Royal College of Midwives

Postion Statement

pelvic floor

muscle care

Introduction

The Royal College of Midwives (RCM) and the Pelvic, Obstetric and Gynaecological Physiotherapy Group (POGP), a professional network of the Chartered Society of Physiotherapy (CSP), believe that high quality maternity services should include access to preventive measures that promote good reproductive health outcomes for women and birthing people during pregnancy and post-birth. This relies on those involved with delivering maternity care working in partnership with women and their families, to encourage self-efficacy in health improvement.

We support early intervention for pelvic floor care for childbearing women, to optimise pelvic floor health and help avoid the common problems of incontinence or pelvic organ prolapse during the childbearing years or in later life.

The RCM and POGP position

Evidence shows that early identification of those women who require specialist physiotherapy intervention can minimise pelvic floor dysfunction and reduce gynaecological, urological and bowel problems in later life.[1]

The RCM and POGP recommend that maternity services providers should support and adopt the following practice to improve health outcomes for all women post birth:

- All women, in the antenatal period, should be given evidence-based information and advice about pelvic floor muscle exercises (PFME), including being asked about any pelvic floor related problems of bladder or bowel.
- All women should be given an opportunity to discuss pelvic health care with a qualified healthcare professional
- Maternity services providers should develop clear standards and a referral pathway to specialist physiotherapy for women who are at risk of developing problems involving pelvic floor dysfunction. Specifically, those women with significant perineal tears, suspected bladder or bowel injury during a caesarean birth, forceps or ventouse birth, and where there is a previous history of bladder/bowel or pelvic floor problems.
- Service managers should ensure that midwives are educated to a standard commensurate with their role in order to provide accurate advice and support to women.
- Education should include issues of cultural imperatives and norms, religious beliefs and their relationship to the uptake of services, that meets the criteria for a culturally competent service as defined by the NHS

- Maternity services providers should work with pelvic health physiotherapists to identify local opportunities to deliver effective training about pelvic floor muscle care for midwives, maternity support workers (MSWs) and those who work directly with women across the perinatal period.
- Maternity service providers should, at a minimum:
  - Signpost midwives to the RCM i-learning resources.
  - Include information on the anatomy and function of the pelvic floor muscles.
  - Encourage the teaching of effective PFME.
  - Know how to identify problems which require onward referral to specialist physiotherapy.
- Midwives have a responsibility to seek support for educational updates and to ensure that they are up to date in their knowledge of these issues in order to provide advice and support to women.

Background

Currently, provision of the teaching of PFME in the antenatal period falls between GPs, midwives, physiotherapists, obstetricians and non-medical or lay maternity services.

A study of patients and health care professionals showed that a majority of pregnant women would prefer to be taught PFME by their midwife and that midwives also would prefer to offer this service. However, to achieve this many midwives feel that they would benefit from a better understanding of PFME in their training and improved support in delivering more effective PFME.[2]

The benefits of early intervention

The benefits of early intervention in pelvic floor muscle training to prevent incontinence and prolapse in later life are well documented.[3] Research shows that it is particularly important to offer pelvic floor muscle training to all women in their first and subsequent pregnancies, combined with lifestyle advice including weight management, reducing alcohol and caffeine intake, smoking cessation, and encouragement to remain or become physically active.

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The size of the problem

Bladder and bowel problems, including incontinence, can have a significant effect on a woman's quality of life. The ability to return to exercise postnatally may be affected by the problems of urinary urgency and incontinence. If untreated this may have an impact on employment and educational opportunities and cause embarrassment and distress, which can lead to social isolation and exclusion.[4]

Estimates of the number of women affected by urinary incontinence range from 14 per cent to 71 per cent, with little data available on the prevalence or impact on global majority women. It is known that cultural issues and embarrassment prevent women from coming forward for help.[5]

Due to the sensitive and stigmatised nature of this issue and because they are unaware that effective treatments are available, women may delay seeking help.

Studies indicate that women with bothersome symptoms may not seek help for over three years (Krissi et al 2012). Urinary incontinence is the second most common reason for admission to a nursing home in later life.[6]

The financial cost

A recent study estimated the combined healthcare, personal and societal cost of urinary incontinence to be £248 per person, with the cost to the UK National Health Service estimated at around £117 million per year.[7]

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