

## Notes and news

### Vaginal mesh statement

Pelvic, Obstetric and Gynaecological Physiotherapy is aware that there has been a great deal of media interest in the use of vaginal mesh for the surgical management of stress urinary incontinence and pelvic organ prolapse. This has particularly been the case since June 2014, when its use was banned by the Scottish Government (Crothers 2015). This moratorium was imposed a year after a meeting between the Scottish Health Secretary and women who were experiencing problems.

Our organization is actively involved in keeping up to date with reports and guidance, especially those publications that may have an impact on the profile of and services provided by the membership. Members of POGP have been involved with various working groups and research projects that have contributed to some of the interim reports on vaginal mesh.

At present, POGP is keen to draw its members' attention to the documents that explain the background to this issue, and the plans for future working parties and enquiries (BAUS 2015; NHS England 2015; RCOG 2015; Scottish Government 2017; TVT Mum 2017).

The following points are noteworthy:

- The TVT Mum website has reported that their working group will be multidisciplinary (TVT Mum 2017): "Membership will be multi-professional and include representatives from: NHS England; Department of Health; Scottish Government; Welsh Assembly Government; Medicines and Healthcare Products Regulatory Agency (MHRA); British Society of Urogynaecology (BSUG); British Association of Urological Surgeons (BAUS); and Royal College of Obstetricians and Gynaecologists (RCOG) and patient support groups."
- Additionally, we are aware of: the lobby group called Sling the Mesh ([www.slingthemesh.wordpress.com](http://www.slingthemesh.wordpress.com)), which has a strong social media presence, @MeshCampaign on Twitter; and the Scottish Mesh Survivors group on Facebook (a closed group with 235 members).
- A dedicated mesh helpline (07824 537938) was set up in August 2015 by NHS Inform, which is part of NHS Scotland. The helpline

is supported by an experienced physiotherapist (NHS Inform 2017).

We are always keen to hear from our members about how the current mesh debate has affected their practice. Please contact us via the POGP Facebook group (members only), iCSP or the microsite ([pogp.csp.org.uk](http://pogp.csp.org.uk)).

**Pelvic, Obstetric and Gynaecological Physiotherapy**

### References

- British Association of Urological Surgeons (BAUS) (2015) *BAUS Section of Female, Neurological and Urodynamic Urology Response to the NHS England Mesh Working Group – Interim report, December 2015*. [WWW document.] URL [http://www.baus.org.uk/\\_userfiles/pages/files/professionals/sections/female/Response%20to%20NHS%20England%20mesh%20recommendations.pdf](http://www.baus.org.uk/_userfiles/pages/files/professionals/sections/female/Response%20to%20NHS%20England%20mesh%20recommendations.pdf)
- Crothers E. (2015) Suspension of mesh surgery: the Scottish experience. *Journal of Pelvic, Obstetric and Gynaecological Physiotherapy* 116 (Spring), 76–77.
- NHS England (2015) *Mesh Working Group: Interim Report, December 2015*. [WWW document.] URL <https://www.england.nhs.uk/wp-content/uploads/2015/12/mesh-wg-interim-rep.pdf>
- NHS Inform (2017) *Transvaginal Mesh Implants*. [WWW document.] URL <https://www.nhsinform.scot/tests-and-treatments/non-surgical-procedures/transvaginal-mesh-implants>
- Royal College of Obstetricians and Gynaecologists (RCOG) (2015) *RCOG Policy Briefing: Mesh Working Group Interim Report*. [WWW document.] URL <https://www.rcog.org.uk/en/news/rcog-policy-briefing-mesh-working-group-interim-report/>
- Scottish Government (2017) *Scottish Independent Review of the Use, Safety and Efficacy of Transvaginal Mesh Implants in the Treatment of Stress Urinary Incontinence and Pelvic Organ Prolapse in Women: Final Report, March 2017*. [WWW document.] URL <http://www.gov.scot/Resource/0051/00515856.pdf>
- The Voices Today on Messed up Mesh (TVT Mum) (2017) *NHS England Patient and Public Voice (PPV) Representatives*. [WWW document.] URL <http://www.tvt-messed-up-mesh.org.uk/NHS-England-Patient-Public-Voice-Members.html>

### Wales report

My name is Rhiannon Griffiths, and I am the new POGP area representative for Wales. I am a clinical specialist physiotherapist in women's and men's health based at the Royal Gwent Hospital in Newport, South Wales.

We currently hold meetings quarterly via video conferencing. This is because of the geographical difficulties of meeting as a group, which are mainly caused by current low staffing levels and high numbers of patient referrals in many areas. Although video conferencing is a good way to hold meetings in terms of eliminating travel time and enhancing accessibility, it does have its limitations. Those joining the main meeting by video link can find it difficult to feel involved and successfully contribute to ongoing discussions. I hope that the introduction of a yearly face-to-face meeting will improve things for all members, especially if this can be linked with the annual Welsh Bladder Forum, which is a great source of free continuing professional development (CPD).

A recent benchmarking exercise undertaken by our members of services that are provided across the UK was well received. Thank you to all 13 of you who responded!

Service provision was varied across the country. Staffing consisted of a mix of bands, but majority of physiotherapists were employed on a part-time basis. Seventy per cent of service funding came from the physiotherapy budget, and the rest from gynaecology or urology. Ninety-two per cent of services offered an outpatient provision. Just one respondent reported that her department only had an inpatient service, and outpatients were dealt with separately by the community team. Two other participants reported a limited inpatient service. Seventy per cent of respondents' departments provided a men's health service, 62% offered a pelvic girdle pain (PGP) service and 15% reported that PGP patients were seen by the musculoskeletal department. Fifty-three per cent of participants provided services via classes, with 70% of these being for pelvic floor dysfunction. The specialist services that respondents were involved with included a perineal clinic and one for bowel biofeedback.

This information has given us some insight in to the variations in service provision across the country, and shown us that our services are comparable to those of our counterparts in England.

Our trusts are also changing over to electronic notes, and POGP members have been integral in benchmarking the assessment proforma that will be the model used for all women's health physiotherapists across Wales. One trust has begun the pilot of this electronic system, and others will be rolling it out over 2017–2018. It is hoped that this will ensure a more-standardized approach to pelvic healthcare by physiotherapist across Wales, and allow a country-wide audit to be completed.

We expect to encounter some potential difficulties in support and financial development for all services, but we are passionately committed to providing our patients with the treatment that they require.

At a recent study day held in Swansea, Professor Phil Reed of Swansea University's Department of Psychology discussed recent research that he has done in collaboration with the women's health team at Singleton Hospital in Swansea. This was an interesting day that included discussions about patient compliance, what makes them fail to attend appointments and those who are at greater risk of noncompliance. One of the papers produced by Professor Reed and his colleagues was published in the Autumn 2016 edition of *JPOGP* (Osborne *et al.* 2016), and more publications are expected once further analysis of the data has been completed (see pp. 45–52).

Other study days that our members have attended include the annual Welsh Bladder Forum and PGP workshops held in Cardiff this year. All our members found these events to be of utmost value, and have disseminated their new knowledge to their peers.

With more members recently completing their Foundation Acupuncture Course, a specific women's health acupuncture course is scheduled to be held soon.

I look forward to updating you all again in due course. Please do not hesitate to contact to me if you have any queries.

**Rhiannon Griffiths**

*Clinical Specialist Women's and Men's Health*

*Physiotherapist*

*Royal Gwent Hospital*

*Newport*

*UK*

*E-mail: Rhiannon.Griffiths3@wales.nhs.uk*

## Reference

- Osborne L. A., Whittall C. M., Edwards D. J., *et al.* (2016) Randomized controlled trial of a values-based motivational interview support to promote attendance at pelvic floor muscle training physiotherapy treatment. *Journal of Pelvic, Obstetric and Gynaecological Physiotherapy* **119** (Autumn), 38–46.

## POGP communications

All Chartered Society of Physiotherapy (CSP) professional networks are required to have a public relations officer, a role I now perform for POGP. More recently, the Executive Committee has created a further role, social media officer.

Together, we are responsible for disseminating our organization's activities to the membership, the profession and the public.

Our main goal in promoting POGP to the public, and partly to the wider physiotherapy profession, is to increase awareness and understanding of our specialty. We highlight the work that members of POGP undertake within the areas of obstetrics, gynaecology, urology, and colorectal and sexual health and dysfunction for men, women and children.

For yourselves, our members, who are, of course, our colleagues, we help to disseminate information about courses, conferences and other resources to facilitate learning and inter-member communication.

It might seem hard to believe that, just 3 years ago, POGP activity could only be shared with members through this section of the journal, "Notes and news", which brought you biannual but rather time-slipped information. However, as Rebecca Bennett takes maternity leave from her role as social media officer, we have much to thank her for. Since her first baby, alongside running her own practice, she has brought the POGP microsite, private Facebook group and @ThePOGP Twitter feed to life. Rebecca diligently searched the mainstream media early in the morning to bring topical news stories to our attention. She also reminded other Executive and subcommittee members to disseminate relevant project, professional and industry news.

We are delighted to now welcome Jilly Bond as she steps into Rebecca's shoes, having been co-opted onto the Executive Committee for the coming year. Jilly will be a familiar name if you are a follower of this journal's very own Twitter handle, @JPOGP. She is very knowledgeable about social media and has a passion for research. We are all benefiting as she links us to our own journal, and also global research, projects and groups. Each time POGP runs a workshop, Jilly supports the delegates throughout the entire weekend with a Twitter feed of the relevant research articles, resources and good-humoured support.

My primary briefs as public relations officer are to answer media-led requests for information on behalf of POGP members, and to signpost our member's skills and resources such as the booklets and microsite. My goal is to give responses that all our members would approve of while trying to avoid being misquoted and/or bamboozled into sensational statements. This can be quite a challenge at times!

The POGP members-only Facebook page has over 300 members and new content is posted almost daily. Interactions between members are relevant, polite, professional and friendly, so very little moderation is required. Please join in!

The @ThePOGP Twitter account now has over 1000 followers, a mixture of individuals and organizations, while @JPOGP now has 450 followers.

The key focus of the POGP communication team for the year ahead is to support the dissemination of the biannual journal content to members. As previous editions of the journal become openly accessible on our microsite, we would like to promote these articles to our wider physiotherapy colleagues, other professions and the public.

In February, we invited members to be proactive with the Pucker Up Your Pelvic Floor campaign to promote POGP members, and our skills and resources, which was a first for the organization. We would be delighted to get your views on the concept and process. Is this a foundation from which to expand next year? Are posters considered to be old fashioned in the modern world? What should a future campaign include to be more useful to you and your clients? Please do send me your feedback (e-mail: amandasavagephysiotherapy@gmail.com).

Would you like to join the communications team? We would like to grow over the next few years. If you are inclined to use or improve your social media, writing or speaking skills, we would love to find a role for you, one that can be as big or as small as you would like. We have a long list of all the things we could do to communicate more with both our members and the public, if we can increase our manpower. Please do contact myself or Jilly if you want to come on board!

**Amanda Savage**  
*Public Relations Officer*

## **POGP Advanced Pelvic Floor Course**

In November 2016, several physiotherapists attended the POGP Advanced Pelvic Floor Course at the University Hospital in Milton Keynes. This focuses on in-depth assessment, differential diagnosis, and advanced treatment techniques for complex female pelvic pain and pelvic floor muscle dysfunction. Taught by Teresa Costello, Julia Herbert and Helen Keeble, this is a follow-up to the POGP Physiotherapy Assessment and Management of Female Urinary Dysfunction

Course, and represents the next step for women's health physiotherapists in their training.

The participants' main reason for attending this 2.5-day workshop was to improve their clinical skills and knowledge, particularly in relation to complex pelvic pain and complicated women's health patients with multiple interacting problems. Their secondary motivation was that most believed that the previous course did not cover complex presentations in great detail, and that further training in this area would be very useful for clinical practice.

While lecture-led, the workshop made great use of case studies, which allowed the tutors to replicate normal clinical presentations in more-practical detail rather than rely on abstract academic teaching. After each lecture, we were encouraged to join groups and discuss case studies that we then analysed further by talking these through with the lecturers.

The course had several elements of interest, but the practice of mapping the vagina, and advice about how to incorporate this into clinical reasoning and ongoing treatment, was of particular use. Another key aspect that was very valuable was being taught advanced treatment techniques for pelvic pain, such as pelvic floor down training, skin rolling, scar massage, trigger points and retraining motor control. This was especially important because the tutors discussed a variety of conditions in depth; for example, vulvodynia, vaginismus, lichen sclerosus and other chronic pelvic pain dysfunctions.

I would highly recommend this workshop to any physiotherapist working within women's health because it greatly expands your understanding of and scope within pelvic pain. It ensures that you can deal with more-complex patients, as well as "adding tools to your tool-box" in terms of hands-on treatment. To get the most out of the course, it is recommended that participants have 1–2 years of experience within women's health physiotherapy prior to attending. This allows you to make the most of such a case-study-led workshop, as well as offering you an opportunity to reflect on previous patients and how these new skills would apply to them. I would also recommend this course even if you have had many years within the field because it would serve as an outstanding top-up of best practice and latest research, as well as an opportunity to discuss the issues with very knowledgeable lecturers and fellow physiotherapists.

In all, not only did the Advanced Pelvic Floor Course help me improve my skills, knowledge and

clinical practice – I am already much more comfortable with complex women's health patients – it allowed me to delve deeper into the various complexities within women's health and achieve a greater understanding of the challenges within our field. I am already looking forward to the 1-day top-up course that follows this workshop.

**Hanna Dabbour**

*Women's Health Physiotherapist*

*Private Practice*

*Norwich*

*UK*

*E-mail: DabbourPhysio@gmail.com*

## Education Subcommittee

### *Good practice statements*

The development and review of the POGP good practice statements is the responsibility of the Education Subcommittee (ESC). The guidelines are produced on behalf of the Executive Committee, which approves the final drafts before these become official POGP documents. When producing a new good practice statement, various members of the ESC spend an enormous amount of their spare time looking for research-based evidence and collating best practice. The advice of other healthcare professionals is also sought; for example, physiotherapists who are deemed to be experts in the particular subject covered by a guideline.

Featured in the Spring edition of the journal (POGP 2017a, b, c), the following good practice statements are the most recent, and we are pleased to credit the authors here:

- "Driving after gynaecological surgery and Caesarean-section delivery" by Claire Jennings;
- "The use of maternity/pelvic support belts for perinatal pelvic girdle pain" by Lynda Morgan-Jones & Helen Forth; and
- "Acupuncture for pregnancy-related low back pain and perinatal pelvic girdle pain" by Julie Ellis & Sinéad McCarthy.

We are currently working on two new good practice statements:

- "Lying supine in pregnancy" by Julie Ellis & Lynda Morgan-Jones; and
- "Vaginal examination in pregnancy" by Funmi Odofin & Sinead McCarthy.

Any suggestions for new guidelines are always welcome (e-mail: [ruthhawkes@uk-consultants.co.uk](mailto:ruthhawkes@uk-consultants.co.uk)).



The POGP would like to thank the members who currently sit on the ESC, and among other projects, continue to compile and review the good practice statements. They are, in alphabetical order:

- Kay Crotty;
- Chrissie Edley;
- Julie Ellis;
- Aislinn Finn;
- Claire Lawson;
- Kate Lough;
- Sinéad McCarthy;
- Lynda Morgan-Jones; and
- Funmi Odofin.

### Call for volunteers

We are always looking for enthusiastic members to join the ESC. Our aim is to:

- promote, expand and evaluate educational opportunities for physiotherapists;
- encourage the development of research and evidence-based practice; and
- develop educational and promotional material.

Here are some facts about the ESC:

- you do not have to be a full member of POGP;
- we have two face-to-face meetings a year, along with at least two teleconferences;
- expenses are paid (as per the POGP expenses guidelines);
- you do not have to be involved in education or research; and
- you do not have to be considered an expert in the world of pelvic, obstetric and gynaecological physiotherapy.

If you would like to have an opportunity to share your knowledge and experience, want to keep yourself up to date with the evidence, and are passionate about our area of physiotherapy, then why not join us?

Any members who are interested in the ESC should contact me (e-mail: [ruthhawkes@uk-consultants.co.uk](mailto:ruthhawkes@uk-consultants.co.uk)).

**Ruth Hawkes FCSP**

*Education Subcommittee Chairman*

### References

- Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2017a) Acupuncture for pregnancy-related low back pain and perinatal pelvic girdle pain. *Journal of Pelvic, Obstetric and Gynaecological Physiotherapy* **120** (Spring), 74–77.
- Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2017b) The use of maternity/pelvic support

belts for perinatal pelvic girdle pain. *Journal of Pelvic, Obstetric and Gynaecological Physiotherapy* **120** (Spring), 78–80.

Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2017c) Driving after gynaecological surgery and Caesarean-section delivery. *Journal of Pelvic, Obstetric and Gynaecological Physiotherapy* **120** (Spring), 81–82.

## Margaret Bartaby DPE MSCP DStJ, 1923–2017

Margaret Bartaby (Fig. 1), a well-respected and long-standing member of POGP, died on 1 June 2017. For many years, she was a tutor on the postgraduate courses leading to full membership of the association, and from 1988 to 1991, she also held the position of chairman when the organization was known as the Association of Chartered Physiotherapists in Obstetrics and Gynaecology (ACPOG).

Margaret trained at Anstey College of Physical Education in Birmingham, graduating with a dual qualification as a physiotherapist and a teacher. She started work as a physical education teacher before moving quickly into further education, teaching anatomy, physiology, hygiene, and health and physical education in a pre-nursing college.

Margaret married Edward, and after the birth of her son, Brian, returned to work, this time as a physiotherapist. She continued to use her teaching skills while working at the Southern General Hospital School of Physiotherapy in Glasgow. She was assigned the task of teaching obstetrics, and while attending a course in Dundee, met up with Christine Campbell. Together, these two Scottish physiotherapists became recognized names in ACPOG during the 1970s.

Jill Mantle remembers meeting Margaret when she first joined the ACPOG Executive Committee.



**Figure 1.** (Left to right) Julia McKenna, Ros Thomas and Margaret Bartaby at the Association of Chartered Physiotherapists in Women's Health Annual Conference dinner on 20 September 2008.

Margaret quickly took on the role of membership secretary, and during this time, became vice-chairman, a position that she was to fill for more than one term. Jill remembers her being “highly organized, practical, wise and never ruffled”. I also recall her as a friendly, warm person who made me feel incredibly at ease when I first joined the Executive Committee.

Margaret’s teaching background also made her a perfect candidate for the ESC. Much of the shaping of our specialty was a result of her vision, particularly with regard to the development of postgraduate education. Under Margaret’s chairmanship, the original post-registration course rapidly evolved into the much more sophisticated Program-Approval-for-Continuing-Education-accredited post-registration ACPOG Foundation Course, the fundamental elements of which are still seen in our postgraduate modules today. She also had strong views about the need for physiotherapy training to include obstetrics, and treatment to be available to childbearing women.

During her retirement, Margaret continued to show an interest in the work of POGP and its members, and became a vice-president of the organization in 1998 during its fiftieth anniversary, when it was known as the Association of Chartered Physiotherapists in Women’s Health. In 2002, the CSP recognized her contribution to women’s health physiotherapy and our association by awarding her the Distinguished Service Award.

Margaret will be remembered for being a pioneer of our speciality, her strong leadership skills and great sense of humour, and being a staunch supporter of POGP and its members.

**Ruth Hawkes FCSP**

*Education Subcommittee Chairman*

## **Collaboration with the International Urogynecological Association**

Pelvic, Obstetric and Gynaecological Physiotherapy is delighted to have been recently linked with the International Urogynecological Association (IUGA), a collaboration that we hope will bring about further partnership in the future. As I am the reviews editor for the POGP

journal and currently work clinically alongside IUGA president Dr Lynsey Hayward, a new connection has been forged between these two organizations. An advertisement for the IUGA’s 42<sup>nd</sup> Annual Meeting in Vancouver, Canada, on 20–24 June 2017 was run on page 112 of the Spring edition of *JPOGP*.

Chairman Katie Mann says: “POGP is delighted to be creating closer links with the international community through IUGA, and we look forward to collaborative work with physiotherapists and other professionals across the globe.”

Dr Lynsey Hayward says that she is “absolutely delighted and enthusiastic about having more physiotherapists on board”, and is looking forward to further participation from physiotherapists at IUGA conferences, workshops and specialist interest groups. The Association is establishing a physiotherapy-interest workstream, and the POGP Annual Conference was advertised in the most recent edition of the IUGA journal. Membership of IUGA is US\$50 without the journal and US\$75 with it. The next IUGA conference, the 43<sup>rd</sup> Annual Meeting, will be held in Vienna, Austria, on 27–30 June 2018.

**Romy Tudor**

*Reviews Editor*

## **New iCSP moderator**

After 4 years of facilitating and moderating the POGP network on iCSP, I have now decided to stand down. I have really enjoyed encouraging debate, and the light touch moderation needed for this role. I would like to thank Niki King, Emma Jardine and Maria Ineson, who are continuing to assist with moderating posts.

The role also greatly contributed to my own CPD each week because I viewed and responded to many questions from the CSP membership. There have been many great debates, and POGP members are always a wonderful source of advice and are willing to share information on this network, which has over 3000 members.

Myra Robson has come forward to take on this lead moderation role, and is currently being trained by the CSP team. Good luck, Myra, and thank you for volunteering.

**Shirley Bustard**

*Clinical Editor*