P1113 - Underutilization of Physical Therapy Resources for Symptomatic Women with MS During and Following Pregnancy (ID 1240)

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Abstract

Background

Patients with MS continue to have symptoms of their disease even when inflammatory activity is reduced by DMTs. Although this activity is reduced during pregnancy - especially in the third trimester – women with MS can experience ongoing symptoms during pregnancy, or new ones in the immediate post-partum period, that degrade quality of life. Many MS-related and postpartum symptoms can be improved with physical therapy (PT), but there are no guidelines on pregnancy-related rehabilitation in MS.

Objectives

To evaluate the prevalence of PT-amenable symptoms and patterns of PT referrals in a cohort of UCSF MS Clinic patients who became pregnant.

Methods

Data collected prospectively between 09-2005 to 08-2019 were retrospectively extracted from electronic medical records (EMR) for the year before conception, during pregnancy, and year postpartum. This included clinical visits, MS therapies and symptoms (as defined by the National MS Society). PT and pelvic floor PT orders and notes were also extracted.

Results

We included 142 live birth pregnancies from 118 women. During the course of their pregnancy and within the year postpartum, 107 women (75.4%) reported at least one PT-amenable symptom. A total of 30 (28.0%) referrals were made to PT, with attendance confirmed for 10 (33.3%). Symptoms most commonly triggering a referral for PT evaluation were numbness and urinary incontinence. Falls were reported after 10 of the pregnancies; 4 resulted in a referral to PT. Forty-one women reported urinary incontinence: 11 (26.8%) were referred to PT, and 2 to pelvic floor PT. Nineteen women experienced a documented relapse during pregnancy and/or postpartum: 11 received a PT referral, and 4 attended PT.

Conclusions

While women with MS recorded at least 1 PT-amenable during or following 75.4% of their pregnancies, only 28% of these were referred to PT – and only a third attended PT. Of significance was the 4.9% referral rate for pelvic floor PT in postpartum women with a record of urinary incontinence. Pelvic floor PT is a mainstay of general postpartum care in many European countries. These data illustrate critical gaps in rehabilitation referral, access and use at the intersection of neurological conditions and pregnancy in a large US-based MS clinic. They lend support for quality
improvement efforts to improve care pathways and for telerehabilitation innovations to reduce barriers to access and improve synergistic care between PT, MD and urologic care.