Review regarding Effects of Uterine Prolapse Symptoms Based on Degrees and their Relation to Quality of Life in the Childbearing Period

Shiamaa kheliaf Abd Elgaleil[1], Amany Aly Ahmed[2], Azza Mohamed Elsayed[3], & Hatem Abo Elfetooh Hassan[4]

[1]Clinical demonstrator of Obstetrics and Gynecological Nursing- Faculty of Nursing, Sohag University
[2]Professor of Obstetrics, and Gynecological, Faculty of Nursing, Sohag University
[3]Assist. Professor of Obstetrics and Gynecology, Faculty of Nursing, Sohag University
[4]Assist. Professor of Obstetrics Gynecology, Faculty of Medicine, Sohag University
Corresponding Author Email: shiamaakheliaf@gmail.com
Phone number: 002- 01149124968

Abstract

Background: All women in different ages may face several complications during the childbearing period related to pregnancy or congenital and physiological. The uterus, cervix and vagina protrude into the vaginal introitus in uterine prolapse which is a type of pelvic organ prolapse. It isn't life threatening condition but can cause impairment in quality of life, affect the welfare and determines the negligent health issue by women. In Egypt Prolapse was found in 56 %, Overall, more than 60% of women reported symptoms by WHO. and have a crucial effect on adult women resulting in pelvic floor dysfunction and deteriorated by limited number of women seek medical care. Uterine prolapse can occur as a result of weakening pelvic muscles and ligaments that support the vagina with or without manifestations can be different depending on degree of decent or severity of the condition like feeling of something bulging out of the vagina, sensation of heaviness in the pelvis, increased vaginal discharge, low backache, urine incontinence, stress incontinence and constipation. The physical, social, psychological and sexual difficulties faced women with uterine prolapse lead to a massive impact on their quality of life and daily physical activities. **This review article explorer the relation between uterine prolapse degrees and the quality of life in the childbearing period with the ultimate goal of early detection of uterine prolapse and its impact on quality of life among women in the childbearing period in developing countries (Upper Egypt) to develop strategies and implement programs in health care facility aiding in improving women's quality of life.**

***Keywords: Uterine prolapse degrees, Quality of Life, Upper Egypt*.**

Introduction

One of the hidden morbidities that do not lead to death but cause severe, lifelong problems in women is uterine prolapse. Also having a major impact on a person's physical, mental, and social well-being **(Bogati et al., 2023).** The most of women suffer from pelvic organ prolapse (POP.), a condition whose incidence is predicted to rise by about 50% by the year 2050. **(Tahmina Afrin et al.,2017-2018).**

Uterine prolapse (UP.) is a form of pelvic organs prolapse occurring when the uterus descends toward the vagina. It happens when pelvic floor support become weak in the early stages of uterine prolapse, the uterus rests within the vagina. In advanced stages, the uterus protrudes out of the vagina**. (Voelker.,2024 & Saeed Atallah et al.,2022).**

World Health Organization (WHO.) reported that the global prevalence of UP. is between 2% and 20% among women under the age of 45. **(Devkota et al., 2020).**

Women can play a crucial role during childbirth by assisting them in expressing their demands without fear and teaching them the necessity of correct precautions and care at an early stage of uterine prolapse, Despite of POP is a distressing health problem for women also few studies handling this issue and its effect on quality of life among childbearing women. Actually, in Upper Egypt; the prevalence of uterine prolapse is difficult to be estimated and it has not received sufficient attention due to several related factors include; Having a false concept that uterine prolapse must occurs as result of pregnancy and childbirth and others refused to seek medical help because of fear, embarrassment of being examined vaginally. **(ElKady et al., 2017)**

(I) Uterine prolapse

The normal position of the pelvic organs relies on both the pelvic floor muscles and the endopelvic fascia that provides the connective tissue support for the pelvic organs. Evidence of injury to the levator ani muscle, most commonly the pubococcygeus is seen in 40 percent of women with prolapse. This is two to three times more frequent compared to women with normal support (**El-nashar et al.,2023).**

Uterine prolapse is a disorder that can affect the anterior vaginal wall, posterior vaginal wall and uterus or apex of the vagina. Also called urogenital prolapse is exclusive to women, especially among those who have given birth and who are postmenopausal. **(Liu et al., 2023)**. Additionally, refers to the downward displacement of one or more organs, such as the uterus, vagina, urethra, bladder, rectum, sigmoid colon, and small intestine, from their normal anatomical location. This displacement arises from the structural support's collapse and might vary in severity. **(Jady et al., 2024).**

Identifying the pathophysiology behind the genesis of POP can be a challenge since multiple elements, including the pelvic floor's muscle, ligaments, and other supportive tissue, are implicated. Many risk factors have been identified for the development of POP, primarily linked to harm to the connective tissue and pelvic floor muscles, which are directly brought on by pregnancy and vaginal birth. Among these, alterations in the connective tissue's extracellular matrix have played a major role in the development of POP. **(García-Mejido et al., 2024).**

The main risk of pelvic organ prolapse in reproductive age women, are multiparity, childbirth trauma, prolonged labor, operative vaginal delivery, and short inter-pregnancy interval.as well as babies that were quite large. Commonly including age, chronic increase in intraabdominal pressure, smoking and prior pelvic surgery. **(Ba'Abbad et al., 2023)**. Hence, participation in strenuous sports such as weightlifting and marathon running can be considered as a possible risk factor **(Kari et al.,2023).**

Independent of all other factors that may exacerbate the condition there is a genetic predisposition related to POP. In addition, younger women with POP have a higher incidence of POP among first-degree relatives than those who develop POP at an older age. **(Weintraub et al.,2019).**

The manifestations of uterine prolapse can be different depending on severity of the condition and degree of decent. Common problems include heaviness in the pelvic area, feeling a lump or protrusion in the vagina, urinary incontinence or urgency of urination, problems with bowel movements, sexual problems and back pain. (**Wang et al.,2024).**

Women suffering from uterine prolapse may have a lot of problems in their sexual life including sexual dissatisfaction, damaged genital body image, psychological problems. (**Hadizadeh Talasaz et al.,2024**). Pelvic organ prolapse can present as vaginal wall prolapse (cystocele and rectocele) and uterine prolapse. **(Kurniadi et al., 2023**).

A cystocele is usually found to protrude the urinary bladder through the vaginal wall. The anterior vaginal wall is the most commonly affected, and the bulging bladder is anatomically**. (Sabahath S et al .,2022).** A hernia of the anterior rectal wall through the rectovaginal septum is known as rectocele. Patients with obstructive defecation syndrome frequently exhibit it. Rectocele result of hormonal changes after menopause that cause injury to the muscles and nerves during vaginal delivery, **(Elroy Patrick Weledji &Divine Enoru Eyongeta.,2020).**

Uterine prolapse can be classified into three degrees described as: **1st degree**: When the uterus descent, but the cervix remains within the introitus. **2nd degree:** Uterus descent with cervix comes out of the vulva when the women strain or stands **3rd degree**: Where the entire uterus protrudes out of the vulva and vagina. **(Wakamatsu, 2020)**.

The primary goal of conservative care for uterine prolapse is to treat the initial phases, which include continuing Kegel exercises, preventing and treating constipation right away, avoiding heavy lifting, treating persistent cough, reducing extra weight, eating a balanced diet, and engaging in physical activities that aid in the uterus's return to its natural position are all important aspects in treating uterine prolapse. In order to tighten the loose muscles and enhance women's sexual performance, all these is crucial to promote a healthy lifestyle for women. **(Soliman et al .,2023).**

(II) Quality of life

The quality of life of women has come in the forefront of health care with the growing realization and the wellbeing of women which is just an important consideration when treating them **(Jayashree et al.,2022).** In developed countries, the quality of life in women with POP is assessed with P-QoL tool and used as a baseline strategy for the treatment of POP, ((**Tefera et al.,2023).**

Uterine prolapse is one of the most common causes of reproductive morbidity which severely affect quality of life for women. In Nepal 1 million women in suffer from uterine prolapse and most of them belong to the reproductive age. **(Giri et al., 2023 & Voelker.,2024).**

(III) Nurses' role

Maternal nurses should provide support and reassurance to women by emphasizing that uterine prolapse is a common and well-recognized condition. Educating women about the possible consequences and available treatment options helps them understand what to expect and encourages them to actively participate in their care. The P-QOL. Questionnaire magnifies the nursing role

because it helps nurses to detect the women who viewed the condition negatively believing. So, it helps nurses to be educator and offering reassurance in this way additionally help them realize that uterine prolapse is neither unusual nor unfamiliar. This approach can contribute to reducing the stigma associated with the condition and promoting a more open and informed perspective. **(Kisling & Das.,2021).**

Discussion

According to a previous study, conducted by **Nawaz et al (2025)** on co-relation between frequencies of pregnancy and uterine prolapse in married women of lahore, pakistan, a cross-sectional study among multiparous women. The finding showed that 142 cases more than three quarters were confirmed cases of uterine prolapse and 42 patients about less than nearly one quarter were not confirmed.

Also, another study performed by **Shavkatov Xasan Shavkatovich (2025)** on incidence rates of genital prolapse in women of reproductive age and reported that more than one third of patient presented with stage I prolapse, more than one quarter with stage II and 22%-15% with more advanced stages (III-IV).

Additionally, a study conducted by **Bogati et al (2023)** on Prevalence of Uterine Prolapse in Achham District, Nepal and reported that about more than one third of participant had suffered from UP. While, **Rahman et al (2023)** performed a study on Assessment of outcome for operative Procedures of Genital Prolapse and showed that 80% of patients had 2nd degree uterine prolapses, 15% patients had 1st degree & only 5% patients had 3rd degree uterine prolapse.

According to quality of life among women with uterine prolapse **Kayondo et al. (2021)** implemented a study on Impact of surgery on quality of life of Ugandan women with symptomatic pelvic organ prolapse: a prospective cohort study. The finding reported that The QOL was poor among women with POP.

Additionally, **Tega et al. (2024)** conducted a study on Quality of life and its associated factors among women with pelvic organ prolapse who attend gynecology clinics Southern Ethiopia 2022 and showed that more than half of women with POP had a poor quality of life.

In addition to, A previous study implemented by **Tahmina Afrin et al (2017-2018)** on Quality of Life Among women Having Genital Prolapse and revealed that about 96.6% of cases had feeling of lump from or in vagina.

Regarding to Correlation between degree of uterine prolapse among the studied participants and their Qol. **Fathi Mohammed et al. (2021)** implemented a study in Egypt to evaluate Determinants the severity of Pelvic Organ Prolapse and Its Effect on Physical Activities among the Elderly versus Childbearing Women The finding revealed

there was a positive statistically significant associati on between the degree of physical impairment and th e severity of prolapse prodrome.

This indicates that physical disability increased with the intensity of prolapse.

Conclusion and future work

1. The review concluded that; The quality of life for women may be affected by uterine prolapse degree of decent and there is positive correlation between them according to P-QOL. questionnaire adopted from **(Digesu et al., 2005).** Moreover, that an effective tool can help in prediction of uterine prolapse features and their relation to quality of life. A thorough review of information concerning effects of uterine prolapse degrees and their relation to quality of life in the childbearing period and addressing all aspects related to these topics. It is necessary to provide women with instructional booklets regarding pelvic organ prolapse and build effective strategies for prevention or early detection of uterine prolapse cases by P-QOL. questionnaire to improve quality of life among women in reproductive age in obstetric and gynecological clinics and support ongoing research to explore new effective interventions for managing vaginal prolapse, improving sexual function and quality of life.

Conflict of interest

Authors Affirm that they have no conflict of interest.

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