

# Brussee Pelvic Health Index-Pregnancy (BPHI-P) Administration and Scoring Instructions

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Approximately 1 in 3 women have at least 1 form of pelvic floor or core dysfunction such as urinary or fecal incontinence, chronic constipation, pelvic organ prolapse, pelvic pain, or diastasis recti. Each of these conditions is associated with increased rates of depression, anxiety, reduced physical activity, and decreased overall quality of life. The leading causes of pelvic floor/core dysfunction are pregnancy and childbirth. Yet, research shows that many women do not bring their pelvic floor and core issues to their healthcare providers' attention due to embarrassment and/or accepting these conditions as a "normal" part of pregnancy and childbirth. Furthermore, healthcare providers do not consistently ask their patients about pelvic health/core concerns due to the breadth of other health conditions they are required to monitor and address. Thus, women's pelvic/core function issues are rarely treated.

The BPHI-P is designed as a rapid and convenient screening tool written in patient-friendly language to aid health and wellness providers' identification of women with pelvic floor/core issues. Identification is followed by referral to a pelvic health practitioner for further assessment and specialized care. As with all health conditions- the earlier the intervention, the better.

## Administration

Screening with the BPHI-P should be repeated at least once per trimester of pregnancy. Simply provide the patient with a copy of the BPHI-P and instruct her to circle a response for each answer.

## Scoring

The BPHI-P is scored by adding the points associated with each answer selection for all 10 items. Write the patient's name, the scorer's name, the date and the total score at the top of the page where indicated. Referral to a pelvic health practitioner is recommended for women who score a **13 or higher** on the BPHI-P.