

## Jill Mantle, POGP vice-president

### Introduction

Jill Mantle became a member of the Chartered Society of Physiotherapy (CSP) in 1953. She went on to train as a physiotherapy teacher at The London Hospital (now the Royal London Hospital), and became a lecturer at the University of East London (UEL) in 1981. Jill was an executive member of the Association of Chartered Physiotherapists in Obstetrics and Gynaecology [ACPOG, which became the Association of Chartered Physiotherapists in Women's Health (ACPWH) and is now POGP] over a span of 18 years, and held the post of chairman from 1991 until 1994. She also led the Education Subcommittee twice, and has served on the CSP Council. Jill has published widely, made presentations both in the UK and internationally, and was one of the founding tutors of the original ACPWH postgraduate courses in continence at UEL. She was awarded a CSP Fellowship in 1997. Jill has been a loyal supporter of our association, as well as a great mentor and friend to its members, and therefore, POGP has bestowed on her the honorary position of vice-president (Fig. 1).

**Ruth Hawkes FCSP**  
*Vice-chairman*

### How I became interested in obstetric, gynaecological and urogynaecological physiotherapy

In the early 1950s, as a student at what was then called The London Hospital, I frequently taught postnatal exercises to newly delivered mothers. At this time, women stayed in hospital for 10 days after giving birth, and sometimes we used ice and short-wave diathermy to treat those with a sore perineum. I also treated men who had undergone prostatectomies.

Later, as a student teacher, I filled in when no one else was available to teach the antenatal classes, which were exclusively taught by physiotherapists and involved eight classes per set! By this time, Grantly Dick-Read had published his *Principles and Practice*, which aimed to achieve childbirth without fear and pain (Dick-Read 2013), and work in France on psychoprophylactic preparation for childbirth had also received publicity (Lamaze 1958). The National Childbirth Trust (NCT, originally called the Natural



**Figure 1.** Ruth Hawkes (left) presents new honorary vice-president Jill Mantle (right) with her framed certificate at the 2014 POGP Annual Conference (photograph by Shirley Bustard).

Childbirth Trust) was founded in 1956, and it too began to offer antenatal classes. Unlike National Health Service (NHS) classes at that time, which were chiefly staffed by physiotherapists, NCT classes could be taken by anyone who was interested – not necessarily a qualified health professional. The NCT classes covered a wide range of aspects of childbearing and motherhood.

In 1957, I qualified as a teacher of physiotherapy. (I had always wanted to teach, so I qualified as quickly as possible, and consequently, I became the youngest teacher in London.) As a teacher, I was considered to be capable of preparing and then teaching any part of the 3-year physiotherapy syllabus! In 1958, as a newly married member of the teaching staff, Miss Sylvia Grace Orme FCSP, the head of The London Hospital School of Physiotherapy, assigned me to teach the obstetric and gynaecological section of the syllabus. “Be careful not to scare them off childbearing!” she said.

By 1961, I had “slipped a disc” and we had bought a house in Croydon, so I stopped teaching. Doing some part-time work locally allowed me to get to know the physiotherapists in the area. They were particularly interested in learning proprioceptive neuromuscular facilitation (PNF). I had been taught this new technique after qualification by Dena Gardner at The

London Hospital. She also lived in Croydon, and had become a great mentor and friend. I was instrumental in setting up the Croydon branch of the CSP, and organized several PNF courses with my highly respected colleagues from The London Hospital. Since I was planning a family, I was also interested in the local branch of the NCT and the pain-free childbirth movement as a whole. I attended a 2-day NCT course taught by Margaret Williams for those involved with antenatal classes (i.e. physiotherapists, midwives and health visitors). Margaret later became a close friend and mentor through the Obstetric Association of Chartered Physiotherapists (OACP), which became ACPWH.

In 1964, I became pregnant and booked as “an old primip” (at 32 years of age) at The London Hospital for delivery. I decided to try out the local NCT classes and also attend the NHS ones for comparison. The NCT classes were excellent, and as a result and much to my consultant’s horror, I demanded permission to have my husband with me throughout delivery. The consultant explained that something very special in a relationship could be spoiled if husbands saw their wives in labour/delivery! I said that I was prepared to take that risk. We had to get the matron’s permission too.

The morning after my daughter Clare’s delivery, my consultant came to see me and greeted me with, “I hear psychoprophylaxis works!” I had certainly not needed him! Postnatally, I was an inpatient for 10 days which included Christmas Day! In 1968, my son Andrew’s delivery was similarly easy, and the midwives were amazed at how advanced I was when they assessed me.

I returned to The London Hospital in 1971 at the urgent request of the superintendent physiotherapist: “Jill, we desperately need help with the antenatal classes.” It was uneconomic to go to London for 4 h work a week, so I negotiated to return part-time and teach in the School of Physiotherapy as well, where I covered obstetrics and gynaecology, massage, slings, and passive movements. In the holidays, my two children came along too; they became well trained in putting out mats and pillows for the classes, and tidying the secretary’s cupboards! I decided that I should become a member of the OACP, only to be told that I needed to go on a course to do so. I thought that this was ridiculous since I was already teaching the material. I was put in touch with Jackie Odoni, a highly respected executive member of the Association. She grilled me when we met, and then agreed that I could become a

full member. Before long, I was teaching on courses run by Jackie at St Thomas’ Hospital and Julie McKenna at the Royal Free Hospital. I was soon drawn into the discussions about developing a CSP-validated obstetrics and gynaecology course, and the rest is history.

In the early 1970s, I also attended a course for nurses, midwives and physiotherapists on teaching antenatal classes because I wanted to see what was taught. This was run regularly at University College Hospital by a physical educationalist. The teacher was the wife of the obstetrics and gynaecology consultant, who made a small contribution to the course.

I continued my part-time arrangement with The London Hospital, but expanded my range of teaching and increased my hours. I also added some research into backache in pregnancy, and taught antenatal classes when there was no other staff member available.

Then, in 1981, the School of Physiotherapy moved to the North East London Polytechnic, where we ran the first physiotherapy degree course in the UK. However, when needed, I continued to teach antenatal classes at The London Hospital so that I could keep in touch with the “coalface”. It was at around this time that I began to sense tensions with the midwives, who wanted to reduce physiotherapy input to the classes.

In 1992, the North East London Polytechnic became the UEL. Although my bosses made me give up my antenatal work because it made me a little late for staff meetings, they went on to give me exceptional support when we set up the ACPWH postgraduate continence course. They then took it over and validated it at Level 3, as I requested. The university would have considered a Master’s-level course too, but I was reluctant to offer one. Many of the physiotherapists who applied in the early days had done no formal study since qualifying, and would have had difficulty in coping with the work along with their other responsibilities. I wanted them to enjoy learning.

**Jill Mantle FCSP BA DipTP GradDipPhys**  
*Vice-president*

## References

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