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Postpartum refers to the first year following childbirth and PFD is a term used to describe a range of symptoms including urinary and faecal incontinence, pain with sex and a bulging feeling in the vagina. Postpartum PFD is common with just under half of birthing people experiencing at least one symptom (1). Murihiku is a large region at the bottom of the South Island of Aotearoa New Zealand and half of its population live rurally. Women who live rurally experience the greater inequity when accessing healthcare (2). I will present phase 1 of my research that aims to answer the question: What is the lived experience of postpartum pelvic floor dysfunction (PFD) in Murihiku? This phase is qualitative and involved four focus groups with 13 participants who were within two years since childbirth and had experience PFD symptoms in their first year postpartum. Braun & Clarke's reflexive thematic analysis is being used to analyse the data through the lens of intersectionality. Intersectionality acknowledges how as humans our identities are a result of multiple intersections and therefore, our experiences are influenced by interpersonal and structural systems. Through this lens, health is viewed through a social-structural context. Findings include the following themes: 1) no standardised care for postpartum PFD, 2) the taboo nature of PFD, 3) postpartum culture is focused on the baby and 4) the experience and barriers to pelvic health physiotherapy. There are physical and psychological restrictions due to PFD symptoms e.g. birthing people who have these symptoms are three times more likely to experience depression (3). This research is essential for the health and wellbeing of women and their whanau.

Keywords

pelvic floor dysfunction, postpartum, Murihiku, experience, women, health system, taboo, rural

References

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