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COMMENTARY

Postpartum physiotherapy: a commentary on evidence-based guidance and current practice, including a survey of International Organization of Physical Therapists in Women's Health delegates

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Abstract
Historically, one of the primary roles of pelvic and women's health physiotherapists has been to provide women with advice and treatment during the childbearing year. This commentary looks at information on current postpartum physiotherapy practice that was gathered through an international survey, and considers the findings alongside current evidence and guidelines.

Keywords: pelvic floor, physiotherapy, postpartum.

Introduction

Pelvic and women's health physiotherapists often advise and treat women during the childbearing year. In fact, "obstetric physiotherapy" was the primary focus of the Obstetric Association of Chartered Physiotherapists, the original UK clinical interest group that eventually evolved into Pelvic, Obstetric and Gynaecological Physiotherapy (POGP 2019).

As president of the International Organization of Physical Therapists in Women's Health (IOPTWH), I was invited to present at the 7èmes Journées Francophones de Kinésithérapie in Montpellier, France, in February 2019. The conference was organized by the Société Française de Physiothérapie, a French membership organization for physiotherapists. Among other general and specialist sessions, the 3-day event included a series of presentations and discussions on behalf of the Société Internationale de Rééducation en Pelvi-Périnéologie (SIREPP), a specialist pelvic physiotherapy group.

As part of a session entitled "*Etat des lieux en pelvipérinéologie*", I was asked to speak about the current "state of play" in postpartum physiotherapy. In preparation, and following discussions with representatives of SIREPP, I undertook a survey of IOPTWH delegates and examined the relevant recent evidence and guidelines. In addition, I spoke to practitioners about past and present practice in France.

In this article, I shall discuss the findings that I presented in Montpellier.

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Survey of International Organization of Physical Therapists in Women's Health delegates

The IOPTWH is an official subgroup of the World Confederation for Physical Therapy (WCPT). Following consultation with the membership, its name was changed to the International Organization of Physical Therapists in Pelvic and Women's Health (IOPTPWH) at a business meeting in May 2019.

At the time of the e-mail survey in late 2018, 25 countries were members of IOPTWH (i.e. Australia, Bermuda, Brazil, Canada, Chile, Croatia, Denmark, Finland, Germany, Hong Kong, Ireland, Israel, Kuwait, the Netherlands, New Zealand, Nigeria, Norway, Portugal, Saudi Arabia, Slovenia, South Africa, Sweden, Turkey, the UK and the USA), and delegates were invited to answer the following questions:

(1) Is postnatal/postpartum physiotherapy standardized across the country? For example, would a woman in the capital receive the same care as a woman elsewhere in the country?

(2) If there is standardized care, what does it include?
(3) Who pays for the treatment?

Contrary to normal practice, I will start with the limitations of this survey because I feel that these should be taken into account when considering the findings. This was a non-scientific snapshot of practice in 25 countries, all of which have a pelvic/women's health physiotherapy organization. Therefore, the results cannot be generalized to practice globally, particularly in countries where physiotherapy services are less well established if, indeed, these exist at all. The survey was answered by, at most, a few physiotherapists; in many cases, just one person was responsible for the replies. Undoubtedly, there will be wide variations in practice within some countries. The questions were broad and lacked clarity, and the answers that were received varied from a few words to more-extensive information and detail. Lastly, the survey was only available in English, which is the official language of WCPT. This may have limited the answers from some countries.

Is postnatal/postpartum physiotherapy standardized across the country? For example, would a woman in the capital receive the same care as a woman elsewhere in the country?

Forty-eight per cent of the responders stated that there is no standardized national approach. Only two said that the aim in their countries is to see every woman postpartum before she is discharged from hospital. In contrast, more than three-quarters of delegates said that women are not seen routinely. Twenty per cent said that only women who were at particular risk of a pelvic floor dysfunction (e.g. following obstetric anal sphincter injury), or those who were already symptomatic, would be seen. Some delegates highlighted variations within their country, with one in five saying that women in rural areas were less likely to see a physiotherapist, while others stated that there is a difference between public and private services.

Where physiotherapy is not offered, options might include written information, advice from a midwife or nurse, or in at least one country, referral for extracorporeal magnetic innervation.

If there is standardized care, what does it include?

Some responders mentioned group sessions for women postpartum, while others saw women on a one-to-one basis one or more times before they were discharged from hospital. The intervention itself varied greatly, but the following were all mentioned by at least one delegate:

- Education, advice and exercises:
  - anatomy and physiology;
  - leaflets and other resources; and
  - prevention of dysfunctions.
- Pelvic floor muscles (PFMs):
  - activity;
  - function; and
  - rehabilitation (with or without examination, electromyography and dynamic ultrasound).
- Abdominal muscles
  - activation of the abdominal capsule;
  - deep abdominal muscle exercises;
  - examination of the abdomen; and
  - diastasis recti abdominis.
- Breathing pattern.
- Posture and movement:
  - infant feeding; and
  - handling the baby.
- Perineal care.
- Caesarean section wound/scar care.
- Bladder and bowel care (e.g. constipation).
- Fatigue.
- Depression.
- General activity/fitness.
- Baby massage and stimulation.

In countries where women were only seen if they were symptomatic, the following might be reasons for referral:

- urinary dysfunction;
- anorectal dysfunction;
- pelvic organ prolapse (POP);
- sexual dysfunction;
- diastasis recti abdominis;
- pain (e.g. low back, pelvic girdle, perineum and incision); and
- breastfeeding difficulties.

Three delegates spoke of following national guidelines, local protocols or a screening tool.

Who pays for the treatment?

Free postpartum physiotherapy was available in 44% of the countries surveyed. Women could access private treatment in most or all countries; this was either covered by insurance, subsidized by the state (24%) or self-funded. Several delegates said that women might choose private physiotherapy to avoid long waiting lists within the public health system.

Summary of the findings

Women were not seen routinely by a physiotherapist following childbirth in the majority of the 25 IOPTWH member countries. Few saw a physiotherapist until at least 6 weeks postpartum, and any national standardization of care was rare. No free care was available in more than half the countries surveyed.

Postpartum physiotherapy: current practice and evidence-based guidance

In an earlier study, Bourcier *et al*. (2017) undertook an international survey of pelvic floor rehabilitation (PFR) after childbirth, gathering 51 responses from 28 countries. With 21 questions on five topics, this study was more comprehensive than the present one, but the findings were not dissimilar: it was most common for PFR to start 6 weeks postpartum, and only for symptomatic women; the number of treatments might be limited and undertaken by a suitably skilled physiotherapist; therapy would normally include individualized PFM training (PFMT) with a home exercise programme (biofeedback or neuromuscular electrical stimulation might be included as a second-line intervention); and women often had to contribute to the cost of their physiotherapy. Bourcier *et al*. (2017) concluded that there is currently no clear guidance on new mothers' recovery and rehabilitation, and that this should be developed. They also argued that a multidisciplinary strategy is needed during and after a woman's first pregnancy.

Routine postpartum PFR was established in France more than 30 years ago (Bourcier *et al*. 2017), and anecdotally, has long been the envy of many physiotherapists in other countries. Funded under the government's healthcare plan, women have been referred by their obstetrician, and receive 10 sessions of therapy delivered by a physiotherapist or midwife (Bourcier *et al*. 2017). However, practice in France is changing.

Sénat *et al*. (2016) produced postpartum practice guidelines on behalf of the Collège National des Gynécologues et Obstétriciens Français (CNGOF; the French College of Gynaecologists and Obstetricians). These authors undertook a systematic literature review of a range of relevant subjects, including postpartum PFR, and concluded (by professional consensus, in the absence of irrefutable scientific evidence) that pelvic floor rehabilitation in asymptomatic women to prevent urinary or anal incontinence in the medium or long term is not recommended. They also advised against PFR to prevent or treat POP or dyspareunia, but recommended it for anal incontinence. On the basis of very robust evidence, PFMT was recommended to treat urinary incontinence persisting at 12 weeks postpartum. Sénat *et al*. (2016) listed no physiotherapists among their steering committee, working group or peer reviewers. However, they did cite Deffieux *et al.* (2015), who included physiotherapists among the authors of their guidelines on postpartum PFMT and abdominal rehabilitation. Based on a systematic review, they concluded that PFM therapy should be recommended for postpartum urinary or anal incontinence persisting 3 months after delivery.

Woodley *et al*. (2017) undertook a systematic review on behalf of the Cochrane Library. Based on the evidence from 38 trials, they concluded that it is uncertain whether a population-based approach for delivering postnatal PFMT is effective in reducing urinary incontinence. Dumoulin *et al*. (2017) reached a similar conclusion, and suggested that health providers should carefully consider the cost–benefit ratios of population-based approaches to antepartum or postpartum PFMT taught by a healthcare professional.

Comment

Guidelines by eminent authors based on systematic reviews of the available literature do not support a "blanket" approach to postpartum PFM rehabilitation by physiotherapists or other healthcare professionals. Both the present IOPTWH international survey and that of Bourcier *et al*. (2017) suggest that this is already current practice in many countries. Although two IOPTWH delegates said that physiotherapists aim to see every woman before she is discharged from hospital postpartum, many responders were concerned that current service provision could not even ensure that symptomatic or at-risk women are seen in a timely manner, be that as inpatients or outpatients.

As is often the case, authors recommended further research (Dumoulin *et al*. 2017; Woodley *et al*. 2017). Three out of four recommendations on PFR within the postpartum practice guidelines for clinical practice from the CNGOF (Sénat *et al*. 2016) were based on consensus and expert opinion, and Deffieux *et al*. (2015) identified a lack of randomized trials to inform practice.

Based on the current evidence, should those of us who might aspire to see *every* woman postpartum – or think that is the ideal – change our

view? In a recent prospective study of 382 women, Neels *et al*. (2018) found that 57% were not able to undertake an isolated PFM contraction when observed in the first few days postpartum; common faults included a concomitant contraction of the rectus abdominis, gluteal or hip adductor muscles, a pelvic tilt, and breath-holding or straining. After verbal feedback, this dropped to 3%. Might these findings justify one-to-one assessment and advice for women postpartum? In addition, the IOPTWH survey highlighted a broader role internationally for women's health physiotherapists during the postpartum period (see p. 12). Although such physiotherapy interventions (e.g. diastasis recti abdominis, posture and a return to fitness activities) were not the focus of my attention before the Montpellier conference, these are worthy of further consideration.

Thankfully, whatever our precise role, the contribution of physiotherapy postpartum is recognized outside our own profession. In a document on "Optimizing postpartum care" (ACOG 2018), the American College of Obstetricians and Gynecologists recommends that women who are experiencing urinary or faecal incontinence are referred to a physical therapist. A joint Royal College of Midwives and Chartered Society of Physiotherapy statement on PFM exercises (RCM & CSP 2017) recommends that: there should be a referral pathway to specialist physiotherapy for at-risk or symptomatic women; midwives must be trained to provide women with accurate advice and effective support; and on a local level, physiotherapists should offer PFM training to midwives.

A National Health Service (NHS) improvement project in 2017–2018 looked at safe, sustainable and productive staffing in many different specialties, including maternity (NHS Improvement 2018). Physiotherapists were recognized as part of the multidisciplinary team, and the resources included evidence-based recommendations on their role during pregnancy and postpartum. In addition to direct patient contact, this included physiotherapy-led education for midwives and midwifery students. Most recently, *The NHS Long Term Plan* (NHS 2019) pledges improved access to postnatal physiotherapy to support women who need it to recover from birth, recognizing the effectiveness and cost-effectiveness of our interventions.

This is an optimistic note on which to finish. Only time will tell if these aspirations become a reality, but I am confident that pelvic and women's health physiotherapists will do their utmost to ensure that women receive the postpartum care that they deserve.

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