

Obstetric & Pelvic Health Therapy in Acute Care

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Learning Objectives

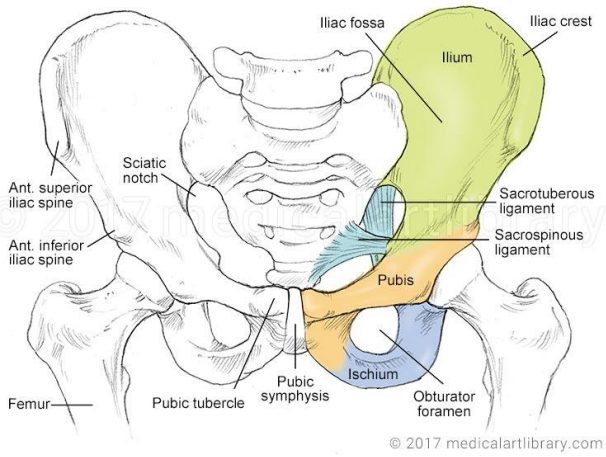
Perform screening tools and outcomes measures related to pelvic floor dysfunction

Understand impact of pelvic floor involvement in variety of patient populations throughout the hospital

Apply evidence supporting physical therapy interventions in the acute care setting for management of pelvic girdle pain, bowel and bladder dysfunction

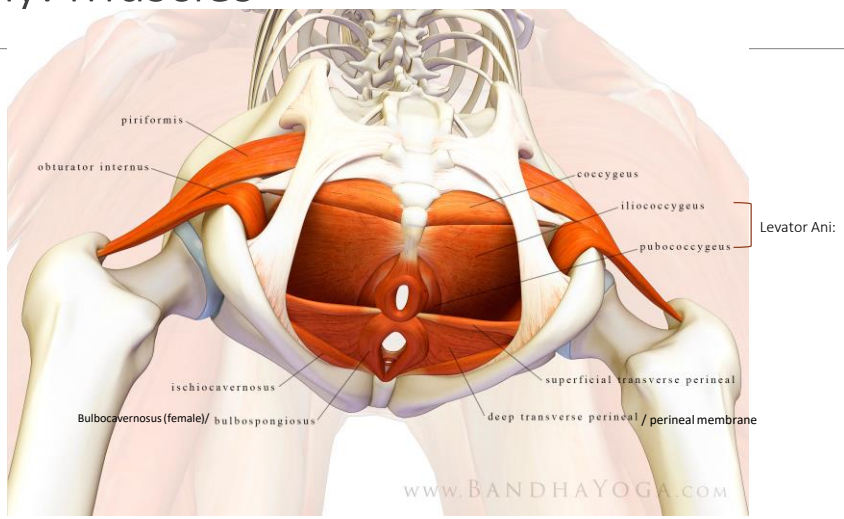
Select appropriate methods of education and intervention in the ante- and post-partum patient

Recognize and advocate for physical therapy in the acute care setting using evidence-based practice

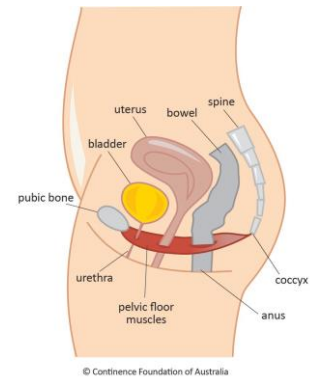
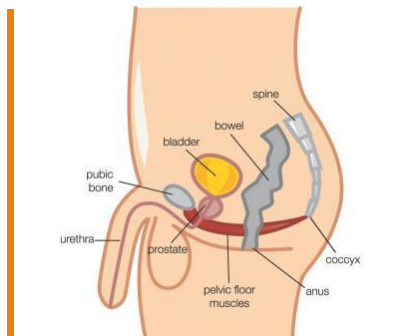
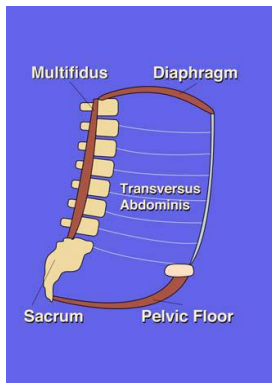
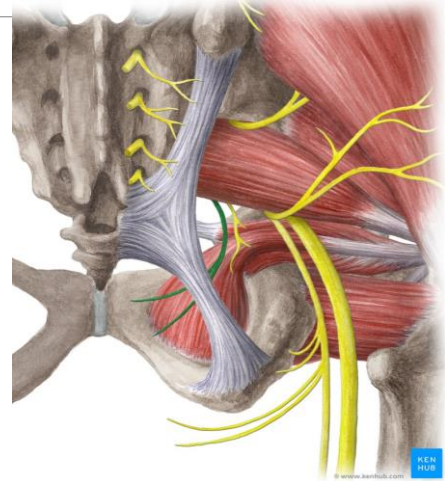
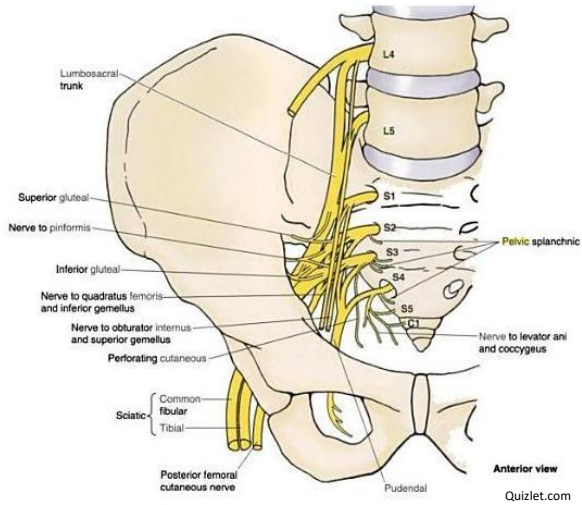


Anatomy: Bony Structure

Anatomy: Muscles



Anatomy: Nerves

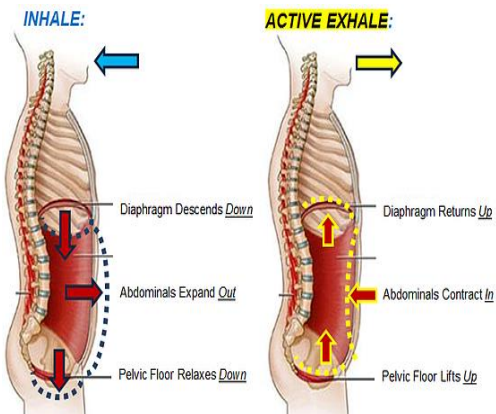


Anatomy: Organs

Function

Pelvic Floor Muscles (PFM)

- Sphincteric
- Support
- Stability (Hodges 2007)
- Sexual
- Sump Pump – circulation (Talsaz 2011)



Breathing Techniques

- Excellent starting point for all patients!
Glottis and Diaphragm have connection to pelvic muscles
- Types:
Diaphragmatic, Crocodile, Alternating Nostril, 360, Piston (Price 2010)
- Tactile cues, posture and positioning to improve technique

[Breathing Mechanism Animation - YouTube](#)

Toileting

Bowel

- Avoid Valsalva
- Exhale with an open mouth – cue to fog up a mirror
- Avoiding constipation
- Adequate hydration/diet

Bladder

- Bladder post Foley
- Difficulty voiding – warm cloth, run water, walk, prop feet
- Void attempt schedule if unable to recognize full bladder



Categories for Acute Care

High Risk

Labor & Delivery

Postpartum

Pelvic Trauma

Post-Operative

Incontinence

Obstetric Population – High Risk

Diagnoses seen:

- Placenta previa
- Vasa previa
- PPROM
- Preterm labor
- Incompetent cervix
- Multiples
- Preeclampsia

Special Considerations:

Activity restrictions

Daily check in – fetal monitoring, change in patient exam

Outcome Measure Tools – PSFS, pain

Obstetric Population – High Risk

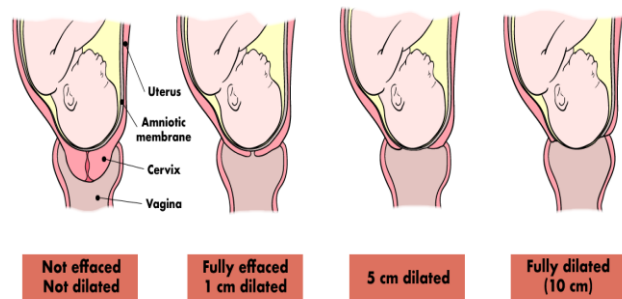
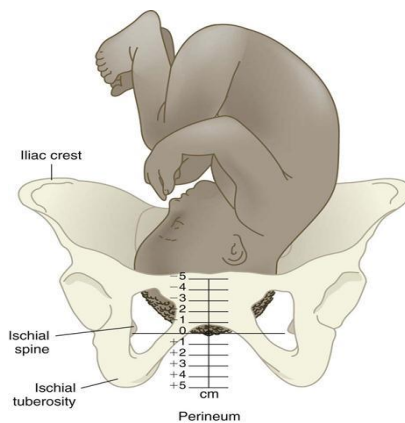
- physiological and psychological effects of prolonged bedrest
- orthostatic hypotension
- contraindications for continued activity
- progression, regression and frequency of exercise program
- monitoring vital signs for response to exercise
- posture and seating positioning
- positioning in bed for pressure relief and sleep
- log roll technique for bed mobility
- diaphragmatic breathing
- positioning and mechanics for toileting
- birth preparation
- incision care and benefits of scar mobilization after incision heals
- what to expect during recovery period and homegoing
- benefit of pelvic floor PT referral after delivery

Obstetric Population – Labor & Delivery

Considerations:

- Relationship, collaboration and interaction with nursing compared to other OB populations
 - Cervix/dilation assessment, station assessment
 - PT uses this to position the patient to progress
- Length of labor
- OB history: G3P1011
- Pain in pregnancy
- Epidural use and pain interventions
- Patient goals and expectations
- Birth preparation

Obstetric Population – Labor & Delivery



Obstetric Population – Labor & Delivery

Interventions:

- Breathing: valsalva vs. open glottis
- Positioning Techniques: minimize perineal trauma, joint protection, pain management, support for active & resting positions when pushing
- Manual Techniques

Goal Writing

Ohio Law/License - Maintain scope of practice within highest level of licensure

Obstetric Population - Postpartum

40% of birthing parents do not follow up at the 6 week postpartum OB visit (ACOG)

RMH customer feedback: lack of education about physical recovery and mental health in the early postpartum period (Henshaw, 2018)

Postpartum back/pelvic girdle pain --> 3x more likely to experience postpartum depression (Gutke 2007)

Supporting physical recovery leads to lower depression symptoms (Youash, 2013)

Racial disparities in outcomes/maternal death

- Black patients are 3-4x more likely to die and more than 2x more likely to have severe morbidity compared to white patients (Howell 2016)

Obstetric Population - Postpartum

Considerations:

- s/p vaginal delivery, s/p operative vaginal delivery, s/p cesarean
- Obstetric history, infant viability/location
- Birth complications, perineal tearing
- Epidural use, length of time and position in pushing phase

Patient Assessment and Education:

- General mobility, teach log roll, exhale on exertion, strength/sensation (femoral palsy with prolonged dorsal lithotomy), support at discharge, home set up, infant care, body mechanics, positioning (pillow support, neck range of motion), binder use, current and previous bladder/bowel control

Obstetric Population - Postpartum

Early exercises:

- Diaphragmatic breathing
- Chin tuck
- Scap retractions
- Hooklying arm raises
- Pelvic tilts

Progression:

Marching, clamshells, heel slides

Scar management, return to activity, recovery expectations

PFDI-20, Cozean Pelvic Floor Dysfunction, Edinburgh Postnatal Depression Scale

Pelvic Trauma

Don't forget your off OB service line patients!

Pubic Symphysis Separation

Soft tissue trauma – surgical or tearing

Hip dislocations

Coccyx, pelvic girdle, sacral fracture

-General mobility, toileting, breathing, pressure management, body mechanics, screening tools, outpatient referral

Post-Operative

- BPH/TURP
- Pelvic Organ Prolapse Repair
- Gyn/Onc Surgeries: pelvic mass resection
- Uro/Gyn Surgeries: hysterectomy
- Groin/perineal abscess/necrotizing fasciitis/I&D
- Prostatectomy
- Abdominal surgeries

- Pressure relief cushion, positioning

- General mobility, toileting, breathing, pressure management, body mechanics, screening tools, outpatient referral

Urinary Incontinence

200 million people worldwide

Pelvic Floor Therapy is the first line treatment (Fricke, 2021; [ICS Standards](#))

- Positive impact on severity of UI symptoms
- Improves quality of life
- Improves pelvic floor muscle strength

Common but abnormal

Patient Diagnoses to Consider Screening

- **Interstitial Cystitis**
- BPH/TURP
- Pelvic Organ Prolapse Repair
- Gyn/Onc Surgeries: pelvic mass resection
- Uro/Gyn Surgeries: hysterectomy
- Pelvic, sacral, coccyx fractures
- Constipation
- Groin/perineal abscess/necrotizing fasciitis/I&D
- Prostatectomy
- Recent birth or current pregnancy admitted to an off service unit
- **COVID19: current or recent dx w/ associated UI**
- **External catheter (Purewick) or new onset Urinary Incontinence**

Urinary Incontinence

Considerations:

- Facilitating general mobility to encourage seated toileting and avoiding catheter/bedpan use when appropriate
- Bladder Function – teaching how the bladder works, signs to full bladder
- Normal Voiding – asking how often, how much, when/amount leaked, overnight voids
- Nutrition and Hydration – teaching adequate intake, teaching bladder irritants

Pelvic Health Screen

Smartphrase = **.pelvicfloorscreen**

1. Does the patient ever leak urine or feces?
2. When the patient gets the urge to urinate or defecate, can he/she delay it?
3. When the patient sits down to go to the bathroom, does he/she have trouble initiating urination or defecation?
4. Does the patient feel like he/she fully empties his/her bladder and bowels?
5. Does the patient have pain associated with urination, defecation, or sexual intercourse?

Referrals to Outpatient Pelvic Floor PT

Indications

List source

Timeline recommendations

At RMH, refer to OBPH team via the shared Pelvic Health folder if the patient has additional extenuating needs above typical general mobility

Recommend Outpatient Pelvic Floor Physical Therapy

- Comment in flowsheet next to frequency or put a note in the AVS
- Educate UMCC staff

Additional Education

Courses

- APTA Obstetrics, Herman Wallace series

Webinars

- APTA Journal of Women's Health PT monthly free webinars, Julie Wiebe

Journal Club/Residency Presentations

- Colleen Sandro runs quarterly meetings with various topics applicable, RMH acute OBPH team lunch and learns

Instagram

- Local physical therapists, pelvic floor physical therapists, doulas, midwives, physicians

Questions?

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ACOG: American College of Obstetricians and Gynecologists, <https://www.acog.org>

CFA: Continence Foundation of Australia, <https://www.continence.org.au>

ICS: International Continence Society, <https://www.ics.org>

JWHPT: Journal of Women's Health Physical Therapy, [Journal of Women's Health Physical Therapy - APTA Pelvic Health](#)

Squatty Potty video: <https://cdn.convertcart.com/uploads/4c013e61.mp4>

[COZEAN PELVIC DYSFUNCTION SCREENING PROTOCOL \(wixstatic.com\)](#)

[pelvic-floor-disability-index.pdf \(centerforadvancedgyn.com\)](#)

[Edinburgh Postnatal Depression Scale.pdf \(sharepoint.com\)](#)

[The Patient-Specific Functional Scale \(msu.edu\)](#)