

# Continuity of care on the health of mothers and child in the postnatal period through an Obstetric Clinic's experience.

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February 14, 2025

## Abstract

**OBJECTIVE** To establish and implement a women-centred continuity of midwifery care service specifically focused on urogynaecological conditions. **DESIGN** Observational study was conducted. **SETTING** R. Guzzardi Hospital – Vittoria (Italy) **POPULATION** 441 women received midwifery care in the first 40 days after childbirth. The target population consisted of low-risk mothers and newborns who delivered in our hospital during January and December 2022. **METHODS.** 122 quantitative variables were extracted. A preliminary statistical analysis was conducted, allowing us to describe our sample of women and the results obtained during the first and second check-ups for comparison. Subsequently, using the statistical software, it was possible to correlate the variables, identifying those that were statistically significant. **MAIN OUTCOME MEASURES** Improved pelvic floor function, reduced urinary incontinence, and enhanced postnatal care continuity, particularly for immigrant women. **RESULTS** The cesarean section is associated with a high score in the pelvic-perineal assessment (p value = 0.0069). Higher values of lacerations and/or episiotomy were recorded in induced deliveries (p value= 0.0097). Urgency urinary incontinence, and stress urinary incontinence, are associated with a pelvic floor with poor tone and functionality (I assessment: p value = 0,00371) (II assessment: p value 8.843 e-06). Over 10% of women with urinary disorders at the first check-up achieved complete recovery, while the remaining 4% persisted with urogynaecology symptoms. The tone and functionality of the pelvic floor improved in 15% of cases initially marked by a low score. **CONCLUSION** Midwife-led care improves women's well-being and empowerment, particularly in postpartum urogynaecological health, supporting recovery and personal development.

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