



Pelvic Health Physiotherapy

To refer, or not to Refer?

Linda van Doorn

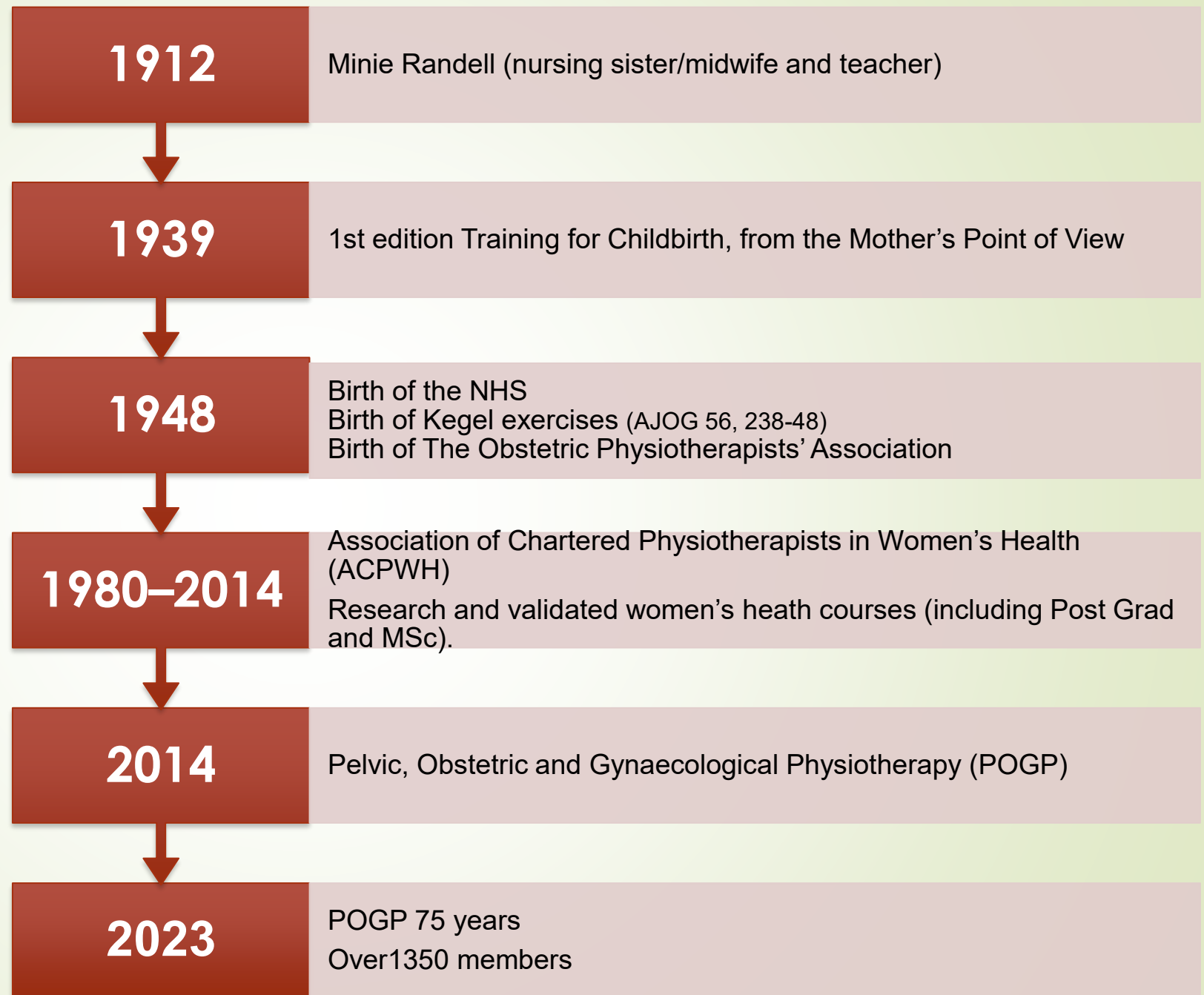
Pelvic Health Specialist Physiotherapist

Primary Care Conference Birmingham

14/05/25

History of Women's Health Physiotherapy in the UK

Journal of Pelvic, Obstetric and Gynaecological Physiotherapy, Autumn 2018



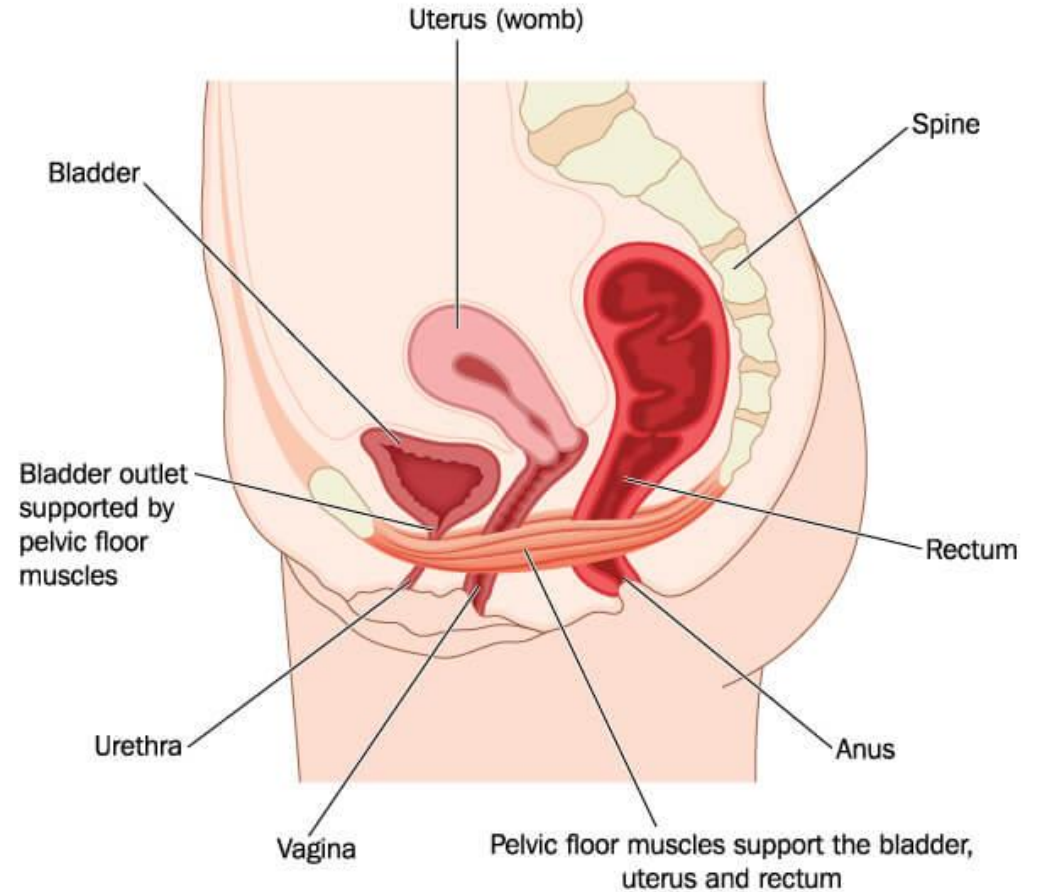


3 Things that happen regularly

1. Patient is referred to consultant before being referred to pelvic health physiotherapy
2. 'I didn't know you existed'
3. 'Gosh, pelvic floor exercises work!'

What is 'the pelvic floor'?

- A group (hammock) of muscles in the base of the pelvis
- Function:
 - Support pelvic organs
 - Maintain continence
 - Improve sexual function





Pelvic Floor Dysfunction (PFD) (NICE NG210)

Definition:

A condition in which the pelvic floor muscles around the bladder, anal canal and vagina do not work properly

➤ Bladder

- Urinary Incontinence
- Bladder emptying disorder

➤ Bowel

- Faecal incontinence (incl. flatus)
- Bowel emptying disorder

➤ Vagina

- Pelvic Organ Prolapse (POP)

➤ Pain

- Sexual dysfunction
- Chronic Pelvic Pain (CPP)



Pelvic floor risk factors

Modifiable Risk Factors:

- A body mass index (BMI) over 25 kg/m²
- Smoking
- Lack of exercise
- Constipation
- Diabetes

Non Modifiable Risk Factors

- Age (+ menopause)
- Family history of pelvic floor dysfunction
- Gynaecological cancer and any treatments for this and Gynaecological surgery
- Fibromyalgia
- Chronic respiratory disease and cough



Pelvic floor risk factors

Pregnancy Related

- Being over 30 years when having a baby
- Having given birth before their current pregnancy

Labour related

- Assisted vaginal birth (forceps)
- A vaginal birth when the baby is lying face up (occipito-posterior)
- An active second stage of labour > 1 hour
- Obstetric Anal Sphincter Injury (OASI)

Birth Injuries – Perineum

- 85% of women in the UK sustain injuries to their perineum
Sultan et al 2009, C Pollard et al 2024
- Obstetric Anal Sphincter Injury (OASI)
 - 3rd and 4th degree tears
 - Partial or complete disruption of the anal sphincter muscles, sustained during childbirth, which includes either or both the internal and the external anal sphincter
- 2.9% of women sustain an OASI (*RCOG 2018, Okeahialam et al 2022*)
 - 6.1% primiparous
 - 1.7% multiparous
- > 50% have symptoms of PFD 1-4 years post delivery

Evans et al 2019

Birth Injuries – Levator Ani Muscles (LAM) Avulsion

Rusavy *et al* 2021, Doxford-Hook *et al* 2023

- 10-36% of women sustain LAM avulsion during vaginal delivery
 - 15% spontaneous vaginal delivery
 - 21% vacuum
 - 52% forceps
 - Right > Left > bilateral
- 50% spontaneous improvement of symptoms of PFD within 1st year
- Plays key role in pathophysiology of POP
 - recurrence of cystocele post repair
- Conservative treatment
 - Not effective for POP
 - Some improvement of UI
- Surgical treatment most effective
- More research needed



Did you know....

NICE Guidelines 2019



1 in 3 women will experience urinary leakage



1 in 10 will experience faecal/wind leakage



1 in 12 will experience pelvic organ prolapse



1 in 6 will experience chronic pelvic pain



The impact of urinary incontinence

- Annual cost of urinary incontinence to NHS is ± £3.7 billion
 - £80 million of that goes to pads
 - £52 million on prescriptions
- Cost is rising due to aging population
 - Estimated to be around £5.2 billion per year by 2035
- Personal cost
 - More than a billion products bought per year (38-50p per pad)
 - average £1000 per year for woman with severe incontinence
 - Quality of Life



Impact of Bowel Problems



Constipation

- 2014-2015 £145 million NHS
- 2018-2019 £168 million NHS
- A&E admissions cost £81 million (Bladder & Bowel UK)



Faecal Incontinence - ?

- Figures combined with cost of urinary incontinence



Pelvic Organ Prolapse

One or more of the pelvic organs (bladder, uterus, bowel) bulge or protrude into the vagina

Most common:

- Cystocele – anterior vaginal wall prolapse
- Rectocele – Posterior vaginal wall prolapse
- Uterine descent

Impact POP

- 2017-2018 £45 million NHS

(Primary Care Women's Health Forum)

Chronic Pelvic Pain (CPP) (RCOG 2015, NIH 2018)

- Common
 - 1 in 6 women in UK
 - 26% world's female population
 - 2x more common in women than men
- CPP accounts for
 - 10% of all gynaecological visits
 - 40% of laparoscopies - One third to half of laparoscopies come back inconclusive
 - 12% of hysterectomies
- Cost NHS
 - Est £326 million (2015)
- Cause
 - Often multifactorial (physical, psychological and/or social factors).

RCOG research Pelvic Floor Health Feb 2023

■ Survey of 2000 women

- Over 60% of UK women have at least one symptom of PFD
- 53% did not seek help from a HCP
- 15% could not identify any common symptoms caused by a weak pelvic floor
- Only 22% of women do their pelvic floor muscle exercises (PFMEs) regularly

It's normal, isn't it?

39% thought their symptoms were normal

Embarrassment

21% were too embarrassed to mention it

Lack of education and awareness

23% did not know how to do PFMEs

Not considered important

55% do not currently do, or have never done PFMEs



RCOG Research

Feb 2023

RCOG are calling for action to reduce number of women living with poor pelvic floor health:

1. Apply a life course approach to pelvic floor health
2. Improved education and access to information for all women from a young age
3. All health professionals should have the knowledge and confidence to talk to women about pelvic floor health
4. All women with symptoms of PFD should have access to timely support and treatment (e.g. continence nurse, pelvic health physiotherapists, urogynaecologists)

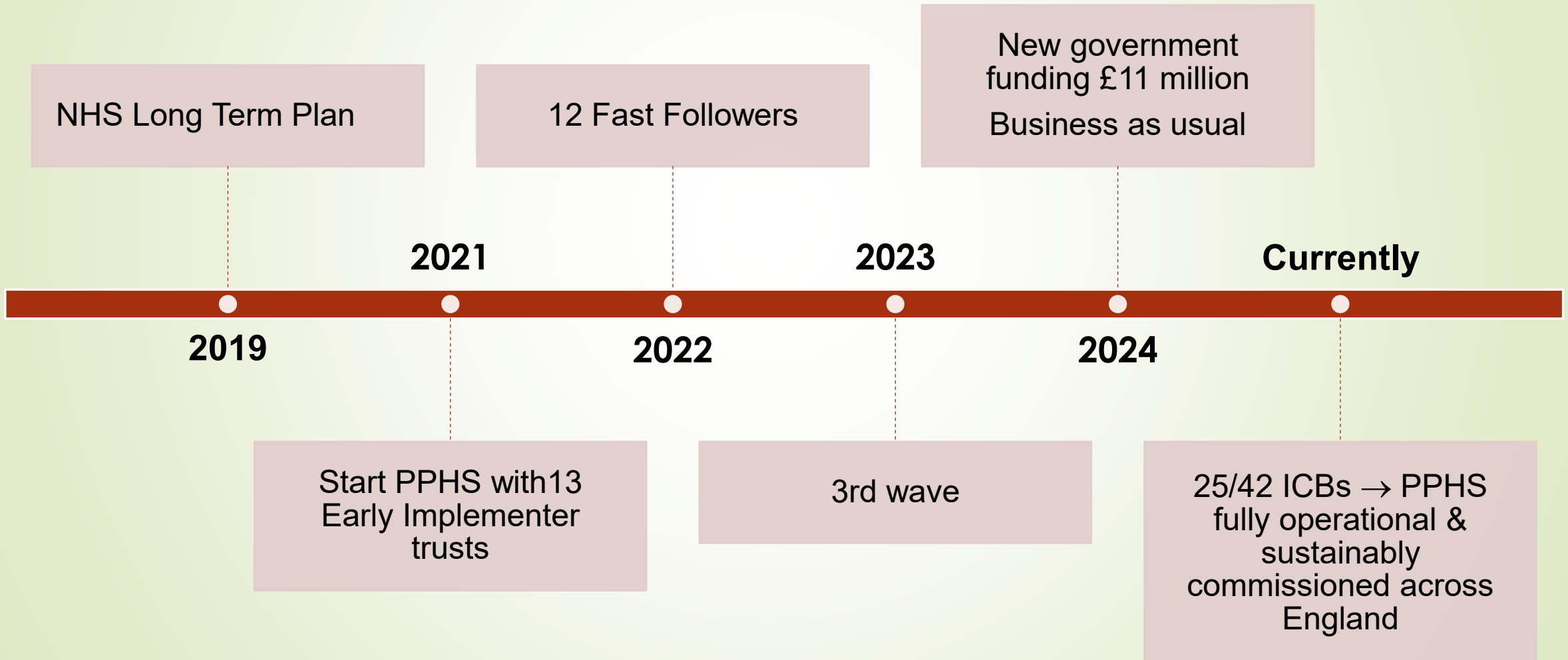
Pelvic Health Care in Pregnancy and following Birth

➤ NHS Long Term Plan (2019)

- Improve access to postnatal physiotherapy to support women who need it to recover from birth
- Improve the prevention, identification, and referral to NICE-recommended treatment for mild to moderate Pelvic Floor Dysfunction (PFD) during pregnancy and at least one year following birth, and ultimately **reduce the number of women living with symptoms of PFD** postnatally and in later life

➤ Perinatal Pelvic Health Service (PPHS)

Perinatal Pelvic Health Services England (NHSE)



Perinatal Pelvic Health Service SaTH

- Joint service between Therapies and Maternity Services
 - Pelvic Health Specialist midwife
 - Pelvic Health Specialist Physiotherapist
- Education on prevention and identification of symptoms of PFD
 - Health Professionals
 - ✓ OASI Care Bundle
 - ✓ Pelvic Health Education
 - Service Users
 - ✓ Patient Information webpage and leaflets
 - ✓ Antenatal classes (online & F2F)
- Improved MDT Connections
- Improved referral pathway to pelvic health physiotherapy
 - SPoA
 - Self Referral
 - Mandatory referral criteria
 - Pelvic Health screening tools



PPHS Service User Survey – Quarter 4

Your experiences of NHS Perinatal Pelvic Health Services

Q8 Overall, how satisfied are you with the quality of the care and support you received in relation to your pelvic health problem?

	NOT AT ALL SATISFIED	NOT VERY SATISFIED	NEITHER SATISFIED NOR DISSATISFIED	FAIRLY SATISFIED	VERY SATISFIED	TOTAL	WEIGHTED AVERAGE
👍	0.00% 0	0.00% 0	0.00% 0	6.25% 1	93.75% 15	16	4.94

4.9👍
average rating



Why Pelvic Floor Muscle Training (PFMT)

Definition

Exercise to improve PFM strength, endurance, power, relaxation or a combination of these parameters.

International Continence Society

➤ NICE Guidelines on Pelvic floor muscle training (PFMT)

Undertaking pelvic floor muscle training has been shown to significantly impact an individual's health and improve symptoms of pelvic floor dysfunction (2021)

➤ RCOG guidelines: 'Women should be advised that pelvic health physiotherapy following OASI repair can be beneficial'

➤ "It is important to do pelvic floor exercises as soon as you can after birth"

(RCOG patient information, 2019)

Let's do some
squeezes

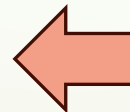
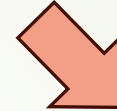
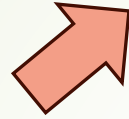
Relax

Focus on your
back passage /
anus

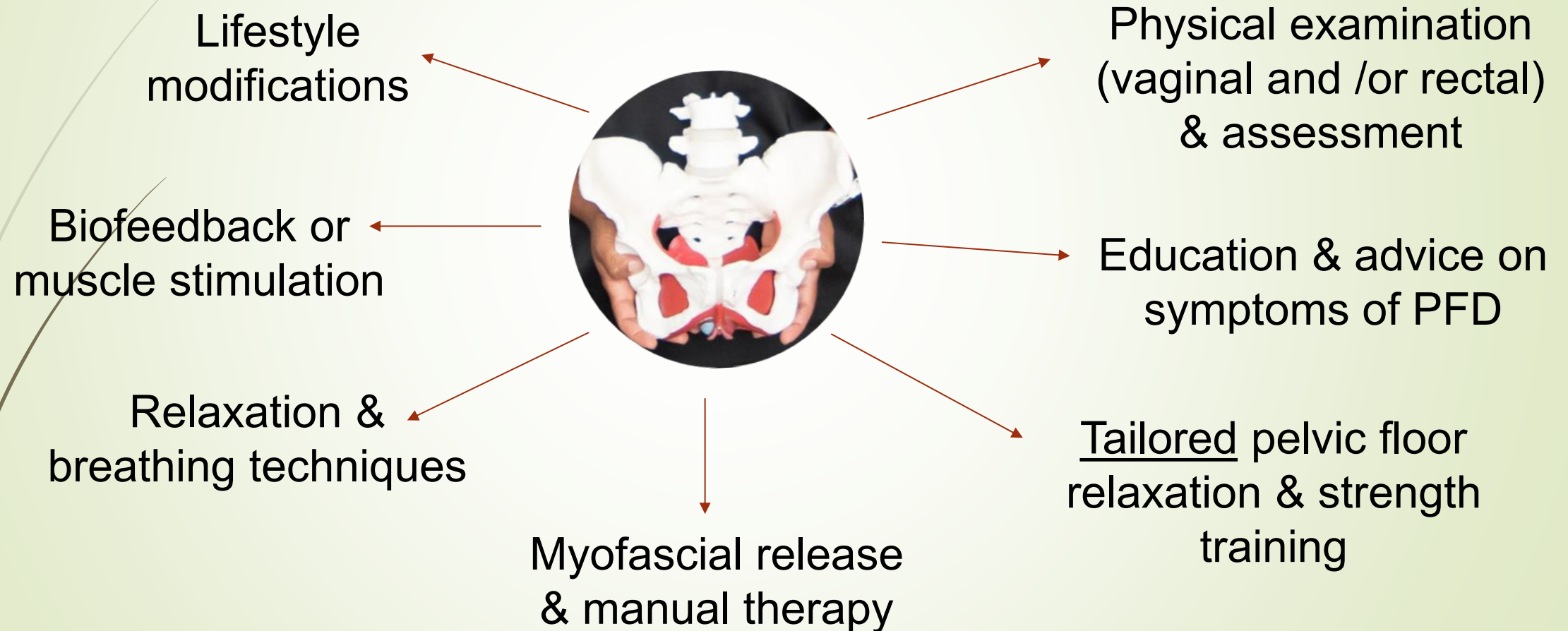
Imagine
stopping
yourself from
passing wind

Feel a gentle
lift/drawing in
sensation around
back passage

Feel a 'letting go'
or 'flop' of your
pelvic floor



The Role of the Pelvic Health Physiotherapist





Your role as health professional

➤ Empower, Identify and Refer

➤ Ask **specific** questions about symptoms of PFD


- Do you sometimes experience accidental loss of urine on exercise, or are unable to make it to the toilet on time?
- Do you sometimes have a feeling of increased pelvic pressure or the sensation of pelvic organs slipping down or falling out?
- Do you sometimes experience pain or discomfort with sexual activity or intercourse?
- Do you sometimes experience loss of faeces or flatus or any difficulties with your bowels?

➤ Speak the patient's language – use words they are comfortable with


Pelvic Health Screening Tools

PFD – SENTINEL (Screening Tool IN female athletes)

INSTRUCTIONS
Check the box whether symptoms are reported and items are satisfied.
Score 1 point for each one.



SYMPTOMS



Do you

- ☐ Usually experience urine leakage?
- ☐ Usually experience urinary urgency (that is a strong sensation of needing to go to the bathroom) usually accompanied by frequent urination and nocturia?
- ☐ Usually have a bulge or something falling out that you can see or feel in your vaginal area?
- ☐ Usually lose stool or gas beyond your control?
- ☐ Usually experience pain or discomfort in the lower abdomen or genital region?

SYMPTOM SCORE = /5

Whether none symptom is reported, you may proceed to the next section.

Available:

- BJSM
- NIH
- Think Active website

Screening Tools

PFD-SENTINEL

ITEMS

Clinical characteristics

- ☐ BMI < 18.5
- ☐ BMI > 30
- ☐ Childbirth
- ☐ Type of delivery: vaginal birth
- ☐ Diabetes mellitus
- ☐ Connective tissue disease
- ☐ Hypermobility syndrome
- ☐ Eating disorders
- ☐ Relative energy deficiency in sport (RED-s)
- ☐ Musculoskeletal disorders (e.g. Low back pain, hip pain)
- ☐ Medications (e.g. psychotropic medications, ACE inhibitors, diuretics)
- ☐ Menopause
- ☐ Hormonal therapy, oestrogen deficiency states
- ☐ Irregular menstrual cycle
- ☐ Constipation
- ☐ Nerve, muscle damage, tissue disruption (pelvic floor)
- ☐ Pelvic surgery, radiation
- ☐ History of urinary tract infections (LUTS)
- ☐ Family history of urinary incontinence (UI)
- ☐ Family history of pelvic organ prolapse (POP)

Sports-related characteristics

- ☐ Years of training/sport practice ≥ 9
- ☐ Age at start of training < 14 years
- ☐ Training hours/day ≥ 2
- ☐ Training hours/week ≥ 8
- ☐ Training frequency/week ≥ 4
- ☐ High-level sports/Athlete's national ranking
- ☐ Medium-impact sports (e.g. running, football, tennis, karate)
- ☐ High-impact sports (e.g. volleyball, basketball, gymnastics, powerlifting)

TOTAL ITEM SCORE = /28

Giagio et al, 2023

Screening Tools

Perinatal Pelvic Health Self-Assessment Questionnaire (PPHSAQ)

- Validated questionnaire
- Captures information on the presence of risk factors for pelvic floor disorders (PFD) and the severity, bother and impact of symptoms in the areas of bladder, bowel, vagina/prolapse and sexual activity.
- Enables the early identification of women with symptoms, the monitoring of symptoms over time, and to inform appropriate referral for diagnoses and management of symptoms
- 3 Questionnaires:
 1. Antenatal questionnaire: 13 items
 2. Postnatal questionnaire: 13 items
 3. Symptoms questionnaire: 35 items over four sections comprising bladder; bowel; vagina/prolapse; sexual activity



To refer, or not to refer?

- NICE + RCOG Recommendations
- Identify your local Pelvic Health Physiotherapy Departments
- Identify your local PPHS
- Familiarise with the local referral pathways and referral criteria



Take home messages

- Pelvic floor dysfunction is common
- PFMT and basic pelvic health care are effective in managing and/or decreasing symptoms of pelvic floor dysfunction
- Have those difficult conversations and ask the right questions.
- Teach all women basic pelvic floor exercises, but if they are unsure, refer to your local Pelvic Health Physiotherapy Departments
- Prevention is better than cure: ensure that ALL women know about PFMT, the symptoms of PFD and what they can do to prevent these symptoms
- In your role you are in a privileged position to enable change in the current service provision and to **empower** women. You can play a big role in the prevention of symptoms of pelvic floor dysfunction later in life



Thank you

Time for questions