National Institute for Health and Care Excellence

Draft for consultation

Pelvic floor dysfunction: prevention and non-surgical management

[A] Community information strategies

NICE guideline number tbc
Evidence review underpinning recommendations 1.1.1 to 1.1.10 and a research recommendations in the NICE guideline

Evidence reviews

June 2021

Draft for consultation

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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Disclaimer

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Community information strategies

Review question

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

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.

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)

Population	• 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
Intervention	• Any written/visual/audio tool which is used to provide information on pelvic floor dysfunction in the community o Booklet o Digital information such as: - Online information (including online support groups) - Phone app - Other health condition websites o Charities o Leaflets o Women's magazines, newspapers o TV adverts/shows o Radio o Social media (including bloggers, vloggers, influencers) o 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 • Self-efficacy (empowerment) using validated tools only • Knowledge of pelvic floor dysfunction

Important

- 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)

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

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.

Clinical evidence

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.

Excluded studies

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

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.

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

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).

Quality assessment of studies included in the evidence review

See the evidence profiles in appendix F.

Economic evidence

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.

Excluded studies

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

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.

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.

The committee's discussion of the evidence

Interpreting the evidence

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.

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.

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 disseminate knowledge about the condition. This could be done by spreading information using adverts, utilising services regularly attended by the general public (such as GP surgeries, exercise classes, schools). It also included raising awareness of people providing services to the public, such as exercise instructors, trainee nurses, physiotherapists, doctors, midwives and teachers so that they can raise awareness of the condition. The committee also noted that there are resources on websites from the community or health trust that could be utilised.

Based on the committee's experience, learning about pelvic floor dysfunction throughout life was also considered to be important, for example at school and also later, so that women know how symptoms 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 access to services) 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 materinity 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 and GPs could provide information that can promote preventative strategies.

The evidence showed that girls between the ages of 13 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.

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.

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.

Other factors the committee took into account

The committee took into account the Patient experience in adult NHS services: improving the experience of care for people using adult NHS service guidance (CG138):, as this provides further relevant advice on how to ensure all people using NHS services have the best possible experience of care. 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.

Recommendations supported by this evidence review

This evidence review supports recommendations 1.1.1 to 1.1.10 and a research recommendation on raising awareness about pelvic floor dysfunction.

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

Appendix A – Review protocol

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 <u>Other searches:</u> Inclusion lists of potentially relevant systematic reviews The full search strategies for MEDLINE database will be published in the final review.

ID	Field	Content
		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 o Booklet o Digital information such as: - Online information (including online support groups) - Phone app - Other health condition websites o Charities o Leaflets o Women's magazines, newspapers o TV adverts/shows o Radio o Social media (including bloggers, vloggers, influencers) o Awareness campaigns, public health campaigns o 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 • RCTs

ID	Field	Content
		• 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 outcomes)	• Awareness of pelvic floor dysfunction • 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.
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

ID	Field	Content
		• 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. <u>Data Synthesis</u> 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. <u>Heterogeneity</u> 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 cannot be explained through subgroup analysis, then a random effects model will be used for meta-analysis. If heterogeneity remains above 80% reviewers will consider if meta-analysis is appropriate given the characteristics of included. <u>Minimal important differences (MIDs)</u> 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: o For one study: the MID is calculated as +/-0.5 times the baseline standard deviation (SD) of the control arm. o 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. o 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. o For studies that have been pooled using standardised mean difference (SMD; meta-analysed): +0.5 and -0.5 in the SMD scale are used as MID boundaries.

ID	Field	Content			
		Validity The confidence in the findings across all available evidence will be evaluated for each outcome using an adaptation of 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 stratified groups			
18.	Type and method of review	☒	Intervention		
		☐	Diagnostic		
		☐	Prognostic		
		☐	Qualitative		
		☐	Epidemiologic		
		☐	Service Delivery		
		☐	Other (please specify)		
19.	Language	English			
20.	Country	England			
21.	Anticipated or actual start date	June 2020			
22.	Anticipated completion date	August 2021			
23.	Stage of review at time of this submission	Review stage		Started	Completed
		Preliminary searches		☐	☐

ID	Field	Content		
		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.		
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.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		

ID	Field	Content	
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.	
32.	Keywords	Information strategies, pelvic floor dysfunction, prevention strategies	
33.	Details of existing review of same topic by same authors	Not applicable	
34.	Current review status	☒	Ongoing
		☐	Completed but not published
		☐	Completed and published
		☐	Completed, published and being updated
		☐	Discontinued
35..	Additional information		
36.	Details of final publication	www.nice.org.uk	

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.

Appendix B – Literature search strategies

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

#	Searches
1	Pelvic Floor/ or Pelvic Floor Disorders/ or exp *Urinary Incontinence/ or *Urinary Bladder, Overactive/ or exp *Pelvic Organ Prolapse/ or *Rectocele/ or *Fecal Incontinence/ or Urinary Retention/ or Fecal Impaction/ or Vaginismus/
2	1 use ppez
3	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/
4	3 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$)).tw.
7	((stress$ or mix$ or urg$ or urin$) adj5 incontinen$).ti.
8	(bladder$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ or hyper reflex$ or incontinen$)).ti.
9	(detrusor$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ or hyper reflex$)).ti.
10	((urgency adj2 frequency) or (frequency adj2 urgency)).ti.
11	((urin$ or bladder$) adj2 (urg$ or frequen$)).ti.
12	(SUI or OAB).ti.
13	(pelvic$ adj3 organ$ adj3 prolaps$).ti.
14	(urinary adj3 bladder adj3 prolaps$).ti.
15	((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$).ti.
16	(splanchnoptos$ or visceroptos$).ti.
17	(hernia$ adj3 (pelvi$ or vagin$ or urogenital$ or uter$ or bladder$ or urethr$ or viscer$)).ti.
18	(urethroc?ele$ or enteroc?ele$ or sigmoidoc?ele$ or proctoc?ele$ or rectoc?ele$ or cystoc?ele$ or rectoenteroc?ele$ or cystourethroc?ele$).ti.
19	((faecal or fecal or faeces or feces or fecally or faecally or anal or anally or stool or stools or bowel or double or defecat$ 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.
20	(urin$ adj3 (retention$ or retain$)).tw.
21	(voiding adj (disorder$ or dysfunction$ or problem$)).tw.
22	(empty$ adj disorder$ adj3 (bowel$ or bladder$ or vesical$ or stool$)).tw.
23	((urogeni$ or anorec$ or ano-rec$ or ano rec$) adj3 dysfunction$).tw.
24	((difficult$ or delay$ or irregular$ or infrequen$ or pain$) adj3 (defecat$ or defaecat$ or stool$ or faeces or feces or bowel movement$)).tw.
25	(obstruct$ adj3 (defecat$ or defaecat$)).tw.
26	((defecat$ or defaecat$ or evacuat$) adj3 (disorder$ or dysfunction$)).tw.
27	outlet$ dysfunction$ constipa$.tw.
28	(dys?ynerg$ adj (defecat$ or defaecat$)).tw.
29	(pelvi$ adj3 dyskines$).tw.
30	pelvi$ outlet$ obstruct$.tw.
31	anismus$.tw.
32	puborectal$ contract$.tw.
33	((rectal or rectum) adj3 urge$).tw.
34	(female adj sex$ adj (dysfunct$ or satisf$ or problem$ or symptom$ or arous$ or activit$ or disorder$)).tw.
35	(obstruct$ adj3 intercourse).tw.
36	(vagin$ adj3 laxity$).tw.
37	(vagin$ adj wind).tw.
38	vaginismus$.tw.

#	Searches
39	(vagin$ adj penetrat$ adj disorder$).tw.
40	or/2,4-39
41	Choice Behavior/ use ppez
42	Decision Making/ use ppez
43	Decision Support Techniques/ use ppez
44	decision making/ use emczd
45	decision support system/ use emczd
46	(decision$ or choic$ or preference$).tw.
47	or/41-46
48	Patient Compliance/ use ppez
49	Informed Consent/ use ppez
50	Treatment Refusal/ use ppez
51	exp Consumer Behavior/ use ppez
52	exp Consumer Participation/ use ppez
53	exp Health Education/ use ppez
54	patient compliance/ use emczd
55	informed consent/ use emczd
56	treatment refusal/ use emczd
57	exp consumer attitude/ use emczd
58	exp consumer/ use emczd
59	exp health education/ use emczd
60	or/48-59
61	(decision$ 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	Patient Education as Topic/ use ppez
68	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	or/71-75
77	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/st 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 careseek$ or health care seek$).tw.
85	(care-seek$ or careseek$ or care seek$).ti.
86	((information or informative) adj3 tool$).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 help$ or self-manag$ or selfmanag$ or self manag$) adj5 (pamphlet$ 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 smartphone$ or smart phone$ or online or on-line 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$).ti.
91	((patient$ 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.

#	Searches
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 help$ or self-manag$ or selfmanag$ or self manag$) adj3 video$).tw.
99	dvd$.tw.
100	(auditory adj (inform$ or tool$)).tw.
101	(voiceover$ or voice-over$ or voice over$).tw.
102	(mobile adj (technolog$ 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	(helpline$ or help-line$ or hotline$ 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$).tw.
112	(social$ adj influence$).tw.
113	(podcast$ 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 advis$ or advice$ or train$ or instruct$ or self-help$ or selfhelp$ or self help$ or self-manag$ or selfmanag$ 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$).tw.
121	(computer$ adj3 (handheld or palm top or palmtop or pda or tablet$)).tw.
122	(personal digital assistant$ or pocket pc$).tw.
123	((emotion$ 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$)).tw.
129	peer network$.tw.
130	((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$)).ti.
135	(health adj literacy).tw.
136	(educat$ adj3 strateg$).tw.
137	(educat$ adj (material$ or workshop$)).tw.
138	(literature$ adj3 educat$).tw.
139	(elearn$ or e-learn$ or ehealth$ or e-health$ 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	((health$ or communicat$ or educat$ or prevent$ or inform$ or disseminat$) adj3 campaign$).tw.
145	((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	(engag$ adj3 communit$).tw.
152	(address$ adj3 (stigma$ or shame or taboo$)).tw.
153	unspeakable.tw.
154	(charity or charities or promocon$).mp.
155	or/80,82-154
156	40 and 155
157	78 or 156
158	Pelvic Floor/ or Pelvic Floor Disorders/

#	Searches
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

#	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 anal 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 fecal or faeces or feces 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	(((vagin* NEXT wind))):ti,ab,kw
#43	MeSH descriptor: [Vaginismus] this term only
#44	((vaginismus*)):ti,ab,kw

#	Searches
#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	MeSH descriptor: [Decision Support Techniques] this term only
#50	((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	MeSH descriptor: [Community Participation] explode all trees
#57	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	#46 AND #63
#65	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	(communicat*):ti,ab,kw
#71	#68 OR #69 OR #70
#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	MeSH descriptor: [Mass Media] this term only
#78	MeSH descriptor: [Consumer Health Information] this term only
#79	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	MeSH descriptor: [Computers, Handheld] explode all trees
#86	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
#92	MeSH descriptor: [Electronic Mail] this term only
#93	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	MeSH descriptor: [Health Literacy] this term only
#99	MeSH descriptor: [Therapy, Computer-Assisted] this term only
#100	MeSH descriptor: [Patient Advocacy] this term only
#101	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	(helpseek* or healthcareseek* or healthseek* or ((help or healthcare or health) NEXT seek*)):ti,ab,kw
#107	(careseek* or (care NEXT seek*)):ti
#108	(((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
#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

#	Searches
#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
#120	((((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
#130	(((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	((patient NEXT empower*)):ti,ab,kw
#156	(((psychoeducat* or psychosocial*) NEXT (support* or group* or intervention*))):ti
#157	((health NEXT literacy)):ti,ab,kw
#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
#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

#	Searches
#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

#	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 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 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 fecal 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
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

#	Searches
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	#47 OR #48 OR #49 OR #50
52	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	#52 OR #53 OR #54 OR #55 OR #56 OR #57
59	((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	MeSH DESCRIPTOR Patient Education as Topic IN DARE,HTA
66	(((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	#68 OR #69 OR #70
72	#46 AND #67 AND #71
73	#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	MeSH DESCRIPTOR Consumer Health Information IN DARE,HTA
79	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	MeSH DESCRIPTOR Pamphlets IN DARE,HTA
85	MeSH DESCRIPTOR Computers, Handheld IN DARE,HTA
86	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	MeSH DESCRIPTOR electronic mail IN DARE,HTA
92	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	MeSH DESCRIPTOR Health Literacy IN DARE,HTA
98	MeSH DESCRIPTOR Therapy, Computer-Assisted IN DARE,HTA
99	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	((helpseek* or help-seek* or healthcareseek* or healthcare-seek* or healthseek* or health-seek*)) IN DARE, HTA
105	((care-seek* or careseek*)):TI IN DARE, HTA
106	(((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 smartphone* or smart phone* or online or on-line or on line or audiovisual or audio-visual or audio visual))) IN DARE, HTA
110	((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 IN DARE, HTA
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 #101 OR #102 OR #103 OR #104 OR #105 OR #106 OR #107 OR #108 OR #109 OR #110

#	Searches
112	(((inform* or reading) NEAR5 (magazin* or newspaper*))) IN DARE, HTA
113	(((popular or women* or woman* or online) NEXT (magazin* or newspaper*))) IN DARE, HTA
114	((newspaper NEXT cutting*)) IN DARE, HTA
115	((information NEXT (card or cards))) IN DARE, HTA
116	(flipchart*) IN DARE, HTA
117	(((inform* or campaign*) NEAR10 (television* or TV or radio))) IN DARE, HTA
118	(((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*) NEAR3 video*)) IN DARE, HTA
119	(dvd*) IN DARE, HTA
120	((auditory NEXT (inform* or tool*))) IN DARE, HTA
121	((voiceover* or voice-over* or voice over*)) IN DARE, HTA
122	((mobile NEXT (technolog* or communicat*))) IN DARE, HTA
123	(((smartphone* or smart phone* or phone* or iphone* or mobile* or tablet* or ipad* or digital or android*) NEAR5 (app or app-based or apps or application*))) IN DARE, HTA
124	((smartphone-based)) IN DARE, HTA
125	((helpline* or help-line* or hotline* or hot-line*)) IN DARE, HTA
126	((telephone-based NEXT intervention*)) IN DARE, HTA
127	((dedicat* NEXT (mobile* or phone* or telephone*))) IN DARE, HTA
128	(((telephone* or phone*) NEXT consultation*)) IN DARE, HTA
129	((social* NEAR3 network*)) IN DARE, HTA
130	((social* NEXT media*)) IN DARE, HTA
131	((blogs or vlogs or blogger* or vlogger* or influencer*)) IN DARE, HTA
132	((social* NEXT influence*)) IN DARE, HTA
133	((podcast* or webinar* or Facebook or Instagram or Skype or WeChat*)) IN DARE, HTA
134	((Twitter* or tweet* or Youtube*)):TI IN DARE, HTA
135	(((online or on-line or on line or cyber* or internet* or discussion*) NEAR3 (forum* or group* or intervention*))) IN DARE, HTA
136	(((online or on-line or on line or cyber* or internet*) NEXT resource*)):TI IN DARE, HTA
137	(((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* or device* or guidance* or treatment* or therap* or access* or recommend*) NEAR3 (app or app-based or apps or web*))) IN DARE, HTA
138	((website* or web-site* or web site*)) IN DARE, HTA
139	((internet-based*)) IN DARE, HTA
140	(((talk-based or text-based or visual) NEXT media*)) IN DARE, HTA
141	(personal digital assistant* or pocket pc*) IN DARE, HTA
142	(((emotion* or network* or peer* or organi?ation* or social) NEXT support*)) IN DARE, HTA
143	((support NEXT (group* or intervention* or network*))) IN DARE, HTA
144	(((selfhelp or self-help or self help) NEAR3 group*)) IN DARE, HTA
145	(((self-help* or selfhelp* or self help* or self-manag* or selfmanag* or self manag*) NEXT package*)) IN DARE, HTA
146	((group* NEXT (training or education))) IN DARE, HTA
147	((peer* NEAR3 (advice* or advis* or counsel* or help* or mentor*))) IN DARE, HTA
148	((peer NEXT network*)) IN DARE, HTA
149	(((public or patient or consumer) NEXT advoca*)) IN DARE, HTA
150	((advoca* NEXT (group* or organization*))) IN DARE, HTA
151	(((lay or support) NEXT person)) IN DARE, HTA
152	((patient NEXT empower*)) IN DARE, HTA
153	(((psychoeducat* or psycho-educat* or psychosocial* or psycho-social*) NEXT (support* or group* or intervention*))):TI IN DARE, HTA
154	((health NEXT literacy)) IN DARE, HTA
155	((educat* NEAR3 strateg*)) IN DARE, HTA
156	((educat* NEXT (material* or workshop*))) IN DARE, HTA
157	((literature* NEAR3 educat*)) IN DARE, HTA
158	((elearn* or e-learn* or ehealth* or e-health* or mhealth* or m-health*)) IN DARE, HTA
159	(((educat* or inform*) NEAR5 exchange*)) IN DARE, HTA
160	(((information* or disseminat*) NEXT (need* or provi* or strateg*))) IN DARE, HTA
161	((source* of information*)) IN DARE, HTA
162	((patient* NEXT (information or education))) IN DARE, HTA
163	(((health* or communicat* or educat* or prevent* or inform* or disseminat*) NEAR3 campaign*)) IN DARE, HTA
164	(((health or public or prevention or community) NEXT (information* or education*))) IN DARE, HTA
165	((communit* NEAR2 intervention*)) IN DARE, HTA
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
167	(((pelvi* floor* or continenc* service* or PFM or PFD or PFMT) NEAR5 awareness)) IN DARE, HTA
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

#	Searches
	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
1	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/
2	(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$)).tw.
3	(pelvi$ 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$)).tw.
4	((stress$ or mix$ or urg$ or urin$) adj5 incontinen$).ti.
5	(bladder$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ or hyper reflex$ or incontinen$)).ti.
6	(detrusor$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ or hyper reflex$)).ti.
7	((urgency adj2 frequency) or (frequency adj2 urgency)).ti.
8	((urin$ or bladder$) adj2 (urg$ or frequen$)).ti.
9	(SUI or OAB).ti.
10	(pelvic$ adj3 organ$ adj3 prolaps$).ti.
11	(urinary adj3 bladder adj3 prolaps$).ti.
12	((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$).ti.
13	(splanchnoptos$ or visceroptos$).ti.
14	(hernia$ adj3 (pelvi$ or vagin$ or urogenital$ or uter$ or bladder$ or urethr$ or viscer$)).ti.
15	(urethroc?ele$ or enteroc?ele$ or sigmoidoc?ele$ or proctoc?ele$ or rectoc?ele$ or cystoc?ele$ or rectoenteroc?ele$ or cystourethroc?ele$).ti.
16	((faecal or fecal or faeces or feces or fecally or faecally or anal or anally or stool or stools or bowel or double or defecat$ 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.
17	(urin$ adj3 (retention$ or retain$)).tw.
18	(voiding adj (disorder$ or dysfunction$ or problem$)).tw.
19	(empty$ adj disorder$ adj3 (bowel$ or bladder$ or vesical$ or stool$)).tw.
20	((urogeni$ or anorec$ or ano-rec$ or ano rec$) adj3 dysfunction$).tw.
21	((difficult$ or delay$ or irregular$ or infrequen$ or pain$) adj3 (defecat$ or defaecat$ or stool$ or faeces or feces or bowel movement$)).tw.
22	(obstruct$ 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$).tw.
34	(vagin$ adj wind).tw.
35	vaginismus$.tw.
36	(vagin$ adj penetrat$ adj disorder$).tw.
37	or/1-36
38	decision making/
39	decision support system/
40	(decision$ or choic$ or preference$).tw.
41	or/38-40
42	patient compliance/
43	informed consent/
44	treatment refusal/

#	Searches
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	51 or 52
54	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	(information adj (seek$ or gather$)).tw.
66	(helpseek$ or help-seek$ or healthcareseek$ or healthcare-seek$ or healthseek$ or health-seek$ or health care-seek$ or health careseek$ or health care seek$).tw.
67	(care-seek$ or careseek$ or care seek$).ti.
68	((information or informative) adj3 tool$).tw.
69	((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 help$ or self-manag$ or selfmanag$ or self manag$) adj5 (pamphlet$ 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 smartphone$ or smart phone$ or online or on-line 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$).ti.
73	((patient$ 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$)).tw.
74	((inform$ 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 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.
81	dvd$.tw.
82	(auditory adj (inform$ or tool$)).tw.
83	(voiceover$ or voice-over$ or voice over$).tw.
84	(mobile adj (technolog$ or communicat$)).tw.
85	((smartphone$ 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 hotline$ 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$).tw.
93	(blogs or vlogs or blogger$ 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 self manag$ or device$ or guidance$ or treatment$ or therap$ or access$ or recommend$) adj3 (app or app-based or apps or web$)).tw.

#	Searches
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 mhealth$ 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	or/64-136
138	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]

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$)).tw.
4	(pelvi$ 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 hyper reflex$ or incontinen$)).ti.
11	(detrusor$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ or hyper reflex$)).ti.
12	((urgency adj2 frequency) or (frequency adj2 urgency)).ti.

#	Searches
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$).ti.
21	(splanchnoptos$ or visceroptos$).ti.
22	(hernia$ adj3 (pelvi$ or vagin$ or urogenital$ or uter$ or bladder$ or urethr$ or viscer$)).ti.
23	(urethroc?ele$ or enteroc?ele$ or sigmoidoc?ele$ or proctoc?ele$ or rectoc?ele$ or cystoc?ele$ or rectoenteroc?ele$ or cystourethroc?ele$).ti.
24	or/16-23
25	exp *Fecal Incontinence/
26	((faecal or fecal or faeces or feces or fecally or faecally or anal or anally or stool or stools or bowel or double or defecat$ 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.
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 feces 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$.tw.
53	(vagin$ adj penetrat$ adj disorder$).tw.
54	or/46-53
55	5 or 15 or 24 or 27 or 45 or 54
56	Choice Behavior/
57	Decision Making/
58	Decision Support Systems/
59	(decision$ or choic$ or preference$).tw.
60	or/56-59
61	compliance/
62	Informed Consent/
63	Treatment Refusal/
64	exp Consumer Behavior/
65	exp Consumer Attitudes/
66	exp Health Education/
67	or/61-66
68	(decision$ adj aid$).tw.
69	((women$ or woman$ or patient$) adj decision$).tw.
70	68 or 69
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.

#	Searches
79	77 or 78
80	55 and 76 and 79
81	73 or 80
82	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	(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 careseek$ or health care seek$).tw.
85	(care-seek$ or careseek$ or care seek$).ti.
86	((information or informative) adj3 tool$).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 help$ or self-manag$ or selfmanag$ or self manag$) adj5 (pamphlet$ 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 smartphone$ or smart phone$ or online or on-line 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$).ti.
91	((patient$ 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$)).tw.
94	(newspaper adj cutting$).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 help$ or self-manag$ or selfmanag$ or self manag$) adj3 video$).tw.
99	dvd$.tw.
100	(auditory adj (inform$ or tool$)).tw.
101	(voiceover$ or voice-over$ or voice over$).tw.
102	(mobile adj (technolog$ 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	(helpline$ or help-line$ or hotline$ 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$).tw.
112	(social$ adj influence$).tw.
113	(podcast$ 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 advis$ or advice$ or train$ or instruct$ or self-help$ or selfhelp$ or self help$ or self-manag$ or selfmanag$ 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$).tw.
121	(computer$ adj3 (handheld or palm top or palmtop or pda or tablet$)).tw.
122	(personal digital assistant$ or pocket pc$).tw.
123	((emotion$ 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$)).tw.
129	peer network$.tw.
130	((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.

#	Searches
134	((psychoeducat$ or psycho-educat$ or psychosocial$ or psycho-social$) adj (support$ or group$ or intervention$)).ti.
135	(health adj literacy).tw.
136	(educat$ adj3 strateg$).tw.
137	(educat$ adj (material$ or workshop$)).tw.
138	(literature$ adj3 educat$).tw.
139	(elearn$ or e-learn$ or ehealth$ or e-health$ 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	((health$ or communicat$ or educat$ or prevent$ or inform$ or disseminat$) adj3 campaign$).tw.
145	((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	(engag$ adj3 communit$).tw.
152	(address$ adj3 (stigma$ or shame or taboo$)).tw.
153	unspeakable.tw.
154	(charity or charities or promocon$).mp.
155	or/82-154
156	55 and 155
157	81 or 156
158	((rais$ or increas$ or lack$ or level$ or improv$ or greater or further$ or promot$ or enhanc$ or creat$ or disseminat$) adj3 awareness).tw.
159	5 and 158
160	157 or 159
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

#	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
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

#	Searches
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 fecal or faeces or feces 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.
14	(bladder$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ or hyper reflex$ or incontinen$)).ti.
15	(detrusor$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ 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.

#	Searches
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 rectoenteroc?ele$ or cystourethroc?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 feces 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
78	exp fee/ use emczd
79	budget/ use emczd
80	funding/ use emczd
81	budget*.ti,ab.
82	cost*.ti.
83	(economic* or pharmaco?economic*).ti.
84	(price* or pricing*).ti,ab.
85	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
86	(financ* or fee or fees).ti,ab.
87	(value adj2 (money or monetary)).ti,ab.
88	or/66-87
89	65 and 88
90	limit 89 to english language

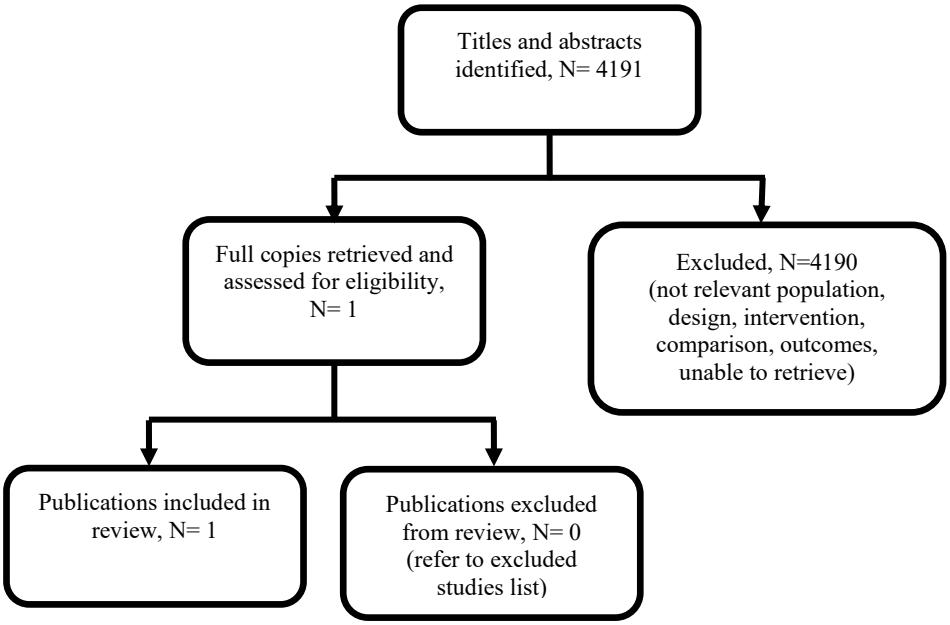
1
2
3

Appendix C – Clinical evidence study selection

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



Appendix D – Evidence tables

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 Hebert-Beirne, J. M, O'Conor, R, Ihm, J. D, Parlier, M. K, Lavender, M. D, Brubaker, L., A Pelvic Health Curriculum in School Settings: The Effect on Adolescent Females' Knowledge, Journal of Pediatric and Adolescent Gynecology, 30, 188-192, 2017 **Ref Id** 1284253 **Country/ies where the study was carried out** USA **Study type** Randomised controlled trial **Aim of the study** To ascertain baseline knowledge of pelvic anatomy and function among female adolescents and test the educational effectiveness of the curriculum.	**Sample size** N=168 girls n=103 intervention n=65 control **Characteristics** **Age:** 13 years: Intervention 26.2%; Control 29.2% 14 years: Intervention 39.8%; Control 46.2% 15 years: Intervention 31.1%; Control 20.0% 16 years: Intervention 1.9%; Control 4.6% 17 years: Intervention 1.0%; Control 0% **Race:** White: Intervention 13.1%; Control 6.8% Black: Intervention 60.6%; Control 83.0% Other: Intervention 26.3%; Control 10.2% **Inclusion criteria** Female adolescents who were English-speaking and enrolled in the identified 7th-, 8th-, 9th-, or 10th-grade classes.	**Interventions** **Intervention group:** The curriculum was delivered in 6 weekly 1- hour classes for a total of 6 hours of education. Topics included: pelvic anatomy and physiology, organ and muscle function, bladder and bowel health, common pelvic conditions, health care seeking, the importance of nutrition and health behaviour, and 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. **Control group:** School administrators at participating schools selected elective classes (physical education or science). The control group	**Details** The Adolescent Bladder and Pelvic Health Questionnaire (ABPHQ) was used to measure baseline and change in knowledge in and experience with the pelvis. This is a 45 item questionnaire that focus on pelvic health knowledge, pelvic-related behaviours, and perceptions of experiences relevant to the pelvis (for example menarche, vaginal, bladder, and bowel health). Anatomical knowledge pre- and post test was also assessed with a side view of a female pelvis on which participants were asked to identify and label 12 organs and/or muscles.	**Results** **Knowledge questions: post test % correct; OR estimate and 95% CI** Do you know what the pelvic floor muscles are? Intervention 89%; Control 20%; 3.13 (95%CI 0.67 to 4.43) p<0.001 Are pelvic floor muscle exercises good for your overall health? Intervention 78%; Control 31%; 2.52 (95%CI 0.44 to 1.66) p<0.001 Is it normal to leak urine? Intervention 60%; Control 25.4%; 1.88 (95%CI 1.09 to 2.68) p<0.001 Wiping from front to back prevents bacteria in anus from getting in vagina? Intervention 91%; Control 63.3%; 2.16 (95%CI 1.24 to 3.08) p<0.001 Where does urine exit the body? Intervention 68.7%; Control 31.7%; 1.66 (95%CI 0.73 to 2.58) p<0.001 How many openings does a woman have in her pelvic region? Intervention 96%; Control 65%; 2.87 (95%CI 1.68 to 4.05) p<0.001 **Anatomy identification** Vagina: Intervention 96%; Control 65%; 2.09 (95%CI 1.09 to 3.09) p<0.001	**Limitations** Cochrane risk of bias (Version 2.0) **Domain 1: Randomisation:** High risk 1.1: No information, says that they were randomly assigned but no further details 1.2: No information, says that they were randomly assigned but no further details 1.3: Probably Yes, significant differences between groups at baseline for race (no differences for age, age at menarche or parents education) **Domain 2: Deviations from intended interventions**: Some risk 2.1: Yes, participants not blinded 2.2: Yes, carers and people delivering the interventions not blinded 2.3: No information whether there were any deviations from the intended intervention

Study details	Participants	Interventions	Methods	Outcomes	Comments
Study dates Not reported **Source of funding** Pfizer Investigator Initiated Research Grant (WS805964)	**Exclusion criteria** None reported	received the educational materials and teaching for pelvic health education after the collection of the outcome data.		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%; 1.85 (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	**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 concerns 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

Appendix E – Forest plots

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.

Appendix F – GRADE tables

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) OR (95%CI)	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control			
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 floor muscle exercises good for overall health?											
Herbert-Beirne 2017	randomised trials	very serious[1]	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
Is it normal to 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 prevents bacteria in anus from getting in vagina?											
Herbert-Beirne 2017	randomised trials	very serious[1]	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 urine exit the body?											
Herbert-Beirne 2017	randomised trials	very serious[1]	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 openings does a woman have in her pelvic region?											
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 identification: Vagina											
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 identification: Pelvic 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 identification: Uterus											
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 identification: Clitoris											

Quality assessment							Number of participants		Effect estimate (change in % correct answers from pre to post-test) OR (95%CI)	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control			
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 identification: Fallopian tube											
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 identification: Cervix											
Herbert-Beirne 2017	randomised trials	very serious[1]	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 identification: Coccyx											
Herbert-Beirne 2017	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[4]	none	103	65	OR 1.90 (1.09 to 2.72) p<0.001	VERY LOW	CRITICAL
Anatomy identification: Pubic bone											
Herbert-Beirne 2017	randomised trials	very serious[1]	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 identification: Bladder											
Herbert-Beirne 2017	randomised trials	very serious[1]	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 identification: Rectum											
Herbert-Beirne 2017	randomised trials	very serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	103	65	OR 2.59 (1.65 to 3.54) p<0.001	VERY LOW	CRITICAL
Anatomy identification: Ovary											
Herbert-Beirne 2017	randomised trials	very serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	103	65	OR 3.65 (2.08 to 5.21) p<0.001	VERY LOW	CRITICAL

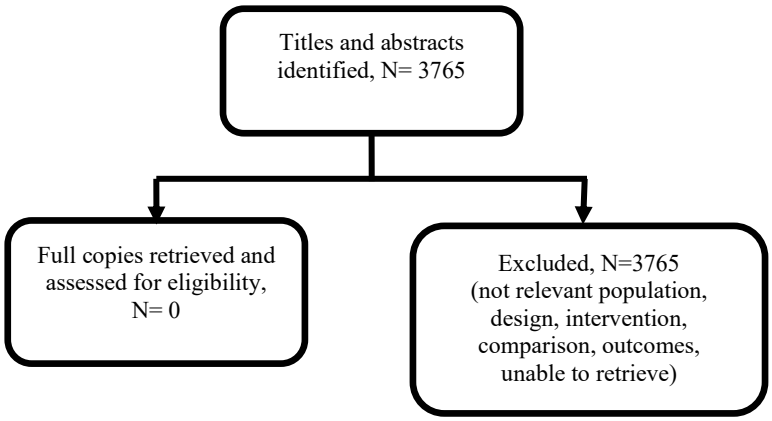
CI: confidence interval; OR: odds ratio
1 Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2
2 Intervention is indirect as study is not an information tool but an educational programme
3 95% CI crosses 2 MIDs
4 95% CI crosses 1 MID

Appendix G – Economic evidence study selection

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



Appendix H – Economic evidence tables

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.

Appendix I – Economic evidence profiles

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.

Appendix J – Economic analysis

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.

Appendix K – Excluded studies

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

Clinical studies

No clinical evidence was excluded from this review.

Economic studies

No economic evidence was identified for this review.

Appendix L – Research recommendations

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
Comparator	No intervention
Outcomes	Improved knowledge about PFD
Study design	Before/after design or RCT

Criterion	Explanation
Timeframe	1 year
Additional information	None

PFD: Pelvic floor dysfunction; RCT: randomised controlled trial