

Best in Category Prize – Health Services Delivery

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OPPORTUNITIES, CHALLENGES AND CONCERNS FOR IMPLEMENTING PELVIC FLOOR MUSCLE ASSESSMENT AND TRAINING DURING CHILDBEARING YEARS: A CRITICAL INTERPRETIVE SYNTHESIS

Aims of study

Pelvic floor muscle exercises (PFME) are effective for prevention of urinary incontinence (UI) related to pregnancy and childbirth [1]. Guidelines for managing UI recommend offering PFME to women during pregnancy as a preventative strategy [2]. Successful implementation of interventions must be underpinned by an understanding of the complex individual, professional, and organisational context in which care takes place. This study aimed to understand the perspectives of women and healthcare professionals regarding opportunities, challenges and concerns that may be essential for implementing PFME and maximising its impact during childbearing years, through synthesis of existing literature using a critical interpretive synthesis (CIS) approach. CIS provides an innovative method for synthesising literature as the basis for an implementation project, drawing on qualitative research methods to synthesise a broad range of empirical and non-empirical evidence using an interpretive analysis.

Study design, materials and methods

CIS was used to analyse a range of sources reporting women's and healthcare professionals' perspectives of UI and PFME during childbearing years. Fifteen electronic databases were searched from date of inception to July 2016 for terms relating to pregnant women and mothers and PFME. Reports were included if they presented either contemporary or retrospective views of women or healthcare professionals relating to PFME education, assessment or training during pregnancy or after birth. Data analysis and synthesis similar to that of primary qualitative research identified study characteristics and key themes.

Results

Thirty-two papers were included. Twenty-seven reported primary research data from 23 studies (surveys (n=16), qualitative interviews (n=3), qualitative focus group (n=1), Q-methodology (n=1), mixed methods (n=1), pre-/post-intervention cohort (n=1)), one presented a review of qualitative studies, and four were commentaries/opinion pieces. Of the 27 reports of primary research 14 documented perspectives of postnatal women, four studies concerned the experiences of women during pregnancy, and seven studies presented the perspectives of healthcare professionals. Healthcare professional data specifically relating to antenatal PFME largely represented the beliefs and practices of midwives. The views of obstetricians, obstetric physiotherapists and non-midwifery childbirth educators were poorly represented. No qualitative studies of healthcare professionals' perspectives were found, and the majority of material focussed on individual attitudes and behaviours with little or no evidence relating to organisational influences.

Four themes were inductively derived: service provision; knowledge and understanding; motivation; taboo.

Service provision

A lack of information was provided to women about UI and/or PFME by healthcare professionals during pregnancy. Challenges and concerns included low prioritisation of PFME and cultural opposition to PFME assessment by midwives, appropriate timing of information delivery during pregnancy, lack of clear guidelines and recommendations, and unclear professional responsibility for PFME during or following pregnancy. Opportunities for improvement included routine antenatal continence screening and counselling regarding risk of UI by midwives, individualised advice and instruction in PFME early in pregnancy, development of protocols with clear guidelines and standards for UI/PFME in antenatal care, and transparent referral pathways for specialist services for women at high risk of UI.

Knowledge and understanding

Women had limited understanding of the importance and benefits of PFME and were unclear of their role in prevention and treatment of UI. They were unsure how to perform PFME and expressed feelings of lack of control and low self-efficacy for performing and maintaining correct, regular PFME. UI was normalised by healthcare professionals, friends and relatives, reinforcing women's beliefs that UI should be accepted and would resolve spontaneously. Midwives and other healthcare professionals felt ill-informed about UI, were unaware of guidelines and recommendations for PFME, and lacked confidence in knowledge and skills for teaching PFME to women. Implementation of PFME in antenatal care requires training for healthcare professionals to ensure women receive accurate, evidence-based information, care and support. This includes developing communication skills and behaviour change techniques to support uptake of PFME.

Motivation

Women lacked motivation to carry out regular PFME. Low expectation of benefit or efficacy of PFME, and lack of interest in or low perceived threat of UI made it difficult to integrate PFME in daily life. Prioritising PFME alongside other roles and responsibilities was challenging and women often forgot to exercise. Some women who experienced UI symptoms or witnessed UI in close friends or relatives were motivated to exercise, others who lacked belief in effectiveness of PFME were not. Opportunities were identified for improved communication from healthcare professionals to help identify and problem-solve challenges, and persuade and enable women to see positive value in PFME in order to integrate this into daily life.

Taboo

Women viewed UI as taboo, and linked symptoms to older age and lack of personal control. Normalisation of UI meant women feared they were time wasting and that their symptoms were too trivial to bother their healthcare professional with. Feelings of shame, embarrassment and humiliation prevented women from seeking help for UI. Women feared judgement or censure from healthcare professionals for not doing their exercises and blamed themselves for lack of success with PFME. Women would like to be asked direct questions about UI to provide an opportunity to discuss this embarrassing topic and to access appropriate support.

Interpretation of results

Previous research has focused on women's perspectives of treatment and management of postnatal UI with limited evidence exploring views and experiences of women during the antenatal period or healthcare professionals regarding PFME during childbearing years. Despite evidence for the effectiveness of PFME for preventing UI, these findings suggest that PFME is not implemented effectively during pregnancy.

Concluding message

There is a need to engage and support women, healthcare professionals and organisations in overcoming the taboo of UI and identifying opportunities for improving implementation of PFME during childbearing years. Further research is underway to develop an understanding of current service provision and to explore the views and experiences of midwives and other healthcare professionals involved in delivery of antenatal care. Findings from this review combined with ongoing research will inform the development of training resources for midwives to support effective implementation of antenatal PFME.

References

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