

Scoops



The Newsletter of the Guild of Postnatal Exercise Teachers

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STUDY DAY ON PELVIC FLOOR VOTED A HIT!

Samantha Gillard gave a very successful Study Day on the pelvic floor. This was attended by a good turnout of members. Some found it great for 'updating information & knowledge, and meeting other like minded people.' Others liked 'the relaxed approach with the comprehensive input.' It was really useful 'to learn more about what physio's do & their opinion of PFME' and 'the practical biofeedback session was particularly interesting.' One member felt it was great 'to be able to fully understand the physiology behind what I am teaching to my clients.'

So with all that positive feedback we are delighted that Samantha has agreed to run a further study day on Saturday 4th October 2003.

Well done Samantha!

WEBSITE GETTING MORE AND MORE HITS!

And talking of hits, we are glad, even amazed, how successful the website is proving. The statistics behind it are revealing. The home page has been visited by almost 4000 people. but the site itself is now getting on average over 300 hits a day. We know that many people are referred to us by search engines like Google. The most common words typed in are 'pilates' and 'postnatal'. The most

visited page is the one with a write up on the **pilates video** - 417 hits so far this month alone! So this tells us something, the people out there are really interested in pilates. It may be worth your while getting a qualification in it to add to your CV and advertising material!

We also hear from members that they are getting more and more referrals via the website, so if you are not on it, why not think about getting put on. It's easy, just tell Meg and she'll send you a consent form to complete.

BIRTH ANNOUNCEMENTS!



Liz Hindley is delighted to announce the birth of her daughter Holly Rebecca. Caroline Oliver has given birth to Rio, now three months old, pictured here with dad, Ricky! WELL DONE!

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Guild of Postnatal Exercise Teachers AGM

The Guild held its AGM on 15th February 2003 and the AGM was attended by fourteen members. The existing committee was re-elected and the accounts were presented by Gillian Fletcher. The Guild had a small deficit of £238.93 for 2002 and continued to be supported by voluntary donations.

PRAM WALKING AND PNEX

This article appeared in MIDIRS Midwifery Digest December 2001



Pram walking as postnatal exercise and support

An evaluation of the **Stroll Your Way to Well Being** programme and supporting resources in terms of individual participation rates and community group formation

BACKGROUND

The 'Stroll Your Way to Well Being' is a community pram walking programme designed to increase access by mothers to sociable postnatal exercise. It was implemented in the Northern Sydney area of Australia in 1999 to provide a source of mental and physical well being for the new mother. The project consisted of two components:-

1. Provision of a new service, implementing regular pram walking groups
2. Development and distribution of information kits to key service providers to support them in developing their own groups.

AIMS: this study aimed to conduct an impact evaluation to assess whether the anticipated results of the health programme actually occurred. The main purpose of the evaluation was to determine whether:

1. The information kits were utilized by the providers, and
2. New mothers adhered to the

programme long term.

METHOD: A survey form was developed for each group. The questionnaires were predominantly tick boxes with some open-ended questions, for further responses. The kit was designed to give information about postnatal depression and the potential benefits of exercise in improving both physical and mental well being. Included in the package was a video highlighting postnatal depression and the benefits of pram walking to act as a trigger for group discussion. There were also leaflets, flyer templates covering appropriate stretches and promotional material. The kit also contained an OHP master set and pamphlets.

FINDINGS

107 questionnaires in prepaid envelopes were distributed with a poor response rate of 45%. The response was poor from mothers and agencies alike.

From the 45 respondents who indicated they received a kit, 11 established a pram-walking group. The most common provider was the health centre (73%). There was no reported cost for setting up a group, but only 25% of kit recipients actually started a group. It was reported by 48% of respondents that the group gave the opportunity to provide social and emotional support. Others (39%) stated that the activity was an important form of exercise. 31% stated that they did not initiate into a group, as they would consequently be expected to further initiate more groups in the future, while 6% did not have appropriate walking grounds. Interestingly, 6% claimed that financial resources were currently allocated elsewhere. The kit was considered by most recipients to be a useful manual and 14 used the kit either

through their mother groups or in the health centre. The video was the most frequently utilized resource.

The groups' responses outline the benefits of the programme to be the opportunity to exercise along with the social aspect of meeting others parents and sharing information. The other most important issue was the ability to take their child with them and not have to find childcare while they exercised or pay for a crèche.

The reason given for discontinuation of the groups were three fold:-

1. Lack of interest and motivation
2. No group leader
3. Babies too old for pram walking.

After 16 months, the adherence rate was 70%, with mothers either walking individually or in groups. The main reason for this was the child no longer wishing to be kept in a buggy for an hour at a time.

EDITORS NOTE: The **Stroll Your Way to Well Being** programme set out to help mothers establish or re-establish an exercise programme that was **inexpensive, accessible and easy to organize. There are some really good ideas here! But Mums need encouraging if they are going to carry out a group activity. They need support and if there is not someone actively pushing (!!! pun not intended!!!) then the groups seem to fizzle out. So it is not just a matter of distributing kits or videos but it needs pnex teachers like us to push things along! Rachel Berg is one of the first of our members to set up a babywalking stroller group!!!**

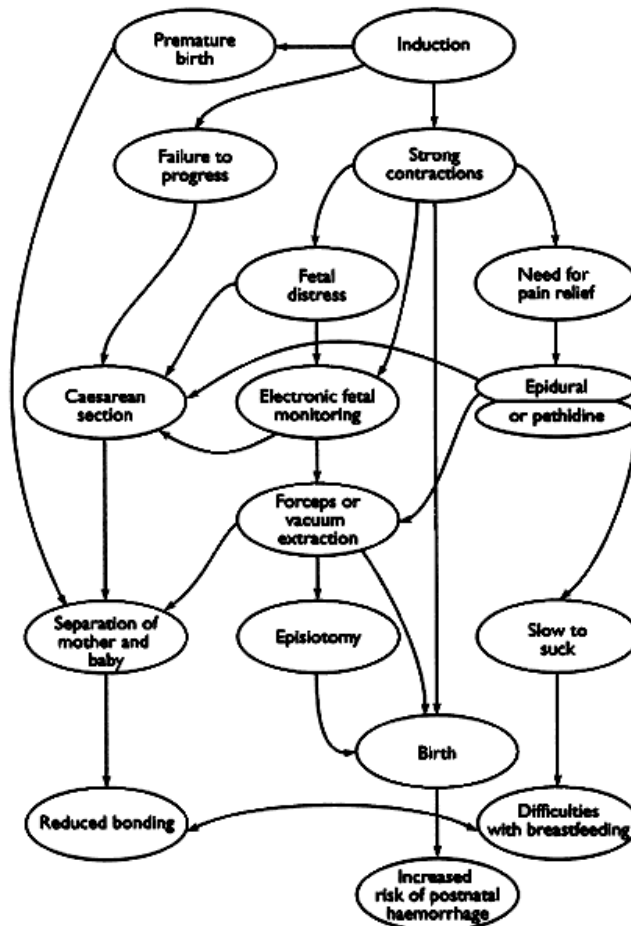
CAESAREAN SECTION

The most recent caesarean section rates were 21.3% for England, 24.2% for Wales and 23.9% for Northern Ireland. The World Health organization recommends a rate of 12.5-15%. This issue has culminated in the National Sentinel Caesarean Section Audit, funded by the Department of Health and the National Institute of clinical Excellence, and comprised of organizations including the Royal College of Midwives, the Royal College of Obstetricians and Gynecologists, the National Childbirth Trust and the national Perinatal Epidemiology Unit amongst others. The audit studied issues such as the frequency of Cs, the demographic factors influencing it and the quality of care that is delivered. Ultimately, the aim is to reduce the overall CS rate ensuring it is only performed when sufficiently indicated and that quality of care delivered in such cases is optimum. Using England and Wales as an example, where there are in the region of 600,000 births annually, a 15% CS rate would still leave approximately 90,000 women for whom caesarean section is regarded the

preferable mode of delivery. This generally includes women with two or more previous caesareans or placenta praevia, and those women for whom the need for surgical intervention arises in labour, i.e. placental abruption, obstructed labour or any condition which may carry

becomes the preferable mode of delivery often find themselves inadequately informed and emotionally unprepared. Research evidence relating to the psychological and emotional consequences of this is unanimous. Women undergoing CS are more likely to experience negative emotions in the early postpartum period and are at great risk of long term postnatal depression. Frequently reported emotions include feeling out of control, failure and disappointment, fear, anxiety and confusion. Seemingly, many women feel dissatisfied with their involvement in the decision to proceed with CS and a significant proportion undergoing emergency Cs are unsure of the reasons why it is necessary. In the age of informed consent, this is unacceptable. Women's feelings of inadequacy and perception of the inability to give birth properly is sadly reinforced by media attention to the birth

choices of certain celebrities. Caesarean birth is increasingly portrayed as the easy option for those that are 'too posh to push'. In reality, few women consider Cs the glamorous option, therefore such stereotyping is not only misconstrued but also adds to the sense of disempowerment experienced by those women for whom it is the only option.



The Cascade of Intervention

immediate threat to the life or long-term outcomes for either themselves, or their unborn baby. For the majority of women embarking upon pregnancy and birth, caesarean section is farthest from their mind. This is compounded by the fact that much of the information available to women remains focused on vaginal birth. Therefore, women for whom CS

LIZ HINDLEY'S CAESAR

I can't believe I have managed to find the time to write this. It has been on my ever-growing list of things to achieve but here I am.

It has been a hectic year. My husband's company gave us one months notice of his transfer to Manchester from London. At 4 months pregnant, with a two year old to boot, we set about planning our move.

I sadly gave my last postnatal class, and was deluged with so many flowers and bottles of wine (they know me well!), that I realised that the service we offer to postnatal women in our communities is really appreciated, and it increased my resolve to set up a class in my new neighbourhood.

But, before that could happen, there was the matter of the birth. I had my little boy, Harry, by emergency caesarean in 2000. I was induced and reached 1cm before he suffered Foetal distress. I was determined to have this one naturally. The midwives kept talking about "trial by scar", which really sounds scary, and I think they should find a nicer phrase.

Tuesday evening I started to have contractions and these continued through Wednesday. We finally went to hospital on Thursday evening, after Eastenders (important detail). I was 1cm dilated (guttled!). They decided to keep me in and by Friday morning I had achieved 4 whole cms and was sent to the delivery suite. By 7pm I had finally got to 10cm, but was exhausted, having lost out on 3 nights sleep, so after 40

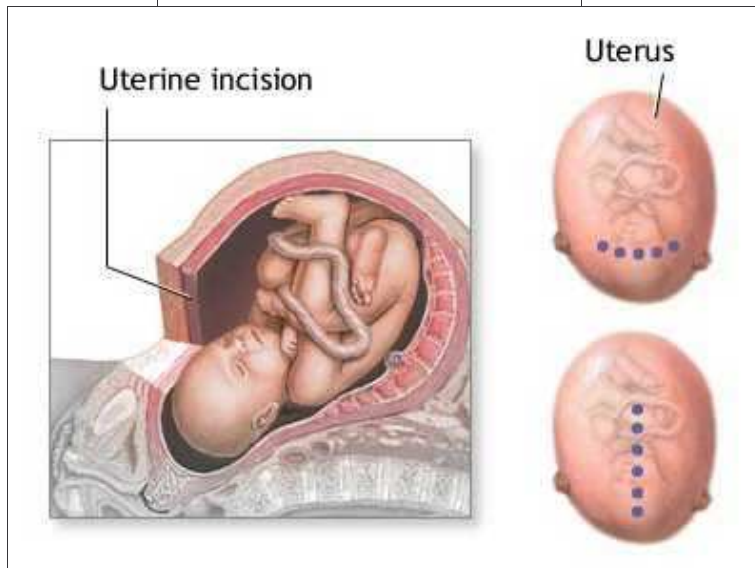
built up, and I could cope. The midwives consulted me at every stage, and even when the decision about the caesarean was taken, I felt that I was always being consulted and offered lots of support.

I am now living near my parents and that has been invaluable in my recovery, especially with a boisterous toddler around. I am now back on my feet and have started to exercise again.

Holly is nearly six months old and is still as good as ever. I sometimes forget that she is around.

We should be moving again on 27 June, so my life is going to be in turmoil again. However, I have found a manager at a local leisure

centre who is really interested in ante and postnatal exercise. She even lectures midwives for the YMCA in the North, so we are planning to get together and sort out some classes for



minutes of pushing (you could see the hair of her head - gutted again), Holly Rebecca was delivered by emergency caesarean for "lack of progress" at 20:28 on 11th October.

Did I make the right decision to push for a natural birth? Definitely.

With Harry's birth, I felt out of control. The pain following the induction was worse, and I felt that I was not included in any decision making. This time, the pain was gradually



after Easter. It will be good to get back into the swing of things before my confidence starts to wane!

WORKING WITH NHS HEALTH PROFESSIONALS

Ruth Barrett describes her experiences at making contact with the NHS

Developing relationships with Health Professionals within the local NHS Trust has been a slow and difficult task. At first my lack of progress in this area made me believe that there was little or no interest on the NHS side. However as the years have gone by and I am getting to know more and more of my local Health Professionals, I have decided that it is a simple case of overwork and under resource.

After nearly 5 years of slogging away at this and writing copious letters, I now enjoy regular contact with a small number of Health Visitors. I am invited at fairly regular intervals to speak at Postnatal Support Groups, and the number of different groups I attend has increased from 1 to 5 over the last 2 years. I make no charge for this, and hope that as more and more Health Visitors are made aware of my presence and availability, I will further increase this area of my 'work'. As a spin off from this, I have recently run a Baby Massage session at a support group for teenage mums, which was very successful. I have been asked to return for a second session in March.

I have had limited success at introducing myself to the Maternity Unit at the local hospital. The Women's Health Physiotherapists know of my existence and promote my classes via posters and referrals, but the number of midwives who are aware of what I offer is still very small. I have managed to obtain permission to put leaflets in the leaflet racks on the postnatal wards, but I have

to maintain the stocks as no-one will let me know when they've all gone!

I think it extremely valuable to become 'known' among as many Health Professionals as possible - partly to this end I am a member of the Labour Ward Forum which meets at the hospital every couple of months. This is also a really useful way to keep up to date with what is happening within local Maternity Services.

I did get very excited this time last year when I was offered a free venue for my courses at a new forward thinking surgery, but unfortunately this did not work out. I did teach two courses there, but they were under-subscribed, and the surgery could not offer me the flexibility I am used to when setting up and running my courses.



So I think I can say that I am on the right road for working with the NHS - I will keep slogging away, looking for more openings and opportunities to develop this further. I would love to increase the percentage of Swindon mums benefiting from my exercise courses from the tiny 2% that it currently is!!

Ruth Barrett, Swindon.

Nigel Phillips from Babyfit Ltd in Hampshire works regularly with the Midwifery Profession. He says...

"I have now realised through

developing the field of ante and postnatal exercises in Hampshire that midwives both in the hospitals and the community are a very stretched resource but are a fantastic contact once you have built up a rapport with them.

Another good source is the Health Visitors that are on the door steps of pregnant women, and who organise a lot of group discussions which I will attend and talk on exercise benefits, whether it is ante or post, and make it word of mouth for referrals.

You have to establish yourself first, though I was very lucky to teach for a number of years at a private maternity centre and now that has opened doors.

I give regular talks to Midwives and try to keep abreast of current topics in my field. I feel that all midwives and visitors are very receptive to exercise, both ante and post, and some will come to the classes to see for themselves. I am also currently working with some final year Midwives who have chosen to do a dissertation in exercise as part of their degree.

I've found that once you have established yourself as an expert the midwifery ethos will listen and react.

As of March this year I have been asked to teach at Dr Yehudi Gordons Clinic in London which is associated with St Elizabeth's and St Johns."

EDITOR'S NOTE:

The lesson to be learnt from Ruth and Nigel's experiences is don't give up! It can be a long and slow job making the contacts and building up the rapport with local NHS Health Professionals but it can bring benefits, if at times it can also be intensely frustrating. Has anyone else had experience they would put on paper for

PELVIC FLOOR STUDY DAY

Samantha Gillard gave an excellent study day!

The day focused on examining the current research into the effect of pelvic floor muscle exercise (PFME) after childbirth, including looking into the causes of incontinence, the role of the women's health physiotherapist, biofeedback

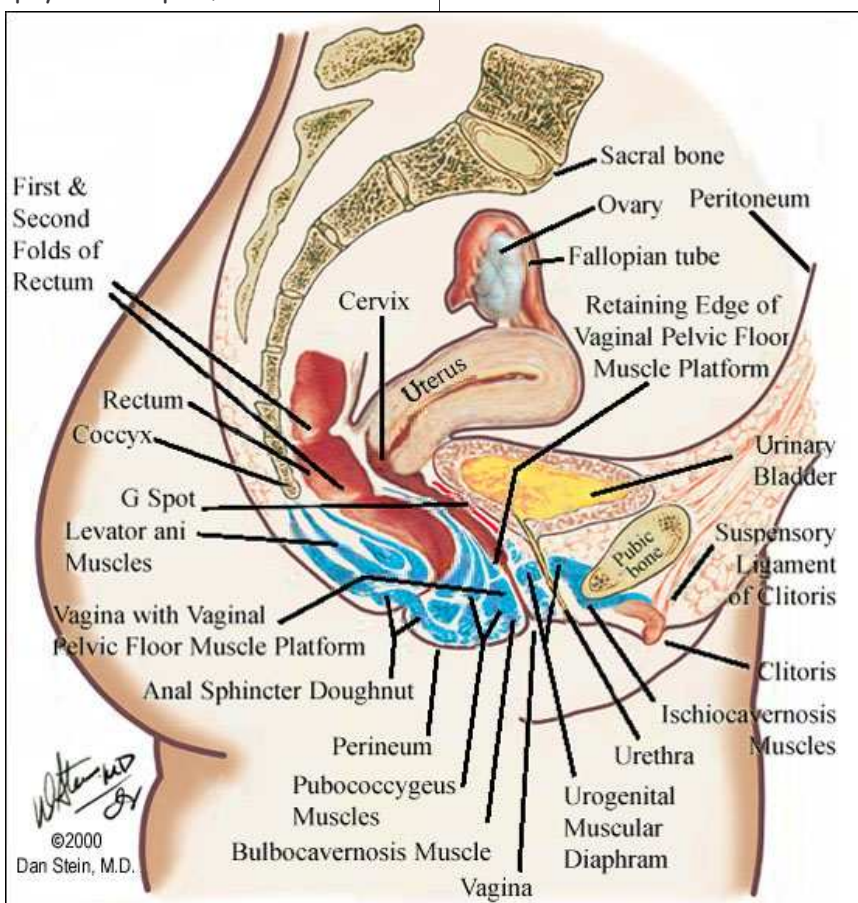
of women admitted post-natally to some degree of urinary incontinence. The anatomy and muscle physiology of the pelvic floor was reviewed, especially focusing on the effect of pregnancy and the muscle action of the pelvic floor muscles to contribute to the continence mechanism.

The effect of the PFME after childbirth current research was

papers using different assessment tools and outcome measures. Overall the research suggests that an intensive eight-week programme of PFME, set specifically for the individual and working both fast and slow muscle twitch fibres is effective in the prevention and treatment of postpartum urinary incontinence.

The afternoon was practically based, with some of the course participants using the biofeedback equipment to assess their pelvic floor muscle strength and groups sessions to share how to teach pelvic floor muscle exercise and bring them into the postnatal exercise classes.

A good and challenging day was had by all, as you can read some comments from the evaluations on the front cover. If you would like to know more the study day is going to be repeated, with also some new elements on Saturday October 4th 2003. If you would like any further



assessment of the pelvic floor muscles and finally the role of the postnatal exercise teacher in teaching and setting PFME programmes.

The day started with a pelvic floor Quiz, where it was highlighted that 64% of women develop incontinence symptoms during pregnancy and that 34%

discussed on two angles, firstly to improve postnatal pelvic floor muscle strength and secondly PFME to prevent or reduce stress incontinence. The conclusions from the literature is difficult to assess despite the fact it has been over 50 years since the exercises were first taught. This is due to each research

DON'T FORGET DATES FOR YOUR DIARY:-

'Choreography Revitalization' with Judy DiFiore Sat 10th May 2003

'Pelvic Floor, Physiotherapy and Latest Research' with Samantha Gillard on Saturday 4th October 2003