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postpartum urinary incontinence

Incontinence urinaire du postpartum

urinary incontinence

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Zhang 2026 (plus pelvic floor muscle training)

Zhang JX, Yang Y, Shen R, Li HF. Efficacy of acupuncture plus pelvic floor muscle training in postpartum urinary incontinence: a systematic review and meta-analysis. Front Med (Lausanne). 2026;13:1758659. https://doi.org/10.3389/fmed.2026.1758659

Background	Postpartum urinary incontinence (PPUI) significantly impacts women's quality of life. While pelvic floor muscle training (PFMT) is the standard care, its efficacy can be limited by poor adherence. Acupuncture is increasingly used as an adjunct therapy, but its added value remains controversial due to variability in clinical practice.
Methods	We searched eight databases, including PubMed, Embase, the Cochrane Library, Web of Science, China National Knowledge Infrastructure (CNKI), the Chinese Biomedical Database (CBM), the Chinese Scientific Journals Database (VIP), and Wanfang, from inception to 30 October 2024, for randomized controlled trials (RCTs) comparing acupuncture plus PFMT with PFMT alone. The outcome measures included validated metrics (the 1-h pad test and the International Consultation on Incontinence Questionnaire-Short Form (ICI-Q-SF) score), and the total effective rate. Risk of bias was assessed using the Cochrane risk-of-bias tool, and certainty of evidence was evaluated using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach.
Results	**Nine RCTs involving 865 patients** were included. For validated metrics, a narrative synthesis of the 1-h pad test and ICI-Q-SF scores showed a trend toward greater improvement in the acupuncture plus PFMT group compared with PFMT alone, although high clinical and statistical heterogeneity ($I^2 > 90\%$) precluded a reliable meta-analysis for these outcomes. Regarding the total effective rate, the pooled analysis showed a significant benefit for the combined therapy (RR = 1.20, 95% CI [1.13, 1.27], $p < 0.01$); however, potential publication bias was observed.
Conclusion	Low- to very-low-certainty evidence suggests that acupuncture as an adjunct to PFMT may offer additional benefits in improving clinical symptoms and quality of life for women with PPUI. However, the high heterogeneity and methodological limitations of the current evidence preclude precise estimation of the effect size for objective outcomes. More rigorous, high-quality RCTs with standardized protocols are required to confirm these findings.

1.1.2. Chu 2025 (Acupuncture combined with pelvic floor rehabilitation)

Chu W, Deng X, Gao L, Gao X. Acupuncture combined with pelvic floor rehabilitation training for

postpartum stress urinary incontinence: A systematic review and meta-analysis. Clin Rehabil. 2025 Mar 11:2692155251324585. https://doi.org/10.1177/02692155251324585

Objective	Postpartum stress urinary incontinence is a common postpartum complication. Acupuncture combined with pelvic floor rehabilitation training has certain clinical effects. This systematic review and meta-analysis aims to investigate the efficacy of acupuncture combined with pelvic floor rehabilitation training in the treatment of postpartum stress urinary incontinence.
Methods	Data sources. We searched randomized controlled trials in eight databases including PubMed, Web of Science, EMBASE, Cochrane Library, CNKI, Wanfang, VIP, and Sinomed, as well as the Chinese Clinical Trial Registry and ClinicalTrials.gov databases. T he search was conducted on 6 February 2025. After the retrieved literature were screened and the relevant data were extracted, RevMan 5.4 software was used to conduct the statistical analysis. The risk of bias was assessed using the methods recommended in the Cochrane Handbook.
Results	**Twenty-one studies with 1867 participants** were included in the review. Compared with pelvic floor rehabilitation training alone, acupuncture combined with pelvic floor rehabilitation training improved the clinical efficacy rate (relative risk (RR) = 1.24, 95% CI = 1.19-1.29) and pelvic floor muscle potential (mean difference (MD) = 10.85, 95% CI = 9.28-12.43) and reduced the International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form score (MD = -2.32, 95% CI = -3.06 to -1.58) and 1-hour pad test (MD = -1.80, 95% CI = -2.32 to -1.28) in patients with postpartum stress urinary incontinence.
Conclusion	Current literature reviewed here suggests that the combination of acupuncture and pelvic floor rehabilitation training may offer benefits in the management of stress urinary incontinence in postpartum women over pelvic floor rehabilitation training alone.

1.1.3. Chen 2024

Chen L, Han Y, Wang L, Zhang H, Zheng Y, Zhang R, Meng G, Zhang YP, Ji D. Conservative Interventions for Urinary Incontinence on Postpartum Women: A Systematic Review and Meta-Analysis. J Midwifery Womens Health. 2024 Sep-Oct;69(5):663-671. https://doi.org/10.1111/jmwh.13653

Introduction	Urinary incontinence (UI) is common in postpartum women and can lead to a reduced quality of life and withdrawal from fitness and exercise activities. Conservative management interventions such as pelvic floor muscle training (PFMT), use of vaginal cones, and biofeedback have been recommended as first-line treatment. We aimed to explore the effects of conservative interventions on UI rate, severity, and incontinence-specific quality of life in postpartum women with UI.
Methods	Nine databases were searched from inception to August 2022: PubMed, EMBASE, Web of Science, Cochrane Central Register of Controlled Trials, CINAHL, Wanfang, China National Knowledge Infrastructure, China Biological Medicine, and VIP Journal Integration Platform. Randomized controlled trials examining the effects of conservative interventions on postpartum UI were included.

Results	Initial searches produced 1839 results, of which **17 studies were eligible**. All included studies had a low to moderate risk of bias. Supervised PFMT and use of a vaginal cone were more effective than individual PFMT in decreasing rates of UI (odds ratio, 0.29; 95% CI, 0.14-0.61). Individual PFMT combined with **acupuncture** (mean difference, -1.91; 95% CI, -2.46 to -1.37) or **electroacupuncture** and supervised PFMT combined with moxibustion were more effective than individual supervised PFMT alone in improving the severity of symptoms. Furthermore, electrical stimulation and biofeedback combined with **acupoint stimulation** or core training were more effective than electrical stimulation and biofeedback alone. For improving the incontinence-specific quality of life, supervised PFMT was more efficacious than individual PFMT; electrical stimulation and biofeedback plus core training were more beneficial than electrical stimulation and biofeedback alone.
Discussion	Supervised PFMT and use of a vaginal cone were more beneficial in decreasing rates of UI compared with individual PFMT. Superior effects in decreasing UI severity may be achieved by combining PFMT or electrical simulation and biofeedback with other therapies. Electrical stimulation and biofeedback plus core training, as well as supervised PFMT, are most effective in improving incontinence-specific quality of life. Further research is required to provide more evidence on the efficacy of these therapies.

1.1.4. Liu 2023

Liu DC, Gao L, Liu Y, Wang J, Li Y, Xu RY. Effect of different interventions on the efficacy of postpartum urinary incontinence in China: A systematic review and network meta-analysis. Medicine (Baltimore). 2023 Oct 6;102(40):e35473. https://doi.org/10.1097/MD.0000000000035473

Background	Currently, numerous treatment measures exist for postpartum stress urinary incontinence (PSUI); however, the study results are inconsistent.
Method	Computer searches of PubMed, Embase, Web of Science, CKNI, and Wanfang databases were conducted to search the literature on 13 different intervention modalities for PSUI from the date of establishment to January 2023 for analysis. The literature was independently screened, and the information was extracted by 2 researchers. A reticulated meta-analysis was conducted using Stata software.
Results	The findings of the reticulated meta-analysis revealed that, in terms of the effectiveness of the 13 interventions for treating PSUI from highest to lowest, the most effective was acupressure + pelvic floor muscle training (94.6%). Following this, the interventions ranked from best to worst were electroacupuncture + trans moxibustion (79.1%), pelvic floor muscle training + acupuncture (64.3%), pelvic floor muscle training + pelvic floor electrical stimulation (60.3%), biofeedback electrical stimulation + acupuncture (60.0%), pelvic floor muscle training + biofeedback electrical stimulation (59.8%), biofeedback electrical stimulation + acupuncture + herbal hot compresses (56.6%), moxibustion + pelvic floor muscle training (56.6%), pelvic floor muscle training + pelvic floor electrical stimulation + acupuncture (53.1%), biofeedback electrical stimulation + moxibustion (52.1%), pelvic floor muscle training (17.6%), biofeedback electrical stimulation (16.1%), and health coaching (0.2%). The evidence indicates that acupressure + pelvic floor muscle training may be the most effective intervention for treating PSUI occurrence.
Conclusion	Improvement in 13 clinical indicators was observed in patients with PSUI, and significant enhancement was achieved through acupressure + pelvic floor muscle training.

1.2. Special Acupuncture Techniques

1.2.1. Floating needles

1.2.1.1. Han 2026

Han D, Tang M, Gong S, Li W, Liu Z, Liu Z. Efficacy of floating needles in the treatment of postpartum urinary incontinence and pain: A systematic review and meta-analysis. Medicine (Baltimore). 2026;105(16):e48440. https://doi.org/10.1097/MD.0000000000048440

Background	Postpartum pain and urinary incontinence (UI) are the most common postpartum sequelae, which can lead to postpartum anxiety and depression when severe, and seriously affect the quality of life of postpartum mothers. Floating needle (FN) is one of the Chinese medical treatments of the latest in recent years, and studies have shown that FN for postpartum pain and stress urinary incontinence has a positive effect; this study aimed to comprehensively and critically evaluate the available evidence on the effectiveness of FN in managing postpartum pain and UI, and provide the first evidence-based medical evidence for FN intervention for postpartum sequela.
Methods	Computerized retrieval of Chinese databases (CNKI, Wanfang, VIP, and CBM) and English databases (PubMed, Embase, Web of Science, and Cochrane Library) for randomized controlled trials on FN therapy for postpartum pain and UI was conducted up to December 20, 2023. Search terms included “floating needle,” “urinary incontinence,” and “labor pain.” Data extraction and quality assessment were performed on eligible studies. Meta-analysis was conducted using RevMan 5.4, with mean differences (MDs) for continuous outcomes and risk ratios for dichotomous endpoints.
Results	A total of **1194 women were included in 8 articles** in both Chinese and English, all of which were conducted in China; 6 of the articles were included in the meta-analysis. The FN is more effective in treating postpartum incontinence and pain than the control group (risk ratio = 1.33, 95% confidence interval [CI] = 1.18-1.5, P < .001), and significantly reduced the International Consultation on Incontinence Questionnaire-Short Form score (MD = 1.56, 95% CI = 0.78-2.35, P < .001); FN therapy can significantly reduce the amount of urine leakage in postpartum patients (MD = 1.79, 95% CI = 1.09-2.49, P < .001).
Conclusion	Our results suggest that FN therapy could be encouraged as one of the routine treatments for postpartum sequelae.

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