

Physiotherapy Management of Acute Perineal Trauma: A Service Evaluation

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INTRODUCTION

There are no national guidelines for the physiotherapy management of women with acute perineal trauma. There is no consensus on how to deliver inpatient information, or on the need for outpatient follow up.

At Guy's and St Thomas' NHS Foundation Trust (GSTFT), all postnatal women following acute perineal trauma are provided with verbal, bedside advice on pelvic floor muscle exercises (PFE's), perineal wound care, advice on returning to normal activities and exercise. This service has not been evaluated.

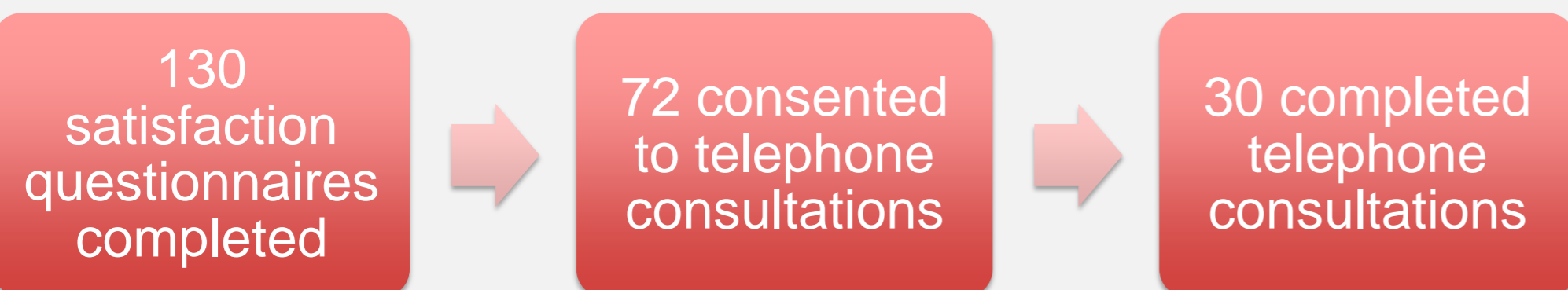
AIMS

To evaluate the physiotherapy service for women with acute perineal trauma:

- To understand patient satisfaction of the current service.
- To identify patient compliance with the advice received.
- To identify patient preferences for future delivery of information and treatment, guiding service development.

METHOD

From January to July 2016, all women referred to the service, were asked to complete a patient satisfaction questionnaire, following physiotherapy advice. This included the NHS Friends and Family Test. The women were also asked to provide consent for a telephone consultation at six weeks postnatal. This was in order to provide information regarding their satisfaction with the timing and delivery of the advice, their preferences for future care, their compliance with the advice received and any additional comments.



DEMOGRAPHICS

Table 1.

Type of Perineal Trauma	Questionnaire	Telephone Consultation
1 degree	1 (1%)	0 (0%)
2 degree	67 (51%)	18 (60%)
3A tear	4 (3%)	0 (0%)
3B tear	9 (7%)	1 (3%)
3C tear	4 (3%)	2 (7%)
Episiotomy	45 (35%)	9 (30%)
Total	130	30

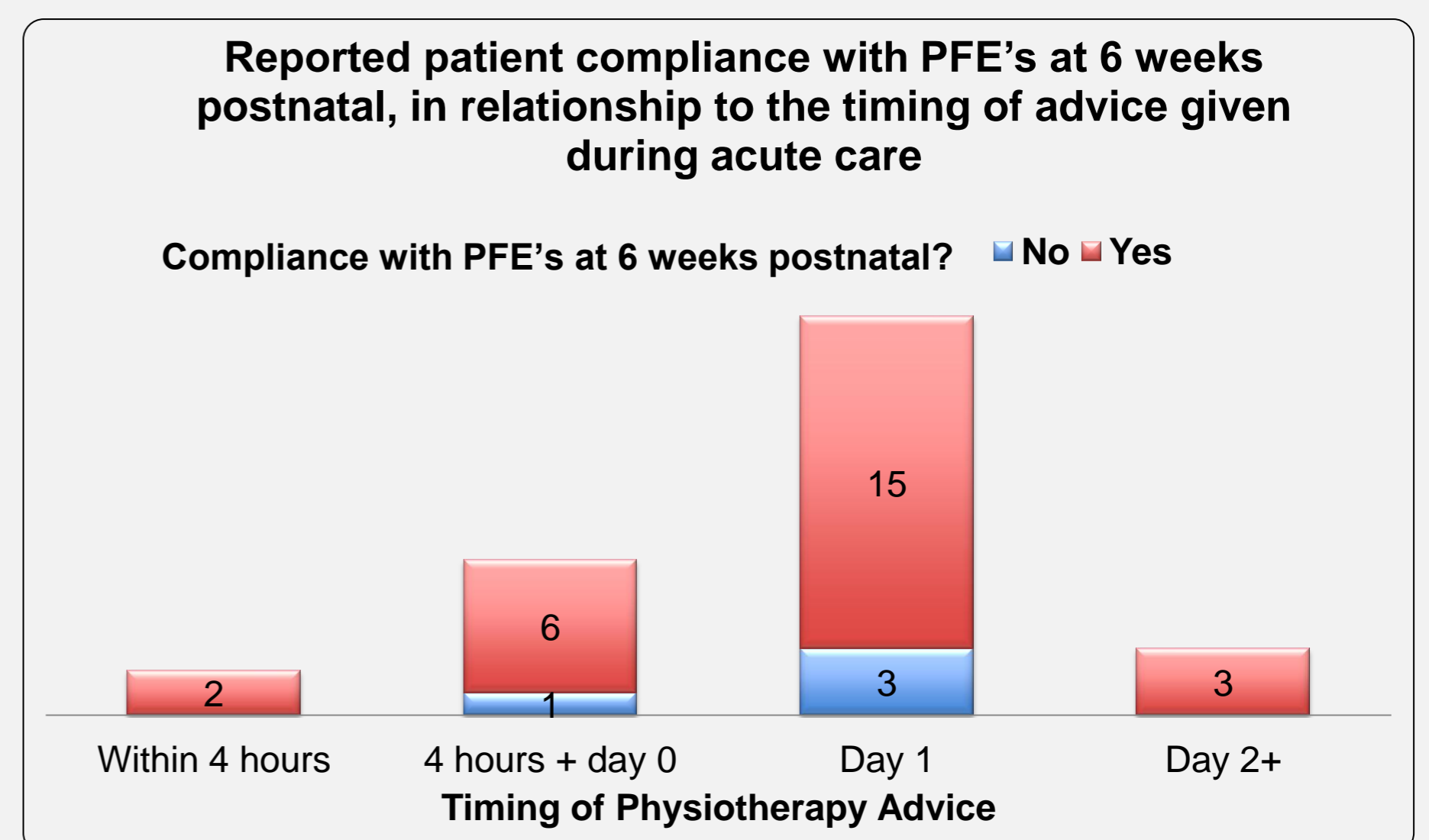
Patient Ethnic Background	Questionnaire	Telephone Consultation
Asian or Asian British	13 (10%)	2 (7%)
Black or Black British	8 (6%)	1 (3%)
Chinese or other ethnic group	3 (2%)	1 (3%)
Mixed	5 (4%)	1 (3%)
Other	8 (6%)	2 (7%)
Unanswered	21 (16%)	0 (0%)
White or White British	72 (56%)	23 (77%)
Total	130	30

RESULTS

The NHS Friends and Family Test Score was 93, indicating high satisfaction, during the acute stay.

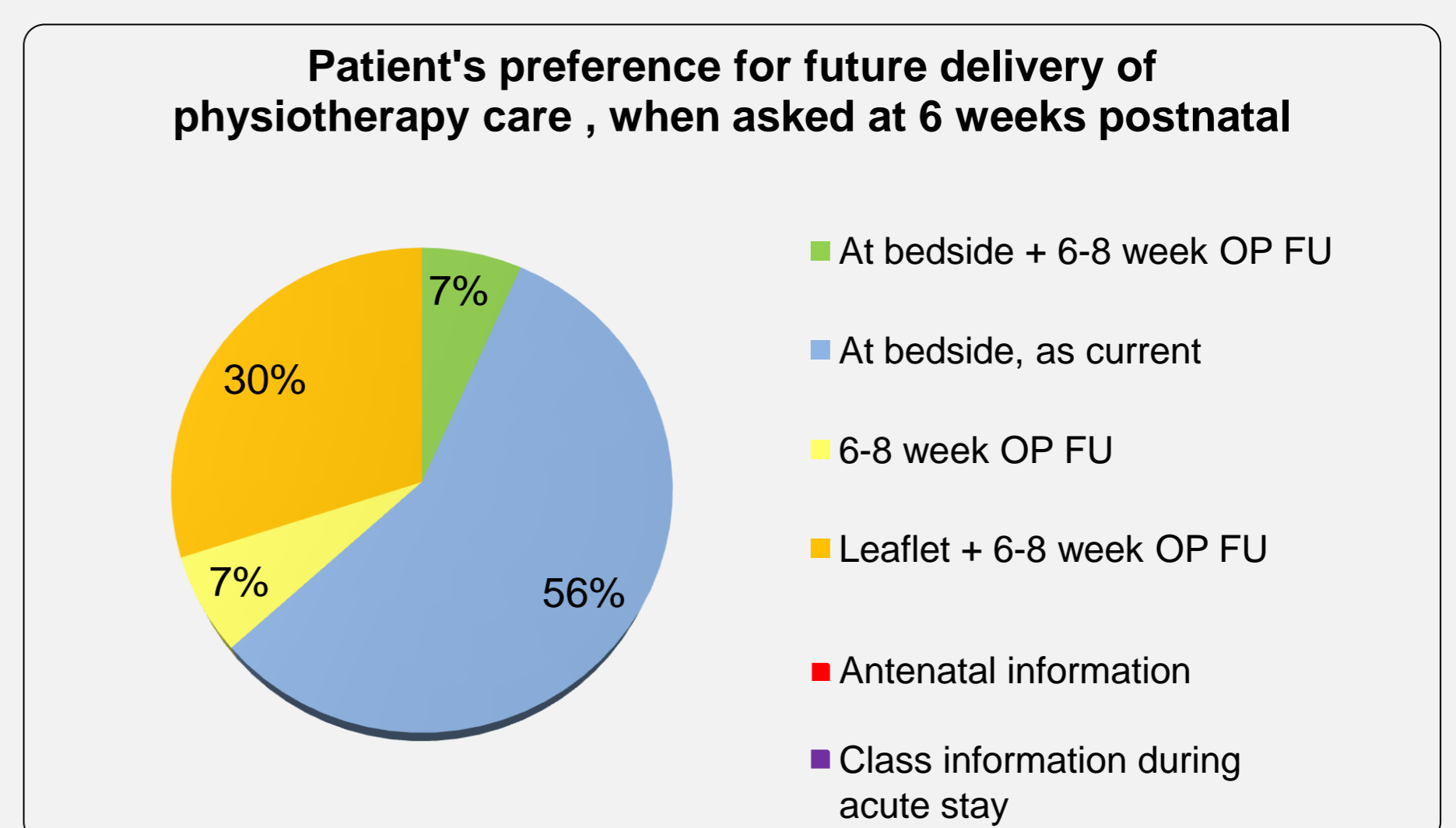
93% of women felt the timing of their inpatient physiotherapy advice was appropriate, when asked at 6 weeks postnatal.

Figure 1.



87% of women reported compliance with their PFE's at 6 weeks postnatal.

Figure 2.



85% of acute postnatal women expressed a 6-8 week physiotherapy out-patient follow up, could be useful. There was no difference between the types of perineal trauma and wanting outpatient follow up.

50% of women made suggestions for a 6-8 week outpatient follow up and 17% suggested electronic information as part of their care, when making additional comments.

CONCLUSIONS and IMPLICATIONS

Due to high satisfaction of the current physiotherapy service and high compliance with the advice provided, the service will continue as present.

A high proportion of women were interested in postnatal follow up. Since perineal trauma is a cause of pelvic floor dysfunction, preventative measures, such as postnatal pelvic floor muscle training, may diminish problems in the long term.

The results from this service evaluation will aid to develop the future care for women with acute perineal trauma at GSTFT, and should be considered by other hospital trusts within the UK.