RCM/CSP Joint statement on Pelvic Floor Muscle Exercises

Improving health outcomes for women following pregnancy and birth

THE ROYAL COLLEGE OF MIDWIVES

CHARTERED SOCIETY OF PHYSIOTHERAPY

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Introduction

The Chartered Society of Physiotherapy (CSP) and Royal College of Midwives (RCM) believe that high quality maternity services should include access to preventive measures that promote good reproductive health outcomes for women 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 muscle training for childbearing women, to minimise pelvic floor damage and help avoid the common problems of incontinence or pelvic organ prolapse during the childbearing years or in later life.

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The RCM and CSP position

Evidence shows that early identification of those women who require specialist physiotherapy intervention can minimize long term damage to the pelvic floor muscles and reduce gynecological, urological and bowel problems in later life.[7]

The RCM and CSP 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 PFME.
- 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 episiotomy, significant perineal tears including third and fourth degree tears, suspected bladder or bowel injury during a caesarean section, forceps or ventouse delivery, and where there is a previous history of bladder/bowel or pelvic floor problems.
- Heads of midwifery services should ensure that midwives are educated and trained to a standard commensurate with their role in order to provide accurate advice and support to women.
- Training and 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 obstetric physiotherapists to identify local opportunities to deliver effective training about PFME for midwives, maternity support workers and those who work directly with childbearing women.
- Maternity service providers should signpost midwives to the RCM i-learning resources, to include information on the anatomy and function of the pelvic floor muscles, teaching effective PFME and how to identify problems which require onward referral to specialist physiotherapy.
- Midwives have a responsibility to seek support for the necessary training 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

The RCM State of Maternity Services [1] report in 2012 made strong recommendations that in all four countries, midwives need to be given the resources to deliver on public health and improving the lives of children. Quality antenatal and postnatal care should be as important within maternity services as birth itself.

Currently, the provision of the teaching of pelvic floor muscle exercises (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 be physically active.

The size of the problem

Bladder and bowel problems including incontinence can have a significant effect on a women's quality of life. They may restrict participation in activities, 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 between 14 per cent to 71 per cent: with little data available on the prevalence or impact on Black Minority Ethnic women. It is known that cultural issues and embarrassment prevent women from coming forward.[5] Urinary incontinence is the second most common reason for admission to a nursing home in later life.[6]

Due to the sensitive and stigmatized nature of this issue and because they are unaware that effective treatments are available women may take up to 10 years before seeking help.[7]

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.[8]

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