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Managing lumbopelvic pain in pregnancy: a new physiotherapy approach

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Abstract
A new management programme for pregnant women with pelvic girdle pain was developed and evaluated. The initiative improved the effectiveness and efficiency of the pelvic health physiotherapy team. This patient-centred pregnancy service included a one-to-one assessment with a pelvic health physiotherapist followed by a group session. The purpose of this new management programme was to ensure that pregnant women were being individually assessed, as per the European and Royal College of Obstetricians and Gynaecologists guidelines. It also ensured that they were provided with advice, education and an exercise programme within a group setting. The development of this service has resulted in increased patient satisfaction rates, and a better-organized and more-productive service.

Keywords: low back pain, lumbopelvic pain, pelvic girdle pain, pregnancy, service evaluation.

Introduction

A new service improvement strategy for the management of pelvic pain was developed by pelvic health physiotherapists at the Royal Free London NHS Foundation Trust (RFLNHSFT), Barnet Hospital, Barnet, UK, in April 2014. Pregnant women with pelvic girdle pain (PGP) and low back pain in pregnancy (LBPP) are often referred to physiotherapy departments by midwives, consultants and local general practitioners. It is estimated that between 20% and 25% of all pregnant women suffer from PGP and LBPP, and that their pain is sufficiently severe to cause them to seek medical help (Eggen *et al.* 2012). Most of these women are treated by physiotherapists working in either primary or secondary care. The intervention modalities that are most commonly used by physiotherapists to treat LBPP and PGP are exercise, acupuncture and advice (Bishop *et al.* 2015).

Historically, the physiotherapy management of pregnant women with LBPP and PGP at the RFLNHSFT has involved either one-to-one or group management. The latter has consisted of a 2-h group session including advice and exercise.

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However, the Royal College of Obstetricians and Gynaecologists (RCOG) recommend that women reporting PGP and/or LBPP should be assessed by a specialist pelvic health physiotherapist (RCOG 2015). Consequently, physiotherapy management at the hospital had to evolve to meet these recommendations. This meant including an individual consultation for all women referred with lumbopelvic pain (LPP) in pregnancy.

The aim of the present paper is to describe how changes in this service were made to meet the requirements of the most up-to-date guidelines in order to provide an evidence-based approach for women with PGP and LBPP. By sharing and learning from this project, it is hoped that this experience may inform others who wish to further develop their own services.

The existing service for low back pain in pregnancy and pelvic girdle pain

The trust's pelvic heath physiotherapy team receives a high volume of referrals of pregnant women with PGP and LBPP. The existing service had a high non-attendance rate, and did not include an individualized assessment. This high non-attendance rate was thought to be a result of patients not being contacted prior to attendance. They were simply issued with a

letter with a time and a date for their appointment. For those who did attend, common comments on evaluation forms remarked on the lack of individual time with the physiotherapist and length of the group session (2 h). However, the continued large number of referrals for PGP and LBPP to the pelvic health team highlighted the need for a new LPP service to maintain a short waiting list and provide an efficient service. The previous service was not in line with best practice, as described by the European (Vleeming *et al.* 2008) and RCOG (2015) PGP guidelines. Therefore, there was a strong impetus for change, and the pelvic health physiotherapy team used the above guidelines to inform the design of a new service.

The new management of the LBPP and PGP service

The new service was developed using the established staffing levels and available facilities at Barnet Hospital, alongside the RCOG PGP guidelines (RCOG 2015). The focus of the initiative was on maintaining short waiting times and improving efficiency within the service.

The inclusion criteria for accessing the new service were that patients were:

- under 34 weeks pregnant;
- over 18 years of age; and
- able to read and write in English.

The exclusion criteria for accessing the new service were that patients were:

- non-English-speaking;
- under 18 years of age; and
- having ongoing pregnancy complications.

All women meeting the inclusion criteria are sent a letter inviting them to contact the physiotherapy department for an appointment with the LPP in pregnancy service. Information regarding the date and time of the group is provided verbally over the telephone, and then a letter is sent out with the details. Figure 1 shows the LPP in pregnancy service pathway within the trust.

On arrival within the physiotherapy department for the appointment, the receptionist provides each woman with a subjective screening questionnaire (see "Appendix 1"). The information provided in the subjective screening questionnaire is reviewed with the individual physiotherapists beforehand, and this helps them to efficiently complete the subjective assessment. Two physiotherapists then complete individual assessments and each see four patients within the first hour. Additionally, the women are also provided with the Pelvic Girdle Questionnaire (PGQ; Stuge *et al.* 2011) by the receptionist. The PGP is a condition-specific, patient-reported outcome measure that is designed to assess aspects of quality of life in order to evaluate the treatment outcomes that are important to patients with PGP. It is a clinically relevant and simple tool for women to use (Stuge *et al.* 2011).

Following a review of the subjective assessment, an objective assessment, which is based upon the European guidelines (Vleeming *et al.* 2008), is undertaken. The assessment includes:

- lumbar spine range of movement;
- the modified Trendelenburg test;
- Patrick's FABER (i.e. flexion, abduction and external rotation) test;
- the active straight leg raise test;
- the posterior pelvic pain provocation test;
- bilateral hip abduction; and
- symphysis pubis palpation.

Following the results of the individual assessment, all women attend the advice, education and exercise group. Depending on the findings of the assessment, some of them will also be provided with a follow-up appointment and/or pregnancy belt. The group management session takes 1 h, and is run by a pelvic health physiotherapist and a therapy support worker who has completed training with the pelvic health physiotherapy team. The session consists of advice, education, reassurance, postural modification, a pelvic floor muscle exercise programme, transversus abdominis activation and general strengthening exercises.

Following the group session, all participants complete a subjective evaluation questionnaire to give feedback on the service provided. An opportunity to ask questions follows, and all women are given the trust's pregnancy leaflet, which contains a reminder of the information provided during the group session.

Follow-up physiotherapy for the participants consists of an open appointment for 6 weeks after their estimated due date. This allows them to contact the department at any point within this time should they require any further physiotherapy management. Any women who require a follow-up appointment following the initial assessment will already have been given one with the pelvic health physiotherapist.

A follow-up PGQ is posted to patients who do not require any follow-up 2 weeks after the last group session. Alternatively, it is handed out at

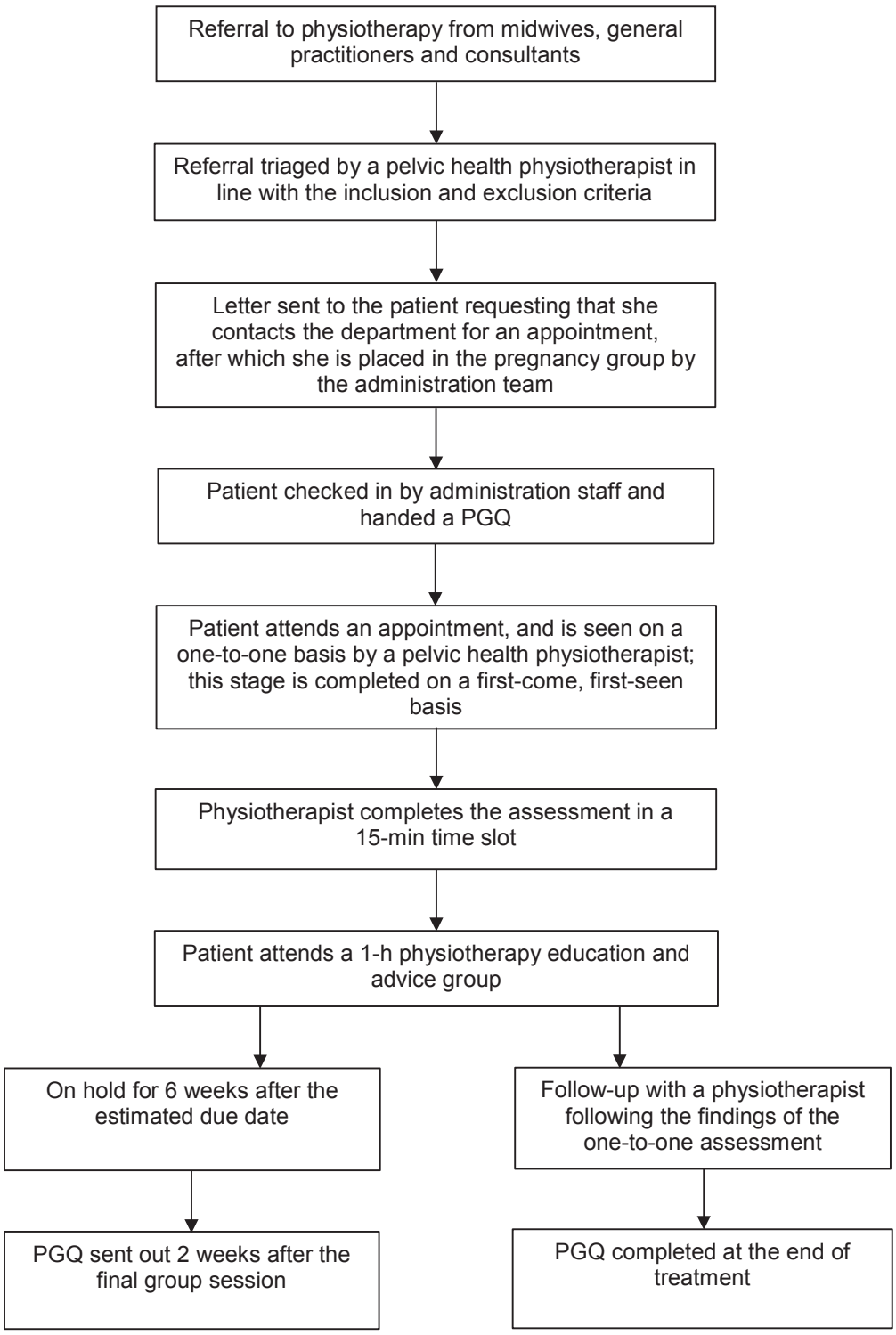

Figure 1. Pregnancy group pathway: (PGQ) Pelvic Girdle Questionnaire

the final appointment of those women who require further one-to-one treatment.

Results

During the first 10 months of the new LPP in pregnancy service, data on the participants' subjective evaluations of the initiative were collected. The questionnaire examined service provision and the perceived benefits of attendance that the women reported.

At the time of writing, 100 patients had evaluated the service. Over two-thirds (68%) of the women found that the LPP in pregnancy service was extremely beneficial, scoring 9 or 10 out of 10 on the evaluation form, and the majority (85%) reported that they were satisfied with the service provided (9/10 or 10/10).

A prospective audit of the service is ongoing. This will include data on the number of women who require further one-to-one treatment (initiated by the physiotherapist), and how many book another appointment independently. Data collection and analysis of the PGQ and subjective evaluation questionnaire are also ongoing.

The future of the service

The LPP in pregnancy service is currently provided at only one hospital in the RFLNHSFT. The pelvic health physiotherapy team are in the process of setting up the service at all three hospital sites in the trust.

The development of the service has required an increase in staffing flexibility because two senior pelvic health physiotherapists are required to be available at the same time. This has allowed the team to adapt to the number of women with LPP in pregnancy on the waiting list, and up to three senior pelvic health physiotherapists complete the one-to-one assessment when necessary.

By ensuring that enough physiotherapists are available, it has been possible to adhere to the current guidelines, improve the quality of service for patients, reduce waiting times and increase activity. As a result of delivering a more effective and efficient service, the pelvic health physiotherapy team are now promoting the management programme with midwives and consultants with the aim of increasing referral rates.

Conclusion

The LPP in pregnancy service described in the present paper offers a new approach to managing PGP and LBPP. This combined strategy, i.e. a one-to-one clinical assessment followed by an education and exercise group session, has allowed the pelvic health physiotherapists at the RFLNHSFT to improve their effectiveness and efficiency, and increase patient satisfaction in this treatment group.

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Ilana Kyte and Naomi Frankfurt are colleagues at the RFLNHST. Ilana is a specialist musculoskeletal physiotherapist, and has a keen interest in both obstetrics and gynaecology. Naomi has been a specialist pelvic health physiotherapist for a number of years. They share a commitment to service development, and this inspired the present article.

Appendix 1

Subjective screening questionnaire

Pregnancy Class: Health Screening Questionnaire

Please complete both sides of this form and bring it to the class.

Personal Information

Name:	
Address:	
Home telephone number:	
Mobile telephone number:	
Consultant:	General practitioner:
When is your baby due?	How many weeks are you?
How many children do you have? What are their ages?	Have you had any miscarriages? Previous labour history: natural/ Caesarean section/tear/episiotomy?

Personal health history

Please list any diagnosed medical problems:
Medication:
Have you ever had any major surgery? If so, please give details.
Current pregnancy: • Do you have any complications? • Have your scans/blood tests been OK?

Social history

Who is at home with you? What support do you have?
Do you work? If yes, what do you do?
Did you do any exercise before pregnancy? If yes, what did you do?
Are you exercising during this pregnancy? If yes, what do you do?
What other physical hobbies or activities do you do?

Symptoms

What symptoms have you been experiencing (e.g. pain in hip, difficulty walking)? Have you had any symptoms in previous pregnancies? Did you have any treatment? Please give details.
What makes your symptoms worse?
What makes your symptoms better?

Do you have any of the following symptoms?

Pins and needles/tingling?	Y/N
Bleeding?	Y/N
Bowel or bladder problems?	Y/N
Numbness?	Y/N
Loss of sensation in your perineum (the area between the vagina and anus)?	Y/N

For office use: reviewed by …… (clinician's name)
…… (signature)
…… (date)