Poster digest

Introduction

Well done to everyone who entered the 2019 POGP poster competition!

We were delighted to receive the five submissions that are printed below. The entrants have all worked hard to present their research and service developments in creative and engaging ways.

Members of the Educational Subcommittee used a scoring system to judge the posters anonymously. Congratulations go to Clare Monaghan, Kate Reece and Jill Lomas (Fig. 1) for their winning poster, "Digital self-referral to antenatal physiotherapy using MyPathway" (see pp. 58–59). They have been awarded a prize of £50. This fantastic service development is superbly presented, and we hope that this information will be useful to other physiotherapy teams.

Since we did not hold a conference last year, the prize for best platform presentation was not awarded. In 2020, our usual competition for both posters and platform presentations will return.

Figure 1. Kate Reece (left) and Clare Monaghan (right), winners of the 2019 POGP poster competition.

In preparation, I recommend that you read Kay Crotty's article on how to design a poster (Crotty 2018), and start to work up your ideas. I look forward to even more entrants sharing their work at Conference next year.

Short summaries and thumbnail-sized images of the posters are printed below. The full-sized versions can be viewed on the POGP microsite (https://pogp.csp.org.uk/).

Shirley Bustard
Research Officer

Reference

Crotty K. (2018) Guidelines for preparing a poster for presentation at the POGP Annual Conference. *Journal of Pelvic, Obstetric and Gynaecological Physiotherapy* **123** (Autumn), 47–49.

Digital self-referral to antenatal physiotherapy using MyPathway

Presently, antenatal women suffering from pain have to see a midwife before being referred to women's health physiotherapy (WHPT), which delays their first appointment. Currently, the WHPT referral forms at Sheffield Teaching Hospitals NHS Foundation Trust (STHNHSFT), Sheffield, UK, omit relevant details, which causes problems with regard to appropriate triage. A pilot study was completed to gather data to test the feasibility of implementing a new self-referral (SR) pathway. The aims of this study were to: improve women's accessibility to WHPT; monitor the did-not-attend (DNA) rate; and ascertain patients' and midwives' views about the new pathway. The ultimate aim was to explore web-based SR as a future service innovation. Five hundred antenatal women were informed of the SR pathway, and encouraged to use it between February and September 2019. Data on the quality of the referral information, attendance and patient satisfaction were analysed. Thirty-seven referrals were received during the pilot, and the DNA rate reduced from 10% to 2.7%. Women were seen earlier in their pregnancy when they self-referred. One hundred per cent of patients recommended SR as a way of accessing WHPT. Midwives responded positively, stating that the pathway saved their clinical and

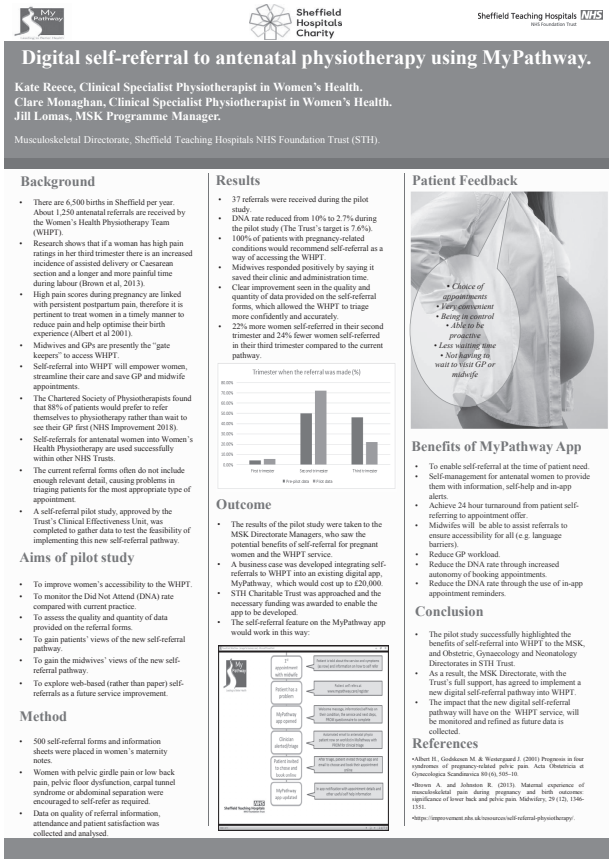

Figure 2. Poster: "Digital self-referral to antenatal physiotherapy using MyPathway".

administration time. Improvements were seen in the quality and quantity of the data provided, allowing the STHNHSFT WHPT service to triage more confidently and accurately. Following the pilot study, a business case was developed for integrating SR to WHPT into an existing digital app, MyPathway (Advanced Digital Innovation, Saltaire, West Yorkshire, UK). This was funded by the STHNHSFT charitable trust. The pilot study highlighted the benefits of SR to WHPT, and as a result, the STHNHSFT Musculoskeletal Directorate has agreed to implement a new digital SR pathway to WHPT. The impact that the new digital pathway will have on the WHPT service will be monitored and refined as future data are collected. MyPathway is the first digital SR app that is not paper- or web-based. It will empower women to self-refer at their point of need, streamline their care and reduce the DNA rate for WHPT.

Clare Monaghan, Kate Reece & Jill Lomas
Musculoskeletal Directorate
Sheffield Teaching Hospitals NHS Foundation Trust
Sheffield
UK
E-mail: clare.monaghan@nhs.net

Review of antenatal education: pelvic floor exercise in the postpartum woman

Antenatal classes are delivered by clinical specialist physiotherapists in the women's health service in three hospitals across the Southern Health and Social Care Trust (SHSCT) in Northern Ireland. The aims of this project were to: establish awareness within a defined group of women of the role of pelvic floor exercises (PFEs) during pregnancy; confirm that PFEs were being taught at antenatal classes by physiotherapists at the SHSCT; and ensure that any postnatal women who had been identified as having problems with their pelvic floor muscles (PFMs) were receiving appropriate physiotherapy treatment. As advised by the SHSCT Personal and Public Involvement Department, the authors undertook some service-user research on a draft telephone questionnaire, and made amendments to reflect their findings. A sample of 60 women were selected at random from the defined geographical area represented by the SHSCT. In February 2019, a telephone questionnaire was conducted 5–6 months postpartum. The results were as follows:

(1) "Were you aware of the importance of doing PFEs prior to your antenatal education?" Yes: 72%; no: 28%.

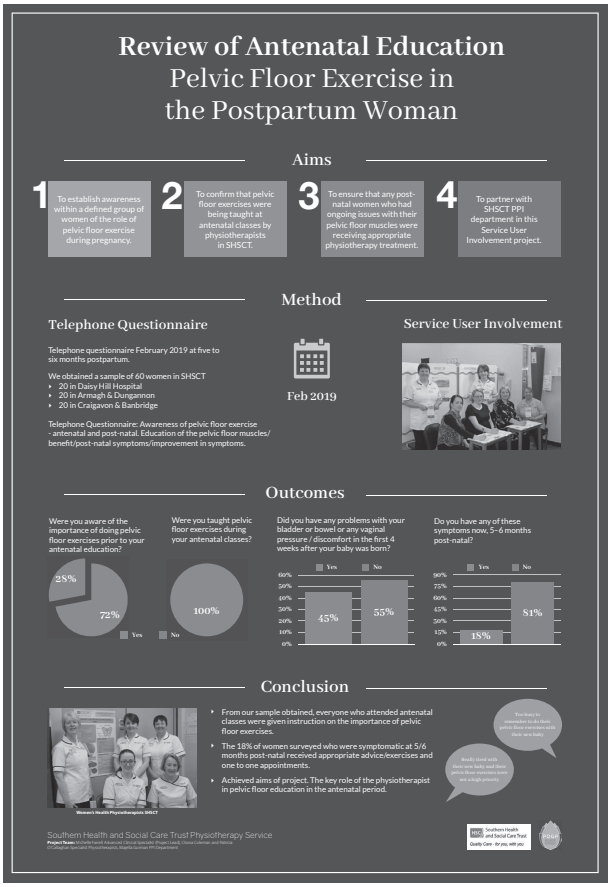

Figure 3. Poster: "Review of antenatal education: pelvic floor exercise in the postpartum woman".

(2) "Were you taught your PFEs during the antenatal classes?" Yes: 100%.
(3) "Did you have any problems with your bladder or bowel, or vaginal pressure/discomfort in the first 4 weeks after your baby was born?" Yes: 45%; no: 55%.
(4) "At 5–6 months postnatal, do you have any of these symptoms now?" Yes: 18%; no: 82%.

The 18% of the sample who were experiencing issues with regard to stress incontinence were either attending one-to-one physiotherapy, or on the waiting list and awaiting an appointment. Others had received advice on PFEs and fluid volume management, and had sufficient knowledge to self-manage. In conclusion, women's health physiotherapists have a key role to play in antenatal education. This should include: educating women about the anatomy of the pelvic floor, how pregnancy and childbirth can affect the PFMs, and PFEs; and providing advice about how to get the necessary postnatal referral to the authors' service, as required. The aim is to ensure that these women have a healthy pelvic floor during the postpartum period and the years to follow**.**

M. Farrell,[1] A. Kearney,[1] C. Coleman,[1] P. O'Callaghan[1] & M. Gorman[2]
[1]*Physiotherapy Service, and* [2]*Personal and Public Involvement Department*
Southern Health and Social Care Trust
Portadown
County Armagh
Northern Ireland
E-mail: MichelleL.Farrell@southerntrust.hscni.net

References

Millett R. (2019) Physiotherapists raise awareness of risks of postnatal lifting. *Frontline* **25** (6), 15.

National Collaborating Centre for Women's and Children's Health (NCCWCH) (2006) *Urinary Incontinence: The Management of Urinary Incontinence in Women.* NICE Clinical Guideline 40. RCOG Press, London.

Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2016) *Pelvic Organ Prolapse – A Guide for Women.* [WWW document.] URL https://pogp.csp.org.uk/system/files/publication_files/POGP-Prolapse.pdf

Women's health information groups: user experience of information groups as a quality indicator

Women's health information groups were launched in the SHSCT in November 2015. These are delivered by clinical specialists in women's health in the physiotherapy departments of three different hospitals. A formal evaluation of the groups that were held between October 2017 and March 2018 was conducted. The aims of the groups were fourfold: (1) patient peer support through education/awareness; (2) education of patients on the management of continence/prolapse; (3) facilitation of improved engagement by patients; and (4) reduction in the loss of clinical time when patients DNA. Two patient satisfaction surveys were conducted: a postal survey of patients who attended groups/came for follow-up one-to-one treatment; and a telephone survey of patients who went to the groups, but DNA their follow-up appointments. General data were collected in both surveys, including age, referral source, diagnosis and department attended. The response rate for the postal survey was 36%, and of these patients, 63% and 26% had diagnoses of incontinence and prolapse, respectively, and 11% reported suffering from both incontinence and prolapse. Eighty-five per cent of the telephone survey group reported that attending a group had been beneficial, and 66% stated that they had experienced an improvement in their symptoms after implementing the advice that they had been given and commencing the

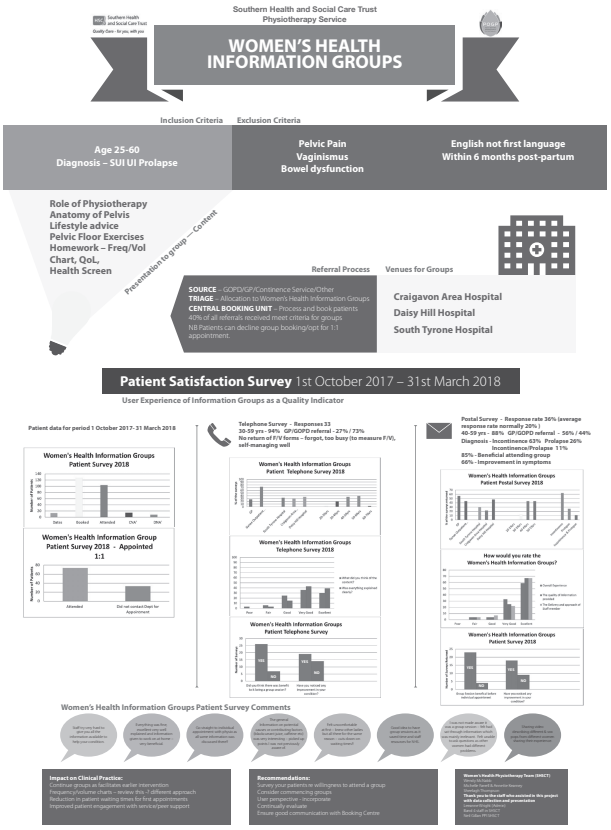

Figure 4. Poster: "Women's health information groups: user experience of information groups as a quality indicator".

exercise programme. Patients contacted for the telephone survey had not requested a follow-up appointment for a number of reasons; for example, they had forgotten about it, had been too busy or were self-managing well after attending the group. On review of the results, the authors decided to: (1) continue with the groups since these facilitate earlier intervention; and (2) redesign the frequency–volume charts given out to make completion easier. There was a reduction in patient waiting times for first appointments and improved patient engagement with the physiotherapy service, and peer support was reported by the participants. In conclusion, clinicians should ask patients about their willingness to attend a women's health information group, consider commencing such groups, incorporate user perspectives and continually evaluate the process.

W. McNabb
Physiotherapy Service
Southern Health and Social Care Trust
Portadown
County Armagh
Northern Ireland
E-mail: Wendy.McNabb@southerntrust.hscni.net

References

Bø K. (2003) Pelvic floor muscle strength and response to pelvic floor muscle training for stress urinary incontinence. *Neurourology and Urodynamics* **22** (7), 654–658.

Price N., Dawood R. & Jackson S. R. (2010) Pelvic floor exercise for urinary incontinence: a systematic literature review. *Maturitas* **67** (4), 309–315.

Evaluating the use of a drop-in "pregnancy pain clinic" for antenatal women with pregnancy-related musculoskeletal symptoms

As part of the UK National Health Service's 10-year plan, there has been a nationwide focus on improving access to pelvic physiotherapy services. In Nottingham, service models have been developed to support SR and improved access. The "physio direct" model includes telephone SR with triage to either a one-to-one appointment, advice given over the telephone or an appointment in a group session. This led to an increase in the number of referrals that has made meeting the clinical demand within operational constraints challenging. Patient feedback identified issues with regard to waiting times. To meet the increased clinical demand and ensure quick access, a drop-in clinic was developed. Obstetric patients attended without an appointment on a nominated day. They were triaged by a physiotherapist to receive immediate intervention in the form of either:

(1) a one-off session consisting of education, advice and practical strategies, and exercise in a group setting; or
(2) one-to-one, hands-on assessment and treatment.

After 7 months, a retrospective evaluation was undertaken of clinical contacts, staffing levels and patient feedback. An average of eight patients were seen during each session by a maximum of three qualified physiotherapists and one assistant. The responses on the patient feedback questionnaires were positive. No complaints had been received since the clinic started. The drop-in clinic offered a time-efficient way of performing triage, and assigning a pathway of treatment to antenatal patients with musculoskeletal problems. Uptake may have been good because of pre-existing links with community midwifery teams. The capacity of the drop-in clinic now allows patients to be seen quickly and often

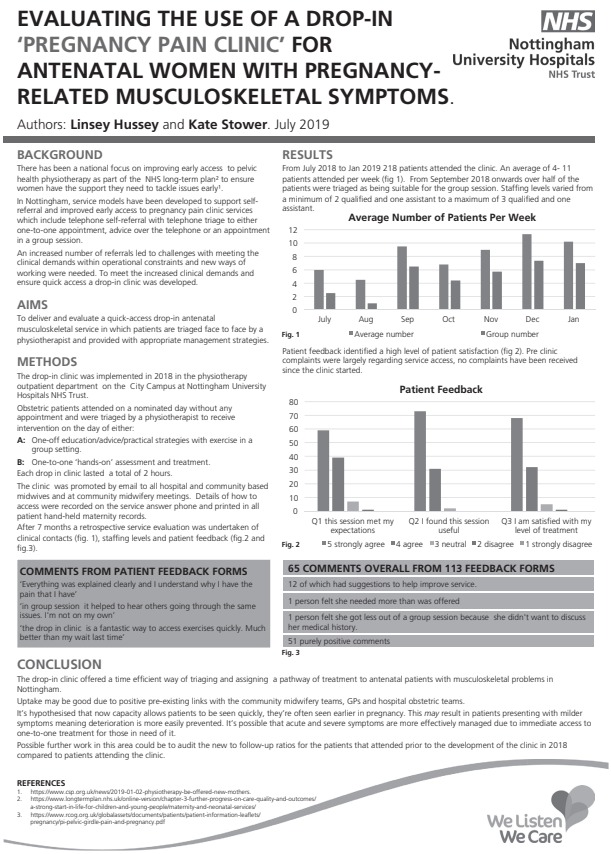

Figure 5. Poster: "Evaluating the use of a drop-in 'pregnancy pain clinic' for antenatal women with pregnancy-related musculoskeletal symptoms".

earlier in pregnancy. This could result in patients presenting with milder symptoms, which would mean that deterioration can be prevented more easily. It is also possible that acute and severe symptoms are more effectively managed as a result of immediate access to one-to-one treatment for those in need of it. The pregnancy pain clinic has been successful in providing obstetric patients with quick access to musculoskeletal physiotherapy, and generated positive patient feedback.

K. Stower & L. Hussey
Physiotherapy Service
Nottingham University Hospitals NHS Trust
Nottingham
UK
E-mail: Linsey.hussey@nuh.nhs.uk

References

Chartered Society of Physiotherapy (CSP) (2019) *Physiotherapy to Be Offered to New Mothers.* [WWW document.] URL https://www.csp.org.uk/news/2019-01-02-physiotherapy-be-offered-new-mothers

National Health Service (NHS) (2019) *Maternity and Neonatal Services.* [WWW document.] URL https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/a-strong-start-in-life-for-children-and-young-people/maternity-and-neonatal-services/

Royal College of Obstetricians and Gynaecologists (RCOG) (2015) *Pelvic Girdle Pain and Pregnancy.* [WWW document.] URL https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-pelvic-girdle-pain-and-pregnancy.pdf

The reliability of measuring diastasis recti abdominis in pregnant women using ultrasound

Ultrasonography is a non-invasive, repeatable and safe method of measuring diastasis recti abdominis in pregnancy. The aim of this study was to determine the intra-rater and inter-rater reliability of determining diastasis recti in pregnant women with the use of an ultrasound machine. Ultrasound imaging was used to measure diastasis recti abdominis in 20 pregnant volunteers. Two physiotherapists performed measurements 4.5 cm above and below the umbilicus, as well as with the participants in a relaxed abdominal wall position or performing an abdominal crunch. The reliability was assessed by the intraclass correlation coefficient (ICC). The intra-rater reliability for measurements above the umbilicus in both testing positions varied from

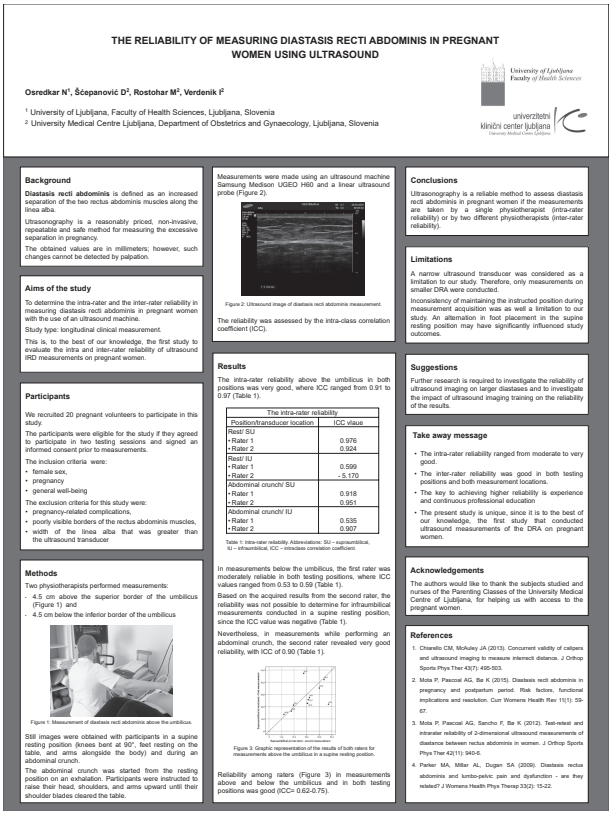

Figure 6. Poster: "The reliability of measuring diastasis recti abdominis in pregnant women using ultrasound".

0.91 to 0.97. In measurements below the umbilicus, the first rater recorded ICC scores ranging from 0.53 to 0.59. The second rater documented values of –5.17 and 0.90, respectively, for measurements conducted with the participants in a relaxed abdominal wall position or performing an abdominal crunch. The ICC values among the raters for measurements in a relaxed abdominal wall position varied between 0.62 and 0.69. The ICC score while performing an abdominal crunch was 0.75 both above and below the umbilicus. The intra-rater reliability above the umbilicus in both positions was very good. In measurements below the umbilicus, the reliability was average to very good. Reliability among the raters in measurements above and below the umbilicus, and in both positions was good. In conclusion, ultrasonography is a reliable method of assessing diastasis recti abdominis in pregnant women**.**

N. Osredkar
Faculty of Health Sciences
University of Ljubljana
Ljubljana
Slovenia
E-mail: osredkar.ninaa@gmail.com

D. Šćepanović, M. Rostohar & I. Verdenik
Department of Obstetrics and Gynaecology
University Medical Centre Ljubljana
Ljubljana
Slovenia

Reference

Mota P., Pascoal A. G., Sancho F. & Bø K. (2012) Test-retest and intrarater reliability of 2-dimensional ultrasound measurements of distance between rectus abdominis in women. *Journal of Orthopaedic and Sports Physical Therapy* **42** (11), 940–946.