

**Supplementary file 2. Extraction table**

Author/ Year/ Design	Type of PFD	Sample size/ Groups/ Intervention	Measured Outcomes and results	Summary of results	PEDro Score
Sleep et al. 1987 2-arm RCT	UI FI	Normal exercise (n=900): Women are taught awareness of PFMC and advised to practice the exercise as often as they can remember. Intensive exercise (n=900): They were individually instructed by a midwife co-ordinator	Prevalence of UI three mon PP: Normal exercise (n=793%)      intensive exercise (n=816%) Involuntary loss of urine      175 (22.1)      180 (22.1) <hr/> Prevalence of FI three months PP: Normal exercise n=793 (%)      intensive exercise n=816 (%) Occasional faecal loss      22 (2.8)      21 (2.6)	Ineffective on prevalence of UI	$\frac{4}{10}$
Wilson et al. 1998 2-arm RCT	UI FI	Control (n=117): Postnatal PFMEs Intervention (n=113): Instruction by one physiotherapist at approximately 3, 4, 6 and 9 months PP. The intervention group consisted of 3 groups: PFME group (N): 19 Cones group (N): 21 Both PFME & cones group (N):14	1 year after delivery: -Prevalence of UI, n (%):      Con      Int      Significance 69 (76%)      27 (50%)      0.003 -Home Pad test (g), Mean, 95% CI:      2.6, 0.2-5      1.1, 0.3-2      0.37 <hr/> 1 year after delivery -Prevalence of FI, n (%):      Con      Int      Significance 20 (22%)      12 (22%)      0.86 Exc. Only      Cones only      Both exc. & cone -Prevalence of FI, n (%):      5 (26%)      4 (19%)      3 (21%)	Effective on prevalence of UI Ineffective on UI severity, perineometry outcomes and prevalence of FI	$\frac{6}{10}$
Glazener et al. 2001 2-arm RCT	UI FI	Control (n=376): Peripartum preparation, which sometimes included PFE Intervention (n=371): Nurse assessment with reinforcement of PFMEs (8-10 sessions each day of 80-100 fast and slow contractions) and bladder training	UI at 12 months, n (%): Any Urinary incontinence:      Con (245)      Int (279)      P 169 (69.0)      167 (59.9)      0.037 Any pad use:      55 (22.4)      41 (14.9)      0.034 <hr/> FI at 12 months, n (%) Any faecal incontinence:      Con (n = 245)      Int (n = 279)      P 25 (10.5)      12 (4.4)      0.012	Effective on prevalence of UI and FI one year postpartum Ineffective on prevalence of UI and FI 6 and 12 years postpartum	$\frac{7}{10}$
Chiarelli et al. 2002 2-arm RCT	UI	Control (n=350): Usual care Intervention (n=370): Women were seen for a single visit with a physiotherapist at eight weeks after delivery. The components of intervention: PFMC, "The knack", transverse abdominus co-contraction	-Incontinent before recent pregnancy, N (%):      Con      Int      P 54 (17)      61 (18) -Incontinent immediately after giving birth, N (%):      Yes:      30 (9)      35 (10) Don't know:      13 (4)      23 (7) -Prevalence of incontinence 3 mon pp, N (%):      125 (38.4%)      108 (31%)      0.044	Effective on prevalence of UI	$\frac{8}{10}$
Reilly et al. 2002 Agur et al 2008 2-arm RCT	UI	Control (n=129): No intervention Intervention (n=139): Patients attended a physiotherapist at monthly intervals from 20 wks until delivery. The excs comprised 3 repetitions of 8 contractions each held for 6 s, with 2 min rest between repetitions. These were repeated twice daily.	Three months PP:      Con      Int      RR (95%CI) -SI, n (%):      36 (32.7)      23 (19.2)      0.59 (0.37,0.92) P=0.023 -Positive pad test:      8 (10.8)      7 (9.5)      0.87 (0.35,2.23) <hr/> -Perineometry (cm H2O), mean (SD, n):      Con      Int      P 10.5 (5.5, 64)      11.5 (7.9, 68)      0.38 -SUI severity 8 years following the index delivery, n (%): Con (85)      Int (79) P=0.7	Effective on prevalence and severity of UI 3 mon PP Ineffective on perineometry outcomes 3 mon PP Ineffective on UI severity 8 years PP	$\frac{8}{10}$
Morkved et al. 2003 2-arm RCT	UI	Control (n=153): The customary information	36 wk      3 mon after delivery -Women with UI, n (%)	Effective on prevalence of UI and PFMS 36 wks' gestation and 3 mon	$\frac{8}{10}$

		Intervention (n=148): 12 wk intensive PFMT program during pregnancy, supervised by physiotherapists	Control: 74 (48%) Intervention: 48 (32%) P: 0.007 -PFMS, Mean (95% CI) Control: 34.4 (31.6, 37.1) Intervention: 39.9 (37.1, 42.7) P: 0.008	49 (32%) 29 (20%) 0.018 25.6 (23.2, 27.9) 29.5 (26.8, 32.2) 0.048	PP	
Mahony et al. 2004 2-arm RCT	FI	BAlone group (n=30): Intra-anal electromyographic BF alone and standard Kegel exercises daily BStim group (n=30): Intra-anal electromyographic BF with ES of the anal sphincter and standard Kegel exercises daily during the treatment period	BAlone group Before After P Continenence score, Med (Range): 4.5 (2-11) 2 (0-10) <.001 Resting pressure, Med (Range): 29 (11-54) 31 (8-64) .308 Squeeze pressure, Med (Range): 44 (20-83) 59 (25-110) .047	BStim group Before After P 4 (2-14) 2 (0-10) <.001 28 (4-43) 30 (2-66) .32 42 (6-71) 47 (17-91) .004	Effective on FI severity and PFM strength Ineffective on PFM endurance	$\frac{7}{10}$
Woldringh et al. 2006 2-arm RCT	UI	Control (n=152): Routine care Intervention (n=112): 3 sessions of PFMT between wk 23 and 30 during pregnancy and 1 session six wks after delivery, combined with written information	Severity of incontinence during the study period, n (%): Con Int P Week 8 PP, Any UI: 6 mon PP, Any UI: 1 year PP, Any UI:	74 (68) 57 (60) 59 (63) 50 (62) 39 (56) 35 (58) 0.442 0.633 0.610	Ineffective on UI	$\frac{6}{10}$
Dinc et al. 2009 2-arm RCT	UI	Control (n=40): No exercises Intervention (n=40): PFMEs. An exercise session included three sets of exc. Each set included the exc of contracting and relaxing the PFMs repeated 10 times.	Baseline-postpartum 6th to 8th week -Pad test -Perineometry -Number of incontinence episodes in a day	Con Int P=0.56 P=0.001 P=0.003 P=0.00 P=0.04 P=0.00	Effective on UI severity and PFM strength	$\frac{5}{10}$
Ko et al. 2010 2-arm RCT	UI	Control (n=150): Regular prenatal care and written PP instructions Intervention (n=150): 3 repetitions of 8 contractions each held for 6 s, with 2 min rest. These were repeated twice daily at home + training in groups once a week for 45 min by a physical therapist	Mean±SD UDI (6 weeks after delivery): UDI (6 months after delivery): IIQ (6 weeks after delivery): IIQ (6 months after delivery): Self-reported UI, n% 6 weeks after delivery: 6 months after delivery:	Con Int P 1.54±1.59 0.81±1.36 <0.01 0.86±1.14 0.35±0.84 <0.01 2.86±3.52 1.73±3.57 <0.01 1.56±2.20 0.77±2.07 <0.01 53 (35) 38 (25) 0.06 42 (27) 25 (16) 0.04	Effective on prevalence and severity of UI	$\frac{7}{10}$
Mason et al. 2010 2-arm RCT	UI	Control (n=146): Usual care and instruction in PFME Intervention (n=141): 4 sessions of taught PFMET during pregnancy and 8-12 maximal contractions repeated twice daily at home	-BFLUTS questionnaire 3 months PP, %: Continent Incontinent -LIS, Mean±SD: 3 months PP:	Con Int P 58.8% 66.2% 0.397 41.3% 33.8% 2.2±5.24 0.44±0.99 P > 0.05	Ineffective on prevalence and severity of UI	$\frac{5}{10}$
Kim et al. 2011 2-arm RCT	UI	Control (n=10): Unsupervised PFMEs + trunk stabilization excs Intervention (n=10): Supervised PFMEs + trunk stabilization excs	Con Int -Urinary symptom, Mean±SD: Post-test: -Maximal vaginal squeeze pressure (mmHg), Mean±SD: Post-test:	46.89 ± 3.62 40.56 ± 5.36 P < 0.05 8.11 ± 2.57 25.78 ± 10.74 P < 0.01	Effective on UI severity, PFMS and PFME	$\frac{7}{10}$

			-Holding time (seconds), Mean±SD: Post-test: 8.89 ± 2.1      14.34 ± 3.08      P < 0.01		
Kocaöz et al. 2012 2-arm RCT	UI	Control (n=68): No intervention Intervention (n=68): Each session PFMEs repeated 10 times. The women were asked to contract their PFMs maximally and to hold for 10 s + some information	Con                      Int                      P Yes      No                      Yes      No Pad test 12 <sup>th</sup> week PP:      18.0%      82.0%                      1.9%      98.1%                      0.007 Incontinence frequency 12 <sup>th</sup> week PP: Once a week or less                      Con                      Int 22.2%                      100.0% Several times a week or more                      77.8%                      -	Effective on UI severity	$\frac{4}{10}$
Stafne et al. 2012 2-arm RCT	UI FI	Control (n=426): Standard antenatal care + some information Intervention (n=429): Exc program once a wk including aerobic activity, strength training (including specific PFMEs) and balance exercises + home exc at least twice a wk (endurance strength and balance training)	Con                      Int                      p N      %                      N      % -UI                      192      53                      166      42                      0.004 <hr/> -Fecal incontinence:      18      5                      12      3                      0.24 -Flatal incontinence:      124      35                      136      35                      0.73	Effective on prevalence of UI Ineffective on prevalence of FI	$\frac{6}{10}$
Bernardes et al. 2012 3-arm RCT	POP	Group1 (G1) (n=21): Contraction the PFMs during increases in abdominal pressure. Group2 (G2) (n=21): G2 were taught how to properly contract the PFM alone + daily home exc Group3 (G3) (n=21): G3 were taught to contract the PFM in conjunction with hypopressive excs, using diaphragmatic breathing. + daily home exc	ultrasound imaging cross section area of the levator ani muscle Mean ± SD                      P G1 1 <sup>st</sup> examination                      1.5 ± 0.3 2 <sup>nd</sup> examination                      1.4 ± 0.3                      0.81 G2 1 <sup>st</sup> examination                      1.6 ± 0.4 2 <sup>nd</sup> examination                      2.1 ± 0.3                      <0.001 G3 1 <sup>st</sup> examination                      1.4 ± 0.3 2 <sup>nd</sup> examination                      1.8 ± 0.5                      <0.001	Effective on POP severity	$\frac{7}{10}$
Pelaez et al. 2013 2-arm RCT	UI	Control (n=96): Usual care including information about PFMT. Intervention (n=73): Exc class including PFMT. 70-75 sessions (22 wks, 3 times per wk, 60 min)	After intervention Mean ± SD                      Con                      Int                      P -ICIQ-Score:                      2.66 ± 4.1                      0.24 ± 1.2                      0.0001	Effective on prevalence and severity of UI	$\frac{7}{10}$
Åhlund et al. 2013 2-arm RCT	UI	Control (n=49): PP instruction containing information about PFM Intervention (n=49): A lecture about PF and UI. Written PFME program. They visited the midwife 3 times during the study.	Con                      Int Med (range)                      Med (range) Before/after                      Before/after BFLUTSQ score:                      7 (2-16)/4 (0-12)                      7 (1-16)/4 (0-15) pelvic floor muscle endurance:                      12/23.4                      9.6/26.7 pelvic floor muscle strength:                      2/3                      2/4	Effective on UI severity, PFMS and PFME	$\frac{5}{10}$
Dumoulin et al. 2013 2-arm RCT	UI	PFM group (n=28): PFMT PFM + TrA group (n=29): PFMT + deep abdominal muscle training	7 years PP, Med (25th and 75th percentiles): PFMT                      PFM+TrA                      P -Pad test (g):      2.5 (0.25-17.25)                      2 (1-6)                      0.82 -VAS (/10):      5.5 (3.75-7)                      3 (1-7)                      0.13 -UDI (/57):      9 (6.75-15.5)                      7 (2-12.5)                      0.10	Ineffective on U	$\frac{5}{10}$
Hilde et al. 2013 2-arm RCT	UI	Control (n=88): No intervention Intervention (n=87): Weekly supervised PFMT class and daily	n/N (%)                      Con                      Int                      P -UI 6 wk PP:                      44/88 (50)                      34/87 (39.1)                      0.15 -UI 6 mon PP:                      34/88 (38.6)                      30/87 (34.5)                      0.57	Ineffective on prevalence and severity of UI	$\frac{8}{10}$

		home exercise for 16 weeks.	-Positive pad test 6 wk PP: 34/88 (38.6) 27/87 (31) 0.29 -Positive pad test 6 mon PP: 23/88 (26.1) 19/87 (21.8) 0.51		
Peirce et al. 2013 2-arm RCT	FI	Control (n=90): Conventional PFES Intervention (n=30): Home BF PT. BF training was undertaken in the perineal clinic and was delivered by a Specialist Obstetrician or a Specialist Nurse.	3 months PP, Mean ± SD: -Anal resting pressure: 43 ± 17 39 ± 13 0.123 -Anal squeeze pressure: 62 ± 23 64 ± 17 0.68 -Cleveland Clinic continence score: P = 0.88		Ineffective on FI severity, PFMS and PFME  $\frac{5}{10}$
Bø et al. 2014 2-arm RCT	POP	⌘All women had been recommended in written form to perform PFMT. Control (n=88): No further FU Intervention (n=87): Supervised, weekly group PFMT program and 3 sets of 8-12 daily maximal contractions at home	N of primiparous women in POP-Q stage 0, 1, and 2 -6 weeks PP: 0 1 2 Con: 24 51 13 Int: 21 56 10 P=0.66 -6 months PP: Con: 24 59 5 Int: 26 53 8 P=0.58		Ineffective on severity and prevalence of POP  $\frac{8}{10}$
Fritel et al. 2015 2-arm RCT	UI POP	Both groups received instructions about how to perform exc at home. Control (n=142): No further intervention Intervention (n=140): Prenatal supervised excs. 8 PFT sessions conducted between the 6-8 mon of pregnancy (1 session per wk). Each sessions lasted 20-30 min.	Mean ± SD -ICIQ score 2 mon PP: 2.3±3.4 1.7±2.9 0.26 -Pad test 2 mon PP: 1.3±3.3 0.9±1.6 0.93 -PFMS 2 mon PP: 3.3±1.3 3.5±1.5 0.24 -ICIQ score 12 mon PP: 2.1±3.3 1.9±3.7 0.38 -FPFQ prolapse score 2 mon PP: 0.5±1.3 0.3±1.1 0.11 -FPFQ prolapse score 12 mon PP: 0.4±1.0 0.4±1.2 0.78		Ineffective on UI and POP severity Ineffective on PFMS  $\frac{7}{10}$
Sut et al. 2015 2-arm RCT	UI	Control (n=32): Not stated Intervention (n=32): Instruction on how to perform Kegel excs: PFMS should be contracted and held for 10 s. Contractions should be performed a total of 10 times. These sets should be performed 3 times per day.	Mean ± SD PFMS, weeks 6-8 PP: 18.8±8.4 26.0±9.5 0.002 Con group wk 28 wk 36-38 wk 6-8 pp P UDI: 40.6±10.6 44.1±8.7 34.0±8.2 <0.001 IIQ: 0.9±2.9 1.2±3.2 0.3±1.7 0.097 Int group wk 28 wk 36-38 wk 6-8 pp P UDI: 45.8±11.5 46.9±8.7 34.1±6.6 <0.001 IIQ: 3.0±6.9 4.7±10.0 1.7±6.4 0.016		Effective on UI severity and PFMS  $\frac{6}{10}$
Sangsawang et al. 2015 2-arm RCT	UI	Control (n=35): Prenatal care Intervention (n=35): Supervised 6 wk PFME with verbal instruction and a handbook, 3 training sessions of 45 min and daily training at home: 20 sets of PFME twice a day for a total 40 sets per day, at least 5 days per week.	Con Int P N % N % SUI at 38 wks' gestational age: 16 53.3 9 27.3 0.018 Frequency, mean ± SD: 22.06 ± 5.72 12.44 ± 5.2 0.001 SUI (scores), mean ± SD: 6.3±1.2 5.02±0.89 0.01		Effective on UI severity  $\frac{7}{10}$
Oakley et al. 2016 2-arm RCT	UI FI	Control (n=25): Standard care Intervention (n=29): PFPT with BF and behavioral therapy (four 60-min PFPT sessions, every 2 wks, beginning at wk 6 after delivery)	2 week 12 week P Con Int Con Int Oxford (mean ± SD): 1.5 ± 0.66 1.59 ± 0.75 2.09 ± 0.73 2.44 ± 0.85 0.261 Squeeze max pressure (mean ± SD): 84 ± 34.93 90.55 ± 36.85 103.7 ± 33.64 83.29 ± 47.27 0.43		Effective on UI, FI and average rest pressure  $\frac{6}{10}$

			UDI (mean ± SD): 25.0 ± 40.2    19.44 ± 27.7    11.1 ± 37.5    0 ± 12.5    0.033 IIQ (mean ± SD): 0 ± 13.8    8.3 ± 27.7    0 ± 11.1    0 ± 8.3 0.56		
			FISI(mean±SD) 14±18    12±25    13.5±22.25    6±20.50    0.058		
Yang et al. 2017 3-arm RCT	UI POP	Control (n=60): Routine PP guidance Training (n=63): Kegel excs (lasted 20 min and the excs performed 6 times per min) + Pelvic movement (2-3 times a day) Combination (n=66): DES 15 times (3 times a wk for 30 min at a time) + rehabilitation excs	Score of UI:    P=0.00 Urine pad test positive rates:    P=0.02 PFMS:    P=0.00 <hr/> POP-Q grade:    P=0.00	Effective on prevalence of UI and POP, Effective on PFMS and PFME	$\frac{6}{10}$

RCT: Randomized Controlled Trial, PFMC: Pelvic Floor Muscle Contraction, Mon: month, ITT: Intention to Treat, PP: Post-Partum, PFME: Pelvic Floor Muscle Exercise, Con: Control, Int: Intervention, N: Number, n: Number, CI: Confidence Interval, Exc: Exercise, PFE: Pelvic Floor Exercise, S: Second, PF: Pelvic Floor, RR: Risk Ratio, SD: Standard Deviation, PPSI: Post-Partum Stress Incontinence, SUI: Stress Urinary Incontinence, Wk: week, PFMT: Pelvic Floor Muscle Training, PFMS: Pelvic Floor Muscle Strength, BAlone: Biofeedback alone, BF: Biofeedback, BStim: Biofeedback with Electrical Stimulation, ES: Electrical Stimulation, Med: Median, PFM: Pelvic Floor Muscle, Min: Minute, UDI: Urogenital Distress Inventory, IIQ: Incontinence Impact Questionnaire, PFME: Pelvic Floor Muscle Endurance, VD: Vaginal Delivery, CS: Caesarean Section, PFMET: Pelvic Floor Muscle Exercise Training, BFLUTS: Bristol Female Lower Urinary Tract Symptom, LIS: Leicester Impact Scale, G: Gestation, UUI: Urgency Urinary Incontinence, ICIQ: International Consultation on Incontinence Questionnaire-Urinary Incontinence, VAS: Visual Analog Scale, PT: Physiotherapy, FU: Follow-Up, POP-Q: Pelvic Organ Prolapse-Quantification examination (POP-Q), FPFQ: Female Pelvic Floor Questionnaire, PFPT: Pelvic Floor Physical Therapy, FISI: Fecal Incontinence Severity Index, DES: Direct Vagina Low Voltage Low Frequency Electric Stimulation

