Appendix 1. Content in “Mind Over Matter: Healthy Bowels, Healthy Bladder” (MOM)

Intervention

Instructions for pelvic floor muscle exercises in MOM emphasize relaxation as well as contraction and coordination, with supplemental suggestions to specifically improve urinary urgency, bowel urgency, stress urinary incontinence, and difficulty evacuating. MOM recommends a goal daily fiber intake of 21 grams for women over 65 and 25 grams for women under age 65, with the caveat that participants should tailor fiber and fluid intake based on bowel and bladder symptoms, and that workshop recommendations should not be followed if they contradict what has been recommended by a healthcare provider. Because constipation can make urinary incontinence worse, all women in MOM are advised to make fiber modifications to optimize stool consistency. Fluid intake suggestions are based on Institute of Medicine recommendations and advice is provided about spaced timing and trial of avoidance of fluids that may exacerbate bladder or bowel symptoms.

Brown HW, Braun EJ, Wise ME, Myers S, Li Z, Sampene E, et al. Small-group, community-member intervention for urinary and bowel incontinence: a randomized controlled trial. *Obstet Gynecol* 2019;134.

The authors provided this information as a supplement to their article.

©2019 American College of Obstetricians and Gynecologists.

Appendix 2. Information about Facilitator Recruitment and Training

In partnership with the University of Wisconsin's Community-Academic Aging Research Network (CAARN, <https://ictr.wisc.edu/groups/community-academic-aging-research-network-caarn/>), we engaged Aging and Disability Resource Centers, senior centers, and other organizations that serve older adults in 6 Wisconsin counties. Each community partner designated at least one representative to become a certified MOM facilitator. Prior health or education expertise was not required, but facilitators had to be female, based on information collected in preliminary feasibility testing, where community members expressed lack of comfort with the presence of a male study team member and requested that only women lead this program for women. All facilitators participated in a 2-day, hands-on, in-person certification training led by the Wisconsin Institute for Healthy Aging (WIHA, www.wihealthyaging.org). Trainees had two opportunities for practice facilitation and feedback during the training, completed a knowledge and skills assessment, and were certified once they had mastered the training objectives. Certified facilitators received a script, materials for workshop implementation, and access to a private listserv to share tips, observations, and troubleshooting with one another. More information is available about facilitator training at <https://wihealthyaging.org/programs-services>.

Brown HW, Braun EJ, Wise ME, Myers S, Li Z, Sampene E, et al. Small-group, community-member intervention for urinary and bowel incontinence: a randomized controlled trial. *Obstet Gynecol* 2019;134.

The authors provided this information as a supplement to their article.

©2019 American College of Obstetricians and Gynecologists.

Appendix 3. Assessment of Key Symptoms and Behaviors

Participants were asked to think about the last four weeks while answering the following questions: 1. “How many times do you empty your bladder during a typical day (not overnight)? _____ times;” 2. “How many times do you wake up overnight to empty your bladder on a typical night? _____ times;” 3. “How many pads do you use in one day and night? _____ pads per 24 hours;” 4. “How much money do you spend in a typical week on your bladder symptoms (pads, depends, etc.)? \$_____ per week.” Participants were asked to think about the last four weeks when answering the following question: “How often do you do Kegel squeezes, or pelvic floor muscle exercises?” with response options: “1 – Never / less than once per month; 2 – Rarely / a few times per month; 3 – Sometimes / At least once per week; 4 – Often / Several times per week; 5 – Always / Almost every day.” Similarly, participants were asked to estimate how many servings they drink per day of the following fluids: coffee, tea, diet soda, alcohol, and water.

The Bristol Stool Form Scale²⁷ was used to ascertain stool consistency. The Bristol Stool Form Scale instructs participants to select the type that best describes their usual bowel movements over the last 4 weeks, with response options of: “Type 1 - Separate hard lumps, like nuts (hard to pass); Type 2 – Sausage-shaped but lumpy; Type 3 – Like a sausage but with cracks on its surface; Type 4 – Like a sausage or snake, smooth and soft; Type 5 – Soft blobs with clear-cut edges (passed easily); Type 6 – Fluffy pieces with ragged edges, a mushy stool; and Type 7 – Watery, no solid pieces. Entirely liquid.”