



# **Focus on Post-Partum Incontinence**

**A one day intensive course for Nurses, Midwives and Physiotherapists**

**Old Main Building**

**Law Faculty**

**Stellenbosch**

**24 January 2013**

**9h00-17h00**

**Sponsored by the International Continence Society and the  
International Urogynaecology Association**

**Course Fee R350**

**CPD accredited**

# Programme

0900-0915	Welcome and Introductions	Dr Stephen Jeffery
0915-0945	An overview of the epidemiology of urinary incontinence and pelvic floor muscle characteristics of different race groups in SA.	Ina van der Walt
0945-1030	Nursing assessment of postpartum urinary and fecal incontinence.	Lesley Hanson
1030-11100	Break	
1100-1145	Nursing management of postpartum urinary and fecal incontinence.	Lesley Hanson
1145-1215	Case study discussion	Lesley Hanson
1215-1315	Lunch	
1315-1400	The therapeutic assessment of postpartum pelvic floor muscle dysfunction -  Anterior and posterior compartment	Julia Herbert
1400-1445	The therapeutic management of postpartum pelvic floor muscle dysfunction -  Anterior and posterior compartment	Julia Herbert
1445-1515	Break	
1515-1545	Case study discussion	Julia Herbert
1545-1630	'Psycho-social-sexual effects of post partum incontinence with focus on South African culture'	Corlia Brandt
1630-1650	Guided discussion of topics for research	Moderated by Lesley, Julia , Lindsay and Mariette
1650-1700	Last questions and Wrap-up	Moderated by Lesley, Julia , Lindsay and

		Mariette
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## Venue

**Ou Hoofgebou**

**Corner of Ryneveld and Crozier Street, Stellenbosch**

## Detail of course

### Nursing

Nursing assessment and management of postpartum urinary incontinence (UI)

- Broader Epidemiology from Review of Literature:
  - Statistics of urinary incontinence and prolapse in post-partum women
  - Identification of women who are at increased risk of incontinence and prolapsed
  - Stats about use of vaginal support devices to manage incontinence and prolapse
- Preventative strategies:
  - proactive care
- Assessment of perineum and pelvic floor
  - Thorough pelvic examination
  - Episiotomy or tear repairs, progress of healing
  - Vaginal health
  - Pelvic muscle floor strength
  - Postpartum voiding habits-diaries
  - Postpartum bowel habits-diaries
  - Sexual health evaluation
- Interventions
  - Proper wound care of any tears or episiotomies.
  - Maintain hygiene of affected area
  - Teaching/reinforcement of pelvic floor muscle exercises.
  - Thorough postpartum teaching
  - Encourage period of rest, no heavy lifting or strenuous work/exercise
  
  - Bladder dietary strategies/management:
    - dietary fiber to manage constipation, decrease bladder irritants
  - Postpartum sexual health teaching
  - Consideration of use of local HRT to address low estrogen levels in postpartum nursing mothers
  
  - Follow up to evaluate intervention success:
    - Consider use of a vaginal pessary as an option to manage any persistent incontinence or prolapse

- Referral of high-risk women to specialist in pelvic floor trauma
- Referral to physiotherapy if unable to isolate pelvic floor muscles

Nursing management of postpartum fecal incontinence and associated skin care

Broader epi from review of Literature:

- Statistics of fecal incontinence in post-partum women
- Identification of postpartum women who are at increased risk of fecal incontinence
- Preventative strategies:
  - proactive care
- Assessment
  - Thorough pelvic examination
  - Episiotomy or tear repairs, progress of healing
  - Pelvic muscle floor strength
  - Postpartum bowel habits-diaries
- Interventions
  - Proper wound care of any tears or episiotomies.
  - Maintain good hygiene of affected area
  - Teaching/reinforcement of pelvic floor muscle exercises.
  - Thorough postpartum teaching
  - Encourage period of rest, no heavy lifting or strenuous work/exercise
  - Bowel dietary strategies/management: dietary fiber, position on toilet, support of perineum to assist bowel function
  - Postpartum sexual health teaching
  - Consideration of use of local HRT
  - Follow up to evaluate intervention success
  - Referral of high-risk women to specialist in pelvic floor trauma treatment
- Referral to physiotherapy

## **Physiotherapy**

1) The therapeutic management of postpartum pelvic floor muscle dysfunction - anterior compartment

Assessment

Assessment of anterior compartment pelvic floor muscle function

Pelvic floor muscle rehabilitation including EMG Biofeedback, Dynamic

Ultrasound, Neuromuscular stimulation and aids and appliances

2) The therapeutic management of postpartum pelvic floor muscle dysfunction - posterior compartment

Assessment

Relevant investigations

Assessment of posterior compartment pelvic floor muscle function

Therapy including manometric biofeedback, defaecation dynamics,

neuromuscular stimulation and aids and appliances

## International Speakers



### **Julia Herbert**

Specialist Physiotherapist Continence and Women's Health

Independent practitioner, Ellesmere Physiotherapy Clinic, Lancashire

Julia has specialised in Continence & Women's Health for over 25 years, she currently works full time in her own private practice specialising in the treatment of bladder and bowel dysfunction. Her private work also allows involvement in lecturing, product development and consultancy work; she is also the Vice Chairman of the Bladder & Bowel Foundation and a founder member of Chartered Physiotherapists Promoting Continence.

Julia has a particular interest in the therapeutic management of lower bowel dysfunction, her Master's thesis was a qualitative study looking at women's experience of treatment post obstetric anal sphincter injuries.

Julia is also the Clinical Director at Femeda Ltd a new company specialising in the development of products for Women's Health.

Julia has lectured extensively in both the UK and Internationally and has made a number of appearances in the media promoting continence care.



## **Lesley Hanson**

Nurse continence advisor certified by the program at McMaster University.

BscN in nursing from the University of Alberta, graduated with honors from the program.

17 years clinical experience at the Royal Alexandra Hospital in the Urogynecology Clinic assessing and treating women of all ages who suffer from urinary and fecal incontinence and prolapse . Part of this autonomous practice is independently fitting and caring for support devices (pessaries) which are an effective treatment for prolapse and urinary incontinence .

Lesley has an ongoing research project reviewing the patient outcomes in the pessary clinic which has been reviewed by the ethics committee at the University of Alberta. She has published on this research in the International Urogynecology Journal and has co-authored a book chapter on support devices in a urogynecology text book.

Lesley has spoken at numerous international and national meetings on this topic and received many positive evaluations.