

Start	End	Topic	Speakers
09:00	09:05	Introduction and opening remarks	Paula Iguilada Martinez
09:05	09:25	Change in perinatal care: Developing standards, the workforce and education	Lucia Berry
09:25	09:45	Practicalities of setting up a new service – Lessons learned	Monica Franklin
09:45	10:05	How does the service look like? Identification, prevention and conservative management of obstetric pelvic floor disorders	Paula Iguilada Martinez
10:05	10:25	Role of Obstetrician/Urogynaecologists in the prevention and management of pelvic floor dysfunction in the perinatal period.	Shannon Wallace
10:25	10:30	Questions	All

Description

Pelvic floor dysfunction (PFD) is an umbrella term used to describe the symptoms and anatomic changes related to abnormal function of the pelvic floor musculature. PFD includes pelvic organ prolapse (POP), bladder and bowel evacuation and control difficulties, sexual dysfunction and pelvic pain syndromes¹. Pregnancy and childbirth predispose women to PFD during pregnancy, the post-partum period and later in life.

PFD is commonly under-reported due to embarrassment, shame, or a belief that dysfunction is 'normal' before and/or following childbirth. The impact of obstetric pelvic floor problems and their ramifications for women's lives can be devastating. PFD can affect women's ability to work, their sexual and social relationships, and evidence has linked poor pelvic floor health with poor mental health^{2, 3} and difficulty in bonding with their new baby⁴. Women often report dismissive reactions by healthcare providers and personal lack of knowledge about PFD that keep them from accessing care that could significantly improve their quality of life⁵.

There is no international consensus on the standard of care for obstetric-related pelvic floor disorders but recently NICE recommended that all women using maternity services should be given information on pelvic floor dysfunction, how to prevent it, the symptoms, and how to access local treatment; and that for women with urinary incontinence and pelvic organ prolapse, non-surgical interventions including physiotherapy should be offered before surgical interventions are discussed⁶.

The role of the obstetrician-urogynaecologists during the perinatal period is to evaluate and treat women with PFD where conservative management is not suitable, to provide an opportunity to debrief after a traumatic delivery and to guide women in their choice of mode of delivery. Additionally, these clinics offer an exceptional opportunity for trainee involvement and education, as residents, fellows and midwives often do not see or care for the immediate sequelae of the vaginal births they are assisting in⁷.

The development and implementation of a new clinical service requires engagement between the clinicians, the service users and the different stakeholders. This process is often an ever developing one however there are principles that underpins the changes in the healthcare systems such as institutional support, goal setting, needs assessment, review of existent services, gap analysis, demands projections, workforce education and allocation, service model proposal, and monitoring and evaluation of the service to name a few.

Obstetric related pelvic floor disorders have significant consequences for expecting and newly postpartum mothers. Appropriate care is essential to a healthy pregnancy and postpartum recovery, which can be addressed with a multi-disciplinary clinic. These clinics, which can be established with careful planning, create an opportunity to improve patient satisfaction and outcomes, educate patients and other healthcare providers, and contribute to the growing body of evidence-based practice in this area⁷.

A multidisciplinary panel of international experts have been summoned to discuss this topic. During the workshop, participants will be guided through the most up-to-date evidence to address the learning objectives.

Take home messages - ERIMS

- **Educate:** Women should be educated about their pelvic floor muscle function, normal changes, and pelvic floor disorders that can occur in pregnancy and postpartum.
- **Recognition:** There is a need to develop specialist clinics to cater for this unique population and their specific needs.
- **Identification:** Clinicians should question women about pelvic floor symptoms during the pregnancy and the postpartum period.

- Management: Early recognition and management could improve quality of life during this critical time in a woman's life.
- Support: Avoid normalisation of pelvic floor dysfunction

Aims of Workshop

Research estimates that about one in 3 women experience urinary incontinence after pregnancy, one in 10 faecal incontinence, and one in 12 women report symptoms of pelvic organ prolapse however there is no international consensus on the standard of care for obstetric related pelvic floor disorders during the perinatal period.

This workshop will present recent evidence on the multidisciplinary prevention and management of obstetric related pelvic floor disorders during the perinatal period. This workshop will also present an innovative model of care for this group of patients. Clinicians attending the workshop will be able to evaluate perinatal care provision and use this knowledge to upscale their clinical practice.

Educational Objectives

The National Institute for Health and Clinical Excellence (NICE) in 2021 recommended a collaborative multidisciplinary team (MDT) management of pelvic floor dysfunction with the aim to improve women's outcomes and standardise assessment and treatment. The UK is currently undergoing a national phased pilot project to develop a collaborative care approach of obstetric-related pelvic floor disorders between the Obstetric, Urogynaecology, Midwifery, Health Visitors, GP's and Physiotherapy teams. In 2017, the Cleveland Clinic urogynecology division developed the Urogynaecology-led Postpartum Care Clinic (PPCC), based upon on the same multidisciplinary approach principle as recommended by NICE guidelines.

This workshop will provide an overview of the published literature with strong focus on level I evidence, on the prevention, identification, and management of 'mild to moderate' pelvic floor dysfunction during the perinatal period. It will also discuss the practicalities of setting a new clinical service. The authors will share their knowledge and experience gained in setting up this service to other health care professionals who may be looking to introduce these initiatives in their area.

The authors of this workshop are part of national initiatives led by National Health Service England in the UK and the Cleveland Clinic in the USA. It is also an opportunity to raise awareness of obstetric related pelvic floor disorders in a society that predominantly focuses on urinary incontinence.

Learning Objectives

1. To discuss how to embed evidence-based practice in antenatal, intrapartum, and postnatal care to prevent and mitigate obstetric-related pelvic floor related disorders including how to improve the rate of identification of pelvic health problems during the perinatal period.
2. To showcase an innovative interprofessional model of care of obstetric related pelvic floor disorders and the practicalities of how to 'make it happen'.
3. To discuss the access to NICE-recommended treatment for common pelvic health problems antenatally and postnatally.

Target Audience

Urogynaecology and Female & Functional Urology, Conservative Management

Advanced/Basic

Intermediate

Suggested Learning before Workshop Attendance

- Doumouchtsis SK, de Tayrac R, Lee J, Daly O, Melendez-Munoz J, Lindo FM, Cross A, White A, Cichowski S, Falconi G, Haylen B. An International Continence Society (ICS)/ International Urogynecological Association (IUGA) joint report on the terminology for the assessment and management of obstetric pelvic floor disorders. *Int Urogynecol J.* 2022 Nov 28. doi: 10.1007/s00192-022-05397-x. Epub ahead of print. PMID: 36443462.