

How does pelvic health training impact Health Visitors' confidence in discussing and promoting pelvic health during the perinatal period?

A Service Evaluation
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Introduction

- Currently there is no mandatory training in pelvic health (PH). This has resulted in a knowledge gap, limiting health professionals having conversations discussing and promoting PH in the perinatal period, acting as a barrier to achieving national Perinatal Pelvic Health Service (PPHS) responsibilities.

Background

- National Health Service England (NHSE) commissioned PPHS's to improve management and be "responsible for the prevention, identification and access to NICE recommended treatment for PH problems antenatally and at least one year postnatally" (NHSE 2022: 3).
- This requires an MDT approach optimising 'very brief advice' and 'making every contact count' (PHE 2016; Taylor et al 2023).
- Health visitors (HV) play an important role in the care of women and birthing people throughout the perinatal period and have regular exposure to patients. This makes them well placed to help promote PH, helping to deliver the PPHS responsibilities (NHSE 2022; Taylor et al 2023).

Aim of this service evaluation

- Explore the impact PH training has on HV's confidence in discussing and promoting PH during the perinatal period.

Methodology and Data Analysis

- A mixed method approach, using anonymous retrospective secondary survey data from staff who attended five PH training sessions between November 2022-December 2022 (n=67).
- Data analysis focused on quantitative questionnaire data, presented in tables/charts/graphs with trends, associations and differences identified and qualitative data which was analysed through thematic analysis.

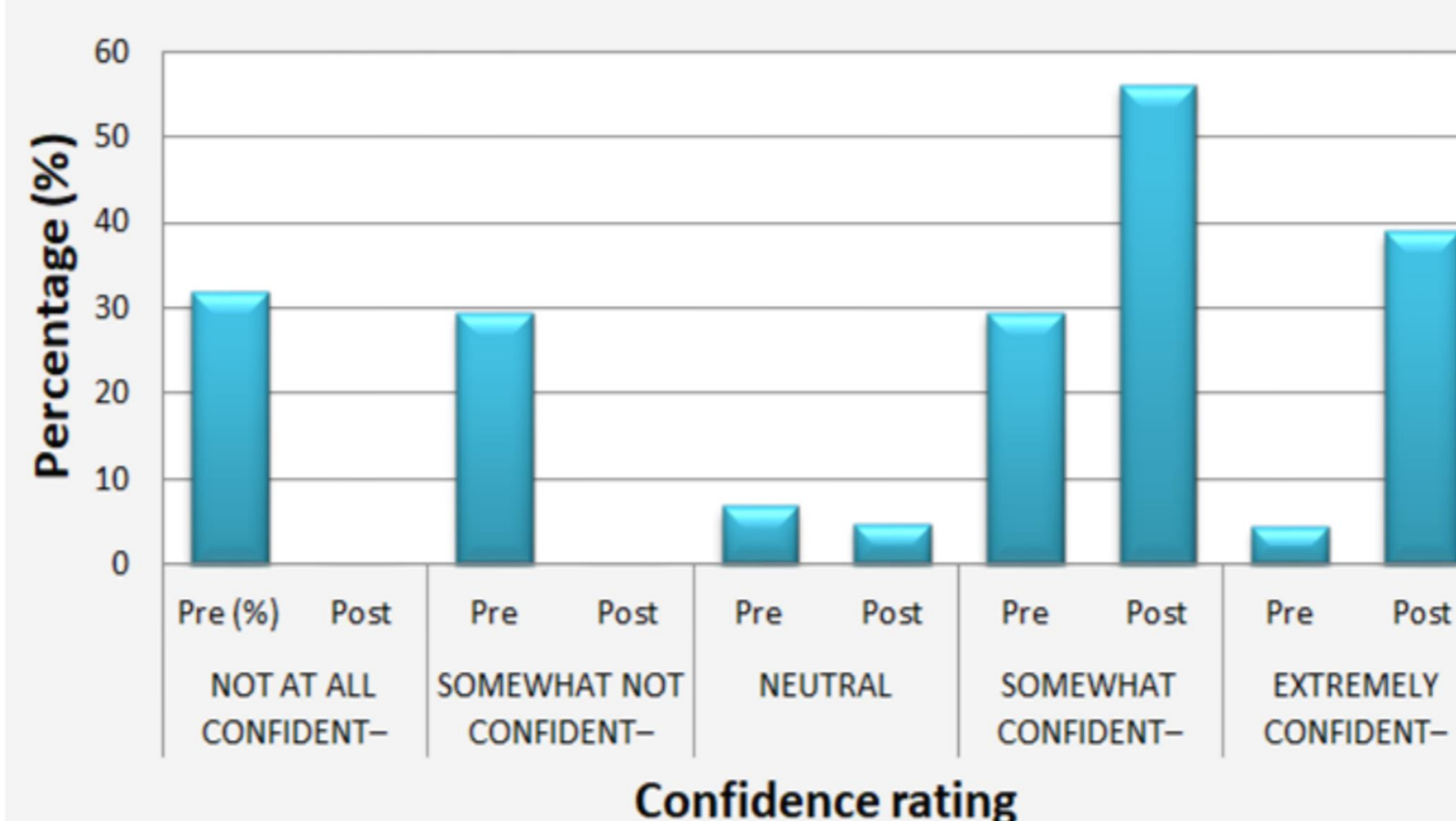
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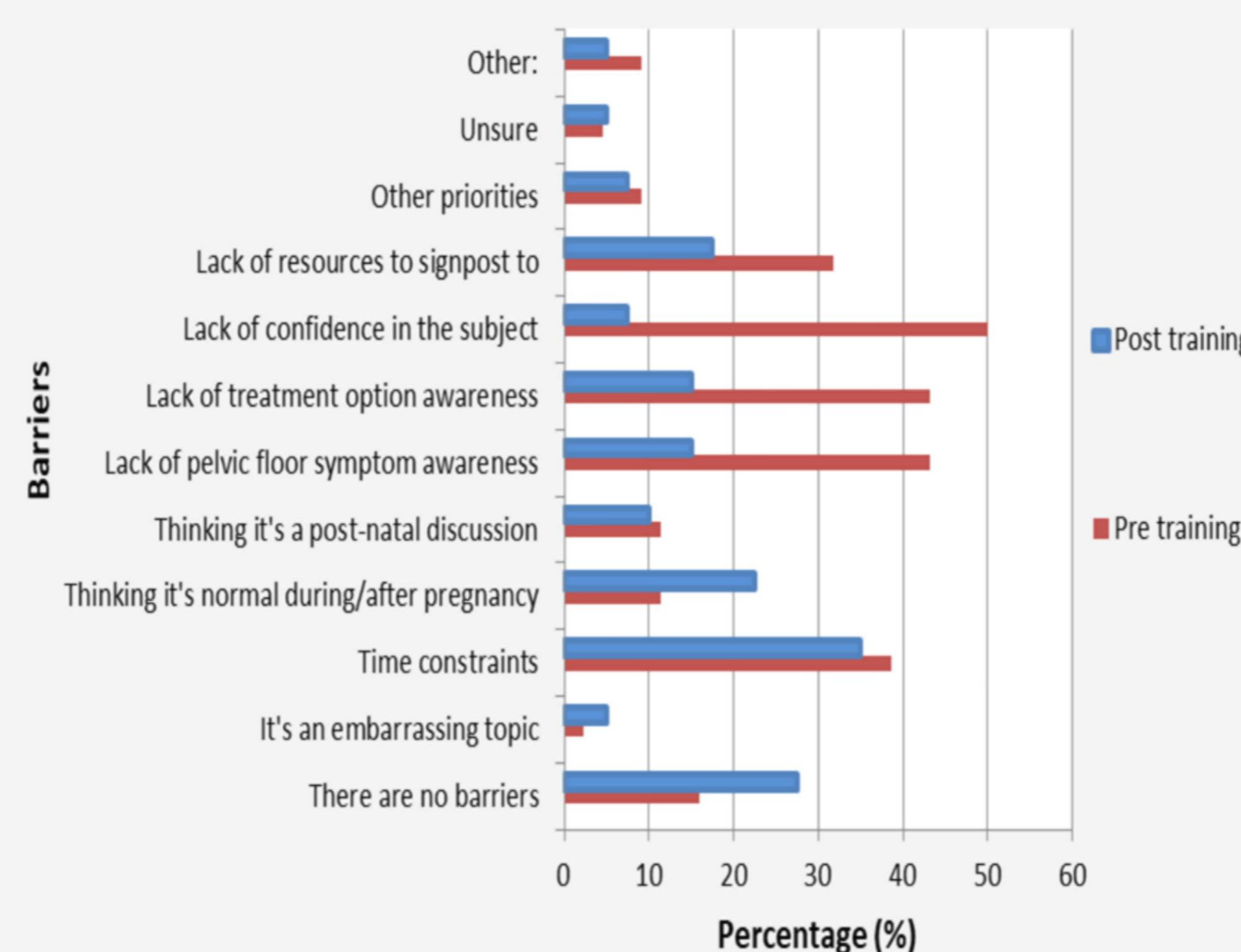
Findings

- 44 pre-training and 42 post-training responses were analysed. Response rate of 66% and 63% .
- Pre training data revealed 51% of attendee HV's did not routinely ask about PH in their clinical practice and 52% were either "not at all confident" or "somewhat not confident", across ten PH elements questioned.
- Post training this reduced to 0% and there was an overall increase in HVs confidence.
- Additionally, a reduction in the majority of barriers was seen. However several barriers increased and *time restrictions* remained as a consistent barrier.
- Four themes were identified from the "take home messages" and the majority of attendees "agreed" or "strongly agreed" that they were confident (48% and 40% respectively), motivated (50% and 43%) and would share their take home messages with colleagues (41% and 50%).

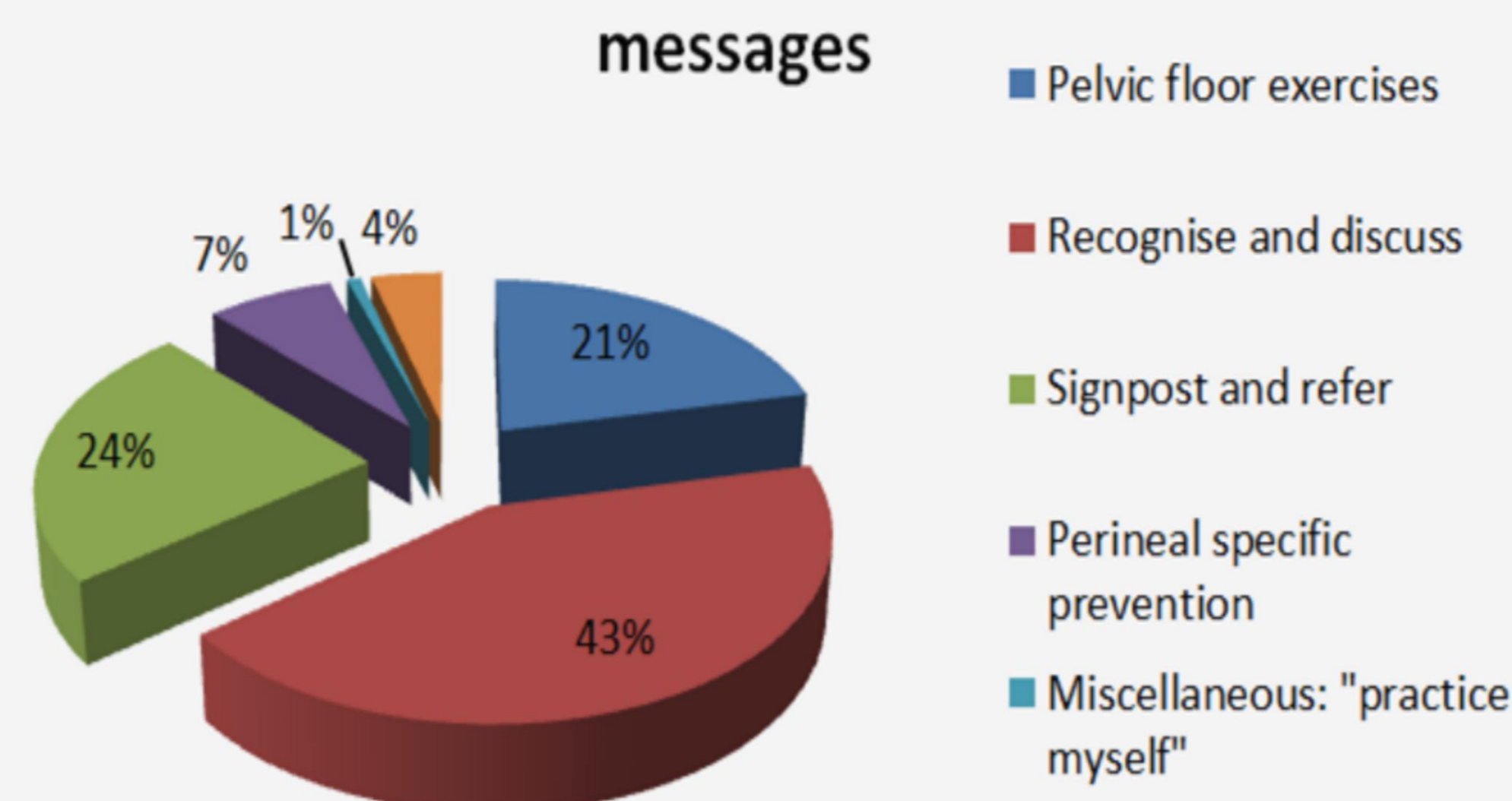
Recognising pelvic health concerns



Barriers to discussing pelvic health



Key themes identified in take home messages



Conclusion

- This service evaluation highlights PH training has a positive impact on increasing HV's confidence to discuss and promote PH in the perinatal period immediately following training, helping to inform local service delivery and realise PPHS responsibilities (NHSE 2022).
- Ongoing barriers to discussing PH have been identified which must be given due consideration within local policy to support integration into clinical practice and the wider population to break taboo/raise awareness (De Vivo and Mills 2019).
- The take home messages support agency has been generated but integration of learning into clinical practice is multifaceted and it can't be presumed that providing training will result in a change in clinical practice.
- The overall response rate falling below the desirable 70%, limits external validity of the data (Greenhalgh 2019). However, the data can be seen as reliable to inform local change, especially in light of a lack of available evidence.

Implications for practice and next steps

- Continue to deliver MDT PH training.
- Compare HV's data to wider MDT data already captured.
- Conduct a follow up questionnaire at 6 months post-training to assess the impact on practice and sustainability (time/cost) over time.
- Share learning across the local trusts, regional and national PPHS networks.
- Future research is needed to explore the efficacy of MDT PH training within the perinatal period.

References

- De Vivo, M. and Mills, H. (2019) "They turn to you first for everything": insights into midwives' perspectives of providing physical activity advice and guidance to pregnant women. *BMC pregnancy and childbirth* 19 (1), 462-462.
- Greenhalgh, T. (2019) *How to read a paper: the basics of evidence-based medicine*. Sixth edition. Chichester: Wiley-Blackwell.
- National Health Service England (NHSE) (2022) *Service Specification: Perinatal Pelvic Health Service*. Draft report, Dec 2022. Version 0.1.
- Public Health England (PHE) (2016) *Making Every Contact Count (MECC): Consensus statement*. [Making Every Contact Count \(MECC\): practical resources - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/542222/MECC_Consensus_statement.pdf).
- Taylor, K., De Vivo, M., Mills, H., Hurst, P., Draper, S. and Foad, A. (2023) Embedding Physical Activity Guidance During Pregnancy and in Postpartum Care: 'This Mum Moves' Enhances Professional Practice of Midwives and Health Visitors. *Journal of Midwifery & Women's Health*.

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