Notes and news

Pessary guidelines: an interview with Dr Kate Lough

Recently, many members of POGP have shown a great deal of interest in pessary devices for pelvic organ prolapse (POP) and incontinence. Therefore, it felt timely to interview the new chair of POGP about her work as chair of the UK clinical guidance group for the use of pessaries in vaginal prolapse to develop guidelines for the provision of these devices. This follows on from her very recently published doctoral thesis, *Making Pessary Use for Prolapse Woman-Centred and Evidence-Based* (Lough 2020). Kate kindly agreed to discuss the huge body of work that has been done over the previous 2.5 years.

Gillian Campbell
Editor

Gillian Campbell: *This project has been in development for some time. Can you tell us how it came to be?*

Kate Lough: It was a result of my PhD work, which included determining the direction of future research into pessary use for prolapse with the James Lind Alliance (JLA), and the subsequent publication of the top 10 priorities (Lough *et al.* 2018), there had been a number of conversations about the lack of any UK guidelines. I think that people are very surprised that there are none.

Throughout my PhD, I accessed a huge variety of information about pessaries from the Royal College of Obstetrics and Gynaecology (RCOG) website, patient Facebook groups, etc. Given how common the use of these devices for prolapse is, there is actually very little to guide clinicians. What is available for women doesn't quite fit the bill, particularly those who may want to choose a pessary and learn how to self-manage.

I began to gather expert clinicians and pessary users, including those who had been involved in the final JLA workshop, in order to form a clinical guidance committee. At that stage, we weren't certain that the resulting document could be considered to be a guideline. However, it has become clear that, because of the extent to which we have used a consensus process and the evidence base, we will have the first UK guidelines for pessary use for prolapse ready in early 2021. We are confident that these are robust enough because we used the framework provided by the AGREE Reporting Checklist (Brouwers *et al.* 2016) to guide the process, and ensured that we complied with the standards for reporting, involvement, transparency and rigour. We had one face-to-face meeting in November 2018, so it has been 2 years in the making! Some preparatory work was done before that when we split up into working parties to look at various sections.

The use of pessaries proved to be a tricky topic to provide guidance for and explain clearly. There was much toing and froing over many drafts until we agreed on the best way to convey the information.

The aims of the document were to:

- develop and publicize information for pessary users in order to inform and empower them, and manage their expectations;
- develop a training competency framework for healthcare professionals (HCPs) with recommended levels for supervision, observation and the assessment of competencies;
- provide recommendations for data recording and audit, and consequently, facilitate future research; and
- maintain an established group to monitor emerging and future evidence.

This is very much a pragmatic set of guidelines. It is intended to connect all the pessary-related practice that is going on across the UK, which is varied and inconsistent, but so prevalent. What we are trying to do is to create a platform where a lot of current and would-be pessary practitioners feel safe to begin to develop their skills, learn more and reflect upon their own practice.

G.C.: *Do you see these as applying to multiple professions?*

K.L.: The multidisciplinary group who identified the key components consisted of:

- seven urogynecologists;
- seven nurses;
- three physiotherapists; and
- three pessary users.

Not all the HCPs had the same level of experience, and the members of the group worked in

© 2021 Pelvic, Obstetric and Gynaecological Physiotherapy

different practice settings, had different levels of experience and were based in different places in the UK. The three pessary users were involved from the beginning, and participated in every meeting that they wanted to attend. They contributed to every part of the document, so it's been very inclusive and very much about their experience. For example, one of the most common statements about complications in practice guidance and clinical practice information can be paraphrased as follows: "If you have any problems, take your pessary out for 2 weeks and use some oestrogen. If it settles, pop it back in again."

A pessary user said:

> "Nope, not doing that! Wouldn't be able to go out. I just take mine out at night, put some oestrogen or something in there, and then replace the pessary or put something in, and leave the pessary in there because I can't remove it. It just doesn't work."

It's been really useful getting information like that.

The key points are as follows:

- The guidelines are the product of a multidisciplinary team (MDT).
- These are geared towards all pessary users.
- Any clinician or user should be able to find the advice relevant.
- Patient and public involvement has been a big factor in creating this document.

The guidelines are concise, and you will be able to download any individual sections that you want to read. For example, the clinical pathway algorithm, the pessary choice algorithm and the patient information leaflet are all available as printable and downloadable appendices. The actual guideline itself is not very large. It is user-friendly and should be relevant to many clinical settings.

There was wide-ranging stakeholder involvement in the group itself, which included members of the British Society of Urogynaecology, the Royal College of Nursing (RCN), the United Kingdom Continence Society (UKCS), the Scottish Pelvic Floor Network, The Pelvic Floor Society and POGP. As part of the stakeholder process, we will seek endorsement from organizations such as the RCN and the Association for Continence Advice. The RCOG Women's Voices Involvement Panel have already expressed interest in supporting the guidelines.

A further example of the applicability of the guidelines is being trialled in a pessary service redesign by a urogynaecology MDT in England.

We have had to recognize that lot of people are doing good things. The new guidelines don't mean that what you've been doing is not competent or safe, but the document is meant to encourage you to develop your own practice. It has been a difficult line to tread.

Being a part of the process has given one of our pessary-user members the courage to self-manage her device.

Another key point is that the training framework is very different to anything else out there, and we hope that future recommendations, particularly those for data collection and audit, will take this into account. We also hope that the group may have some input into the changes made following the recent review of medical devices (Cumberlege 2020). An overview of devices should include pessaries in order to ensure that these are properly regulated and monitored, and involve higher-quality evidence and better data collection. This will enable us to use this information in future research and audits.

The RCN have an easy-reading test as one of their endorsement criteria. However, we felt that an awful lot of patient information is too simplistic, and doesn't give women enough information to enable them to make informed choices. Consequently, we have included good graphics. We have thought very hard about terminology; for example, we decided to follow the National Institute for Health and Care Excellence (NICE), and use the term "non-surgical" rather than "conservative" to describe this form of treatment throughout. We discuss vaginal prolapse rather than POP since this term is more meaningful for a lot of women. There is also much more emphasis on self-management in the guidelines. I know that we haven't got the evidence for that, but if a pessary falls out and you manage to pop it back in, then it's not a big step to actually say: "Maybe I don't need to have it in all the time. I can manage it myself with fewer hospital visits."

We've not divided the pessaries into supportive and space-occupying devices, just called them what they are. Actually, the consensus was that some of the former did not fully occupy the space, and some of the latter were actually space-occupying ones. They are only really divided like that because of the question: "Are you sexually active? If you are, we can't use a space-occupying device." Actually, what the nurses and doctors were saying was, "It's not as simple as that." There are definitely some women who are

© 2021 Pelvic, Obstetric and Gynaecological Physiotherapy

sexually active who are coping well with a device that might not be considered quite right for them.

We've included new infographics about self-management and prolapse that are very nice. There's also a realistic pessary picture because these often aren't accurate. We've got one anatomical picture. The other thing that we're including is a full-frontal picture of a vagina because, as I and the pessary users pointed out, women don't look at "anatomy". They feel or look in a mirror, and think, *What's that?* So, we needed a picture of what it might look like. The artist is working on that at the moment, something more realistic so that women can say, "Yes, that's what I'm feeling."

We've not graded the evidence or referenced every point because we're trying to make the guidelines readable. However, there is some background to the evidence that will come largely from my PhD: any woman can be offered a pessary; it is likely to be effective; the complication rates are quite low; and they shouldn't use it forever.

An update of the Cochrane Review of pessaries has now been published (Bugge *et al.* 2020). This reinforces the need for bigger studies, and the development of outcome measures relating to prolapse-specific quality of life. The biggest change to the evidence is likely to be post-COVID-19, when we'll find out whether or not women who have had pessaries in for 12 months without being checked are doing well.

G.C.: *Will professionals who are currently fitting and prescribing pessaries be expected to follow these guidelines?*

K.L.: No, it is more about improving your own practice because not everyone has access to everything. So, for instance, general practitioners are very unlikely to consider using a Gellhorn device if it doesn't suit their practice. They can't buy it in, and they don't have the kits.

We've provided a visual guide to fitting the most common types of pessaries, including pictures of how you hold the devices and what you would do to insert these. Videos that show you how to insert and extract doughnut, Gellhorn and cube pessaries using a mannequin will also be accessible to members of UKCS and POGP.

G.C.: *So, if you are not currently prescribing or fitting, the guidelines will at least enable you to explain to women what to expect?*

K.L.: Yes, so you can learn yourself, and you can help women to understand.

Once the guidelines are published and promoted by the RCN (and I hope that the RCOG will get involved as well), then any level of clinician should be able to learn more about pessary fitting. If you follow the framework, you'll have somebody checking your work. Currently, one of the nurses in Edinburgh who helped to write the guidelines has a trainee nurse with her, and she is using it. She didn't have it when she trained and just learned *ad hoc*, as all the other nurses did, but she said that the framework really is helpful.

We have formatted it so that the first three levels of the competencies can be for people who are just checking and replacing pessaries that have already been fitted. This is because the bulk of practitioners are doing just that. Many nurses in clinics are not making decisions about which one to put in, nor are they measuring the prolapse. They are checking the condition of the pessary, and we don't want those people to feel that they aren't competent at what they're doing. We want to encourage them to think about broadening their practice, and learning and understanding more.

G.C.: *Presumably, this will facilitate debate between professions because you have produced something that we can all refer to now. So, when you are writing a letter to a consultant, you can mention to the guidelines and say, "I would suggest that this lady may be suitable for this type of device."*

K.L.: Yes, you would refer to the algorithm for that. We have made no direct connection between prolapse anatomy and the type of pessary to use because, in reality, this is too inconsistent. Most people will probably start with a ring regardless. We are trying to get away from saying, "You've got a back-wall prolapse, so you shouldn't have a pessary." That opinion is based on weak evidence that there is a higher failure rate in such cases, but there haven't been many studies and these weren't done in the UK, so we have moved away from that. Essentially, it is about the woman in front of you: What is she saying? What does *she* want?

G.C.: *Currently, even as a clinician who doesn't fit pessaries, you still have time to talk to women, and actually discuss their needs and learn what their preferences might be. You may find that a patient will say, "Yes, I think that might work for me." So, you write a letter, but then the prescriber might say: "Oh no, I don't prescribe those"; "I don't like to use those in sexually active women"; or "No, we don't use self-management of pessaries." It is just dismissed*

© 2021 Pelvic, Obstetric and Gynaecological Physiotherapy

out of hand, so it would be helpful to have something to reference.

K.L.: The other thing that might be helpful for that sort of thing is that I videotaped all my female pessary users at the Chartered Society of Physiotherapy (CSP). I will need to edit those recordings, and create little clips of self-managing pessary users saying, "This is what I do – these are my top tips." Women have been so forthcoming and generous with sharing their experiences and expertise.

G.C.: *When do you envisage the guidelines being released?*

K.L.: These will be launched in March via the POGP website (https://thepogp.co.uk/), and then we will work on the print publication.

G.C.: *Will your committee continue after that?*

K.L.: We haven't decided yet. The smart thing would be to set up an annual review meeting. People can come together to discuss what has been said and what the new evidence is, and then release an official update every 3 years.

Following a delay caused by the COVID-19 pandemic, the NICE guideline on the non-surgical management of pelvic floor dysfunction is now scheduled to be released concurrently.

The TOPSY [Treatment Of Prolapse with Self-care pessarY] randomized controlled trial run by Suzanne Hagen will also be published at the end of 2021 or beginning of 2022. There has been a fantastic response to this. The recruitment rate is absolutely bang on, and it is a multicentre UK trial. There is a nested qualitative study within it: women have been randomized to normal care or self-management with any pessary, including Gellhorn, cube and rings devices, which is unusual. It will be interesting to see what comes out of that.

In addition, the Australian Physiotherapy Association is currently preparing the results of a worldwide Delphi study for publication. This will be a set of competencies for pelvic health physiotherapists who fit pessaries.

The International Urogynecological Association (IUGA) is also developing an evidence-based publication on incontinence/pelvic floor dysfunction. I am contributing to the pessary chapter, and this is due to be published in 2023. While it is some way in the future, a whole chapter dedicated to pessaries shows the rising level of interest.

G.C.: *What funding have you had?*

K.L.: There are two new pieces of work that inform parts of the guidelines. One is a survey of pessary practice in the UK by Brown *et al.* (2020) that was funded with a CSP Professional Network Fund awarded to POGP. The other is a freedom of information request about pessary provision across the UK by two of the nurses (Dwyer *et al.* 2020), who got a small research grant from UKCS.

References

Brouwers M. C., Kerkvliet K. & Spithoff K. (2016) The AGREE Reporting Checklist: a tool to improve reporting of clinical practice guidelines. *The BMJ* **352:** i1152. DOI: 10.1136/bmj.i1152.

Brown C. A., Pradhan A. & Pandeva I. (2020) Current trends in pessary management of vaginal prolapse: a multidisciplinary survey of UK practice. *International Urogynecology Journal*. DOI: 10.1007/s00192-020-04537-5. [E-pub ahead of print.]

Bugge C., Adams E. J., Gopinath D., *et al.* (2020) Pessaries (mechanical devices) for managing pelvic organ prolapse in women. *Cochrane Database of Systematic Reviews*, Issue 11. Art. No.: CD004010. DOI: 10.1002/14651858.CD004010.pub4.

Cumberlege J. (2020) *First Do No Harm – The Report of the Independent Medicines and Medical Devices Safety Review.* [WWW document.] URL https://www.immdsreview.org.uk/downloads/IMMDSReview_Web.pdf

Dwyer L., Stewart E. & Rajai A. (2020) A service evaluation to determine where and who delivers pessary care in the UK. *International Urogynecology Journal*. DOI: 10.1007/s00192-020-04532-w. [E-pub ahead of print.]

Lough K. (2020) *Making Pessary Use for Prolapse Woman-Centred and Evidence-Based.* PhD thesis, Glasgow Caledonian University, Glasgow.

Lough K., Hagen S., McClurg D. & Pollock A. (2018) Shared research priorities for pessary use in women with prolapse: results from a James Lind Alliance Priority Setting Partnership. *Journal of Pelvic, Obstetric and Gynaecological Physiotherapy* **123** (Autumn), 34–41.

Postgraduate studies for pelvic health practitioners: an interview with Lucia Berry

Lucia Berry is a specialist pelvic health physiotherapist and lecturer with considerable clinical, managerial and academic experience. She leads the new MSc in Advanced Clinical Practice (Pelvic Health) at Brunel University London (Fig. 1).

This is the first in a series of interviews focusing on opportunities to pursue Master's-level pelvic health studies at different universities in the UK.

Biljana Kennaway
Assistant Editor

Biljana Kennaway: *What gave you the idea for this course?*

Lucia Berry: I started lecturing at Brunel in 2012. Dr Mandy Jones, one of the readers at

© 2021 Pelvic, Obstetric and Gynaecological Physiotherapy

Figure 1. Lucia Berry.

Brunel University, observed my teaching on the pelvic health physiotherapy BSc programme, and loved the study block I did on pelvic health. The MSc in Advanced Clinical Practice (Pelvic Health) drew on my experiences.

B.K.: *Please tell us about yourself.*

L.B.: I was an advanced clinical practitioner and clinical lead at Imperial College Healthcare National Health Service (NHS) Trust, and managed a lot of community and acute services. Previously, I'd completed the Postgraduate Certificate in Continence for Physiotherapists at the University of Bradford. Then I moved into healthcare management for a while, working as a business manager, and completed a Master's degree in Healthcare Leadership at the NHS Leadership Academy. My dissertation was on the change management process of transferring patients from urogynaecology to secondary care. One of the reasons that Brunel asked me to develop the MSc module was because I've done lots of things during my physiotherapy career.

Other specialist pathways for a Master's in advanced clinical practice existed at Brunel (e.g. neurological rehabilitation), but the university always encouraged me to develop one for pelvic health. I began by lecturing on advanced clinical leadership, and then they recognized that we needed more on pelvic health. At that time, I was working with NHS England on the postnatal transformation team, where we discussed the services available for new mums and identified needs that were not met. The MSc programme was pretty much built around all of this, and also the four perineal clinics in which I've worked. My experience also encompasses urogynaecology, sexual health and pelvic pain clinics. Having worked in different hospitals, and with different consultants and different trusts, I got an overview of advanced clinical practice in secondary care and what is needed from physiotherapists.

I amalgamated everything that I'd learned from working in non-standard physiotherapy practices to devise a better approach to coordinated postnatal care. For example, there are community midwives, but if new mothers need to go back to hospital, they are more or less back at the antenatal clinic. That's inappropriate, and we're trying to bring together a central team who will all pull together to provide services that cover the early needs of new mums. I'm also working on the NICE guideline on the non-surgical management of pelvic floor dysfunction. Involvement in these different projects allows me to look at the bigger picture. I hope to support others who want to continue their postgraduate education, and provide a place where pelvic health research may be conducted to improve the quality of patient care.

B.K.: *What are the challenges involved in delivering this course?*

L.B.: My biggest challenge is to ensure that all services and clinics meet the needs of a client. It's set up to attract not only physiotherapists, but other medical professionals who are directly involved with individuals who need treatment. Even if someone doesn't specialize in pelvic health at the moment, s/he could use the tools we provide and build from there. Essentially, it ensures that treatment for their pelvic health issues can be accessed at any point by patients. For example, a neurological rehabilitation physiotherapist specializing in pelvic health can blend both pathways.

B.K.: *How did you market the course at the university?*

L.B.: Marketing was a whole new experience for me! It's so difficult to understand all the layers of approval at the university and navigate the system. It was a rocky road at the start, but again, I learned a lot and I'm still finding out more about it.

B.K.: *What are the entry requirements for the course?*

L.B.: You have to have a year of clinical experience in pelvic health, and basic skills in performing vaginal and anorectal examinations within your working area, whether that is as a midwife or physiotherapist or nurse. You also need a 2:2 at BSc level.

B.K.: *What should you expect to study and deliver to complete the course?*

L.B.: For a PGCert, you need to gain 60 credits. It's compulsory to take:

- Advanced Clinical Leadership (15 credits), and you then need 45 more credits. The pelvic health modules are:

© 2021 Pelvic, Obstetric and Gynaecological Physiotherapy

(1) Fundamentals of Pelvic Health, which covers the basics of pelvic health issues across the lifespan. Within this, we look at assessments (e.g. speculum examination), and specialist tests. For example, if you can't work out what the problem is, where would you send a patient, and what would be the path for referral? This involves structured objective examinations including several 15-min stations. As we don't practice examination on each other, we use simulators, but we also have theatre students who act as models. In addition to a viva, we have a written critical assignment on building a business case.
(2) Management of the Pelvic Health Patient.
(3) Working as an Advanced Physiotherapy Practitioner in Pelvic Health.

- If you're progressing to a postgraduate diploma (PGDip) or MSc, the university would recommend that you complete one research methods module in the first year, and move one of those mentioned above to your second year.

B.K.: *If someone is up for the further challenge of a PGDip, what study options could they find at Brunel?*
L.B.: The second year becomes more individualized. A PGDip (again 60 credits) involves quantitative and qualitative research methods (each 15 credits). There are a lot of options for tailoring studies to your clinical interests and needs.
B.K.: *There is a dissertation requirement for an MSc. What does the university offer to pelvic health practitioners at this stage?*
L.B.: You hope students develop an interest in a particular area during their studies. For example, pain or change management is my favourite. A research proposal will be generated with mentor guidance, and then reviewed by the Research Ethics Committee. Mentors are very likely to be involved in pelvic health like me, and there are many researchers at Brunel who will provide support. We have the resources to support both qualitative and quantitative studies. I'm very privileged to work with so many inspiring physiotherapists.
B.K.: *Are students from other universities able to transfer to this course?*
L.B.: Yes, you can transfer a maximum of 60 credits (e.g. from the Bradford PGCert), and this is approved via our APEL [Accreditation of Prior Experiential Learning] procedure. We also offer the option of auditing a course (there's no need to take an exam), which would then align with our Advanced Clinical Practice programme.
B.K.: *Would studying for an MSc in Advanced Clinical Practice (Pelvic Health) at Brunel University London be attractive for international students?*
L.B.: I hope that Brunel as well as Bradford will develop more pelvic health research and become more recognized for this area of work, which should attract more international students. Our preregistration programmes currently have strong links with Canada and Hong Kong. The university is open to international students, and a lot of education is provided online, which reduces the need to travel. Practical study days are provided on-site, and we try to cluster days together so that minimal travel is involved when students need to attend.
B.K.: *Can students apply for full POGP membership upon successful completion of the MSc?*
L.B.: Yes, it is a recognized means of accreditation by POGP. We're currently developing an advanced clinical practitioner register. It's my responsibility to make sure that a Master's degree from Brunel meets that standard. All physiotherapists need to conform to that too, so a lot of change and development is occurring at present, which is exciting for allied health professionals.

Running commentary: an interview with Gráinne Donnelly and Emma Brockwell

In August 2018, Gráinne Donnelly, Emma Brockwell and Tom Goom began to explore the questions that the latter is most commonly asked about a postnatal return to running. The genesis of the work was a discussion of Gráinne and Emma's (Fig. 2) own clinical experience of this population group, and an analysis of the current evidence. Initially, the idea was to write a joint blog, but with input from many clinicians from both the UK and abroad, this gradually became a much larger project that is backed by what is now a comprehensive document (Goom *et al.* 2019). The guide was initially released on various social media platforms in order to start a conversation. Intended to raise awareness of this significantly under-researched topic, *Returning to Running Postnatal* shares the collective knowledge and experience of a range of experts.

Their first publication was a blog post on the *British Journal of Sports Medicine* (*BJSM*) website (Donnelly *et al.* 2019). Figures 3 and 4 show images from the poster Emma presented

© 2021 Pelvic, Obstetric and Gynaecological Physiotherapy

Figure 2. Gráinne Donnelly (left) and Emma Brockwell (right).

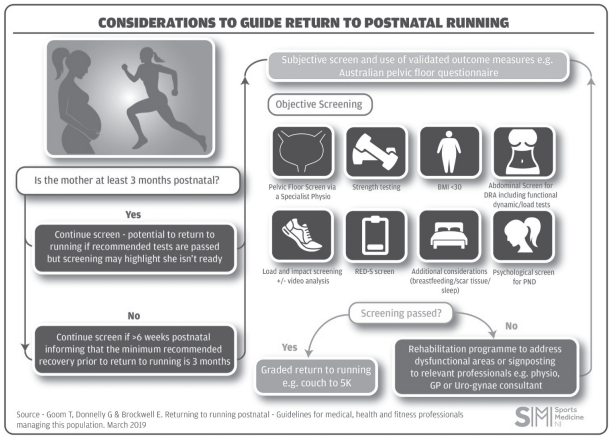

Figure 3. Considerations to guide return to postnatal running (Goom *et al.* 2019).

at the Physiotherapy UK conference in 2019 (Brockwell 2019). They subsequently teamed up with Drs Alan Rankin, Hayley Mills and Marlize de Vivo to create an infographic (Donnelly *et al.* 2020). Their work was also featured in a previous "Notes and news" item (Kennaway 2020).

The team received no funding for this work, which was driven by their passion and enthusiasm instead.

Biljana Kennaway
Assistant Editor

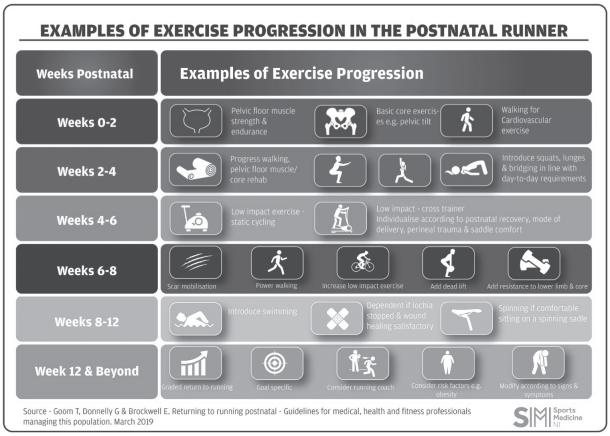

Figure 4. Examples of exercise progression in the postnatal runner (Goom *et al.* 2019).

Biljana Kennaway: *Were you expecting this to take off in such a dramatic way?*
Gráinne Donnelly: Well, it's a subject we're very passionate about. Therefore, having our work endorsed by the Association of Chartered Physiotherapists in Sports and Exercise Medicine, and being invited by members of the Chief Medical Officers' Expert Committee for Physical Activity to collaborate on further work were real highlights of our careers.
Emma Brockwell: I would add that there's a lack of quality evidence on this topic. Since writing the guide, we've been able to network and collaborate with academics and clinicians around the world.
B.K.: *Who's your target audience?*
G.D.: Initially, we wanted to share information, and inform people who aren't HCPs (e.g. fitness professionals who see women in boot camps) and those not specializing in pelvic health (e.g. professionals in outpatient musculoskeletal departments who see postnatal women with low back pain). The aim was to enhance clinical reasoning to develop a preventative strategy in pelvic health.

We were very clear about what we intended this to be – a guide, a platform for starting a discussion about the current evidence and our experience. The encouragement that we received from some reviewers meant that we shared it widely.
B.K.: *You've certainly reached a range of different specialties worldwide. How many downloads of* Returning to Running Postnatal *have there been so far?*
G.D.: Over 20 000 were recorded, but that doesn't take into account that one download can be shared between individuals, and via different websites and platforms.

© 2021 Pelvic, Obstetric and Gynaecological Physiotherapy

B.K.: *I gather that it has also been widely translated.*
G.D.: We know that there are French, Spanish, Estonian, Polish, Chinese and Flemish versions. What's interesting and wonderful is that people are so interested in the information that they don't mind investing the time to translate what's now a hefty document.
E.B.: An amazing group of reviewers assessed the guide, and we took care to incorporate the very valuable feedback we received. There are a number of additional people that we would also like to ask to review the guide during the next phase of development. The number of downloads and translations show just how much hunger there is for information about this subject, so we're keen to keep moving forward.
B.K.: *It's clear that you've certainly got the conversation started! Has this created the kind of impact that you wanted?*
G.D.: Well, this is really the reason why the review is on hold! One year on, we're still getting lots of traction and interest.

For example, we've received invitations to speak at several international conferences: the online 2020 Sports Surgery Clinic Sports Medicine Conference – Return to Play in Elite Sport; Virtual Physiotherapy UK 2020; the BICAP [Birth Core and Pelvic Therapy] conference in Belgium endorsed by the International Urogynecology Association (initially planned for June 2021 and now deferred to 2022 as a result of the COVID-19 pandemic); and the 2021American Physical Therapy Association Combined Sections Meeting – Science Meets Practice.

Our paper in *BJSM* (Donnelly *et al.* 2020) also took a lot of work. Revisions were needed to meet the requirements of their blinded peer review team prior to acceptance.

Just recently, Emma and I have also been invited to join an international working group alongside recognized experts in the field of postnatal exercise. We've been assigned to create a postnatal guideline including information on making a return to running, and we'll be collaborating with more researchers and clinicians. Initially, this may take the form of a systematic review, and then a Delphi study could be done with an international working group. This collaboration would include some respected academics and clinicians, such as Dr Shefali Christopher, Dr Rita Deering, Dr Margie Davenport, Lori Forner, Dr Isabel Moore and the Chief Medical Officers' team we previously collaborated with.

B.K.: *That's tremendous! You've definitely influenced many of us in clinics and universities.*
E.B.: We're now working with Dr Izzy Moore, a lecturer in Sport and Exercise Medicine at Cardiff Metropolitan University. She specializes in running, and has collaborated with Dr Rich Willy, an assistant professor in the School of Physical Therapy at the University of Montana.

Izzy got in touch with us because she recognizes the need for more research into the effects of running on postnatal women and their pelvic health. Over the summer of 2020, we carried out a survey that asked approximately 900 postpartum women about the factors affecting their return to running. Izzy presented our findings at the virtual Women in Sport and Exercise Academic Network conference (Moore *et al.* 2020), and is also hoping to deliver our abstract at the IOC [International Olympic Committee] World Conference on Prevention of Injury and Illness in Sport in Monaco later this year. She also hopes to investigate the effects of shock attenuation on the pelvic floor muscles during running with her doctoral students on. If the grant is approved, we'll get further involved in this project.
G.D.: Emma and I have also joined the Perinatal Physical Activity Research Group at Canterbury Christ Church University, and the specialist advisory board of the Active Pregnancy Foundation. There is a gulf between researchers and clinicians that needs to be bridged, and that's why researchers are interested in our clinical experience. We're also getting contacted by more students who express an interest in our work.
B.K.: *I can't wait to read Emma's new book,* Why Did No One Tell Me *(Brockwell 2021). How did this come about?*
E.B.: I was contacted by a publisher who believed that, if I could write blogs on women's health, I could write a book. She knows that pelvic health is a topic that's not covered enough as she went through some of the same postnatal niggles.

I was advised to soften my style of writing in the book, and I've made it more approachable.
B.K.: *Gráinne, you've also recently published an e-book on diastasis rectus abdominis (DRA) (Donnelly 2020). Is this aimed at professionals or patients?*
G.D.: Social media is creating unrealistic images and expectations by sharing misleading information. In this e-book, I provide information for women with DRA. I want to motivate them to

© 2021 Pelvic, Obstetric and Gynaecological Physiotherapy

improve their functional abilities and get strong again, and inform them about what to expect following childbirth. After pregnancy, the body changes, and some women experience considerable stretch and are frustrated by their "mum bod". The aesthetics are the main reason why women with DRA seek physiotherapy, and I inform them about all the other important aspects of the condition and empower them to make a complete recovery.

References

Brockwell E. (2019) Return to running postnatal – guideline for medical, health and fitness professionals managing this population. Poster presented at Physiotherapy UK 2019 Birmingham, UK, 1 November 2019.

Brockwell E. (2021) *Why Did No One Tell Me? What Every Woman Needs to Know to Protect, Heal and Nurture Her Body Through Motherhood.* Vermilion, London.

Donnelly G. (2020) *Diastasis Rectus Abdominis – Patient Handbook.* Absolute.Physio, Enniskillen, County Fermanagh.

Donnelly G., Brockwell E. & Goom T. (2019) *Ready, Steady . . . GO! Ensuring Postnatal Women Are Run-ready!* [WWW document.] URL https://blogs.bmj.com/bjsm/2019/05/20/ready-steadygo-ensuring-postnatal-women-are-run-ready/#:~:text=The%20guideline%20recommends%20thatat%20postnatal,planning%20a%20return%20to%20running

Donnelly G. M., Rankin A., Mills H., *et al.* (2020) Infographic. Guidance for medical, health and fitness professionals to support women in returning to running postnatally. *British Journal of Sports Medicine* **54** (18), 1114–1115.

Goom T., Donnelly G. & Brockwell E. (2019) *Returning to Running Postnatal – Guidelines for Medical, Health and Fitness Professionals Managing This Population.* [WWW document.] URL https://www.absolute.physio/wp-content/uploads/2020/01/returning-to-running-postnatal%E2%80%93ACPSEM-endorsed.pdf

Kennaway B. (2020) Returning to running following pregnancy. *Journal of Pelvic, Obstetric and Gynaecological Physiotherapy* **126** (Spring), 73.

Moore I., Donnelly G. & Brockwell E. (2020) Exercise-related experiences of female runners during pregnancy and postpartum. Paper presented at the Women in Sport and Exercise Academic Network virtual conference, 7 September 2020.

Area representatives

Introduction

In 2019–2020, all of our area representatives introduced themselves to you on the POGP Members Area Facebook page (www.facebook.com/groups/1652693234997631), and committed to posting information about events that they were organizing. This was because some members had suggested that different regions could collaborate across area boundaries for certain events. We thought that these posts would make it easier for everyone to see what was planned and make appropriate arrangements.

Little did we know that 2020 would unleash a whirlwind of changes at work, and affect how we all connect and collaborate! Many people were redeployed and had to learn new skills, while others have not been able to work for extended periods.

The area representatives have faced the same challenges as the rest of the membership. However, video conferencing has allowed us to stay in touch with our peers, and we've shared our experiences and supported each other. Continuing professional development (CPD) has also moved online.

A lot of hard work has gone into developing a new website with better functionality (https://thepogp.co.uk/), and this will make it easier for us to support you and your patients. Because of the COVID-19 pandemic, it wasn't possible to celebrate its launch at Conference, which has been postponed until this autumn. However, I'm sure you'll agree that it's a great success.

The "About POGP" section of the website has a page dedicated to the area representatives (POGP 2021) that includes their up-to-date contact information. They will post news about any events that they have planned on the website as well as the Facebook page.

Four new area representatives have been approved by the Trustees: Roisin Barr and Katie Megson have filled the vacant posts in London (e-mail: londonareapogp@outlook.com); and Alex Stephenson and Emma Upstel have taken over Solent (e-mail: solentpogp@gmail.com).

Please don't hesitate to contact your area representative if you have any ideas that you want to share, or think that you can offer to assist them in their roles. I know how much they appreciate your support.

Rachel Viva née Burnett
Area Representative Coordinator

Reference

Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2021) *Area Representatives.* [WWW document.] URL https://thepogp.co.uk/about_pogp/area_representatives.aspx

Northern Ireland

I became a full POGP member in 2018 after completing the Postgraduate Certificate in Continence Practice for Physiotherapists at the

© 2021 Pelvic, Obstetric and Gynaecological Physiotherapy

University of Bradford (Fig. 5). The Northern Ireland area spans the length and breadth of the entire region, and despite an enormous geographical spread, we're a close-knit group of 49 individuals, nine of whom are full members of POGP.

We previously met at least four times a year for study evenings with invited speakers. These guests ranged from consultant urogynaecologists to physiotherapists and other members of the MDT. Determined not to let the lockdown affect us, we transitioned to online CPD like many of our peers across the UK, and we've successfully held virtual study evenings with guest speakers. The convenience of online learning has increased attendance at these events, and also meant that we can invite guests from a much wider geographical area. . . The world really is our oyster now!

As physiotherapists have begun to embrace video conferencing, we've been able to include many POGP members from other areas of the UK in our study evenings. We even had Hedwig Neels, an esteemed physiotherapy colleague from Belgium, present the findings of her PhD on vaginal flatulence.

The new POGP website (https://thepogp.co.uk/) has really helped to keep all our members informed about what's happening across the various regions. I think that it has brought our community closer together.

I would like to thank all the members who volunteer for the Northern Ireland subcommittee, and assist with all our events and activities. I look forward to serving my region as their POGP area representative, and planning yet more engaging events. Please don't hesitate to get in touch with me (e-mail: grainne@absolute.physio).

Gráinne Donnelly
Area Representative

Figure 5. Gráinne Donnelly, POGP area representative for Northern Ireland.

South West

Having worked in pelvic health clinics across South Devon since 2014, I'm excited to pick up the baton from Emily Hoile as the new area representative for the South West.

I thoroughly enjoyed the Postgraduate Certificate in Continence Practice for Physiotherapists at the University of Bradford. This allowed me to develop my interests in the influence of the pelvic floor on sexual function, and also supporting the survivors of sexual assault and trauma.

Like many members in the South West, I love the activities and fantastic scenery that our region offers – particularly swimming in open water and hiking on Dartmoor (Fig. 6)!

Since the region extends from Land's End to near Bath, we only used to meet twice a year. However, our increasing use of online resources is allowing more regular gatherings because no travel is required. Happily, this also means that members from other regions can easily join in, and they are all very welcome!

Figure 6. Helena Costiff, POGP area representative for the South West.

© 2021 Pelvic, Obstetric and Gynaecological Physiotherapy

Our meeting in September 2020 involved an online journal club, and in November 2020, POGP member Jenny Wickford delivered a presentation in which she talked about pelvic anatomy, myofascia and looking beyond the pelvis. In January 2021, we hosted a session on the role of acupuncture in women's health.

Please get contact me for further information (e-mail: pogpsouthwest@gmail.com).

Helena Costiff
Area Representative

Wales

I'm the new area representative for Wales (Fig. 7). I've been a pelvic health physiotherapist for the past 5 years, and my interest in this area developed following the birth of my second daughter. Throughout this time, I've developed my clinical experience and knowledge by attending multiple external courses in addition to self-directed study, and working as part of an MDT. For the past 2 years, I've been a clinical specialist physiotherapist at Wrexham Maelor Hospital.

I've been an active member of the Welsh POGP group for some years now, and have organized study days on bowel management and menopause. We aim to meet twice a year, but COVID-19 restrictions have limited our meetings this year. In my new role as area representative, I'd like to continue raising the profile of pelvic health physiotherapy, and developing the services that are available throughout Wales (e-mail: Angharad.Roberts2@wales.nhs.uk).

Figure 7. Angharad Roberts, POGP area representative for Wales.

Angharad Roberts
Area Representative

Conference and course reports

Menopause Management – Advancing Your Practice

Originally scheduled for March 2020, this 1-day course was planned as a face-to-face event in Milton Keynes. The aim was to provide participants with the opportunity to better understand: the challenges of the menopause; its impact on every aspect of women's lives; and how practitioners can meet the needs of this rapidly growing demographic. The study day was to be hosted by PositivePause (www.positivepause.co.uk/), a menopause awareness group who deliver vibrant, high-quality events.

This was the first time that POGP had collaborated with an outside agency to mount a course, and it has been a valuable partnership that has far surpassed our expectations. The 4-month lockdown that followed the outbreak of the COVID-19 pandemic meant that POGP and PositivePause had to delay the study day and move it to September 2020. However, as lockdown restrictions slowly began to lift last July, it became necessary for POGP to look at the ongoing long-term issues posed by the coronavirus. We had to think about how all the POGP courses might be adapted should face-to-face delivery not be possible during the unpredictable period that could potentially extend from the autumn of 2020 well into 2021.

Throughout the months of July and August 2020, PositivePause worked on transforming the study day into a virtual learning experience online. The result far exceeded anything that we had thought achievable in the time available.

Our thanks must not only go to PositivePause, but also to all those who lectured on the course. In particular, the three POGP tutors, Yvonne Coldron, Carolyn Lindsay and Christien Bird, quietly adapted their presentations to fit the new format, and made time to be filmed and recorded. All of this was done while they were shielding, social distancing, and dealing with very different and difficult working conditions in their own workplaces.

Ruth Hawkes FCSP
Education Subcommittee Chair

© 2021 Pelvic, Obstetric and Gynaecological Physiotherapy

This course worked really well for me. I was heavily pregnant by September 2020, and wouldn't have been able to have attended "Menopause Management – Advancing Your Practice" had it not been online.

It was the first virtual course that I'd completed, and I initially thought that the ability to do it from home in my own time was great. There would be no worries about travelling, finding the venue or parking, and time would obviously be saved too. The course was very well organized. There were clear and regular e-mails about how it would work, and when and how I could access it online.

However, I soon realized how involved and time-consuming the course could be. While all of the lectures combined totalled 7.5 h (1 day), it actually took me twice as long to work my way through it because there were no course notes to annotate. Nevertheless, it was great to be able to pause the videos so that I could go back over what had been said and really absorb the information presented. While there was plenty of time to access the lectures, I would have liked a little longer to post questions during the question-and-answer sessions.

With regard to the content of the course, I was very excited to gain more in-depth knowledge about the menopause, and how it may have an impact on many of the patients whom I see. I was delighted to learn more about the effect of changing hormone levels on the urogenital tissues, and the increased risk of POP and urinary incontinence. There was an impressive range of clinical perspectives, including a consultant gynaecologist, several physiotherapists, a nutritionist and a cognitive behavioural therapy (CBT) practitioner. I particularly enjoyed the lectures on CBT and nutrition. I felt that I could apply what I learned to many different patient groups. Jackie Lynch, the nutritionist, was very good at dispelling myths about diet, and provided a wealth of new information. The presentations given by the physiotherapists encouraged the course participants to look beyond the pelvis in order to consider the different systemic issues that the menopause can cause, and how to address these in a treatment management plan.

I would certainly recommend this course to physiotherapists who have gained a basic understanding of female pelvic health issues. I was happy with the online format, but would recommend setting aside a couple of days to devote to it in order to get the most out of what is presented.

Gemma Barnes
Maternal and Pelvic Health Physiotherapy
Norfolk and Norwich University Hospitals NHS Foundation Trust
Norwich
UK

Carbon footprint of the journal

Subscriber's copies of the journal are no longer dispatched in plastic wrapping. While this material can theoretically be recycled, only a few council areas do so. Therefore, after discussion with the Journal Subcommittee and the Trustees, we have instructed our printer to use a completely biodegradable film sleeve. At present, this costs approximately 8 p more per copy of the journal, but Kevin Richards, our main contact at Henry Ling Limited, believes that this will drop over time.

Following questions on the POGP Members Area Facebook page (www.facebook.com/groups/1652693234997631), I have looked into another environmental issue associated with publishing the journal. A member asked whether it would be possible to receive only an electronic copy. This query raises a number of points.

First, members should be aware that they can already access the current journal and previous editions at the relevant page on the POGP website (https://thepogp.co.uk/journals/). We are currently in the process of transferring old editions to the new website from the old CSP-hosted one.

Secondly, it should be noted that electronic devices also make an impact on the environment, although e-mail does have less of an effect than physical post.

Thirdly, some myths need to be dispelled about the carbon footprint of print. As Ling's, who use solar panel technology, point out on their website:

> "The Company is very conscious of our effect on the environment. We hold both ISO 9001 and ISO 14001 certifications so our customers can be assured of excellent quality management coupled with low environmental impact. Henry Ling is pleased to support the Two Sides To Paper campaign." (HLL 2020)

The Two Sides paper advocacy group has stated that:

> "The push to 'switch to digital' by financial organisations and service providers, meanwhile, has proved unpopular with many consumers, with 78% of respondents saying they

© 2021 Pelvic, Obstetric and Gynaecological Physiotherapy

believe they have the right to choose how they receive their communications (electronically or printed).” (Stuart-Turner 2019)

The entire article is worth reading for a more nuanced perspective on the impact of print on the environment.

Finally, members who would like to opt out of receiving a hard copy should not expect to see a reduction in their membership fees. There are many other costs involved in producing the journal beyond printing and postage. A better solution would be to pass your copy on to a colleague in order to spread the word about POGP and what it does.

Andrew J. Wilson
Managing Editor

References

Henry Ling Limited (HLL) (2020) *Home*. [WWW document.] URL https://www.henryling.co.uk/home.aspx

Stuart-Turner R. (2019) *Two Sides Study Shows Green Myths Persist Despite Love for Print*. [WWW document.] URL https://www.printweek.com/news/article/two-sides-study-shows-green-myths-persist-despite-love-for-print

POGP research competition

The POGP research competition continues to develop, and 2020 saw the launch of our infographics competition. We were delighted to receive seven entries. Congratulations go to everyone who took the time to enter, especially given the challenges posed by the COVID-19 pandemic. I hope that you enjoy reading the poster digest in this edition of the journal (see pp. 77–84).

Sally Reffold (Fig. 8), an advanced physiotherapy practitioner at the National Spinal Injuries Centre at Stoke Mandeville Hospital in Aylesbury, Buckinghamshire, won the poster prize (see pp. 77–78). The judges commended her well-thought-out research project, and excellent visuals. We look forward to seeing the results of her study.

Claire Brodie (Fig. 9), a physiotherapist and the director of Spring Physio in Uckfield, East Sussex, won the infographics competition (see pp. 78–79). The judges commended her excellent combination of solid content and clear graphics. I hope that this will inspire others to develop their own infographics, which are excellent tools for communicating in a lucid and immediate way.

Figure 8. Sally Reffold, winner of the 2020 POGP poster competition.

Figure 9. Claire Brodie, winner of the 2020 POGP infographic competition.

I look forward to Conference later this year when we hope to have even more entries in both categories. It’s never too early to get your ideas together, so start planning your submission!

Shirley Bustard
Research Officer

© 2021 Pelvic, Obstetric and Gynaecological Physiotherapy