



Pelvic floor education

Resolution Shortlist Briefing Notes



Pelvic floor education

Incontinence and prolapse are common conditions experienced by many women, especially after childbirth and the menopause. The NFWI calls upon the government to provide increased pelvic floor education and treatment of related conditions, and to ensure parity of access to services across the UK.

Proposer's position

The proposer is concerned that, despite the relatively high presence of prolapse and incontinence, many women suffer in silence as they might be embarrassed to talk about the issue and do not always realise that treatment is available. The proposer would like to see greater awareness of what is normal, and what women should *not* accept. She would like to see more consistency in the support available across the UK, as well as improved access to non-surgical treatment such as incontinence nurses and physiotherapists.

What is the pelvic floor?

The pelvic floor is a group of muscles that stretch from the tail bone to pubic bone and support the pelvic organs, which in women are the bladder, bowel and uterus. Weakening of the pelvic floor can result in pelvic organ prolapse and /or incontinence.

Pelvic organ prolapse occurs when one or more of the organs in the pelvis slip down from its normal position, causing pain and discomfort. Urinary incontinence is the involuntary loss of urine from the bladder, and faecal incontinence is the involuntary passing of wind or faeces from the bowel.

The scale of the problem

Prolapse becomes more common as women get older, and particularly after the menopause due to hormonal changes in the body. It is estimated that more than 50% of women aged over fifty will have some form of prolapse; however getting accurate data is difficult as many women do not go to their GP about it.

Urinary incontinence is a common problem, estimated to affect between 3 and 6 million people in the UK. However, it is five times more common in women than men, with around half of women experiencing urinary incontinence at some point during their lifetime.

There are several factors that can increase the risk of urinary incontinence in women, including vaginal births. According to the MASIC Foundation,¹ more than 10% of women who give birth vaginally can develop some form of bowel incontinence. The stress of a vaginal birth can mean that many women will go on to develop pelvic organ prolapse which can appear years or sometimes decades after giving birth. The more births a woman has, the higher the likelihood of prolapse; however even women who have never given birth can suffer from prolapse.

¹ The MASIC Foundation aims to support women who have suffered injury to the anal sphincter following childbirth. Its work includes campaigning for change in healthcare policies to avoid these injuries, and building awareness of the issue amongst women and health professionals.

Impact of prolapse and incontinence

The impact of incontinence and prolapse is multi-faceted and unique to each individual. While it is not always obvious, the impact can be life changing and include health, social and emotional impacts. Women report feeling isolated as they fear to go out unless they know there are toilets at hand. They often feel unable to talk about the issue, and as a consequence relationships with their partners or spouses can suffer.

If incontinence and prolapse occur following childbirth, it can have an impact on bonding with the baby, or deter women from future pregnancies. Women may feel that they have to give up work as managing their incontinence in their workplace becomes difficult, if not impossible. Stigma and embarrassment associated with the condition means that many do not seek help and will suffer from anxiety and depression. It can also have an impact on physical health as high impact exercise, such as running, can exacerbate symptoms. This is on top of the pain and discomfort that can be a side-effect. Health complications can include issues such as recurrent urinary infections. In severe cases, corrective surgery may be necessary, which is not without its own problems.

The current situation in the UK

Treatment for pelvic organ prolapse and incontinence include pelvic floor exercises and weight loss, through to hormone treatment and surgery. However, there is no standardisation of pelvic floor services in the UK, and treatment varies hugely depending on where you live. As a result, women suffering from prolapse and/or incontinence will often not get the help that they need.

Specialist physiotherapists are able to provide advice and treatment on exercises to strengthen the pelvic floor. Some hospitals have dedicated pelvic floor clinics where women can see a specialist consultant or physiotherapist if necessary and have any appropriate tests. These clinics enable a multi-disciplinary approach to treating pelvic floor disorders. However, the provision of specialist pelvic floor clinics is considered to be the exception rather than the norm, and data on the absolute number of them in England and Wales is not readily available.

There are models of care in other countries which could be drawn on to improve pelvic floor services in the UK. For example, in France perineum therapy is offered to all women postpartum. This involves physiotherapy to help strengthen the pelvic floor in order to prevent continence issues or prolapse.

There are also protocols which hospitals can follow in order to try and prevent tearing during childbirth, which in severe cases can lead to perineal injury and incontinence. In response to a three-fold increase in obstetric anal sphincter injury (OASI) – a trend which was occurring nationally – Guys and St Thomas' hospital recently developed the PEACHES project. Using the PEACHES acronym, this project is designed to train clinicians in the best practices to follow during labour and birth.

Position (birthing position can have an impact on stress to the perineum)

Extra midwife (present at birth)

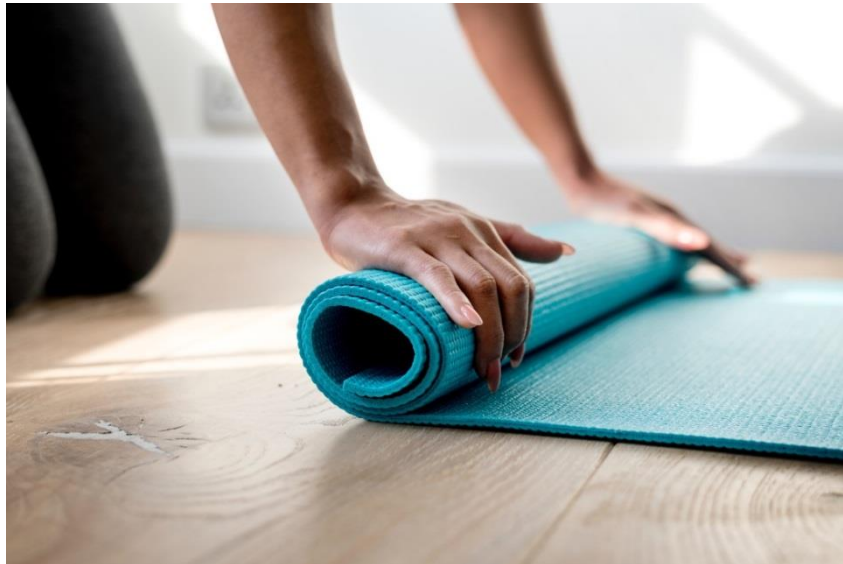
Assess the perineum (throughout)

Communication

Hands-on technique

Episiotomy if required

Slowly



The recent vaginal mesh scandal has raised the profile of pelvic floor disorders. Until recently, the procedure was performed on around 15,000 women in the UK per year for complications such as incontinence and pelvic organ prolapse. In July 2018, the transvaginal mesh implant was suspended by Government following the findings and recommendations of 'The Independent Medicines and Medical Devices Safety Review'. Baroness Cumberledge, who led the review, concluded that "we have not seen evidence on the benefits of mesh that outweighs the severity of human suffering caused by mesh complications".

In October 2018, the National Institute for Health and Care Excellence (NICE) published draft guidelines on managing prolapse and incontinence in women which are being updated partly in response to the vaginal mesh scandal. The guidance recommends that multidisciplinary teams (MDTs) should be set up to treat women with prolapse or incontinence, with a model of care that advocates both local MDT's to assess women and regional MDT's which can take on more complex cases. Clinical guidelines produced by NICE such as this are designed to *encourage* the uptake of best practice in England; they are not mandatory which means practices can vary.

How could the WI work on this issue if it was passed?

A full campaign would be developed by the NFWI if the resolution is passed, taking into account developments since then. To help inform your discussions, here are some ways the WI could consider working on this issue.

At local and regional levels, members could survey what specialist pelvic floor services are available in their areas to get a better understanding of gaps in care, and could call on local healthcare providers to adopt best practice such as the PEACHES project.

Highlight the benefits of pelvic floor exercise and good perineal health within WIs.

Nationally, alongside other organisations the NFWI could call on NHS hospitals and commissioners to implement the new NICE guidelines, to ensure parity of access to specialist pelvic floor services.

Arguments for the resolution

- There are relatively few organisations working on this issue so the WI could blaze a trail by championing it.
- The recent NICE guidelines, published in October 2018, would give the WI a strong platform on which to campaign for better pelvic floor services.

Arguments against the resolution

- Could members promote pelvic floor exercises without a WI resolution on the subject?
- There are limited opportunities to lobby Government for policy change on this issue.

Further information

NICE: <https://www.nice.org.uk/guidance/GID-NG10035/documents/draft-guideline>

The Pelvic Floor Society: www.thepelvicfloorsociety.co.uk/pages.php?t=Patient-Information&s=Patient-Information&id=92

The MASIC Foundation: <http://masic.org.uk>

Sling the Mesh: <https://slingthemesh.wordpress.com>

Video content:

This video by Nuffield Health explains the importance of pelvic floor exercises:
<https://www.youtube.com/watch?v=dd1iVW3zFik>

Public Affairs Department Contacts

If you have any questions about the resolutions or the resolutions process then please get in touch with the NFWI Public Affairs department.

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