

CAN PRIMARY CARE NURSES BE TAUGHT TO PROVIDE PELVIC FLOOR MUSCLE TRAINING IN THE COMMUNITY?

Hypothesis / aims of study

To evaluate the effectiveness of an educational programme for pelvic floor exercises delivered by a short-course trained nurse compared to a pelvic floor specialist.

Hypothesis: An evidence-based short course educational programme for pelvic floor muscle training (PFMT) can be used effectively by Primary Care Nurses (PCNs) as by pelvic floor specialists in assessing women to improve their pelvic floor condition.

Study design, materials and methods

PCNs were offered a training programme in the assessment of pelvic floor condition, and how to teach women PFMT. Twenty-three PCNs undertook the training; ultimately 11 took part in the study in which 762 women were recruited. Of those with a Modified Oxford score less than 3, 240 took part in a three month randomised controlled trial of PFMT.

The training given to PCNs involved a theoretical and practical introduction to PFM assessment and how to teach the exercises, following guidelines of the Association for Continence Advice and the Chartered Institute of Physiotherapy.

The core of the course was a practical training day for small groups of 3-4 PCNs per course, that involved discussion and demonstration of techniques used in the study, with the help of models. This was preceded and succeeded by the distribution of self-directed learning materials, focusing on pelvic floor anatomy, physiology and exercise physiology, assessment using the 'PERFECT' method, and operation of the perineometers. Teaching women an effective pelvic floor contraction was followed by instruction in an exercise programme. Psychological techniques to improve women's adherence to an exercise programme were also addressed. The course represented three days learning and was carried out before providing supervision and guidance in each PCNs own clinical area, where the pelvic floor specialist nurse could observe techniques and provide any further training, calibration of assessments used in the study, and interobserver measurements.

At the end of the study an independent physiotherapist undertook qualitative semi-structured interviews with each individual PCN to assess their knowledge and understanding of pelvic floor muscle assessment and training.

Results

Women given PFMT by a short-course trained PCN or a specialist nurse had a significantly greater PFM strength after three months of supervised training, compared to a control group with no training as shown in table 1.

Table 1: Change in maximum perineometry, baseline to 3 months

group	Mean	Std. Deviation	N	Minimum	Maximum
Control	-0.13	5.00	56	-12.7	11.3
Practice nurse	4.10	6.23	50	-7.7	26.7
Specialist	5.67	9.35	53	-13.0	47.0
Total	3.14	7.47	159	-13.0	47.0

(These results were presented to ICS in 2007 – they are repeated here to confirm the effect of the PCN training.)

Table 2: Summary of independent physiotherapist evaluation, summary scores (for 7 PCNs) and comments

Is the Pelvic Floor anatomy explained to subject?	Tips to identify the correct muscles: 1) Use of 'stop test'	2) Pull upwards/lift	3) Prevention of 'breaking wind'	4) Feel own muscles with thumb or finger?	How do you progress the exercises?	What do you suggest to the patient to remind them to exercise?	Independent Physio Assessors comments	Practice Nurse comments
7/7	7/7	6/7	5/7	7/7	6/7 Hold longer 5/7 More repetitions 1/7 Hold for 10 seconds (no progression).	Variety of cues (spots; stickers; diary etc.) Aim for habit forming (at bus stop; peeling potatoes; kettle boiling; toilet etc.) Functionality	Good tuition & information, & good support. Good general understanding. Peritron gives good objective findings	Sometimes difficult to recruit patients with other workload. Lots of ideas to enthuse patients. GPs referring now, but study recruitment difficult at times

Comments from PCNs about the effect of the course and trial:

<i>GPs now send their PF problems to her</i>
<i>Highlighted in Practice – GPs & other nurses will refer now. Learnt a lot, & on research</i>
<i>More confident in assessing & treating. GPs referring 1-2 a month. Volunteers were difficult to recruit – often failed to return for follow up due to their job</i>
<i>Peritron use was good – still using, & will continue. GP referring patients now</i>
<i>Sometimes difficult to recruit patients with other workload. Lots of ideas to enthuse patients. GPs referring now, but study recruitment difficult at times</i>

Interpretation of results

The educational programme offered was effective, giving more community dwelling women the opportunity to improve their pelvic floor condition, in the prevention and treatment of pelvic floor disorders.

Concluding message

Primary Care Nurses can provide PFMT to community based women and this has implications for the prevention of pelvic floor dysfunction.

<i>Specify source of funding or grant</i>	Wellbeing (Royal College of Obstetricians and Gynaecologists)
<i>Is this a clinical trial?</i>	Yes
<i>Is this study registered in a public clinical trials registry?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Plymouth LREC
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes