



Perinatal Pelvic Health Project Engagement

Engagement Assurance Committee

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This presentation will cover



Why do we need to talk about pelvic health	Slides 3-4
Perinatal Pelvic Health Services national and local drivers	Slides 5-8
How we engaged with women and birthing people	Slides 9-10
Emerging themes from our engagement	Slides 11-13
How the engagement informed the implementation of SEL Perinatal Pelvic Health Service	Slides 14-15
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Pelvic Floor Dysfunction. Why is it an issue?



Pelvic Floor Dysfunction (PFD)

- Relaxing PFD (urinary incontinence, faecal incontinence and or pelvic organ prolapse)
- Non-relaxing PFD (impaired the ability to evacuate urine or stool, sexual dysfunction, pelvic pain)

Pelvic Floor Dysfunction- The UK Picture







An estimated 6 million people live with bowel issues



85% of adults with faecal incontinence haven't told their doctor



1 in 6 adults over 40 suffers from overactive bladder



Over 10% of people live with symptoms of faecal incontinence



77.000 hospital admissions in **England** were due to constipation (2018-19)

Pelvic Floor Dysfunction- Quality of Life

Physical

 Limitation of physical activity



Psychological

• Guilt. depression. loss of selfesteem



Social

- Reduction of interaction
- Limiting and planning travelling around toilet accessibility



Domestic

 Special underwear. bedding



Occupational

- Absence from work
- Decreased productivity



 Avoidance of sexual contact and intimacy

Sexual

All Party Parliamentary Group for Bladder and Bowel Continence Care (2021)

Risk Factors for Pelvic Floor Dysfunction (NICE, 2021)



Factors Risk Modifiable

A body mass index (BMI) over 25 kg/m2

- Smoking
- Lack of exercise
- Constipation
- Diabetes



Factors

Risk

Non-Modifiable

Age

- Family history of urinary incontinence, overactive bladder or faecal incontinence
- Gynaecologic al cancer and any treatments for this
- Gynaecologic al surgery

Pregnancy Related

 Being over 30 years when having a baby

 Having given birth before their current pregnancy



Birth Related

- Assisted vaginal birth (forceps or vacuum)
- A vaginal birth when the baby is lying face up
- Pushing for more than 1 hour
- Injury to the anal sphincter during birth

Establishment of perinatal pelvic health services (PPHS)



Incidence of Pelvic Health Issues during the perinatal period and number of potential women affected in SEL



1 in 3 will experience some form of urinary incontinence after childbirth 6,500 women in SE LMNS



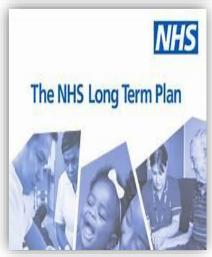
1in 10 will experience faecal incontinence
1,933 women in SE LMNS



One in twelve will experience organ prolapse

1,611 women in SE LMNS





Recommendations:

- Conservative measures must be offered to women before surgery.
- Pelvic Floor Physiotherapy cannot match current demand (2020)
- Identification of gaps in the workforce
- Coordinated strategy to address the gaps

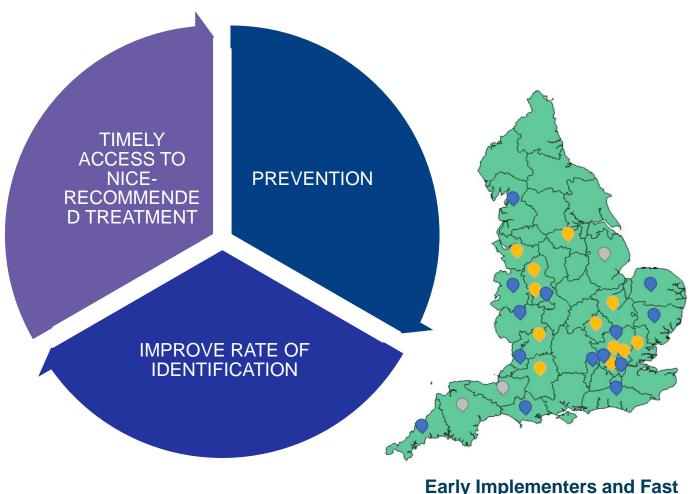
Government Response:

- To improve access to postnatal physiotherapy for women who need it to recover from birth.
- All women to have access to multidisciplinary pelvic health care across England by 2024
- Establishment of Perinatal Pelvic Health Services (PPHS)
- PPHS will recruit additional specialist physiotherapists and midwives locally and provide additional training to maternity staff to improve the prevention, identification and treatment of pelvic floor dysfunction in the perinatal period

Sobhgol S et al. Sex Med Rev 2019; 7:13-28

The Role of Perinatal Pelvic Health Services (PPHS)





Objectives:

- Develop and implement a comprehensive model of care which delivers a personalised approach to pelvic health conditions during the perinatal period
- 2. Offer women support to build knowledge, skills and confidence to manage their pelvic health condition during the perinatal period
- 3. To support clinical staff to build knowledge, skills and confidence to manage women with pelvic health conditions during the perinatal period
- 4. Increase awareness of pelvic health conditions and its management to women, clinicians and the wider community.

Followers PPHS in England

Background – SEL LMNS HNA 2021



In south east London...

1 in 10 are **smoking** at delivery

There is a disproportionate amount of Asian women experiencing 3rd and 4th degree tears in labour compared to white women



births in 23,205

1 in 4 💉



women and birthing people are over the age of 35

90% of babies are

There are disproportionate rates of stillbirth between Black and White women and birthing people

Only **72%** of women and birthing people are booked by 10 weeks gestation



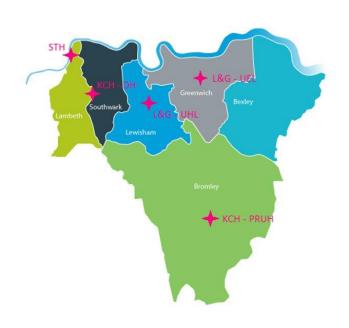
37.5%

of women and birthing people are overweight or obese

Provision of Pelvic Health Services in SEL



GAP analysis of services & Education on pelvic health on the perinatal period.

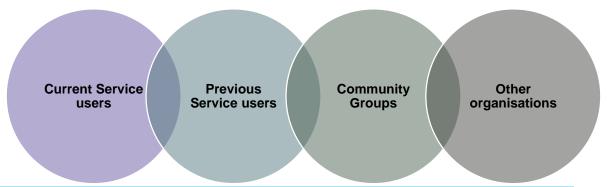


- 6 boroughs
- 3 Acute Hospital Trusts
- 5 Maternity Hospitals- including 2 tertiary hospitals
- High levels of deprivation in some areas
- Ethnically and socially diverse
- Total number of births 25,471

Trust	OASI Clinics/perineal clinic	Pelvic Health Physio	Pelvic Health Staff	Education and Training	Referrals
GSTT	Interprofessional OASI clinic (Physio, clinical scientist, obstetrician)	 Inpatient Outpatient (All women booked for care at GSTT) PN outpatient women in area. Antenatal Pelvic Floor classes 	Pelvic Health Team (6.32 FTE B4-B8) Perinatal Pelvic Health Physio: 3.38 FTE	Only for Midwives Mandatory: Peaches Bladder care. One off: Suturing	979
KCH (PRUH & DH)	Perineal Clinic at PRUH (Obstetric led)	Outpatient only (urogynae led)	Pelvic Health Team (2.96 FTE B7-B8) Perinatal Pelvic Health Physio: 1.0 FTE	Only for Midwives Mandatory: OASI Monthly: Bladder care	130
LGT (QE, UHL)	OASI clinic (Obstetric led)	 Outpatient only (physio led) PGP classes 	Pelvic Health Physio (13.44 FTE B4-8) Perinatal Pelvic Health 2.92 FTE	Only for Midwives Mandatory: OASI	727

Engagement with women and birthing people





Objectives:

- Offer women and birthing people support to build knowledge, skills and confidence to manage their pelvic health condition during the perinatal period;
- 2. Increase awareness of pelvic health conditions and its management to women, clinicians and the wider community

Identifying Community Groups (Joint strategic needs analysis data from 6 local authorities)

- Bexley: Punjabi, Lithuanian
- Bromley: Polish, Traveller community
- · Greenwich: Albanian, Urdu and Vietnamese
- Lambeth: Portuguese/Spanish, Arabic and Somali
- · Lewisham: Tamil, Mandarin and Yoruba
- · Southwark: Spanish, Portuguese, Turkish and Bengali

In the UK, a third- or fourth-degree tear occurs in about 3 in 100 women having a vaginal birth. It is more common with a first vaginal birth, occurring in 6 in 100 women, compared with 2 in 100 women who have previously had a vaginal birth

Percentage by age and ethnicity of women experiencing 3-4 Degree tears (Q2 2022)

Ethnicity/Age	19-24	25-29	30-34	35-39	40-44	Total
African	5	1.33	1.14	0.00	0.00	1.12
Any other Asian background	0.00	6.82	0.00	0.00	4.76	3.85
Any other black background	0.00	0.00	0.00	0.00	20	1.59
Any other ethnic group	0.00	1.89	2.22	1.28	3.7	1.77
Any other white background	4.76	0.58	2.30	0.98	1.09	1.57
Bangladeshi	0.00	3.13	0.00	0.00	0.00	1.39
British	0.00	2.4	1.13	1.39	0.00	1.24
Caribbean	2.0	2.33	3.85	0.00	00.00	2.09
Chinese	0.00	12.50	0.00	0.00	0.00	0.97
Indian	16.67	0.00	3.37	5.0	0.00	4.00
Total	2.12	2.18	1.63	1.16	1.37	1.60

Pelvic Health Engagement Sessions delivered













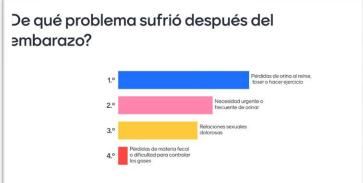
90 women engaged in virtual/f2f sessions

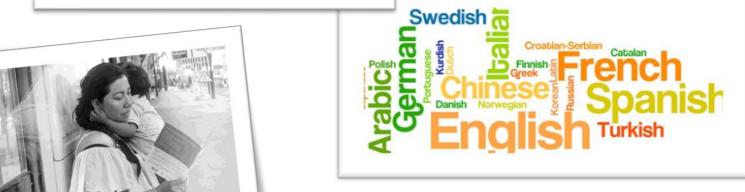
- Lewisham Islamic Centre
- Indoamerican Refugee and Migrant Organisation IRMO (Lambeth)
- Latin-American Women's Rights Service LAWRS (Southwark)
- Mindful Mums (Lewisham, Greenwich, Bromley)
- Refugee Resettlement Programme by Refugee Council (Lewisham)
- MASIC
- Strategic Migration Partnership East of England Local Government Association
- Five Times More
- Local Maternity Voices Partnership Groups

- Virtual coffee mornings were delivered by zoom.
- The session was run by the Pelvic Health Physio and Midwife
- A service user and or a representative from a local group was also present.
- The sessions were informal and offered a safe space to share experiences of care for women who delivered a baby in SEL over the previous 5 years.
- Women were also shown how to do pelvic floor muscle training and how to women, and how to self-manage their condition.
- Advise on how to refer to local services was also given.
- Information how to access pelvic health information in various languages was also given.

Findings from the Engagement with the Latin-American **Community**









- Information & Support
- Interpreters
- Access
- Leaflets

- UK Maternity Health System.
- Confusion roles
- Pelvic Health Physios
- Connection other Healthcare Issues

https://www.youtube.com/user/LAWRSUK

Findings from the SEL Pelvic Health Survey



52% women experienced urinary incontinence

49% experience problems holding wind

12% of women suffered from faecal incontinence 1 woman out of 138 was incontinent all the time.

49%

27% women experienced prolapse symptoms

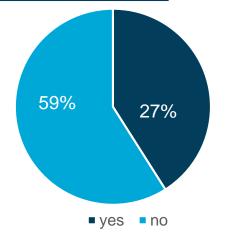
33% of women experienced pain during and or after sex

- Online survey was women currently pregnant or who have given birth within the last 5 years.
- 195 responses
- The survey was open from 26th of January-1st of March 2022
- A link was distributed via text message to all women booked for maternity care and or given birth at GSTT and **KCH**
- LGT promoted the survey via Edie E-midwife and online maternity pages

Yes, I felt very ignored. I felt like after I gave birth I was just put aside and my health needs were just overlooked.

> Yes. No advice just that it's something I have to go through

Women who spoke to HCP about Pelvic floor dysfunction





ASSISTANCE



Yes. But they told me it was normal

14%

12

Recommendations from women and birthing people





Information about what is normal and not normal after birth.

- How to get help
- Exercise plan
- Information during pregnancy about pelvic health
- Wound healing and recuperation
- How to look after the stitches



Examination

Assessment of Pelvic Floor

 Perineal tear checking at various point in the postnatal period including the 6 week GP check.



Support

- Access to NHS Physio
- Support during pregnancy
- A few Physio sessions after birth
- How to do PFMT and how frequent
- Other forms of help apart from offering pelvic floor exercises

Ask at every appointment

I feel more awareness raising on pelvic health during/after pregnancy, that consequences are not inevitable

Talk about sex and how it's okay to still have fun, and enjoy your bits even if there's a bladder prolapse

NHS staff could have more training towards this Implementation of a Standard Clinical Pathway across KGH, GSTT, LGT



All women

Screening questionnaire + Review of the NICE Risk factors

ANTENATAL	POSTNATAL
Booking	Discharge from PN Ward
2 nd Trimester	Once during CMW care episode
3 rd Trimester	At transfer to the care of HV

Pre-pregnancy presence of PFD aggravated by current pregnancy and presence of NICE Risk Factors

NICE Risk Factors and/or symptoms of PFD developed during current pregnancy

No NICE Risk Factors and no symptoms of PFD

Face to Face appointment with PHP and/or Antenatal Education Class.

Follow up referral 6-8 weeks postpartum in the PPHS clinic and/or PHP department and provision of SqueezyCx. Onwards referral to other Pelvic Health teams if required

Antenatal Education Class and Follow up referral 6-8 weeks postpartum in the PPHS clinic and provision of SqueezyCx

Signpost to resources

Other PPHS development based on feedback



What we heard	What we did
•People do not seek help for pelvic health issues because it is embarrassing, and the media normalises incontinence.	•We developed four sensitive questions that are asked at booking and a various points before and after the birth to support people opening up about their pelvic health issues
•If they have the courage to speak up the response received from health care professionals was not sensitive or they were just told the issue was normal.	•We developed a training package for health professionals (GPs, health visitors, midwives, and doctors) to ensure they learn to identify pelvic floor issues but also use patient's stories provided by people who have experienced pelvic health issues to highlight the impact on their lives.
•Pelvic health information and resources are not always available in their language.	•We supported the translation of 11 pelvic health videos in their on multiple languages. We also translated our surveys into languages from women who are disproportionally affected by worst pelvic health outcomes because of their ethnicity.
•People want to learn how to prevent the issues before it happened and want to know where to seek help.	•We developed antenatal pelvic health classes for women to understand how to look after their pelvic health issues, how to prevent and self-management issues and how to refer to our specialist clinics.
•There were not services available and/or the waiting list was long.	•We recruited a specialist physio and specialist midwife who now are able to see women and birthing people from the antenatal period all the way up to 12 months. They can also refer into more specialist services if they require further treatment.



www.selondonics.org/pelvic-health-videos



https://letstalkhealthandcareselondon.org/nhsperinatal-pelvic-health-services

Feedback from our Pelvic Health Classes



It was nice class/session in small group - which I really liked. Gives more opportunities to be open and ask questions. Looking forward for new classes designed only for postpartum. I will highly recommend this class to my friends. Thank you

Great class. Learnt about pelvic health but also more about what to expect in childbirth. Warnings for more graphic elements were also appreciated!

Thank you so much for organising it. It's so important and empowering to feel supported through the pregnancy. I hope more women would be able to join in next time and get access to the information and also ask questions, which is very important.

82% of people attending found the structure of the class helped them learn easily

84% people found the content of the class easy to understand

79% people found the class interactive and engaging

22% of those attending the class knew how to look after their pelvic health before attending

89% felt the class gave help them to feel more confident in their knowledge of pelvic floor symptoms and how to find advise and support

98.8% felt more confident about what to do to reduce the risk of pelvic floor issues after the class.

92% feel more confident about how to do pelvic floor muscle training

94% feel the class has motivated them to practise pelvic floor muscle training

Feedback from health care professional training



KCH (Feedback 123 midwives)

Please rate the following session (1 poor, 5=excellent)

Excellent or Very Good 95% Average 5%

LGT (Feedback 115)

To what extent will this session improve your practice?'

Very much 87.8% To some extent 12.2%

GSTT (Feedback 173)

How useful was the Pelvic Health Session? (1 poor, 5=excellent)

Excellent or Very good 97% Average 3%



I will always remember the woman's experience of OASI and Postnatal depression, very powerful.

Inspiring, feel like we can make a difference, good resources.

Further Engagement Sessions and Collaboration

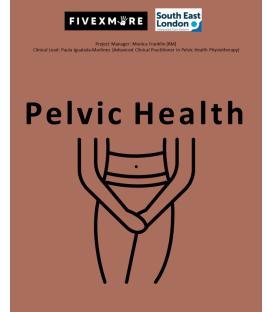




Virtual session on pre-conception and antenatal care in the UK (27 women) https://www.youtube.com/user/LAWRSUK



Open Workshop Roma community East London









Pelvic health Awareness event at Mummas Together in Bexley



Wellbeing event Mental Health, Pelvic Health & Menopause. Included a bus for BP checks

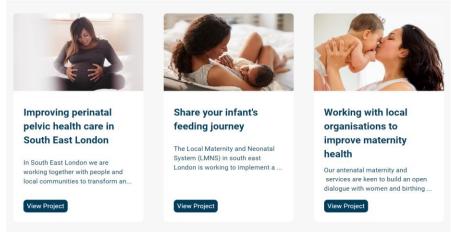


Other collaborations

South East London Integrated Care System

SEL Engagement Hub





Maternity and Neonatal Services | Let's Talk Health and Care South East London (letstalkhealthandcareselondon.org)

SEL LMNS monthly Parent Education sessions

COMPLETED:

- Extensive consultation across services and service users in S/E London
- Focus on signposting, pregnancy screening, rights/choice and practical antenatal, intrapartum and postnatal information
- Slide deck completed and gone through design process
- Evaluation and follow-up resources developed

NEXT:

- Translation of slide decks
- Identification of facilitators and training

• Implementation of sessions

Spanish
Portuguese
Somali
Romanian
Arabic
French







Our Challenges and achievements



Challenges

Multiple IT systems across 3 Maternity Providers

Space

Recruitment Pelvic Health Physios

System working

Resistance to change practise

Workforce pressures



Maternity and Neonatal Conference NHS (Leeds, March 2023)

Achievements

1357

 Women and birthing people attended our classes 887

 Number of women who attended for the first time appointment 564

 The number of women who had follow up appointments 1641

 Number of midwives, doctors, support workers who attended mandatory training

Our Challenges and achievements





London midwives who started 'groundbreaking' training for colleagues win coveted RCM award



International continence Society Conference (Toronto, September 2023)

∰ GOV.UK

Home > Health and social care > National Health Service

Press release

National pelvic health service to support women

Maternity and neonatal services nationwide will be required to support and inform women who experience trauma during childbirth.

National pelvic health service to support women - GOV.UK (www.gov.uk)

SEL has been chosen as a case study on NHSE national implementation guidance for the National Launch of PPHS services which will launch in England in April 2024

Our next steps



Ensure that PPHS meets the national service specification

Dedicated website for Pelvic Health Services

Transfer of PPHS to local maternity services

Contribute to the Equity and Equality plans for our Local Maternity and Neonatal System

Launch of Support group for women with obstetric injuries in collaboration with MASIC

Ensure that Pelvic Health
Training remains mandatory
for midwives across SEL



Any questions? Thank you for listening