs, ensuring immediate health gains.

Beyond physical follow-up, this professional also plays an essential role in emotional and psychological support, facilitating adaptation to the maternal role and mitigating the psychosocial repercussions associated with musculoskeletal changes. The evidence therefore points to the need to systematically integrate Maternal and Obstetric Health Nursing across the various levels of postpartum health care, from the hospital to the home.

The role of Rehabilitation Nursing

In a complementary way, Rehabilitation Nursing focuses on the recovery of the postpartum woman's motor, sensory, and postural functionality. The implementation of individualized exercise plans, adjusted to the woman's clinical status and context, contributes not only to immediate recovery but also to the prevention of medium- and long-term sequelae. Interdisciplinary articulation between Maternal and Obstetric Health Nursing and Rehabilitation Nursing thus stands as a differentiating element, by enabling a comprehensive, woman-centered response tailored to her physical, emotional, and social needs.

Limitations and future perspectives

Despite the encouraging results, the analysis reveals important gaps, namely:

- Insufficient longitudinal studies capable of assessing the durability of the benefits of the interventions.
- Lack of consensus on the most appropriate timing to begin exercise programs in the postpartum period.
- Methodological heterogeneity of the studies, which hinders the development of clinical protocols applicable on a large scale.

To overcome these limitations, it is essential to promote robust, longitudinal, multicenter research, in order to support the creation of integrated protocols based on scientific evidence. These protocols must be applicable to different care settings and ensure consistent, safe practices centered on women's needs.

In summary, it can be stated that the results of this review confirm that postpartum rehabilitation should be understood as a multidimensional process that goes beyond the physical dimension. The combination of supervised physical exercise programs, specialized maternal and obstetric health intervention, and Rehabilitation Nursing practices emerges as the most effective strategy to optimize functional recovery, prevent complications, and improve quality of life. Thus, an interdisciplinary, early, and woman-centered approach stands as an essential condition to adequately respond to the demands of maternal health in the puerperium.

Final Considerations

The review conducted shows that pregnancy and childbirth cause significant changes in the abdominal musculature and pelvic floor, directly affecting women's motor, sensory, and postural functionality in the postpartum period. Conditions such as diastasis of the rectus abdominis muscles, urinary and fecal incontinence, pelvic organ prolapse, and lumbopelvic pain are common and may compromise the physical, emotional, and social well-being of postpartum women, reinforcing the need for early, targeted interventions.

Structured physical exercise, including pelvic floor training, abdominal strengthening, and neuromotor exercises, proved effective in promoting functional rehabilitation, preventing complications, and improving lumbopelvic stability. Such evidence supports the implementation of supervised, individualized exercise programs conducted by qualified professionals.

The roles of Maternal and Obstetric Health Nursing and Rehabilitation Nursing prove complementary and essential to women's comprehensive recovery. The specialist nurse in maternal and obstetric health acts in the early detection of dysfunctions, the promotion of preventive exercises, and referral to rehabilitation programs, while the specialist nurse in rehabilitation directs their intervention toward motor, sensory, and postural functionality, adopting an interdisciplinary, woman-centered approach. Articulation

between the specialties enables a comprehensive response, favoring significant gains in the physical and emotional health of postpartum women.

Despite the advances identified, gaps remain, especially regarding longitudinal research on the prolonged effects of the interventions and the definition of the ideal timing to begin postpartum rehabilitation programs. Therefore, the need for integrated, evidence-based protocols is emphasized, promoting structured cooperation between maternal and obstetric nursing care and rehabilitation nursing interventions, ensuring safe and effective functional recovery.

In short, the results of this review reinforce the relevance of multidimensional, woman-centered approaches that combine supervised physical exercise with specialized nursing care, aimed at promoting health, preventing complications, and improving quality of life in the postpartum period.

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 collection, storage and analysis, review and
 discussion of results.
 SM: Study design, data collection, storage and
 analysis, review and discussion of results.
 MZ: Data analysis, review and discussion of
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