National Institute for Health and Care Excellence

Final

Pelvic floor dysfunction: prevention and non-surgical management

[A] Community information strategies

NICE guideline NG210 Evidence review underpinning recommendations 1.1.1 to 1.1.11 and a research recommendation in the NICE guideline

December 2021

Final

These evidence reviews were developed by the National Guideline Alliance which is a part of the Royal College of Obstetricians and Gynaecologists



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1 Community information strategies

1.1 Review question

What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?

1.1.1 Introduction

Pelvic floor dysfunction is not discussed as openly as other health issues. The objective of this review is to determine how information strategies can effectively raise the awareness of pelvic floor dysfunction, and raise awareness that pelvic floor dysfunction symptoms may be prevented?

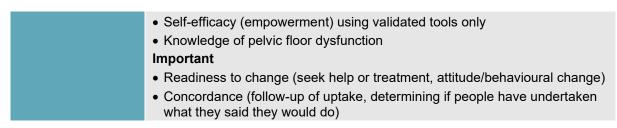
Communicating information within the community may be important for raising the awareness about pelvic floor dysfunction. Different strategies of providing this information may be more effective than other strategies, and these differences should be explored.

1.1.2 Summary of the protocol

See Table 1 for a summary of the Population, Intervention, Comparison and Outcome (PICO) characteristics of this review.

Table 1: Summary of the protocol (PICO table)

_	of the protocol (PICO table)
Population	Women and young women (aged 12 years and older), who may or may not have symptoms esseciated with polyin floor dyaftingtion.
	have symptoms associated with pelvic floor dysfunction
	Parents/carers/partners
	• Men
Intervention	 Any written/visual/audio tool which is used to provide information on pelvic floor dysfunction in the community Booklet
	o Digital information such as:
	- Online information (including online support groups)
	- Phone app
	- Other health condition websites
	○ Charities
	∘ Leaflets
	Women's magazines, newspapers
	○ TV adverts/shows
	o Radio
	Social media (including bloggers, vloggers, influencers)
	Awareness campaigns, Public Health campaigns
	o Posters
	Any tool included should aim to raise awareness of pelvic floor dysfunction specifically.
Comparison	Any alternative information strategy
	No information provision
Outcome	Critical
	Awareness of pelvic floor dysfunction
	Awareness of prevention strategies for symptoms associated with pelvic floor dysfunction
	Satisfaction with the information strategy



For further details, see the review protocol in appendix A.

1.1.3 Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual. Methods specific to this review question are described in the review protocol in appendix A and the methods document (supplementary document 1).

Declarations of interest were recorded according to NICE's conflicts of interest policy.

1.1.4 Clinical evidence

1.1.4.1 Included studies

One randomised controlled trial (RCT) was included for this review (Herbert-Beirne 2017).

The included study is summarised in Table 2.

This study compared 6 weekly 1hr sessions in a school education setting on pelvic health to a control group who participated in either physical education or science classes. (Herbert-Beirne 2017).

See the literature search strategy in appendix B and study selection flow chart in appendix C.

1.1.4.2 Excluded studies

Studies not included in this review are listed, and reasons for their exclusion are provided in appendix K.

1.1.5 Summary of studies included in the evidence review

Summaries of the studies that were included in this review are presented in Table 2.

Table 2: Summary of included studies.

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Study	Population	Intervention	Comparison	Outcomes		
Herbert- Beirne	N=168 girls	6-weekly, 1hr education sessions	Normal classes	 Knowledge of pelvic floor 		
2017	N=103		Either physical	dysfunction		
	intervention	Topics included:	education or			
RCT	N=65 control	 Pelvic anatomy and physiology 	science classes			
USA	Girls were	Organ and muscle function				
	between 13	• Bladder and bowel health,				
	and 17 years old	• Common pelvic conditions				
	Olu	 Health care seeking 				
		 The importance of nutrition and health behaviour 				

Study	Population	Intervention	Comparison	Outcomes
		 Facts about sexual health as it relates to overall pelvic health. 		
		Mini lectures, group discussion, interactive games, and 2 small homework assignments were used to deliver the educational content.		

RCT: randomised controlled trial

See the full evidence tables in appendix D. No meta-analysis was conducted (and so there are no forest plots in appendix E).

1.1.6 Quality assessment of studies included in the evidence review

See the evidence profiles in appendix F.

1.1.7 Economic evidence

1.1.7.1 Included studies

A single economic search was undertaken for all topics included in the scope of this guideline but no economic studies were identified which were applicable to this review question. See the literature search strategy in appendix B and economic study selection flow chart in appendix G.

1.1.7.2 Excluded studies

Studies not included in this review are listed, and reasons for their exclusion are provided in appendix K.

1.1.8 Economic model

No economic modelling was undertaken for this review because the committee agreed that other topics were higher priorities for economic evaluation and that there would not be comparative effectiveness data.

1.1.9 Brief summary of evidence

6-week in school education intervention versus control

Very low quality evidence showed that there was a clinically important improvement in pelvic health and anatomy knowledge following a 6 week educational intervention when compared to a control group.

1.1.10 The committee's discussion of the evidence

1.1.10.1 Interpreting the evidence

1.1.10.1.1 The outcomes that matter most

The committee agreed that the awareness and knowledge of PFD, prevention strategies for symptoms associated with PFD, satisfaction with the information strategy and self-efficacy

were the most critical outcomes for this review question. These outcomes are likely to have the most impact on a women being more self-aware of PFD symptoms and what actions can be taken to prevent or treat PFD developing in the future. Readiness to change and concordance were considered important outcomes as these would assess whether increased awareness and knowledge of PFD resulted in actioned preventative strategies by a woman. Only knowledge of pelvic floor anatomy and pelvic health was reported.

1.1.10.1.2 The quality of the evidence

The quality of the evidence for this review was assessed using GRADE and was very low quality. This was due to very serious overall risk of bias and indirectness of the intervention. Using the Cochrane Risk of Bias tool there were very serious concerns with randomisation and some concerns with the deviation from intended intervention and selected reporting of results. The evidence was also downgraded due to serious indirectness of the included study. The study reported on an educational intervention and not an information tool.

There was no evidence identified for information tools designed to raise awareness of pelvic floor dysfunction specifically.

1.1.10.1.3 Benefits and harms

The evidence suggested that introducing a pelvic floor health curriculum within schools improved the knowledge of young women aged 13-17 years. The committee acknowledged that only one study was identified which was very low in quality. However, they decided based on their experience that the provision of information on pelvic floor dysfunction will help to ensure women are aware of symptoms of pelvic floor dysfunction, and preventative and management strategies such as pelvic floor muscle training so that they know when and where to seek help. The committee also agreed, based on their experience, that general information about pelvic floor dysfunction needs to cover symptoms, when and where to go for help (including information about self-referral where available) and to provide an outline of risk factors, management and prevention options.

The committee was aware that pelvic floor dysfunction is a serious public health concern due to the large number of women affected by the condition. They noted that awareness in the general public is not as high as it could be and therefore made recommendations aimed to reach a wide variety of groups and ages by using different formats and providing information in a variety of settings. Based on their experience they noted the importance of adapting information to as wide a population as possible to improve levels of awareness of the condition and its symptoms. This could be done by disseminating information using adverts, utilising services regularly attended by the general public (such as GP surgeries, exercise classes, schools). The committee noted that there are resources on websites from the community or health trust that could be utilised. It also included raising awareness of people providing services to the public, such as exercise and fitness instructors so that they can be confident talking about the condition.

The committee reasoned that covering pelvic floor dysfunction in the syllabus for trainee nurses, physiotherapists, doctors, midwives and teachers would raise their level of expertise and promote better advice and information provision to women.

Based on the committee's experience, learning about pelvic floor dysfunction throughout life was also considered to be important, for example at school or other educational settings and also later, so that women know what the risk factors are which symptoms can be associated with the condition and how they can be prevented and managed. They discussed that throughout a woman's life the information needs to be adapted and tailored so that it is relevant for each woman's situation and circumstances (for example the type of information for a young woman between 12 and 17 years would be different to a woman in the perimenopausal or postmenopausal phases because risk factors would vary).

The committee discussed that health inequalities can be a barrier to certain groups of people accessing information; such as those with physical or learning disabilities or those with difficulties understanding or speaking English. Based on their experience the committee highlighted that there can be healthcare inequalities (for example in how services are provided and accessed, or rates of uptake) and that local authority groups should consider designing information strategies for people that are hard to reach or people who may otherwise not engage or may find it difficult to access other services. Using members from the community as champions and attending meetings may be one way of doing this but also using digital means for those people who cannot attend meetings in person. The committee noted that this would promote equality of access to information and services.

The committee noted that for women who are using maternity services, it is important to provide information and raise awareness because there are specific risk factors associated with pregnancy and labour (see evidence report B). Health visitors, midwives, obstetricians and GPs could provide information that can promote preventative strategies.

The evidence showed that girls between the ages of 12 and 17 could improve their pelvic health knowledge by being taught about this in school. This evidence, even though of very low to low quality, was considered to be important since preventative action could be taken early on in life to prevent pelvic floor dysfunction later. The committee discussed that if there was a higher awareness from a young age, activities such as pelvic floor muscle training could become a routine part of life. This teaching may also act as an opportunity to start conversations about the topic with peers as well as with sisters and mothers so that such discussions are no longer considered a 'taboo' topic.

Based on experience the committee highlighted opportunities to provide information to older women when they have contact with health services, for example when they seek advice about the menopause. The committee discussed that there were particular inequalities related to older women with symptoms of pelvic floor dysfunction. Commonly they are not offered preventative management strategies and if they have symptoms they may currently not be given the same range of options as younger women (for example given pads rather than lifestyle advice and pelvic floor muscle training). The committee decided that it was important to give older women the full range of information to address such inequalities.

Given the scarcity of evidence the committee also made a research recommendation due to the lack of evidence about community based strategies for raising awareness about the prevention of pelvic floor dysfunction.

1.1.10.1.4 Cost effectiveness and resource use

The clinical evidence was limited but did suggest that introducing a pelvic floor health curriculum in schools improved knowledge. The recommendations in the guideline would not be expensive to implement and largely focus on the content of information provision alongside suggestions on the mechanisms and media for communicating the information, taking into account the varied circumstances and characteristics of the target audience. Although only a qualitative assessment was made the committee, they considered that their recommendations were likely to be cost-effective as they would incur little additional cost and because knowledge has the potential to reduce modifiable risks and promote earlier conservative and non-surgical care.

1.1.10.2 Other factors the committee took into account

The committee noted that the information needs to be tailored to each woman (including women with communication difficulties, visual impairments, cognitive impairments) and took into account the Patient experience in adult NHS services: improving the experience of care for people using adult NHS service guidance (CG138) as well as the NICE guideline on babies, children and young people's experience of healthcare, as this provides further relevant advice on how to ensure all people using NHS services have the best possible

experience of care, including having their communication needs met. The committee also agreed that the NICE guideline on people's experience in adult social care services (NG86) was important since many women in care homes are affected by this condition. Since there are a number of different formats to consider (for example digital) which are all aimed at raising awareness so that this would lead to a change in behaviour the committee also cross referenced the NICE guideline on behaviour change: digital and mobile health interventions (NG183). The committee noted that information sources, including websites, should meet the Accessible Information Standard to help meet the range of information and communication support needs of patients, carers and parents with a disability, impairment or sensory loss.

1.1.11 Recommendations supported by this evidence review

This evidence review supports recommendations 1.1.1 to 1.1.11 and a research recommendation on raising awareness about pelvic floor dysfunction.

1.1.12 References

Herbert-Beirne 2017

Hebert-Beirne, J., O'Conor, R., Ihm, J., Parlier, M., Lavender, M., Brubaker, L., A Pelvic Health Curriculum in School Settings: The Effect on Adolescent Females' Knowledge. Journal of Paediatric Adolescent Gynecology, 30(2):188-192. 2017

Appendices

1.2 Appendix A – Review protocol

1.2.1 Review protocol for review question: What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?

Table 3: Review protocol

ID	Field	Content		
0.	PROSPERO registration number	CRD42020170136		
1.	Review title	Raising awareness about preventions of pelvic floor dysfunction		
2.	Review question	What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?		
3. Objective		Pelvic floor dysfunction is not discussed as openly as other health issues. The objective of this review is to determine how information strategies can effectively raise the awareness of pelvic floor dysfunction, and raise awareness that pelvic floor dysfunction symptoms may be prevented?		
		Communicating information within the community may be important for raising the awareness about pelvic floor dysfunction. Different strategies of providing this information may be more effective than other strategies, and these differences should be explored.		
4.	Searches	The following databases will be searched: Cochrane Database of Systematic Reviews (CDSR) Cochrane Central Register of Controlled Trials (CENTRAL) MEDLINE & Medline in Process Embase CINAHL or Emcare PsycINFO Searches will be restricted by: Date limit: 1980 onwards (see section 10 for justification) English language Human studies Other searches:		

ID	Field	Content		
		The full search strategies for MEDLINE database will be published in the final review.		
		For each search, the principal database search strategy is quality assured by a second information scientist using an adaptation of the PRESS 2015 Guideline Evidence-Based Checklist.		
5.	Condition or domain being studied	Pelvic floor dysfunction; the following symptoms will be addressed as long as they are specifically associated with pelvic floor dysfunction: urinary incontinence, emptying disorders of the bladder, faecal incontinence, emptying disorders of the bowel, pelvic organ prolapse, sexual dysfunction and chronic pelvic pain syndromes. We will only search for publications on pelvic floor dysfunction.		
6.	Population	 Inclusion: Women and young women (aged 12 years and older), who may or may not have symptoms associated with pelvic floor dysfunction Parents/carers/partners Men Exclusion: Babies and children 		
7.	Intervention/Exposure/Test	 Any written/visual/audio tool which is used to provide information on pelvic floor dysfunction in the community Booklet Digital information such as: Online information (including online support groups) Phone app Other health condition websites Charities Leaflets Women's magazines, newspapers TV adverts/shows Radio Social media (including bloggers, vloggers, influencers) Awareness campaigns, public health campaigns Posters Any tool included should aim to raise awareness of pelvic floor dysfunction specifically. 		
8.	Comparator/Reference standard/Confounding factors	 Any alternative information strategy No information provision 		
9.	Types of study to be included	 Systematic reviews of RCTs Systematic reviews of cohort studies 		

ID	Field	Content
		• RCTs
		Non-randomised controlled studies
		Comparative cohort studies
		Non-comparative cohort studies
		Note: For further details, see the algorithm in appendix H, Developing NICE guidelines: the manual.
10.	Other exclusion criteria	 Conference abstracts will be excluded because these do not typically provide sufficient information to fully assess risk of bias
		Qualitative studies will not be included
		 Only articles published after 1980 will be included. This was agreed by the committee as this is the date that the condition "pelvic floor dysfunction" was recognised to include agreed terminology on symptoms. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2815805/
11.	Context	Included studies will be relevant for developing and improving community based strategies to raise the awareness of pelvic floor dysfunction, and how symptoms can be prevented. This is relevant at the community level
12.	Primary outcomes (critical	Awareness of pelvic floor dysfunction
	outcomes)	Awareness of prevention strategies for symptoms associated with pelvic floor dysfunction
		Satisfaction with the information strategy
		Self-efficacy (empowerment) using validated tools only
		Knowledge of pelvic floor dysfunction
13.	Secondary outcomes (important outcomes)	Readiness to change (seek help or treatment, attitude/behavioural change)
	,	Concordance (follow-up of uptake, determining if people have undertaken what they said they would do)
14.	Data extraction (selection and coding)	All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. Dual sifting will not be conducted for this review question.
		Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed, along with the reason for its exclusion. Draft included and excluded study lists will be circulated to the committee for their comments, resolution of any disputes will be by discussion between the senior reviewer, topic advisor and chair.
		A standardised form will be used to extract data from studies. One reviewer will extract relevant data into a standardised form, and this will be quality assessed by a senior reviewer. Information to be extracted from studies includes: study type, study dates, location of study, funding, inclusion and exclusion criteria, participant characteristics, and details of the intervention and comparator.

ID	Field	Content
15.	Risk of bias (quality) assessment	Risk of bias of individual studies will be performed using the following checklists: ROBIS tool for systematic reviews Cochrane RoB tool v.2 for RCTs and quasi-RCTs Cochrane ROBINS-I tool for non-randomised (clinical) controlled trials and cohort studies CEBMA checklist The quality assessment will be performed by one reviewer and this will be quality assessed by a senior reviewer.
16.	Strategy for data synthesis	Depending on the availability of the evidence, the findings will be summarised narratively or quantitatively. Data Synthesis Where possible, pair wise meta-analyses will be conducted using Cochrane Review Manager software. A fixed effect meta-analysis will be conducted and data will be presented as risk ratios for dichotomous outcomes. Peto odds ratio will be used for outcomes with zero events Mean differences or standardised mean differences will be calculated for continuous outcomes. Heterogeneity Heterogeneity Heterogeneity in the effect estimates of the individual studies will be assessed using the I2 statistic. I2 values of greater than 50% and 80% will be considered as significant and very significant heterogeneity, respectively. In the presence of heterogeneity sub-group analysis will be conducted 1) According to risk of bias of individual studies 2) By ethnicity of included populations Exact subgroup analysis may vary depending on differences identified within included studies. If heterogeneity remains above 80% reviewers will consider if meta-analysis is appropriate given the characteristics of included. Minimal important differences (MIDs) Published MIDs will be used where available, alternatively the committee will be asked for appropriate pre-specified MIDs. In the absence of these, default MIDs will be used for risk ratios and continuous outcomes as follows: • For risk ratios: 0.8 and 1.25. • For continuous outcomes: • For one study: the MID is calculated as +/-0.5 times the baseline standard deviation (SD) of the control arm. • For two studies: the MID is calculated as +/-0.5 times the mean of the SDs of the control arms at baseline. If baseline SD is not available, then SD at follow up will be used.

ID	Field	Content		
		 For three or more studies (meta-analysed): the MID is calculated by ranking the studies in order of SD in the control arms. The MID is calculated as +/- 0.5 times median SD. For studies that have been pooled using standardised mean difference (SMD; meta-analysed): +0.5 and -0.5 in t SMD scale are used as MID boundaries. Validity The confidence in the findings across all available evidence will be evaluated for each outcome using an adaptation the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group: http://www.gradeworkinggroup.org/ 		
17.	Analysis of sub-groups	All data will initially be pooled for overall analysis; however, if data is available, separate analysis will also be conducted on: • Women who are pregnant • Women before and after gynaecological surgery • Women aged 65 or older • Young women (aged 12 to 18) • Women with physical disabilities • Women with cognitive impairment • Women who are perimenopause (pre- and post-) • According to those who do not identify themselves as women, but who have female pelvic organs • Socio-economic status (e.g. literacy) Recommendations will apply to all those with pelvic floor dysfunction unless there is evidence of a difference in these		
18.	Type and method of review	stratified group ⊠	Intervention	
			Diagnostic	
			Prognostic	
		□ Qualitative		
		□ Epidemiologic		
		□ Service Delivery		
			Other (please specify)	
19.	Language	English		
20.	Country	England		

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ID	Field	Content		
21.	Anticipated or actual start date	June 2020		
22.	Anticipated completion date	August 2021		
23.	Stage of review at time of this	Review stage	Started	Completed
	submission	Preliminary searches		
		Piloting of the study selection process		
		Formal screening of search results against eligibility criteria		
		Data extraction		
		Risk of bias (quality) assessment		
		Data analysis		
24.	Named contact	5a. Named contact National Guideline Alliance 5b Named contact e-mail PreventionofPOP@nice.org.uk 5e Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) and National Guideline Alliance		
25.	Review team members	NGA technical team		
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.		
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.		

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ID	Field	Content	
28.	Collaborators	development of Members of the	f this systematic review will be overseen by an advisory committee who will use the review to inform the evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual guideline committee are available on the NICE website: e.org.uk/guidance/indevelopment/gid-ng10123/
29.	Other registration details		
30.	Reference/URL for published protocol	https://www.crd	.york.ac.uk/prospero/display_record.php?RecordID=170136
31.	Dissemination plans	such as:notifying regispublicising theissuing a pres	a range of different methods to raise awareness of the guideline. These include standard approaches stered stakeholders of publication e guideline through NICE's newsletter and alerts as release or briefing as appropriate, posting news articles on the NICE website, using social media dipublicising the guideline within NICE.
32.	Keywords	Information stra	tegies, pelvic floor dysfunction, prevention strategies
33.	Details of existing review of same topic by same authors	Not applicable	
34.	Current review status	⊠ Or	ngoing
		□ Co	ompleted but not published
		□ Co	ompleted and published
		□ Co	ompleted, published and being updated
		□ Di	scontinued
35	Additional information		
36.	Details of final publication	www.nice.org.ul	k

CDSR: Cochrane Database of Systematic Reviews; CEMBA: centre for evidence based management; CENTRAL: Cochrane Central Register of Controlled Trials; GRADE: Grading of Recommendations Assessment, Development and Evaluation; MID: minimal important difference; NGA: National Guideline Alliance; NHS: National health service; NICE: National Institute for Health and Care Excellence; RCT: randomised controlled trial; RoB: risk of bias; SD: standard deviation; SMD: standard mean difference.

1.3 Appendix B – Literature search strategies

1.3.1 Literature search strategies for review question: What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?

Clinical Search

Database(s): Medline & Embase (Multifile) – OVID interface Embase Classic+Embase 1947 to 2020 June 26; Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to June 26, 2020 Date of last search: 29 June 2020

Multifile database codes: emczd = Embase Classic+Embase; ppez= MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily

Organ Prolapse/ or "Rectocele/ or "Fecal Incontinence/ or Urinary Retention/ or Fecal Impaction/ or Vaginismus/ 1 use pnez 2 pelvis floor/ or pelvic floor disorder/ or exp "urine incontinence/ or "overactive bladder/ or "bladder instability/ or exp "pelvic organ prolapse/ or "rectocele/ or "feces incontinence/ or urine retention/ or defecation disorder/ or Feces Impaction/ or female sexual dysfunction/ or vaginism/ 3 use emezd 5 (pelviš ad) (floors) or diaphragms) adj3 (dysfunctions or disorders or fails or impairs or incompetens or insufficiens or dyssynergs or symptoms or laxity or changes or cares or healths or wellbeings or prevents or rehabilitats or weaks or hypertonics or overactivs or over activs or over-activs). Itw. 6 (pelviš ad) (floors) or healths or wellbeings or overlbeings or or over-activs). Itw. 6 (pelviš ad) (dysfunctions or disorders or fails or impairs or incompetens or insufficiens or dyssynergs or symptoms or laxity or cares or healths or wellbeings or well-beings or prevents or rehabilitats or weaks or hypertonics or over-activs or hyper-reflexs or hyperreflexs or hyperreflexs or hyper reflexs or incontinens), lit. 8 (bladders adj5 (overactivs or over-activs or over-activs or instabilits or hyper-reflexs or hyperreflexs or hyper reflexs), lit. 9 (detrusors adj5 (overactivs or over-activs or over-activs or instabilits or hyper-reflexs or hyperreflexs or hyper reflexs), lit. 10 ((urgency adj2 frequency) or (frequency adj2 urgency)), lit. 11 ((urgency adj3 fooladers) adj3 prolapss), lit. 12 (pelvics adj3 organs adj3 prolapss), lit. 13 (pelvics adj3 organs adj3 prolapss), lit. 14 (urinary adj3 bladder adj3 prolapss), lit. 15 (pelvics adj3 organs adj3 prolapss), lit. 16 (pelvics adj3 organs adj3 prolapss), lit. 17 (perias adj3 (pelvics or vagins or urogenitals or uters or viscers) or anitariors or apical or pelvis or valuts or uterths or bladders or orestors or rectum) adj3 prolapss, lit. 18 (urethroc?ele	Print, Ir	n-Process & Other Non-Indexed Citations and Daily
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27 (vagint adj wind) tw	36	(vagin\$ adj3 laxity\$).tw.
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#	Searches
38	vaginismus\$.tw.
39	(vagin\$ adj penetrat\$ adj disorder\$).tw.
40	or/2,4-39
41	Choice Behavior/ use ppez
42	Decision Making/ use ppez
43	Decision Support Techniques/ use ppez
44	decision making/ use emczd
45 46	decision support system/ use emczd (decision\$ or choic\$ or preference\$).tw.
47	or/41-46
48	Patient Compliance/ use ppez
49	Informed Consent/ use ppez
50	Treatment Refusal/ use ppez
51	exp Consumer Behavior/ use ppez
52	exp Consumer Participation/ use ppez
53	exp Health Education/ use ppez
54	patient compliance/ use emczd
55	informed consent/ use emczd
56 57	treatment refusal/ use emczd
58	exp consumer attitude/ use emczd exp consumer/ use emczd
59	exp health education/ use emczd
60	or/48-59
61	(decision\$ adj aid\$).tw.
62	((women\$ or woman\$ or patient\$) adj decision\$).tw.
63	61 or 62
64	47 and 60
65	63 or 64
66	40 and 65
67 68	Patient Education as Topic/ use ppez patient education/ use emczd
69	((patient\$ or consumer\$) adj3 (educat\$ or skill\$ or teach\$ or train\$ or coach\$)).tw.
70	or/67-69
71	Communication/ use ppez
72	interpersonal communication/ use emczd
73	communicat\$.tw.
74	Group Processes/ use ppez
75	group process/ use emczd
76 77	or/71-75 40 and 70 and 76
78	66 or 77
79	Information Services/ or Information Dissemination/ or Access to Information/ or Mass Media/ or Consumer Health Information/ or *Health Promotion/ or *Health Education or *Health Knowledge, Attitudes, Practice/ or *Patient Education as Topic/ or Patient Education as Topic/ or Patient Education Handout/ or Pamphlets/ or exp Computers, Handheld/ or Internet/ or *Internet-Based Intervention/ or Web Browser/ or Social Media/ or *Social Networking/ or Mobile Applications/ or Electronic Mail/ or Text Messaging/ or Hotlines/ or *Telephone/ or Television/ or Radio/ or Bibliotherapy/ or Health Literacy/ or Therapy, Computer-Assisted/mt or Patient Advocacy/ or Social Support/ or Self-Help Groups/ or Peer Group/ or Empowerment/ or *Shame/ or *Stigma/ or *Taboo/
80	79 use ppez
81	information service/ or information dissemination/ or access to information/ or *help seeking behavior/ or mass communication/ or consumer health information/ or *health promotion/ or *health education/ or education program/ or *attitude to health/ or *patient education/ or patient information/ or *medical information/ or *publication/ or personal digital assistant/ or internet/ or web-based intervention/ or web browser/ or social media/ or blogging/ or *social network/ or smartphone/ or mobile application/ or e-mail/ or text messaging/ or hotline/ or *telephone/ or *teleconsultation/ or television/ or radio/ or bibliotherapy/ or *health literacy/ or *computer assisted therapy/ or patient advocacy/ or social support/ or self help/ or exp support group/ or peer group/ or empowerment/ or *shame/ or *stigma/ or *taboo/
82	81 use emczd
83	(information adj (seek\$ or gather\$)).tw.
84	(helpseek\$ or help-seek\$ or healthcareseek\$ or healthcare-seek\$ or healthseek\$ or health-seek\$ or health care-seek\$ or health care seek\$).tw.
85	(care-seek\$ or care seek\$).ti.
86	((information or informative) adj3 tool\$).tw.
87	((written or audio\$ or visual) adj tool\$).tw.
88 89	((written or printed) adj3 (information or material\$ or education\$ or instruction\$)).tw.
09	((inform\$ or educat\$ or illustrat\$ or advis\$ or advice\$ or train\$ or instruct\$ or self-help\$ or selfhelp\$ or self help\$ or self-manag\$ or selfmanag\$) adj5 (pamphlet\$ or booklet\$ or poster or posters or brochure\$ or leaflet\$ or sheet\$ or handout or handouts or hand-outs or checklist\$ or check-list\$ or check list\$ or smartphone\$ or smart phone\$ or online or on-line or audiovisual or audio-visual or audio visual)).tw.
90	(pamphlet\$ or booklet\$ or brochure\$ or handout or handouts or hand-out or hand-outs or checklist\$ or check-list\$ or check list\$ or bibliotherap\$).ti.

#	Searches
91	((patient\$ or fact\$ or written or printed) adj (pamphlet\$ or booklet\$ or poster or posters or brochure\$ or leaflet\$ or sheet\$ or handout or handouts or hand-out or hand-outs or checklist\$ or check-list\$ or check list\$)).tw.
92	((inform\$ or reading) adj5 (magazin\$ or newspaper\$)).tw.
93	((popular or women\$ or woman\$ or online) adj (magazin\$ or newspaper\$)).tw.
94 95	(newspaper adj cutting\$).tw. (information adj (card or cards)).tw.
96	flipchart\$.tw.
97	((inform\$ or campaign\$) adj10 (television\$ or TV or radio)).tw.
98	((inform\$ or educat\$ or illustrat\$ or advis\$ or advice\$ or train\$ or instruct\$ or self-help\$ or selfhelp\$ or self help\$ or self-manag\$ or selfmanag\$ or self manag\$) adj3 video\$).tw.
99	dvd\$.tw.
100 101	(auditory adj (inform\$ or tool\$)).tw. (voiceover\$ or voice-over\$ or voice over\$).tw.
102	(mobile adj (technolog\$ or communicat\$)).tw.
103	((smartphone\$ or smart phone\$ or phone\$ or iphone\$ or mobile\$ or tablet\$ or ipad\$ or digital or android\$) adj5 (app or app-based or apps or application\$)).tw.
104	smartphone-based.tw.
105 106	(helpline\$ or help-line\$ or hotline\$ or hot-line\$).tw. telephone-based intervention\$.tw.
107	(dedicat\$ adj (mobile\$ or phone\$ or telephone\$)).tw.
108	((telephone\$ or phone\$) adj consultation\$).tw.
109	(social\$ adj media\$).tw.
110	(social\$ adj3 network\$).tw.
111	(blogs or vlogs or blogger\$ or vlogger\$ or influencer\$).tw.
112	(social\$ adj influence\$).tw.
113 114	(podcast\$ or webinar\$ or Facebook or Instagram or Skype or WeChat\$).tw. (Twitter\$ or tweet\$ or Youtube\$).ti.
115	((online or on-line or on line or cyber\$ or internet\$ or discussion\$) adj3 (forum\$ or group\$ or intervention\$)).tw.
116	((online or on-line or on line or cyber\$ or internet\$) adj resource\$).ti.
117	((inform\$ or educat\$ or illustrat\$ or advis\$ or advice\$ or train\$ or instruct\$ or self-help\$ or selfhelp\$ or self help\$ or self-manag\$ or selfmanag\$ or device\$ or guidance\$ or treatment\$ or therap\$ or access\$ or recommend\$) adj3 (app or app-based or apps or web\$)).tw.
118	(website\$ or web-site\$ or web site\$).tw.
119	internet-based\$.tw.
120	((talk-based or text-based or visual) adj media\$).tw.
121	(computer\$ adj3 (handheld or palm top or palmtop or pda or tablet\$)).tw.
122 123	(personal digital assistant\$ or pocket pc\$).tw. ((emotion\$ or network\$ or peer\$ or organi?ation\$ or social) adj support\$).tw.
124	(support adj (group\$ or intervention\$ or network\$)).tw.
125	((selfhelp or self-help or self help) adj3 group\$).tw.
126	((self-help\$ or selfhelp\$ or self help\$ or self-manag\$ or selfmanag\$ or self manag\$) adj package\$).tw.
127	(group\$ adj (training or education)).tw.
128	(peer\$ adj3 (advice\$ or advis\$ or counsel\$ or help\$ or mentor\$)).tw.
129 130	peer network\$.tw. ((public or patient or consumer) adj advoca\$).tw.
131	(advoca\$ adj (group\$ or organization\$)).tw.
132	((lay or support) adj person).tw.
133	(patient adj empower\$).tw.
134	((psychoeducat\$ or psycho-educat\$ or psychosocial\$ or psycho-social\$) adj (support\$ or group\$ or intervention\$)).ti.
135	(health adj literacy).tw.
136 137	(educat\$ adj3 strateg\$).tw. (educat\$ adj (material\$ or workshop\$)).tw.
138	(literature\$ adj3 educat\$).tw.
139	(elearn\$ or e-learn\$ or ehealth\$ or mhealth\$ or m-health\$).tw.
140	((educat\$ or inform\$) adj5 exchange\$).tw.
141	((information\$ or disseminat\$) adj (need\$ or provi\$ or strateg\$)).tw.
142	source\$ of information\$.tw.
143	(patient\$ adj (information or education)).tw.
144 145	((health\$ or communicat\$ or educat\$ or prevent\$ or inform\$ or disseminat\$) adj3 campaign\$).tw. ((health or public or prevention or community) adj (information\$ or education\$)).tw.
146	(communit\$ adj2 intervention\$).tw.
147	((rais\$ or increas\$ or lack\$ or level\$ or improv\$ or greater or further\$ or promot\$ or enhanc\$ or creat\$ or disseminat\$) adj3 awareness).ti.
148	((pelvi\$ floor\$ or continenc\$ service\$ or PFM or PFD or PFMT) adj5 awareness).tw.
149	(awareness adj (program\$ or campaign\$ or training)).tw.
150	(community adj awareness).tw.
151 152	(engag\$ adj3 communit\$).tw. (address\$ adj3 (stigma\$ or shame or taboo\$)).tw.
152	unspeakable.tw.
154	(charity or charities or promocon\$).mp.

#	Searches
155	or/80,82-154
156	40 and 155
157	78 or 156
158	Pelvic Floor/ or Pelvic Floor Disorders/
159	158 use ppez
160	pelvis floor/ or pelvic floor disorder/
161	160 use emczd
162	5 or 6 or 159 or 161
163	((rais\$ or increas\$ or lack\$ or level\$ or improv\$ or greater or further\$ or promot\$ or enhanc\$ or creat\$ or disseminat\$) adj3 awareness).tw.
164	162 and 163
165	157 or 164
166	limit 165 to english language
167	limit 166 to yr="1980 -Current" [General Exclusions filter applied]

Database(s): Cochrane Library – Wiley interface

Cochrane Database of Systematic Reviews, Issue 6 of 12, June 2020; Cochrane Central Register of Controlled Trials, Issue 6 of 12, June 2020

Date of last search: 2 July 2020

	last search: 2 July 2020
#	Searches
#1	MeSH descriptor: [Pelvic Floor] this term only
#2	MeSH descriptor: [Pelvic Floor Disorders] this term only
#3	((pelvi* NEXT (floor* or diaphragm*) NEAR/3 (dysfunction* or disorder* or fail* or impair* or incompeten* or insufficien* or dyssynerg* or symptom* or laxity or change* or care* or health* or wellbeing* or "well being*" or prevent* or rehabilitat* or weak* or hypertonic* or overactiv* or "over activ*"))):ti,ab,kw
#4	((pelvi* NEXT (dysfunction* or disorder* or fail* or impair* or incompeten* or insufficien* or dyssynerg* or symptom* or laxity or care* or health* or wellbeing* or "well being*" or prevent* or rehabilitat* or weak* or hypertonic* or overactiv* or "over activ*"))):ti,ab,kw
#5	MeSH descriptor: [Urinary Incontinence] explode all trees
#6	MeSH descriptor: [Urinary Bladder, Overactive] this term only
#7	(((stress* or mix* or urg* or urin*) NEAR/5 incontinen*)):ti
#8	(((bladder* NEAR/5 (overactiv* or "over activ*" or instabilit* or hyperreflex* or "hyper reflex*" or incontinen*)))):ti
#9	(((detrusor* NEAR/5 (overactiv* or "over activ*" or instabilit* or hyperreflex* or "hyper reflex*")))):ti
#10	((((urgency NEAR/2 frequency) or (frequency NEAR/2 urgency)))):ti
#11	((((urin* or bladder*) NEAR/2 (urg* or frequen*)))):ti
#12	(((SUI or OAB))):ti
#13	MeSH descriptor: [Pelvic Organ Prolapse] explode all trees
#14	MeSH descriptor: [Rectocele] this term only
#15	(((pelvic* NEAR/3 organ* NEAR/3 prolaps*))):ti
#16	(((urinary NEAR/3 bladder NEAR/3 prolaps*))):ti
#17	((((vagin* or urogenital* or genit* or uter* or viscer* or anterior* or posterior* or apical or pelvi* or vault* or urethr* or bladder* or cervi* or rectal or rectum) NEAR/3 prolaps*))):ti
#18	(((splanchnoptos* or visceroptos*))):ti
#19	(((hernia* NEAR/3 (pelvi* or vagin* or urogenital* or uter* or bladder* or urethr* or viscer*)))):ti
#20	(((urethroc?ele* or enteroc?ele* or sigmoidoc?ele* or proctoc?ele* or rectoc?ele* or cystoc?ele* or rectoenteroc?ele* or cystourethroc?ele*))):ti
#21	MeSH descriptor: [Fecal Incontinence] this term only
#22	((((faecal or fecal or faeces or feces or fecally or faecally or anally or stool or stools or bowel or double or defecat* or defaecat*) NEAR/5 (incontinence or incontinent or urge* or leak or leaking or leakage or soiling or seeping or seepage or impacted or impaction)))):ti
#23	MeSH descriptor: [Urinary Retention] this term only
#24	(((urin* NEAR/3 (retention* or retain*)))):ti,ab,kw
#25	(((voiding NEXT (disorder* or dysfunction* or problem*)))):ti,ab,kw
#26	(((empty* NEXT disorder* NEAR/3 (bowel* or bladder* or vesical* or stool*)))):ti,ab,kw
#27	((((urogeni* or anorec* or "ano rec*") NEAR/3 dysfunction*))):ti,ab,kw
#28	MeSH descriptor: [Fecal Impaction] this term only
#29	((((difficult* or delay* or irregular* or infrequen* or pain*) NEAR/3 (defecat* or defaecat* or stool* or faecal or faeces or fecally or faecally or "bowel movement*")))):ti,ab,kw
#30	(((obstruct* NEAR/3 (defecat* or defaecat*)))):ti,ab,kw
#31	((((defecat* or defaecat* or evacuat*) NEAR/3 (disorder* or dysfunction*)))):ti,ab,kw
#32	((outlet* dysfunction* constipa*)):ti,ab,kw
#33	(((dys?ynerg* NEXT (defecat* or defaecat*)))):ti,ab,kw
#34	(((pelvi* NEAR/3 dyskines*))):ti,ab,kw
#35	((pelvi* outlet* obstruct*)):ti,ab,kw
#36	((anismus*)):ti,ab,kw
#37	((puborectal* contract*)):ti,ab,kw
#38	((((rectal or rectum) NEAR/3 urge*))):ti,ab,kw
#39	(((female NEXT sex* NEXT (dysfunct* or satisf* or problem* or symptom* or arous* or activit* or disorder*)))):ti,ab,kw
#40	(((obstruct* NEAR/3 intercourse))):ti,ab,kw
#41	(((vagin* NEAR/3 laxity*))):ti,ab,kw

# #42	Searches (((vagin* NEXT wind))):ti,ab,kw
#43	MeSH descriptor: [Vaginismus] this term only
#44	((vaginismus*)):ti,ab,kw
#45	(((vagin* NEXT penetrat* NEXT disorder*))):ti,ab,kw
#46	{or #1-#45}
#47	MeSH descriptor: [Choice Behavior] this term only
#48	MeSH descriptor: [Decision Making] this term only
#49 #50	MeSH descriptor: [Decision Support Techniques] this term only ((decision* or choic* or preference*)):ti,ab,kw
#51	#47 OR #48 OR #49 or #50
#52	MeSH descriptor: [Patient Compliance] this term only
#53	MeSH descriptor: [Informed Consent] this term only
#54	MeSH descriptor: [Treatment Refusal] this term only
#55	MeSH descriptor: [Consumer Behavior] explode all trees
#56 #57	MeSH descriptor: [Community Participation] explode all trees MeSH descriptor: [Health Education] explode all trees
#58	#52 OR #53 OR #54 OR #55 OR #56 OR #57
#59	((decision* NEXT aid*)):ti,ab,kw
#60	(((women* or woman* or patient*) NEXT decision*)):ti,ab,kw
#61	#59 OR #60
#62	#51 AND #58
#63	#61 OR #62
#64 #65	#46 AND #63 MeSH descriptor: [Patient Education as Topic] this term only
#66	(((patient* or consumer*) NEAR/3 (educat* or skill* or teach* or train* or coach*))):ti,ab,kw
#67	#65 OR #66
#68	MeSH descriptor: [Communication] this term only
#69	MeSH descriptor: [Group Processes] this term only
#70 #71	(communicat*):ti,ab,kw #68 OR #69 OR #70
#71 #72	#46 AND #67 AND #71
#73	#64 OR #72
#74	MeSH descriptor: [Information Services] this term only
#75	MeSH descriptor: [Information Dissemination] this term only
#76	MeSH descriptor: [Access to Information] this term only
#77 #70	MeSH descriptor: [Mass Media] this term only
#78 #79	MeSH descriptor: [Consumer Health Information] this term only MeSH descriptor: [Health Promotion] this term only
#80	MeSH descriptor: [Health Education] this term only
#81	MeSH descriptor: [Health Knowledge, Attitudes, Practice] this term only
#82	MeSH descriptor: [Patient Education as Topic] this term only and with qualifier(s): [methods - MT]
#83	MeSH descriptor: [Patient Education Handout] this term only
#84	MeSH descriptor: [Pamphlets] this term only
#85 #86	MeSH descriptor: [Computers, Handheld] explode all trees MeSH descriptor: [Internet] this term only
#87	MeSH descriptor: [Internet-Based Intervention] this term only
#88	MeSH descriptor: [Web Browser] this term only
#89	MeSH descriptor: [Social Media] this term only
#90	MeSH descriptor: [Social Networking] this term only
#91	MeSH descriptor: [Mobile Applications] this term only MeSH descriptor: [Electronic Mail] this term only
#92 #93	MeSH descriptor: [Electronic Mail] this term only MeSH descriptor: [Text Messaging] this term only
#94	MeSH descriptor: [Hotlines] this term only
#95	MeSH descriptor: [Television] this term only
#96	MeSH descriptor: [Radio] this term only
#97	MeSH descriptor: [Bibliotherapy] this term only
#98 #00	MeSH descriptor: [Health Literacy] this term only
#99 #100	MeSH descriptor: [Therapy, Computer-Assisted] this term only MeSH descriptor: [Patient Advocacy] this term only
#100	MeSH descriptor: [Social Support] this term only
#102	MeSH descriptor: [Self-Help Groups] this term only
#103	MeSH descriptor: [Peer Group] this term only
#104	MeSH descriptor: [Empowerment] this term only
#105	((information NEXT (seek* or gather*))):ti,ab,kw
#106 #107	(helpseek* or healthcareseek* or healthseek* or ((help or healthcare or health) NEXT seek*)):ti,ab,kw (careseek* or (care NEXT seek*)):ti
#107	(((information or informative) NEAR/3 tool*)):ti,ab,kw
#109	(((written or audio* or visual) NEXT tool*)):ti,ab,kw
#110	(((written or printed) NEAR/3 (information or material* or education* or instruction*))):ti,ab,kw

#	Searches
#111	((((inform* or educat* or illustrat* or advis* or advice* or train* or instruct* or selfhelp* or "self help*" or selfmanag* or
	"self manag*") NEAR/5 (pamphlet* or booklet* or poster or posters or brochure* or leaflet* or sheet* or handout or
	handouts or checklist* or "check list*" or smartphone* or "smart phone*" or online or "on line" or audiovisual or "audio visual")))):ti,ab,kw
#112	((pamphlet* or booklet* or brochure* or handout or handouts or checklist* or "check list*" or bibliotherap*)):ti
#113	((((patient* or fact* or written or printed) NEXT (pamphlet* or booklet* or poster or posters or brochure* or leaflet* or sheet* or handout or handouts or checklist* or "check list*")))):ti,ab,kw
#114	(((inform* or reading) NEAR/5 (magazin* or newspaper*))):ti,ab,kw
#115	((((popular or women* or woman* or online) NEXT (magazin* or newspaper*))):ti,ab,kw
#116	((newspaper NEXT cutting*)):ti,ab,kw
#117	((information NEXT (card or cards))):ti,ab,kw
#118	(flipchart*):ti,ab,kw
#119	(((inform* or campaign*) NEAR/10 (television* or TV or radio))):ti,ab,kw
#119	10,
	((((inform* or educat* or illustrat* or advis* or advice* or train* or instruct* or selfhelp* or "self help*" or selfmanag* or "self manag*") NEAR/3 video*))):ti,ab,kw
#121	(dvd*):ti,ab,kw
#122	((auditory NEXT (inform* or tool*))):ti,ab,kw
#123	(voiceover* or (voice NEXT over*)):ti,ab,kw
#124	((mobile NEXT (technolog* or communicat*))):ti,ab,kw
#125	(((smartphone* or "smart phone*" or phone* or iphone* or mobile* or tablet* or ipad* or digital or android*) NEAR/5 (app or apps or application*))):ti,ab,kw
#126	(smartphone NEXT based):ti,ab,kw
#127	(helpline* or hotline* or ((help or hot) NEXT line*)):ti,ab,kw
#128	(telephone NEXT based NEXT intervention*):ti,ab,kw
#129	((dedicat* NEXT (mobile* or phone* or telephone*))):ti,ab,kw
#129	(((telephone* or phone*) NEXT consultation*)):ti,ab,kw
#131	(((social* NEAR/3 network*)):ti,ab,kw
	" " "
#132	(social* NEXT media*):ti,ab,kw
#133	((blogs or vlogs or blogger* or vlogger* or influencer*)):ti,ab,kw
#134	((social* NEXT influence*)):ti,ab,kw
#135	((podcast* or webinar* or Facebook or Instagram or Skype or WeChat*)):ti,ab,kw
#136	((Twitter* or tweet* or Youtube*)):ti
#137	(((online or "on line" or cyber* or internet* or discussion*) NEAR/3 (forum* or group* or intervention*))):ti,ab,kw
#138	(((online or "on line" or cyber* or internet*) NEXT resource*)):ti
#139	((((inform* or educat* or illustrat* or advis* or advice* or train* or instruct* or selfhelp* or "self help*" or selfmanag* or "self manag*" or device* or guidance* or treatment* or therap* or access* or recommend*) NEAR/3 (app or apps or web*)))):ti,ab,kw
#140	(website* or (web NEXT site*)):ti,ab,kw
#141	(internet NEXT based*):ti,ab,kw
#142	(((talk or text) NEXT based NEXT media*) or (visual NEXT media*)):ti,ab,kw
#143	((computer* NEAR/3 (handheld or "palm top" or palmtop or pda or tablet*))):ti,ab,kw
#144	(("personal digital assistant*" or "pocket pc*")):ti,ab,kw
#145	(((emotion* or network* or peer* or organi?ation* or social) NEXT support*)):ti,ab,kw
#146	((support NEXT (group* or intervention* or network*))):ti,ab,kw
#147	((((selfhelp or "self help") NEAR/3 group*)):ti,ab,kw
#148	(((selfhelp* or "self help*" or selfmanag* or "self manag*") NEXT package*)):ti,ab,kw
#149	((group* NEXT (training or education))):ti,ab,kw
#150	((peer* NEAR/3 (advice* or advis* or counsel* or help* or mentor*))):ti,ab,kw
#151	(peer NEXT network*):ti,ab,kw
#152	(((public or patient or consumer) NEXT advoca*)):ti,ab,kw
#153	(((advoca* NEXT (group* or organization*))):ti,ab,kw
#154	(((lay or support) NEXT person)):ti,ab,kw
#155	(((ay of support) NEXT person)).ti,ab,kw ((patient NEXT empower*)).ti,ab,kw
#156	(((psychoeducat* or psychosocial*) NEXT (support* or group* or intervention*))):ti
	(((psychoeducat or psychosocial) NEXT (support or group or intervention))):ti
#157 #150	111 777 7
#158	((educat* NEAR/3 strateg*)):ti,ab,kw
#159	((educat* NEXT (material* or workshop*))):ti,ab,kw
#160	(((literature* NEAR/3 educat*)):ti,ab,kw
#161	((elearn* or ehealth* or mhealth*)):ti,ab,kw
#162	(((educat* or inform*) NEAR/5 exchange*)):ti,ab,kw
#163	(((information* or disseminat*) NEXT (need* or provi* or strateg*))):ti,ab,kw
#164	("source* of information*"):ti,ab,kw
#165	((patient* NEXT (information or education))):ti,ab,kw
#166	(((health* or communicat* or educat* or prevent* or inform* or disseminat*) NEAR/3 campaign*)):ti,ab,kw
#167	(((health or public or prevention or community) NEXT (information* or education*))):ti,ab,kw
#168	((communit* NEAR/2 intervention*)):ti,ab,kw
#169	(((rais* or increas* or lack* or level* or improv* or greater or further* or promot* or enhanc* or creat* or disseminat*) NEAR/3 awareness)):ti
#170	((("pelvi* floor*" or "continenc* service*" or PFM or PFD or PFMT) NEAR/5 awareness)):ti,ab,kw
#171	((awareness NEXT (program* or campaign* or training))):ti,ab,kw
#172	((community NEXT awareness)):ti,ab,kw

#	Searches
#173	((engag* NEAR/3 communit*)):ti,ab,kw
#174	((charity or charities or promocon*)):ti,ab,kw
#175	{or #74-#174}
#176	#46 AND #175
#177	#73 OR #176
#178	#1 OR #2 OR #3 OR #4
#179	(((rais* or increas* or lack* or level* or improv* or greater or further* or promot* or enhanc* or creat* or disseminat*) NEAR/3 awareness)):ti,ab,kw
#180	#178 AND #179
#181	#177 OR #180 Publication Year from 1980 to current

Database(s): Database of Abstracts of Reviews of Effects (DARE); HTA Database – CRD interface

Date of last search: 29 June 2020

Date of	last search: 29 June 2020
#	Searches
1	MeSH DESCRIPTOR Pelvic Floor IN DARE, HTA
2	MeSH DESCRIPTOR Pelvic Floor Disorders IN DARE, HTA
3	((pelvi* NEXT (floor* or diaphragm*) NEAR3 (dysfunction* or disorder* or fail* or impair* or incompeten* or insufficien* or dyssynerg* or symptom* or laxity or change* or care* or health* or wellbeing* or well-being* or prevent* or rehabilitat* or weak* or hypertonic* or overactiv* or over activ* or over-activ*))) IN DARE, HTA
4	((pelvi* NEXT (dysfunction* or disorder* or fail* or impair* or incompeten* or insufficien* or dyssynerg* or symptom* or laxity or care* or health* or wellbeing* or well-being* or prevent* or rehabilitat* or weak* or hypertonic* or overactiv* or over-activ* or over-activ*))) IN DARE, HTA
5	MeSH DESCRIPTOR Urinary Incontinence EXPLODE ALL TREES IN DARE, HTA
6	MeSH DESCRIPTOR Urinary Bladder, Overactive IN DARE,HTA
7	(((stress* or mix* or urg* or urin*) NEAR5 incontinen*)) IN DARE, HTA
8	((bladder* NEAR5 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex* or incontinen*))) IN DARE, HTA
9	((detrusor* NEAR5 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex*))) IN DARE, HTA
10	(((urgency NEAR2 frequency) or (frequency NEAR2 urgency))) IN DARE, HTA
11	(((urin* or bladder*) NEAR2 (urg* or frequen*))) IN DARE, HTA
12	((SUI or OAB)) IN DARE, HTA
13	MeSH DESCRIPTOR Pelvic Organ Prolapse EXPLODE ALL TREES IN DARE, HTA
14	MeSH DESCRIPTOR Rectocele IN DARE,HTA
15	((pelvic* NEAR3 organ* NEAR3 prolaps*)) IN DARE, HTA
16	((urinary NEAR3 bladder NEAR3 prolaps*)) IN DARE, HTA
17	(((vagin* or urogenital* or genit* or uter* or viscer* or anterior* or posterior* or apical or pelvi* or vault* or urethr* or bladder* or cervi* or rectal or rectum) NEAR3 prolaps*)) IN DARE, HTA
18	((splanchnoptos* or visceroptos*)) IN DARE, HTA
19	((hernia* NEAR3 (pelvi* or vagin* or urogenital* or uter* or bladder* or urethr* or viscer*))) IN DARE, HTA
20	((urethroc?ele* or enteroc?ele* or sigmoidoc?ele* or proctoc?ele* or rectoc?ele* or cystoc?ele* or rectoenteroc?ele* or cystourethroc?ele*)) IN DARE, HTA
21	MeSH DESCRIPTOR Fecal Incontinence IN DARE, HTA
22	(((faecal or fecal or faeces or feces or fecally or faecally or anally or stool or stools or bowel or double or defecat* or defaecat*) NEAR5 (incontinence or incontinent or urge* or leak or leaking or leakage or soiling or seeping or seepage or impacted or impaction))) IN DARE, HTA
23	MeSH DESCRIPTOR Urinary Retention IN DARE, HTA
24	((urin* NEAR3 (retention* or retain*))) IN DARE, HTA
25	((voiding NEXT (disorder* or dysfunction* or problem*))) IN DARE, HTA
26	((empty* NEXT disorder* NEAR3 (bowel* or bladder* or vesical* or stool*))) IN DARE, HTA
27	(((urogeni* or anorec* or ano-rec* or ano rec*) NEAR3 dysfunction*)) IN DARE, HTA
28	MeSH DESCRIPTOR Fecal Impaction IN DARE,HTA
29	(((difficult* or delay* or irregular* or infrequen* or pain*) NEAR3 (defecat* or defaecat* or stool* or faecal or faeces or feces or fecally or faecally or bowel movement*))) IN DARE, HTA
30	((obstruct* NEAR3 (defecat* or defaecat*))) IN DARE, HTA
31	(((defecat* or defaecat* or evacuat*) NEAR3 (disorder* or dysfunction*))) IN DARE, HTA
32	(((outlet* NEXT dysfunction* NEXT constipa*))) IN DARE, HTA
33	((dys?ynerg* NEXT (defecat* or defaecat*))) IN DARE, HTA
34	((pelvi* NEAR3 dyskines*)) IN DARE, HTA
35	((pelvi* NEXT outlet* NEXT obstruct*)) IN DARE, HTA
36	((anismus*)) IN DARE, HTA
37	((puborectal* NEXT contract*)) IN DARE, HTA
38	(((rectal or rectum) NEAR3 urge*)) IN DARE, HTA
39	((female NEXT sex* NEXT (dysfunct* or satisf* or problem* or symptom* or arous* or activit* or disorder*))) IN DARE, HTA
40	((obstruct* NEAR3 intercourse)) IN DARE, HTA
41	((vagin* NEAR3 laxity*)) IN DARE, HTA
42	((vagin* NEXT wind)) IN DARE, HTA
43	MeSH DESCRIPTOR Vaginismus IN DARE,HTA

#	Searches
44	((vaginismus*)) IN DARE, HTA
45	((vagin* NEXT penetrat* NEXT disorder*)) IN DARE, HTA
46	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45
47	MeSH DESCRIPTOR choice behavior IN DARE,HTA
48	MeSH DESCRIPTOR decision making IN DARE,HTA
49	MeSH DESCRIPTOR decision support techniques IN DARE,HTA
50	((decision* or choic* or preference*)) IN DARE, HTA
51 52	#47 OR #48 OR #49 OR #50 MeSH DESCRIPTOR patient compliance IN DARE,HTA
53	MeSH DESCRIPTOR informed consent IN DARE, HTA
54	MeSH DESCRIPTOR treatment refusal IN DARE,HTA
55	MeSH DESCRIPTOR consumer behavior IN DARE,HTA
56	MeSH DESCRIPTOR community participation IN DARE,HTA
57	MeSH DESCRIPTOR health education IN DARE,HTA
58 59	#52 OR #53 OR #54 OR #55 OR #56 OR #57 ((decision* NEXT aid*)) IN DARE, HTA
60	((((women* or woman* or patient*) NEXT decision*)) IN DARE, HTA
61	#59 OR #60
62	#51 AND #58
63	#61 OR #62
64	#46 AND #63
65 66	MeSH DESCRIPTOR Patient Education as Topic IN DARE,HTA (((patient* or consumer*) NEAR3 (educat* or skill* or teach* or train* or coach*))) IN DARE, HTA
67	#65 OR #66
68	MeSH DESCRIPTOR Communication IN DARE, HTA
69	MeSH DESCRIPTOR Group Processes IN DARE, HTA
70	((communicat*)) IN DARE, HTA
71 72	#68 OR #69 OR #70 #46 AND #67 AND #71
73	#46 AND #67 AND #71 #64 OR #72
74	MeSH DESCRIPTOR Information Services IN DARE, HTA
75	MeSH DESCRIPTOR Information Dissemination IN DARE, HTA
76	MeSH DESCRIPTOR Access to Information IN DARE,HTA
77	MeSH DESCRIPTOR Mass Media IN DARE,HTA
78 79	MeSH DESCRIPTOR Consumer Health Information IN DARE,HTA MeSH DESCRIPTOR Health Promotion IN DARE,HTA
80	MeSH DESCRIPTOR Health Education EXPLODE ALL TREES IN DARE.HTA
81	MeSH DESCRIPTOR Health Knowledge, Attitudes, Practice IN DARE, HTA
82	MeSH DESCRIPTOR patient education as topic WITH QUALIFIER mt IN DARE, HTA
83	MeSH DESCRIPTOR Patient Education Handout IN DARE,HTA
84 85	MeSH DESCRIPTOR Pamphlets IN DARE,HTA MeSH DESCRIPTOR Computers, Handheld IN DARE,HTA
86	MeSH DESCRIPTOR Computers, Handried IN DARE, HTA MeSH DESCRIPTOR Internet IN DARE, HTA
87	MeSH DESCRIPTOR web browser IN DARE,HTA
88	MeSH DESCRIPTOR social media IN DARE,HTA
89	MeSH DESCRIPTOR social networking IN DARE, HTA
90	MeSH DESCRIPTOR mobile applications IN DARE, HTA
91 92	MeSH DESCRIPTOR electronic mail IN DARE,HTA MeSH DESCRIPTOR Text Messaging IN DARE,HTA
93	MeSH DESCRIPTOR Hotlines IN DARE,HTA
94	MeSH DESCRIPTOR television IN DARE,HTA
95	MeSH DESCRIPTOR radio IN DARE,HTA
96	MeSH DESCRIPTOR Bibliotherapy IN DARE, HTA
97 98	MeSH DESCRIPTOR Health Literacy IN DARE, HTA
98	MeSH DESCRIPTOR Therapy, Computer-Assisted IN DARE,HTA MeSH DESCRIPTOR Patient Advocacy IN DARE,HTA
100	MeSH DESCRIPTOR Social Support IN DARE,HTA
101	MeSH DESCRIPTOR Self-Help Groups IN DARE, HTA
102	MeSH DESCRIPTOR Peer Group IN DARE, HTA
103	((information NEXT (seek* or gather*))) IN DARE, HTA
104 105	((helpseek* or help-seek* or healthcareseek* or healthcare-seek* or healthseek* or health-seek*)) IN DARE, HTA ((care-seek* or careseek*)):TI IN DARE, HTA
105	(((information or informative) NEAR3 tool*)) IN DARE, HTA
107	(((written or audio* or visual) NEXT tool*)) IN DARE, HTA
108	(((written or printed) NEAR3 (information or material* or education* or instruction*))) IN DARE, HTA
109	(((inform* or educat* or illustrat* or advis* or advice* or train* or instruct* or self-help* or selfhelp* or self help* or self-manag* or selfmanag* or self manag*) NEAR5 (pamphlet* or booklet* or poster or posters or brochure* or leaflet* or sheet* or handout or handouts or hand-out or hand-outs or checklist* or check-list* or check list* or

DARE, HTA ((pampithet or booklet* or brochure* or handout or handouts or hand-outs or checklist* or oblioinbreap*));TI IN DARE, HTA ## OR ## SO R ## OR ## OR ## OR ## 9 OR ## 0 OR ## 1 OR ## 2 OR ## 3 OR ## 4 OR ## 5 OR ## 6 OR 89 OR ## 9 OR ## 9 OR ## 0 OR ## 1 OR ## 2 OR ## 3 OR ## 4 OR ## 5 OR ## 6 OR 89 OR ## 10 OR ## 1	#	Searches
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((()popular or women* or women*) or online) NEXT (magazin* or newspaper*))) IN DARE, HTA ((()ntormation NEXT (card or cards))) IN DARE, HTA ((()ntormation NEXT (card or cards))) IN DARE, HTA ((()ntorm*) or campaign*) NEAR10 (()elevision* or TV or radio)) IN DARE, HTA ((()ntorm*) or odeucate or illustrate or advice* or advice* or train* or instruct* or self-help* or selfhelp* or self-help* self-manag* or selfmanag* or self manag*) NEAR3 video*)) IN DARE, HTA ((()dvi*) NDARE, HTA ((auditory NEXT (inform*) or too!*)) IN DARE, HTA ((()dvi*) NDARE, HTA ((()dvi*) NEXT (()drom*) or too!*)) IN DARE, HTA ((()dvi*) NEXT (()drom*) or or or or voice over*) IN DARE, HTA ((()mobile NEXT (()echnolog* or communicat*))) IN DARE, HTA ((()emartphone*) or smart phone* or phone* or pione* or inploate* or inp	111	#74 OR #75 OR #76 OR #77 OR #78 OR #79 OR #80 OR #81 OR #82 OR #83 OR #84 OR #85 OR #86 OR #87 OR #88 OR #89 OR #90 OR #91 OR #92 OR #93 OR #94 OR #95 OR #96 OR #97 OR #98 OR #99 OR #100 OR
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18 (((inform* or educat* or illustrat* or advise* or advice* or train* or instruct* or self-help* or self-help* self-manag* or self-manag*) NEAR3 video*)) IN DARE, HTA ((dvd*)) IN DARE, HTA ((wolcover* or voice-over* or voice over*)) IN DARE, HTA ((wolcover* or voice-over* or voice over*)) IN DARE, HTA ((mobile NEXT (technolog* or communicat*))) IN DARE, HTA ((mobile NEXT (technolog* or communicat*)) IN DARE, HTA ((mobile NEXT (technolog* or communicat*)) IN DARE, HTA ((mobile NEXT (technolog* or communicat*)) IN DARE, HTA ((sop or app-based or apps or application*))) IN DARE, HTA ((semartphone-based NEXT (intervention*)) IN DARE, HTA ((fletpline* or help-line* or hotline*) IN DARE, HTA ((teleplone-based NEXT intervention*)) IN DARE, HTA ((dedicat* NEXT (mobile* or phone* or telephone*))) IN DARE, HTA ((social* NEAR3 network*)) IN DARE, HTA ((social* NEXT media*)) IN DARE, HTA ((social* NEXT media*)) IN DARE, HTA ((social* NEXT media*)) IN DARE, HTA ((social* NEXT influence*)) IN DARE, HTA ((social* NEXT influence*)) IN DARE, HTA ((social* NEXT influence*)) IN DARE, HTA ((podoas* or webinar* or Facebook or Instagram or Skype or WeChat*)) IN DARE, HTA ((moline or on-line or on line or cyber* or internet* or discussion*) NEAR3 (forum* or group* or intervention*))) DARE, HTA (((inflore or on-line or on line or cyber* or internet*) NEXT resource*)):TI IN DARE, HTA (((inflore or on-line or on line or cyber* or internet*) NEXT resource*)):TI IN DARE, HTA (((inflore or on-line or on-line or or syber* or internet*) NEXT resource*)):TI IN DARE, HTA (((inflore or on-line or on-line or or syber* or internet*) NEXT resource*)):TI IN DARE, HTA (((inflore or on-line or on-line or or syber* or internet*)) IN DARE, HTA (((inflore or on-line or on-line or or syber* or or or or or or or or treatment* or resou	116	(flipchart*) IN DARE, HTA
self-manag* or selfmanag* or self manag*) NEAR3 video*)) IN DARE, HTA ((auditory NEXT (inform* or too!*)) IN DARE, HTA ((wolderover* or voice-over*) or voice over*) IN DARE, HTA ((wolderover* or voice-over*) or voice over*) IN DARE, HTA ((smartphone*) or smart phone* or phone* or phone* or mobile* or tablet* or ipad* or digital or android*) NEA ((smartphone*) or spape or application*)) IN DARE, HTA ((smartphone-based) IN DARE, HTA ((smartphone-based) IN DARE, HTA ((stelephone-based NEXT intervention*)) IN DARE, HTA ((stelephone-or phone*) NEXT consultation*)) IN DARE, HTA ((social* NEXT media*)) IN DARE, HTA ((social* NEXT media*)) IN DARE, HTA ((social* NEXT media*)) IN DARE, HTA ((social* NEXT influence*)) IN DARE, HTA ((moline or on-line or on line or cyber* or intermet* or discussion*) NEAR3 (forum* or group* or intervention*)) DARE, HTA (((online or on-line or on line or cyber* or intermet*) NEXT resource*)):TI IN DARE, HTA (((influence*)) IN DARE, HTA ((influence*)) IN DARE, HTA (((influence*)) IN DARE, HTA (((inf	117	(((inform* or campaign*) NEAR10 (television* or TV or radio))) IN DARE, HTA
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 ((communit* NEAR2 intervention*)) IN DARE, HTA (((rais* or increas* or lack* or level* or improv* or greater or further* or promot* or enhanc* or creat* or dissern NEAR3 awareness)):TI IN DARE, HTA 	163	(((health* or communicat* or educat* or prevent* or inform* or disseminat*) NEAR3 campaign*)) IN DARE, HTA
(((rais* or increas* or lack* or level* or improv* or greater or further* or promot* or enhanc* or creat* or dissern NEAR3 awareness)):TI IN DARE, HTA	164	
NEAR3 awareness)):TI IN DARE, HTA	165	
	166	(((rais* or increas* or lack* or level* or improv* or greater or further* or promot* or enhanc* or creat* or disseminat* NEAR3 awareness)):TI IN DARE, HTA
67 (((pelvi* floor* or continenc* service* or PFM or PFD or PFMT) NEAR5 awareness)) IN DARE, HTA	167	(((pelvi* floor* or continenc* service* or PFM or PFD or PFMT) NEAR5 awareness)) IN DARE, HTA

#	Searches
168	((awareness NEXT (program* or campaign* or training))) IN DARE, HTA
169	((community NEXT awareness)) IN DARE, HTA
170	((engag* NEAR3 communit*)) IN DARE, HTA
171	((charity or charities or promocon*)) IN DARE, HTA
172	#74 OR #75 OR #76 OR #77 OR #78 OR #79 OR #80 OR #81 OR #82 OR #83 OR #84 OR #85 OR #86 OR #87 OR #88 OR #89 OR #90 OR #91 OR #92 OR #93 OR #94 OR #95 OR #96 OR #97 OR #98 OR #99 OR #100 OR #101 OR #102 OR #103 OR #104 OR #105 OR #106 OR #107 OR #108 OR #109 OR #110 OR #111 OR #112 OR #113 OR #114 OR #115 OR #116 OR #117 OR #118 OR #119 OR #120 OR #121 OR #122 OR #123 OR #124 OR #125 OR #126 OR #127 OR #128 OR #129 OR #130 OR #131 OR #132 OR #133 OR #134 OR #135 OR #136 OR #137 OR #138 OR #139 OR #140 OR #141 OR #142 OR #143 OR #144 OR #145 OR #146 OR #147 OR #148 OR #149 OR #150 OR #151 OR #152 OR #153 OR #154 OR #155 OR #156 OR #157 OR #158 OR #159 OR #160 OR #161 OR #162 OR #163 OR #164 OR #165 OR #166 OR #167 OR #168 OR #169 OR #170 OR #171
173	#46 AND #172
174	#73 OR #173
175	(((rais* or increas* or lack* or level* or improv* or greater or further* or promot* or enhanc* or creat* or disseminat*) NEAR3 awareness)) IN DARE, HTA
176	#46 AND #175
177	#174 OR #176 Publication Year from 1980 to current

Database(s): EMCare – OVID interface Date of last search: 29 June 2020

# Searches pelvis floor/ or pelvic floor disorder/ or exp *urine incontinence/ or *overactive bladder/ or *bladder instabilit* pelvis floor/ or pelvic floor disorder/ or *feces incontinence/ or urine retention/ or defecation disorder/ or F Impaction/ or female sexual dysfunction/ or vaginism. pelvis adj (floors or diaphragm\$) adj3 (dysfunction\$ or disorder\$ or fail\$ or impair\$ or incompeten\$ or insu dyssynerg\$ or symptom\$ or laxity or change\$ or care\$ or health\$ or wellbeing\$ or well-being\$ or well-being\$ or well-being\$ or vell-being\$ or or laxity or care\$ or health\$ or wellbeing\$ or or laxity or care\$ or health\$ or wellbeing\$ or mell-being\$ or prevent\$ or systyperg\$ or sy or laxity or care\$ or health\$ or wellbeing\$ or well-being\$ or prevent\$ or insufficien\$ or dyssynerg\$ or sy or laxity or care\$ or health\$ or wellbeing\$ or well-being\$ or prevent\$ or rehabilitat\$ or weak\$ or hypertonics overactiv\$ or over activ\$ or over-activ\$).tw. ((stress\$ or mix\$ or urg\$ or urin\$) adj5 incontinen\$).ti. ((bladder\$ adj5 (overactiv\$ or over activ\$ or over-activ\$) or instabilit\$ or hyper-reflex\$ or hyperreflex\$ or hyper reflex\$).ti. (detrusor\$ adj5 (overactiv\$ or over activ\$ or over-activ\$) or instabilit\$ or hyper-reflex\$ or hyperreflex\$ or hyperreflex\$).ti. ((urin\$ or bladder\$) adj2 (urg\$ or frequen\$)).ti. ((urin\$ or bladder\$) adj2 (urg\$ or frequen\$)).ti. ((urin\$ or bladder\$) adj2 (urg\$ or frequen\$)).ti. ((urin\$ or bladder\$) adj3 prolaps\$).ti. (urinary adj3 bladder adj3 prolaps\$).ti. (urinary adj3	
"pelvic organ prolapse/ or "rectocele/ or "feces incontinence/ or urine retention/ or defecation disorder/ or Fimpaction/ or female sexual dysfunction/ or vaginism/ (pelvis adj (floors or diaphragms) adj3 (dysfunctions) or disorders or fails or impairs or incompetens or insu dyssynergs or symptoms or laxity or changes or cares or healths or wellbeings or well-beings or prevents rehabilitats or weaks or hypertonics or overactivs or over activs) now. (pelvis adj (dysfunctions or disorders or fails or impairs or incompetens or insufficiens or dyssynergs or sy or laxity or cares for healths or wellbeings or well-beings or prevents or rehabilitats or weaks or hypertonics overactivs or over activs or over-activs). bt. ((stresss or mixs or urgs or urins) adj5 incontinens). ti. (bladders adj5 (overactivs or over activs or over-activs or instabilits or hyper-reflexs or hyperreflexs or hyper incontinens)), ti. ((urins or bladders) adj2 (urgs or frequency) adj2 urgency)). ti. ((urins or bladders) adj2 (urgs or frequency)). ti. ((urins or bladders) adj2 (urgs or frequens)), ti. ((urgins or urogenitals or genits or uters or viscers or anteriors or posteriors or apical or pelvis or vaults or or bladders or urogenitals or uters or viscers or anteriors or posteriors or apical or pelvis or valuts or or bladders or or crivis or rectam pair or urogenitals or uters or bladders or urethrs or viscers)), ti. ((urethroc?eles or enteroc?eles or signoidoc?eles or proctoc?eles or rectoc?eles or cystoc?eles or rectoc?eles or efeces or feces or feces or feces or feces or feces or signoidoc?eles or stool or bladders or urethrs or leaking or leakage or soiling or or seepage or impacted or impaction), ti. (urins adj3 (retentions or retains)), tw. (urins adj3 (retentions or retains)), tw. (urins adj3 (retentions or retains)), tw. (urins adj3 (defecats) adj6 (incontinence or incontinent or urges or leak or leaking or leakage or soiling or or seepage or impacted or impaction), ti. (urins adj3 (adj4 or defecats)), tw. (pelvis adj3	
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21 ((difficults or delays or irregulars or infrequens or pains) adj3 (defecats or defaecats or stools or faeces or bowel movements)).tw. 22 (obstructs adj3 (defecats or defaecats)).tw. 23 ((defecats or defaecats or evacuats) adj3 (disorders or dysfunctions)).tw. 24 outlets dysfunctions constipas.tw. 25 (dys?ynergs adj (defecats or defaecats)).tw. 26 (pelvis adj3 dyskiness).tw. 27 pelvis outlets obstructs.tw. 28 anismuss.tw. 29 puborectals contracts.tw. 30 ((rectal or rectum) adj3 urges).tw. 31 (female adj sexs adj (dysfuncts or satisfs or problems or symptoms or arouss or activits or disorders)).tw. 32 (obstructs adj3 intercourse).tw. 33 (vagins adj3 laxitys).tw.	
22 (obstruct\$ adj3 (defecat\$ or defaecat\$)).tw. 23 ((defecat\$ or defaecat\$ or evacuat\$) adj3 (disorder\$ or dysfunction\$)).tw. 24 outlet\$ dysfunction\$ constipa\$.tw. 25 (dys?ynerg\$ adj (defecat\$ or defaecat\$)).tw. 26 (pelvi\$ adj3 dyskines\$).tw. 27 pelvi\$ outlet\$ obstruct\$.tw. 28 anismus\$.tw. 29 puborectal\$ contract\$.tw. 30 ((rectal or rectum) adj3 urge\$).tw. 31 (female adj sex\$ adj (dysfunct\$ or satisf\$ or problem\$ or symptom\$ or arous\$ or activit\$ or disorder\$)).tw. 32 (obstruct\$ adj3 intercourse).tw. 33 (vagin\$ adj3 laxity\$).tw.	or feces or
23 ((defecat\$ or defaecat\$ or evacuat\$) adj3 (disorder\$ or dysfunction\$)).tw. 24 outlet\$ dysfunction\$ constipa\$.tw. 25 (dys?ynerg\$ adj (defecat\$ or defaecat\$)).tw. 26 (pelvi\$ adj3 dyskines\$).tw. 27 pelvi\$ outlet\$ obstruct\$.tw. 28 anismus\$.tw. 29 puborectal\$ contract\$.tw. 30 ((rectal or rectum) adj3 urge\$).tw. 31 (female adj sex\$ adj (dysfunct\$ or satisf\$ or problem\$ or symptom\$ or arous\$ or activit\$ or disorder\$)).tw. 32 (obstruct\$ adj3 intercourse).tw. 33 (vagin\$ adj3 laxity\$).tw.	
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27 pelvi\$ outlet\$ obstruct\$.tw. 28 anismus\$.tw. 29 puborectal\$ contract\$.tw. 30 ((rectal or rectum) adj3 urge\$).tw. 31 (female adj sex\$ adj (dysfunct\$ or satisf\$ or problem\$ or symptom\$ or arous\$ or activit\$ or disorder\$)).tw. 32 (obstruct\$ adj3 intercourse).tw. 33 (vagin\$ adj3 laxity\$).tw.	
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 30 ((rectal or rectum) adj3 urge\$).tw. 31 (female adj sex\$ adj (dysfunct\$ or satisf\$ or problem\$ or symptom\$ or arous\$ or activit\$ or disorder\$)).tw. 32 (obstruct\$ adj3 intercourse).tw. 33 (vagin\$ adj3 laxity\$).tw. 	
(female adj sex\$ adj (dysfunct\$ or satisf\$ or problem\$ or symptom\$ or arous\$ or activit\$ or disorder\$)).tw. (obstruct\$ adj3 intercourse).tw. (vagin\$ adj3 laxity\$).tw.	
32 (obstruct\$ adj3 intercourse).tw. 33 (vagin\$ adj3 laxity\$).tw.	w.
33 (vagin\$ adj3 laxity\$).tw.	
35 vaginismus\$.tw.	
36 (yagin\$ adj penetrat\$ adj disorder\$).tw.	

#	Searches
37	or/1-36
38	decision making/
39 40	decision support system/ (decision\$ or choic\$ or preference\$).tw.
41	or/38-40
42	patient compliance/
43	informed consent/
44	treatment refusal/
45	exp consumer attitude/
46	exp consumer/
47	exp health education/
48	or/42-47
49	(decision\$ adj aid\$).tw.
50	((women\$ or woman\$ or patient\$) adj decision\$).tw.
51	49 or 50
52	41 and 48
53 54	51 or 52 37 and 53
55	patient education/
56	((patient\$ or consumer\$) adj3 (educat\$ or skill\$ or teach\$ or train\$ or coach\$)).tw.
57	55 or 56
58	interpersonal communication/
59	communicat\$.tw.
60	group process/
61	or/58-60
62	37 and 57 and 61
63	54 or 62
64	information service/ or information dissemination/ or access to information/ or *help seeking behavior/ or mass communication/ or consumer health information/ or *health promotion/ or *health education/ or education program/ or *attitude to health/ or *patient education/ or patient information/ or *medical information/ or *publication/ or personal digital assistant/ or internet/ or web-based intervention/ or web browser/ or social media/ or blogging/ or *social network/ or smartphone/ or mobile application/ or e-mail/ or text messaging/ or hotline/ or *telephone/ or *teleconsultation/ or television/ or radio/ or bibliotherapy/ or *health literacy/ or *computer assisted therapy/ or patient advocacy/ or social support/ or self help/ or exp support group/ or peer group/ or empowerment/ or *shame/ or *stigma/ or *taboo/
65 66	(information adj (seek\$ or gather\$)).tw. (helpseek\$ or help-seek\$ or healthcareseek\$ or healthcare-seek\$ o
~-	seek\$ or health careseek\$ or health care seek\$).tw.
67	(care-seek\$ or careseek\$ or care seek\$).ti.
68 69	((information or informative) adj3 tool\$).tw. ((written or audio\$ or visual) adj tool\$).tw.
70	((written or printed) adj3 (information or material\$ or education\$ or instruction\$)).tw.
71	((inform\$ or educat\$ or illustrat\$ or advis\$ or advice\$ or train\$ or instruct\$ or self-help\$ or selfhelp\$ or self-manag\$ or selfmanag\$ or selfmanag\$) adj5 (pamphlet\$ or booklet\$ or poster or posters or brochure\$ or leaflet\$ or sheet\$ or handout or handouts or hand-outs or checklist\$ or check-list\$ or check list\$ or smartphone\$ or smart phone\$ or online or on-line or audiovisual or audio-visual or audio visual)).tw.
72	(pamphlet\$ or booklet\$ or brochure\$ or handout or handouts or hand-out or hand-outs or checklist\$ or check-list\$ or check list\$ or bibliotherap\$).ti.
73 74	((patient\$ or fact\$ or written or printed) adj (pamphlet\$ or booklet\$ or poster or posters or brochure\$ or leaflet\$ or sheet\$ or handout or hand-out or hand-outs or checklist\$ or check-list\$ or check list\$)).tw. ((inform\$ or reading) adj5 (magazin\$ or newspaper\$)).tw.
75	((popular or women\$ or woman\$ or online) adj (magazin\$ or newspaper\$)).tw.
76	(newspaper adj cutting\$).tw.
77	(information adj (card or cards)).tw.
78	flipchart\$.tw.
79	((inform\$ or campaign\$) adj10 (television\$ or TV or radio)).tw.
80	((inform\$ or educat\$ or illustrat\$ or advics\$ or advice\$ or train\$ or instruct\$ or self-help\$ or selfhelp\$ or self help\$ or self-manag\$ or selfmanag\$ or self manag\$) adj3 video\$).tw.
81	dvd\$.tw.
82	(auditory adj (inform\$ or tool\$)).tw.
83	(voiceover\$ or voice-over\$ or voice over\$).tw.
84 85	(mobile adj (technolog\$ or communicat\$)).tw. ((smartphone\$ or smart phone\$ or phone\$ or iphone\$ or mobile\$ or tablet\$ or ipad\$ or digital or android\$) adj5 (app or app-based or apps or application\$)).tw.
86	smartphone-based.tw.
87	(helpline\$ or help-line\$ or hot-line\$).tw.
88	telephone-based intervention\$.tw.
89	(dedicat\$ adj (mobile\$ or phone\$ or telephone\$)).tw.
90	((telephone\$ or phone\$) adj consultation\$).tw.
91	(social\$ adj media\$).tw.
92	(social\$ adj3 network\$).tw.

#	Searches
93	(blogs or vlogs or blogger\$ or vlogger\$ or influencer\$).tw.
94	(social\$ adj influence\$).tw.
95	(podcast\$ or webinar\$ or Facebook or Instagram or Skype or WeChat\$).tw.
96	(Twitter\$ or tweet\$ or Youtube\$).ti.
97	((online or on-line or on line or cyber\$ or internet\$ or discussion\$) adj3 (forum\$ or group\$ or intervention\$)).tw.
98	((online or on-line or on line or cyber\$ or internet\$) adj resource\$).ti.
99	((inform\$ or educat\$ or illustrat\$ or advis\$ or advice\$ or train\$ or instruct\$ or self-help\$ or selfhelp\$ or self help\$ or self-manag\$ or selfmanag\$ or device\$ or guidance\$ or treatment\$ or therap\$ or access\$ or recommend\$) adj3 (app or app-based or apps or web\$)).tw.
100	(website\$ or web-site\$ or web site\$).tw.
101	internet-based\$.tw.
102	((talk-based or text-based or visual) adj media\$).tw.
103	(computer\$ adj3 (handheld or palm top or palmtop or pda or tablet\$)).tw.
104	(personal digital assistant\$ or pocket pc\$).tw.
105	((emotion\$ or network\$ or peer\$ or organi?ation\$ or social) adj support\$).tw.
106	(support adj (group\$ or intervention\$ or network\$)).tw.
107	((selfhelp or self-help or self help) adj3 group\$).tw.
108	((self-help\$ or selfhelp\$ or self help\$ or self-manag\$ or selfmanag\$ or self manag\$) adj package\$).tw.
109	(group\$ adj (training or education)).tw.
110	(peer\$ adj3 (advice\$ or advis\$ or counsel\$ or help\$ or mentor\$)).tw.
111	peer network\$.tw.
112	((public or patient or consumer) adj advoca\$).tw.
113	(advoca\$ adj (group\$ or organization\$)).tw.
114	((lay or support) adj person).tw.
115	(patient adj empower\$).tw.
116	((psychoeducat\$ or psycho-educat\$ or psychosocial\$ or psycho-social\$) adj (support\$ or group\$ or intervention\$)).ti.
117	(health adj literacy).tw.
118	(educat\$ adj3 strateg\$).tw.
119	(educat\$ adj (material\$ or workshop\$)).tw.
120	(literature\$ adj3 educat\$).tw.
121	(elearn\$ or e-learn\$ or ehealth\$ or e-health\$ or m-health\$).tw.
122	((educat\$ or inform\$) adj5 exchange\$).tw.
123	((information\$ or disseminat\$) adj (need\$ or provi\$ or strateg\$)).tw.
124	source\$ of information\$.tw.
125	(patient\$ adj (information or education)).tw.
126	((health\$ or communicat\$ or educat\$ or prevent\$ or inform\$ or disseminat\$) adj3 campaign\$).tw.
127	((health or public or prevention or community) adj (information\$ or education\$)).tw.
128	(communit\$ adj2 intervention\$).tw.
129	((rais\$ or increas\$ or lack\$ or level\$ or improv\$ or greater or further\$ or promot\$ or enhanc\$ or creat\$ or disseminat\$) adj3 awareness).ti.
130	((pelvi\$ floor\$ or continenc\$ service\$ or PFM or PFD or PFMT) adj5 awareness).tw.
131	(awareness adj (program\$ or campaign\$ or training)).tw.
132	(community adj awareness).tw.
133	(engag\$ adj3 communit\$).tw.
134	(address\$ adj3 (stigma\$ or shame or taboo\$)).tw.
135	unspeakable.tw.
136	(charity or charities or promocon\$).mp.
137 138	or/64-136 37 and 137
139	63 or 138
140	pelvis floor/ or pelvic floor disorder/
141	2 or 3 or 140
142	((rais\$ or increas\$ or lack\$ or level\$ or improv\$ or greater or further\$ or promot\$ or enhanc\$ or creat\$ or disseminat\$) adj3 awareness).tw.
143	141 and 142
144	139 or 143
145	limit 144 to english language
146	limit 145 to yr="1980 -Current" [General Exclusions filter applied]
0	

Database(s): PsycINFO 1806 to June Week 4 2020 – **OVID interface** Date of last search: 29 June 2020

#	Searches	
1	pelvis floor/	
2	pelvic floor disorder/	
3	(pelvi\$ adj (floor\$ or diaphragm\$) adj3 (dysfunction\$ or disorder\$ or fail\$ or impair\$ or incompeten\$ or insufficien\$ or dyssynerg\$ or symptom\$ or laxity or change\$ or care\$ or health\$ or wellbeing\$ or well-being\$ or prevent\$ or rehabilitat\$ or weak\$ or hypertonic\$ or overactiv\$ or over activ\$ or over-activ\$)),tw.	

#	Searches
4	(pelvi\$ adj (dysfunction\$ or disorder\$ or fail\$ or impair\$ or incompeten\$ or insufficien\$ or dyssynerg\$ or symptom\$ or laxity or care\$ or health\$ or wellbeing\$ or well-being\$ or prevent\$ or rehabilitat\$ or weak\$ or hypertonic\$ or overactiv\$ or over activ\$ or over-activ\$)).tw.
5	or/1-4
6	exp *Urinary Incontinence/
7	*overactive bladder/
8	*bladder instability/
9	((stress\$ or mix\$ or urg\$ or urin\$) adj5 incontinen\$).ti.
10	(bladder\$ adj5 (overactiv\$ or over activ\$ or over-activ\$ or instabilit\$ or hyper-reflex\$ or hyperreflex\$ or incontinen\$)).ti.
11	(detrusor\$ adj5 (overactiv\$ or over activ\$ or over-activ\$ or instabilit\$ or hyper-reflex\$ or hyperreflex\$ or h
12	((urgency adj2 frequency) or (frequency adj2 urgency)).ti.
13	((urin\$ or bladder\$) adj2 (urg\$ or frequen\$)).ti.
14	(SUI or OAB).ti.
15	or/6-14
16	exp *pelvic organ prolapse/
17	*rectocele/
18	(pelvic\$ adj3 organ\$ adj3 prolaps\$).ti.
19	(urinary adj3 bladder adj3 prolaps\$).ti.
20	((vagin\$ or urogenital\$ or genit\$ or uter\$ or viscer\$ or anterior\$ or posterior\$ or apical or pelvi\$ or vault\$ or urethr\$ or bladder\$ or cervi\$ or rectal or rectum) adj3 prolaps\$).ti.
21 22	(splanchnoptos\$ or visceroptos\$).ti.
23	(hernia\$ adj3 (pelvi\$ or vagin\$ or urogenital\$ or uter\$ or bladder\$ or urethr\$ or viscer\$)).ti. (urethroc?ele\$ or enteroc?ele\$ or sigmoidoc?ele\$ or proctoc?ele\$ or rectoc?ele\$ or cystoc?ele\$ or
24	rectoenteroc?ele\$ or cystourethroc?ele\$).ti.
25	exp *Fecal Incontinence/
26	((faecal or faeces or feces or fecally or faecally or anal or anally or stool or stools or bowel or double or
20	defecat\$ or defaecat\$) adj5 (incontinence or incontinent or urge\$ or leak or leaking or leakage or soiling or seeping or seepage or impacted or impaction)).ti.
27	25 or 26
28	urine retention/
29	(urin\$ adj3 (retention\$ or retain\$)).tw.
30	(voiding adj (disorder\$ or dysfunction\$ or problem\$)).tw.
31	(empty\$ adj disorder\$ adj3 (bowel\$ or bladder\$ or vesical\$ or stool\$)).tw.
32	((urogeni\$ or anorec\$ or ano-rec\$ or ano rec\$) adj3 dysfunction\$).tw.
33	defecation disorder/
34	feces impaction/
35	((difficult\$ or delay\$ or irregular\$ or infrequen\$ or pain\$) adj3 (defecat\$ or defaecat\$ or stool\$ or faeces or bowel movement\$)).tw.
36	(obstruct\$ adj3 (defecat\$ or defaecat\$)).tw.
37	((defecat\$ or defaecat\$ or evacuat\$) adj3 (disorder\$ or dysfunction\$)).tw.
38	outlet\$ dysfunction\$ constipa\$.tw.
39	(dys?ynerg\$ adj (defecat\$ or defaecat\$)).tw.
40	(pelvi\$ adj3 dyskines\$).tw.
41	pelvi\$ outlet\$ obstruct\$.tw.
42	anismus\$.tw.
43	puborectal\$ contract\$.tw.
44	((rectal or rectum) adj3 urge\$).tw.
45	or/28-44
46	female sexual dysfunction/
47	(female adj sex\$ adj (dysfunct\$ or satisf\$ or problem\$ or symptom\$ or arous\$ or activit\$ or disorder\$)).tw.
48	(obstruct\$ adj3 intercourse).tw.
49	(vagin\$ adj3 laxity\$).tw.
50	(vagin\$ adj wind).tw.
51	Vaginismus/
52	vaginismus\$.tw.
53 54	(vagin\$ adj penetrat\$ adj disorder\$).tw.
54	or/46-53
55 56	5 or 15 or 24 or 27 or 45 or 54
56 57	Choice Behavior/
57 50	Decision Making/
58	Decision Support Systems/
59	(decision\$ or choic\$ or preference\$).tw.
60	or/56-59
61	compliance/ Informed Consent/
62 63	Treatment Refusal/
64	exp Consumer Behavior/
65	exp Consumer Attitudes/
00	exp Consumer Authores

#	Searches
66	exp Health Education/
67	or/61-66
68 69	(decision\$ adj aid\$).tw. ((women\$ or woman\$ or patient\$) adj decision\$).tw.
70	(Worners of wornars of patients) auj decisions).tw.
71	60 and 67
72	70 or 71
73	55 and 72
74	Client Education/
75	((patient\$ or consumer\$) adj3 (educat\$ or skill\$ or teach\$ or train\$ or coach\$)).tw.
76	74 or 75
77	Interpersonal Communication/
78	communicat\$.tw.
79	77 or 78
80	55 and 76 and 79
81 82	73 or 80 Information/ or Information Services/ or Information Dissemination/ or Information Seeking/ or exp Help Seeking
	Behavior/ or Health Education/ or Health Information/ or Health Promotion/ or exp Educational Programs/ or Health Knowledge/ or Health Attitudes/ or Client Education/ or Educational Audiovisual Aids/ or Reading Materials/ or Tablet Computers/ or Computers/ or Multimedia/ or exp Internet/ or *Digital Interventions/ or Websites/ or Social Media/ or *Online Social Networks/ or Blog/ or Mobile Applications/ or Smartphones/ or Computer Mediated Communication/ or Text Messaging/ or Hot Line Services/ or Telephone Systems/ or Television/ or Radio/ or Bibliotherapy/ or Health Literacy/ or exp Computer Assisted Therapy/ or Advocacy/ or Social Support/ or *Self-Care Skills/ or exp Support Groups/ or Empowerment/ or Shame/ or Stigma/ or Taboo/
83 84	(information adj (seek\$ or gather\$)).tw. (helpseek\$ or help-seek\$ or healthcareseek\$ or healthcare-seek\$ or healthseek\$ or health-seek\$ or health care-
85	seek\$ or health careseek\$ or health care seek\$).tw. (care-seek\$ or careseek\$ or care seek\$).ti.
85 86	(care-seek\$ or care seek\$).ti. ((information or informative) adj3 tool\$).tw.
87	((written or audio\$ or visual) adj tool\$).tw.
88	((written or printed) adj3 (information or material\$ or education\$ or instruction\$)).tw.
89	((inform\$ or educat\$ or illustrat\$ or advis\$ or advice\$ or train\$ or instruct\$ or self-help\$ or selfhelp\$ or self-manag\$ or self-manag\$ or self manag\$) adj5 (pamphlet\$ or booklet\$ or poster or posters or brochure\$ or leaflet\$ or sheet\$ or handout or handouts or hand-outs or checklist\$ or check-list\$ or check list\$ or smartphone\$ or smart phone\$ or online or on-line or audiovisual or audio-visual or audio visual)).tw.
90	(pamphlet\$ or booklet\$ or brochure\$ or handout or handouts or hand-out or hand-outs or checklist\$ or check-list\$ or check list\$ or bibliotherap\$).ti.
91 92	((patient\$ or fact\$ or written or printed) adj (pamphlet\$ or booklet\$ or poster or posters or brochure\$ or leaflet\$ or sheet\$ or handout or handouts or hand-out or hand-outs or checklist\$ or check-list\$ or check list\$)).tw. ((inform\$ or reading) adj5 (magazin\$ or newspaper\$)).tw.
93	((popular or women\$ or woman\$ or online) adj (magazin\$ or newspaper\$)).tw.
94	(newspaper adj cutting\$).tw.
95	(information adj (card or cards)),tw.
96	flipchart\$.tw.
97	((inform\$ or campaign\$) adj10 (television\$ or TV or radio)).tw.
98	((inform\$ or educat\$ or illustrat\$ or advis\$ or advice\$ or train\$ or instruct\$ or self-help\$ or selfhelp\$ or self-manag\$ or self-manag\$ or self manag\$) adj3 video\$).tw.
99	dvd\$.tw.
100	(auditory adj (inform\$ or tool\$)).tw.
101	(voiceover\$ or voice-over\$ or voice over\$).tw.
102 103	(mobile adj (technolog\$ or communicat\$)).tw. ((smartphone\$ or smart phone\$ or phone\$ or iphone\$ or mobile\$ or tablet\$ or ipad\$ or digital or android\$) adj5 (app or app-based or apps or application\$)).tw.
104	smartphone-based.tw.
105	(helpline\$ or help-line\$ or hot-line\$).tw.
106	telephone-based intervention\$.tw.
107	(dedicat\$ adj (mobile\$ or phone\$ or telephone\$)).tw.
108	((telephone\$ or phone\$) adj consultation\$).tw.
109	(social\$ adj media\$).tw.
110	(social\$ adj3 network\$).tw.
111	(blogs or vlogs or blogger\$ or vlogger\$ or influencer\$).tw.
112 113	(social\$ adj influence\$).tw. (podcast\$ or webinar\$ or Facebook or Instagram or Skype or WeChat\$).tw.
114	(Twitter\$ or tweet\$ or Youtube\$).ti.
115	((online or on-line or on line or cyber\$ or internet\$ or discussion\$) adj3 (forum\$ or group\$ or intervention\$)).tw.
116	((online or on-line or on line or cyber\$ or internet\$) adj resource\$).ti.
117	((inform\$ or educat\$ or illustrat\$ or advics\$ or advice\$ or train\$ or instruct\$ or self-help\$ or selfhelp\$ or self-manag\$ or self-manag\$ or device\$ or guidance\$ or treatment\$ or therap\$ or access\$ or recommend\$) adj3 (app or app-based or apps or web\$)).tw.
118	(website\$ or web-site\$ or web site\$).tw.
119	internet-based\$.tw.
120	((talk-based or text-based or visual) adj media\$).tw.

(computer's adj3 (handheld or palm top or palmtop or pda or tablet\$)).tw. (personal digital assistant\$ or pocket pc\$).tw. (personal digital assistant\$ or pocket pc\$).tw. (support adj (group\$ or intervention\$ or network\$)).tw. (support adj (group\$ or intervention\$ or network\$)).tw. ((self-help\$ or self-help or self help\$ adj3 group\$).tw. ((self-help\$ or self-help or self help\$ or self-manag\$ or selfmanag\$ or self manag\$) adj package\$).tw. ((group\$ adj (training or education)).tw. ((group\$ adj (training or education)).tw. ((public or patient or consumer) adj advoca\$).tw. ((qublic or patient or consumer) adj advoca\$).tw. (((public or patient or consumer) adj advoca\$).tw. (((public or patient or consumer) adj advoca\$).tw. (((public or patient or or or psycho-social\$ or psycho-social\$) adj (support\$ or group\$ or intervention\$).ti. (((public adj) atrateg\$).tw. ((public adj) atrateg\$).tw. ((educat\$ adj) (support\$ or group\$ or intervention\$).tw. ((elecat\$ adj) (support\$ or ehealth\$ or e-health\$ or m-health\$ or m-health\$).tw. ((elecat\$ adj) (atrategal) two. ((educat\$ adj) (support\$ or ehealth\$ or e-health\$ or m-health\$ or m-health\$).tw. ((educat\$ or discerniation\$ or discernination\$ adj (support\$ or discernination\$ or	#	Searches
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400 457 450	159	5 and 158
	160	157 or 159
limit 160 to (english language and yr="1980 -Current") [General Exclusions filter applied]	161	limit 160 to (english language and yr="1980 -Current") [General Exclusions filter applied]

Economic Search

One global search was conducted for economic evidence across the guideline.

Database(s): NHS Economic Evaluation Database (NHS EED); HTA Database – CRD interface

Date of last search: 3 February 2021

Date of last search, 5 February 2021		
#	Searches	
1	MeSH DESCRIPTOR Pelvic Floor IN NHSEED,HTA	
2	MeSH DESCRIPTOR Pelvic Floor Disorders IN NHSEED, HTA	
3	MeSH DESCRIPTOR Urinary Bladder, Overactive IN NHSEED,HTA	
4	(((pelvi* NEXT (floor* or diaphragm*) NEAR3 (dysfunction* or disorder* or fail* or impair* or incompeten* or insufficien*	
	or dyssynerg* or symptom* or laxity or change* or care* or health* or wellbeing* or well-being* or prevent* or rehabilitat* or weak* or hypertonic* or overactiv* or over activ* or over-activ*)))) IN NHSEED, HTA	
5	MeSH DESCRIPTOR Urinary Incontinence EXPLODE ALL TREES IN NHSEED, HTA	
6	MeSH DESCRIPTOR Urinary Bladder, Overactive IN NHSEED,HTA	
7	((((stress* or mix* or urg* or urin*) NEAR5 incontinen*))) IN NHSEED, HTA	
8	(((bladder* NEAR5 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex* or incontinen*)))) IN NHSEED, HTA	
9	(((detrusor* NEAR5 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex*)))) IN NHSEED, HTA	
10	((((urgency NEAR2 frequency) or (frequency NEAR2 urgency)))) IN NHSEED, HTA	
11	((((urin* or bladder*) NEAR2 (urg* or frequen*)))) IN NHSEED, HTA	
12	(((SUI or OAB))) IN NHSEED, HTA	

#	Searches
13	MeSH DESCRIPTOR Pelvic Organ Prolapse EXPLODE ALL TREES IN NHSEED, HTA
14	MeSH DESCRIPTOR Rectocele IN NHSEED,HTA
15	(((pelvic* NEAR3 organ* NEAR3 prolaps*))) IN NHSEED, HTA
16	(((urinary NEAR3 bladder NEAR3 prolaps*))) IN NHSEED, HTA
17	((((vagin* or urogenital* or genit* or uter* or viscer* or anterior* or posterior* or apical or pelvi* or vault* or urethr* or bladder* or cervi* or rectal or rectum) NEAR3 prolaps*))) IN NHSEED, HTA
18	(((splanchnoptos* or visceroptos*))) IN NHSEED, HTA
19	(((hernia* NEAR3 (pelvi* or vagin* or urogenital* or uter* or bladder* or urethr* or viscer*)))) IN NHSEED, HTA
20	(((urethroc?ele* or enteroc?ele* or sigmoidoc?ele* or proctoc?ele* or rectoc?ele* or cystoc?ele* or rectoenteroc?ele* or cystourethroc?ele*))) IN NHSEED, HTA
21	MeSH DESCRIPTOR Fecal Incontinence IN NHSEED,HTA
22	((((faecal or fecal or faeces or feces or fecally or faecally or anal or anally or stool or stools or bowel or double or defecat* or defaecat*) NEAR5 (incontinence or incontinent or urge* or leak or leaking or leakage or soiling or seeping or seepage or impacted or impaction)))) IN NHSEED, HTA
23	MeSH DESCRIPTOR Urinary Retention IN NHSEED,HTA
24	(((urin* NEAR3 (retention* or retain*)))) IN NHSEED, HTA
25	(((voiding NEXT (disorder* or dysfunction* or problem*)))) IN NHSEED, HTA
26	(((empty* NEXT disorder* NEAR3 (bowel* or bladder* or vesical* or stool*)))) IN NHSEED, HTA
27	((((urogeni* or anorec* or ano-rec* or ano rec*) NEAR3 dysfunction*))) IN NHSEED, HTA
28	MeSH DESCRIPTOR Fecal Impaction IN NHSEED,HTA
29	((((difficult* or delay* or irregular* or infrequen* or pain*) NEAR3 (defecat* or defaecat* or stool* or faecal or feacl or faeces or fecally or faecally or bowel movement*)))) IN NHSEED, HTA
30	(((obstruct* NEAR3 (defecat* or defaecat*)))) IN NHSEED, HTA
31	((((defecat* or defaecat* or evacuat*) NEAR3 (disorder* or dysfunction*)))) IN NHSEED, HTA
32	((((outlet* NEXT dysfunction* NEXT constipa*)))) IN NHSEED, HTA
33	(((dys?ynerg* NEXT (defecat* or defaecat*)))) IN NHSEED, HTA
34	(((pelvi* NEAR3 dyskines*))) IN NHSEED, HTA
35	(((pelvi* NEXT outlet* NEXT obstruct*))) IN NHSEED, HTA
36	(((anismus*))) IN NHSEED, HTA
37	(((puborectal* NEXT contract*))) IN NHSEED, HTA
38	((((rectal or rectum) NEAR3 urge*))) IN NHSEED, HTA
39	(((female NEXT sex* NEXT (dysfunct* or satisf* or problem* or symptom* or arous* or activit* or disorder*)))) IN NHSEED, HTA
40	(((obstruct* NEAR3 intercourse))) IN NHSEED, HTA
41	(((vagin* NEAR3 laxity*))) IN NHSEED, HTA
42	(((vagin* NEXT wind))) IN NHSEED, HTA
43	MeSH DESCRIPTOR Vaginismus IN NHSEED,HTA
44	(((vaginismus*))) IN NHSEED, HTA
45	(((vagin* NEXT penetrat* NEXT disorder*))) IN NHSEED, HTA
46	(#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45) IN NHSEED, HTA

Database(s): Medline & Embase (Multifile) – OVID interface Embase Classic+Embase 1947 to 2021 February 01; Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to February 01, 2021 Date of last search: 3 February 2021

Multifile database codes: emczd = Embase Classic+Embase; ppez= MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily

#	Searches
1	Pelvic Floor/ use ppez
2	Pelvic Floor Disorders/ use ppez
3	pelvis floor/ use emczd
4	pelvic floor disorder/ use emczd
5	(pelvi\$ adj (floor\$ or diaphragm\$) adj3 (dysfunction\$ or disorder\$ or fail\$ or impair\$ or incompeten\$ or insufficien\$ or dyssynerg\$ or symptom\$ or laxity or change\$ or care\$ or health\$ or wellbeing\$ or well-being\$ or prevent\$ or rehabilitat\$ or weak\$ or hypertonic\$ or overactiv\$ or over activ\$ or over-activ\$)).tw.
6	(pelvi\$ adj (dysfunction\$ or disorder\$ or fail\$ or impair\$ or incompeten\$ or insufficien\$ or dyssynerg\$ or symptom\$ or laxity or care\$ or health\$ or wellbeing\$ or well-being\$ or prevent\$ or rehabilitat\$ or weak\$ or hypertonic\$ or overactiv\$ or over activ\$ or over-activ\$)).tw.
7	or/1-6
8	exp *Urinary Incontinence/ use ppez
9	*Urinary Bladder, Overactive/ use ppez
10	exp *urine incontinence/ use emczd
11	*overactive bladder/ use emczd
12	*bladder instability/ use emczd
13	((stress\$ or mix\$ or urg\$ or urin\$) adj5 incontinen\$).ti.

Searches

- 14 (bladder\$ adj5 (overactiv\$ or over activ\$ or over-activ\$ or instabilit\$ or hyper-reflex\$ or hyperreflex\$ or hyper reflex\$ or incontinen\$)).ti.
- (detrusor\$ adj5 (overactiv\$ or over activ\$ or over-activ\$ or instabilit\$ or hyper-reflex\$ or hyper reflex\$ or hyper reflex\$)),ti.
- 16 ((urgency adj2 frequency) or (frequency adj2 urgency)).ti.
- 17 ((urin\$ or bladder\$) adj2 (urg\$ or frequen\$)).ti.
- 18 (SUI or OAB).ti.
- 19 or/8-18
- 20 exp *Pelvic Organ Prolapse/ use ppez
- 21 exp *pelvic organ prolapse/ use emczd
- 22 *Rectocele/ use ppez
- 23 *rectocele/ use emczd
- 24 (pelvic\$ adj3 organ\$ adj3 prolaps\$).ti.
- 25 (urinary adj3 bladder adj3 prolaps\$).ti.
- 26 ((vagin\$ or urogenital\$ or genit\$ or uter\$ or viscer\$ or anterior\$ or posterior\$ or apical or pelvi\$ or vault\$ or urethr\$ or bladder\$ or cervi\$ or rectal or rectum) adj3 prolaps\$).ti.
- 27 (splanchnoptos\$ or visceroptos\$).ti.
- 28 (hernia\$ adj3 (pelvi\$ or vagin\$ or urogenital\$ or uter\$ or bladder\$ or urethr\$ or viscer\$)).ti.
- 29 (urethroc?ele\$ or enteroc?ele\$ or sigmoidoc?ele\$ or proctoc?ele\$ or rectoc?ele\$ or cystoc?ele\$ or cystoc?ele\$ or cystoc?ele\$ or cystocrethroc?ele\$).ti.
- 30 or/20-29
- 31 *Fecal Incontinence/ use ppez
- 32 *feces incontinence/ use emczd
- 33 ((faecal or fecal or faeces or feces or fecally or faecally or anal or anally or stool or stools or bowel or double or defecat\$ or defaecat\$) adj5 (incontinence or incontinent or urge\$ or leak or leaking or leakage or soiling or seeping or seepage or impacted or impaction)).ti.
- 34 or/31-33
- 35 Urinary Retention/ use ppez
- 36 urine retention/ use emczd
- 37 (urin\$ adj3 (retention\$ or retain\$)).tw.
- 38 (voiding adj (disorder\$ or dysfunction\$ or problem\$)).tw.
- 39 (empty\$ adj disorder\$ adj3 (bowel\$ or bladder\$ or vesical\$ or stool\$)).tw.
- 40 ((urogeni\$ or anorec\$ or ano-rec\$ or ano rec\$) adj3 dysfunction\$).tw.
- 41 defecation disorder/ use emczd
- 42 Fecal Impaction/ use ppez
- 43 Feces Impaction/ use emczd
- 44 ((difficult\$ or delay\$ or irregular\$ or infrequen\$ or pain\$) adj3 (defecat\$ or defaecat\$ or stool\$ or faeces or bowel movement\$)).tw.
- 45 (obstruct\$ adj3 (defecat\$ or defaecat\$)).tw.
- 46 ((defecat\$ or defaecat\$ or evacuat\$) adj3 (disorder\$ or dysfunction\$)).tw.
- 47 outlet\$ dysfunction\$ constipa\$.tw.
- 48 (dys?ynerg\$ adj (defecat\$ or defaecat\$)).tw.
- 49 (pelvi\$ adj3 dyskines\$).tw.
- 50 pelvi\$ outlet\$ obstruct\$.tw.
- 51 anismus\$.tw.
- 52 puborectal\$ contract\$.tw.
- 53 ((rectal or rectum) adj3 urge\$).tw.
- 54 or/35-53
- 55 female sexual dysfunction/ use emczd
- 56 (female adj sex\$ adj (dysfunct\$ or satisf\$ or problem\$ or symptom\$ or arous\$ or activit\$ or disorder\$)).tw.
- 57 (obstruct\$ adj3 intercourse).tw.
- 58 (vagin\$ adj3 laxity\$).tw.
- 59 (vagin\$ adj wind).tw.
- 60 Vaginismus/ use ppez
- 61 vaginism/ use emczd
- 62 vaginismus\$.tw.
- 63 (vagin\$ adj penetrat\$ adj disorder\$).tw.
- 64 or/55-63
- 65 7 or 19 or 30 or 34 or 54 or 64
- 66 Economics/ use ppez
- 67 Value of life/ use ppez
- 68 exp "Costs and Cost Analysis"/ use ppez
- 69 exp Economics, Hospital/ use ppez
- 70 exp Economics, Medical/ use ppez
- 71 Economics, Nursing/ use ppez
- 72 Economics, Pharmaceutical/ use ppez
- 73 exp "Fees and Charges"/ use ppez
- 74 exp Budgets/ use ppez
- 75 health economics/ use emczd
- 76 exp economic evaluation/ use emczd
- 77 exp health care cost/ use emczd

90

limit 89 to english language

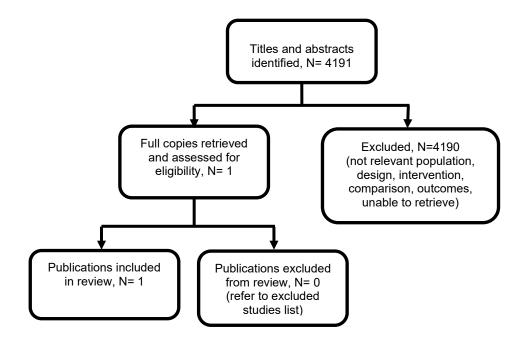
Searches 78 exp fee/ use emczd budget/ use emczd funding/ use emczd 81 budget*.ti,ab. 82 cost*.ti. 83 (economic* or pharmaco?economic*).ti. (price* or pricing*).ti,ab. 85 (cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab. (financ* or fee or fees).ti,ab. 87 (value adj2 (money or monetary)).ti,ab. 88 or/66-87 65 and 88 89

1.4 Appendix C - Clinical evidence study selection

1.4.1 Study selection for: What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?

The search for this review question also covered the evidence for review's G H.

Figure 1: Study selection flow chart



1.5 Appendix D – Evidence tables

1.5.1 Evidence tables for review question: What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?

Table 4: Evidence tables

Study details	Participants	Interventions	Methods	Outcomes	Comments
Full citation	Sample size	Interventions	Details	Results	Limitations
an onanon	N=168 girls	Intervention	The Adolescent	Knowledge questions: post test	
Hebert-Beirne, J. M,	n=103 intervention	group: The curriculum	Bladder and Pelvic	% correct; OR estimate and 95%	0
O'Conor, R, Ihm, J.	n=65 control	was delivered in 6	Health	CI	Cochrane risk of bias (Version
D, Parlier, M. K,	11 00 00111101	weekly 1- hour classes	Questionnaire		2.0)
_avender, M. D,		for a total of 6 hours of	(ABPHQ) was used	Do you know what the pelvic floor	
Brubaker, L., A		education. Topics	to measure baseline	muscles are? Intervention 89%:	Domain 1: Randomisation:
Pelvic Health	Characteristics	included: pelvic	and change in	Control 20%; 3.13 (95%CI 0.67 to	High risk
Curriculum in School	Age:	anatomy and	knowledge in and	4.43) p<0.001	· ·
Settings: The Effect	13 years: Intervention	physiology, organ and	experience with the	Are pelvic floor muscle exercises	1.1: No information, says that
on Adolescent	26.2%; Control 29.2%	muscle function,	pelvis. This is a 45	good for your overall health?	
Females'	14 years: Intervention	bladder and bowel	item questionnaire	Intervention 78%; Control 31%; 2.52	they were randomly assigned by no further details
Knowledge, Journal	39.8%; Control 46.2%	health, common pelvic	that focus on pelvic	(95%CI 0.44 to 1.66) p<0.001	1.2: No information, says that
of Pediatric and	15 years: Intervention	conditions, health care	health knowledge,	Is it normal to leak urine?	
Adolescent	31.1%; Control 20.0%	seeking, the	pelvic-related	Intervention 60%; Control 25.4%;	they were randomly assigned by no further details
Gynecology, 30,	16 years: Intervention	importance of nutrition	behaviours, and	1.88 (95%CI 1.09 to 2.68) p<0.001	
188-192, 2017	1.9%; Control 4.6%	and health behaviour,	perceptions of	Wiping from front to back prevents	1.3: Probably Yes, significant
100 102, 2011	17 years: Intervention	and facts about sexual	experiences	bacteria in anus from getting in	differences between groups at
Ref Id	1.0%; Control 0%	health as it relates to	relevant to the	vagina? Intervention 91%; Control	baseline for race (no difference
					for age, age at menarche or
1284253	Race:	overall pelvic health.	pelvis (for example	63.3%; 2.16 (95%Cl 1.24 to 3.08)	parents education)
	White: Intervention	Mini lectures, group	menarche, vaginal,	p<0.001	
Country/ies where	13.1%; Control 6.8%	discussion, interactive	bladder, and bowel	Where does urine exit the body?	Domain 2: Deviations from
the study was	Black: Intervention	games, and 2 small	health).	Intervention 68.7%; Control 31.7%;	intended interventions: Some
carried out	60.6%; Control 83.0%	homework assignments were used to deliver	Anatomical	1.66 (95%CI 0.73 to 2.58) p<0.001	risk
	Other: Intervention		knowledge pre- and	How many openings does a woman	
USA	26.3%; Control 10.2%	the educational	post test was also	have in her pelvic region?	2.1: Yes, participants not blinde
	20.070, 00111101 10.270	content.	assessed with a	Intervention 96%; Control 65%; 2.87	2.2: Yes, carers and people
Study type		Control group: School	side view of a	(95%CI 1.68 to 4.05) p<0.001	delivering the interventions not
Randomised		administrators at	female pelvis on	A matama idantification	blinded
controlled trial	Inclusion criteria	participating schools	which participants	Anatomy identification	2.3: No information whether the
	Female adolescents	selected elective	were asked to		2.0. 13 momadon whomor the
	who were English-	classes (physical	identify and label 12		

Study details	Participants	Interventions	Methods	Outcomes	Comments
Aim of the study To ascertain baseline knowledge of pelvic anatomy and function among female adolescents and test the educational effectiveness of the curriculum. Study dates Not reported Source of funding Pfizer Investigator Initiated Research Grant (WS805964)	speaking and enrolled in the identified 7th-, 8th-, 9th-, or 10th-grade classes. Exclusion criteria None reported	education or science). The control group received the educational materials and teaching for pelvic health education after the collection of the outcome data.	organs and/or muscles.	Vagina: Intervention 96%; Control 65%; 2.09 (95%CI 1.09 to 3.09) p<0.001 Pelvic floor: Intervention 96%; Control 65%; 3.39 (95%CI 2.07 to 4.71) p<0.001 Uterus: Intervention 96%; Control 65%; 2.13 (95%CI 0.84 to 3.41) p=0.001 Clitoris: Intervention 96%; Control 65%; 1.42 (95%CI 0.541.68 to 2.29) p=0.002 Fallopian tube: Intervention 96%; Control 65%; 3.56 (95%CI 2.17 to 4.96) p=0.001 Cervix: Intervention 96%; Control 65%; 2.77 (95%CI 1.08 to 4.45) p=0.001 Coccyx: Intervention 96%; Control 65%; 1.90 (95%CI 1.09 to 2.72) p<0.001 Pubic bone: Intervention 96%; Control 65%; 2.00 (95%CI 0.60 to 3.10) p=0.004 Bladder: Intervention 96%; Control 65%; 2.00 (95%CI 0.70 to 3.30) p<0.001 Rectum: Intervention 96%; Control 65%; 2.59 (95%CI 1.65 to 3.54) p<0.001 Ovary: Intervention 96%; Control 65%; 3.65 (95%CI 2.08 to 5.21) p<0.001	were any deviations from the intended intervention Domain 3: Missing outcome data: Low risk 3.1: No, whole cohort completed post-intervention test Domain 4: Measurement of the outcome: Low risk 4.1: No, questionnaire used which is asked appropriate questions 4.2: No, questionnaire used which would not differ between treatment arms 4.3: Probably yes, questionnaire is self-report so outcome assessors are the participants who were not blinded 4.4: Probably no, answers were dichotomous (right or wrong) Domain 5: Selection of the reported result: Some concern 5.1: No, no pre-panned analysis or protocol available 5.2: No, descriptive data presented 5.3: No, data presented as expected Domain 6: Overall judgement of bias: High risk

CI: confidence interval; OR: odds ratio

1.6 Appendix E - Forest plots

1.6.1 Forest plots for review question: What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?

No meta-analysis was conducted for this review question and so there are no forest plots.

1.7 Appendix F – GRADE tables

1.7.1 GRADE tables for review question: What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?

Table 5: Clinical evidence profile for comparison of educational intervention to control

	Quality assessment					Number of participants		Effect estimate (change in % correct answers from pre to post-test)		Importance	
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	OR (95%CI)		
Do you know	Do you know what the pelvic floor muscles are?										
Herbert- Beirne 2017	randomised trials	very serious ¹	no serious inconsistency	serious ²	very serious ³	none	103	65	OR 3.13 (0.67 to 4.43) p<0.001	VERY LOW	CRITICAL
Are pelvic flo	or muscle exe	ercises go	od for overall healt	h?							
	randomised trials	,	no serious inconsistency	serious ²	very serious ³	none	103	65	OR 2.52 (0.44 to 1.66) p<0.001	VERY LOW	CRITICAL
ls it normal to	o leak urine?										
Herbert- Beirne 2017	randomised trials	very serious ¹	no serious inconsistency	serious ²	serious ⁴	none	103	65	OR 1.88 (1.09 to 2.68) p<0.001	VERY LOW	CRITICAL
Wiping from	front to back	orevents b	acteria in anus fror	n getting in v	agina?						
	randomised trials	,	no serious inconsistency	serious ²	serious ⁴	none	103	65	OR 2.16 (1.24 to 3.08) p<0.001	VERY LOW	CRITICAL
Where does	Where does urine exit the body?										
Herbert- Beirne 2017	randomised trials	· - · ,	no serious inconsistency	serious ²	very serious ³	none	103	65	OR 1.66 (0.73 to 2.58) p<0.001	VERY LOW	CRITICAL
How many o	low many openings does a woman have in her pelvic region?										

	Quality assessment					Number of participants		Effect estimate (change in % correct answers from pre to post-test)		Importance	
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	OR (95%CI)		
Herbert- Beirne 2017	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	103	65	OR 2.87 (1.68 to 4.05) p<0.001	VERY LOW	CRITICAL
Anatomy ide	entification: Va	igina									
Herbert- Beirne 2017	randomised trials	very serious ¹	no serious inconsistency	serious ²	serious ⁴	none	103	65	OR 2.09 (1.09 to 3.09) p<0.001	VERY LOW	CRITICAL
Anatomy ide	entification: Pe	elvic floor									
Herbert- Beirne 2017	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	103	65	OR 3.39 (2.07 to 4.71) p<0.001	VERY LOW	CRITICAL
Anatomy ide	entification: Ut	erus									
Herbert- Beirne 2017	randomised trials	very serious ¹	no serious inconsistency	serious ²	serious ⁴	none	103	65	OR 2.13 (0.84 to 3.41) p=0.001	VERY LOW	CRITICAL
Anatomy ide	entification: CI	itoris									
Herbert- Beirne 2017	randomised trials	very serious ¹	no serious inconsistency	serious ²	very serious ³	none	103	65	OR 1.42 (0.54 to 2.29) p=0.002	VERY LOW	CRITICAL
Anatomy ide	entification: Fa	llopian tub	e								
Herbert- Beirne 2017	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	103	65	OR 3.56 (2.17 to 4.96) p=0.001	VERY LOW	CRITICAL
Anatomy ide	Anatomy identification: Cervix										
Herbert- Beirne 2017	randomised trials	very	no serious inconsistency	serious ²	serious ⁴	none	103	65	OR 2.77 (1.08 to 4.45) p=0.001	VERY LOW	CRITICAL
Anatomy ide	Anatomy identification: Coccyx										
Herbert- Beirne 2017	randomised trials		no serious inconsistency	serious ²	serious ⁴	none	103	65	OR 1.90 (1.09 to 2.72) p<0.001	VERY LOW	CRITICAL

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	Quality assessment						Number of participants		Effect estimate (change in % correct answers from pre to post-test)		Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	OR (95%CI)	quanty	portanos
Anatomy ide	ntification: Pu	bic bone									
	randomised trials	,	no serious inconsistency	serious ²	very serious ³	none	103	65	OR 1.85 (0.60 to 3.10) p=0.004	VERY LOW	CRITICAL
Anatomy ide	ntification: Bla	adder									
	randomised trials		no serious inconsistency	serious ²	very serious ³	none	103	65	OR 2.00 (0.70 to 3.30) p<0.001	VERY LOW	CRITICAL
Anatomy ide	ntification: Re	ctum									
	randomised trials	very serious ¹	no serious inconsistency		no serious imprecision	none	103	65	OR 2.59 (1.65 to 3.54) p<0.001	VERY LOW	CRITICAL
Anatomy ide	Anatomy identification: Ovary										
Beirne 2017	randomised trials	serious ¹	no serious inconsistency		no serious imprecision	none	103	65	OR 3.65 (2.08 to 5.21) p<0.001	VERY LOW	CRITICAL

CI: confidence interval; OR: odds ratio

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2 2 Intervention is indirect as study is not an information tool but an educational programme

^{3 95%} CI crosses 2 MIDs

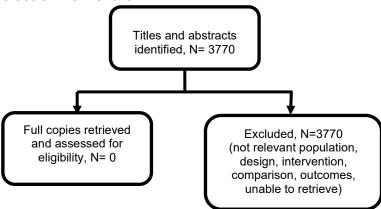
^{4 95%} CI crosses 1 MID

1.8 Appendix G – Economic evidence study selection

1.8.1 Economic evidence study selection for review question: What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?

No economic evidence was identified which was applicable to this review question.

Figure 2: Study selection flow chart



1.9 Appendix H – Economic evidence tables

1.9.1 Economic evidence tables for review question: What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?

No economic evidence was identified which was applicable to this review question.

1.10 Appendix I – Economic evidence profiles

1.10.1 Economic evidence profiles for review question: What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?

No economic evidence was identified which was applicable to this review question.

1.11 Appendix J – Economic analysis

1.11.1 Economic evidence analysis for review question: What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?

No economic analysis was conducted for this review question.

1.12 Appendix K – Excluded studies

1.12.1 Excluded studies for review question: What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?

1.12.1.1 Clinical studies

No clinical evidence was excluded from this review.

1.12.1.2 Economic studies

No economic evidence was identified for this review.

1.13 Appendix L – Research recommendations

1.13.1 Research recommendations for review question: What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?

Research question

Are community based strategies effective in raising awareness about the prevention of pelvic floor dysfunction?

Why this is important

Pelvic floor dysfunction is a condition that can have a significant impact on the lives of individuals regardless of age. However, many people are not aware of the activities they can undertake to prevent pelvic floor dysfunction (PFD) until they develop symptoms and seek help. There is a need to understand what community-based strategies could be used in raising awareness determining which strategies are effective for different contexts, groups and communities.

Table 6: Research recommendation rationale

Research question	What community based strategies are effective for raising awareness about the prevention of pelvic floor dysfunction?
Why is this needed	
Importance to 'patients' or the population	Knowledge of how to prevent PFD will reduce the numbers of people developing symptoms and will help maintain or improve quality of life
Relevance to NICE guidance	The relative absence of evidence regarding this topic currently restricts NICE guidance from making recommendations for what community strategies are the most effective in improving awareness of PFD. The outcome of this research would allow such recommendations to be developed and become part of NICE guidance
Relevance to the NHS	Improved knowledge and changed behaviour on preventing PFD will lead to reduced need for treatments that are costly to the NHS.
National priorities	Providing patients with more control over their health and personalised care when they need it – NHS Long Term Plan 2019.
Current evidence base	No evidence currently available.
Equality	Different strategies will be needed for different cohorts, cultural groups and so on, to help ensure equality
Feasibility	Behavioural insights may be needed in gaining compliance with the information given to prevent the outcome of PFD; this may require a long-term study and so shorter term studies measuring improvement in knowledge of preventing PFD will be more feasible
Other comments	None

PFD: Pelvic floor dysfunction

Table 7: Research recommendation modified PICO table

Criterion	Explanation
Population	All women aged 12 and older
Intervention	Communication strategy, campaign or information giving on PFD. For example providing information on PFD alongside or on over the counter continence products.
Comparator	No intervention

Criterion	Explanation
Outcomes	Improved knowledge about PFD
Study design	Before/after design or RCT
Timeframe	1 year
Additional information	None

PFD: Pelvic floor dysfunction; RCT: randomised controlled trial