

“Are you doing your pelvic floors?” An ethnographic exploration of discussions between women and health professionals about pelvic floor muscle exercises during pregnancy.

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Hypothesis / aims of study

Pelvic floor muscle exercises (PFME) prevent and treat symptoms of urinary incontinence (UI) across the lifespan, including during pregnancy and after childbirth (1). Antenatal guidelines recommend PFME information is given to pregnant women in early pregnancy (2). However, many women have never practiced these exercises and, if they do, may not perform them correctly (3). This study aimed to explore communication between pregnant women and health professionals about PFME and how factors at organisational, professional and individual levels impact on this communication and exercise uptake and adherence.

Study design, materials and methods

This ethnographic study comprised observations of women and midwives during antenatal clinic appointments (city, urban and rural) and interviews with women (antenatal/postnatal) and health professionals. Pregnant women aged over 16 receiving antenatal care and health professionals involved in antenatal care were recruited. Field conversations between researcher and health professionals helped place observations within a cultural context. Patient and Public Involvement was embedded throughout the research. Participants gave informed consent and could withdraw from the study at any time. Women received a gift voucher at each interview. Data sources included: observation field notes and photographs, documents (e.g. pregnancy leaflets, service guidelines, training documents) and interviews. Coding and initial analyses were concurrent with data collection using constant comparative methods with emergent themes informing further data collection and final thematic analysis.

Results

Seventeen antenatal clinics were observed. Twenty-three midwives, four women's health specialist physiotherapists, two consultant obstetricians and one caseworker/translator were interviewed. Fifteen women (20 to 42 years) were interviewed whilst pregnant; twelve were also interviewed postnatally. Seven women were expecting their first baby. Three themes emerged from the data analysis (Table 1).

Interpretation of results

Women and health professionals consistently reported that PFMEs were important; the emergent themes refer to opportunities, challenges and concerns of participants regarding implementing PFME during pregnancy. Despite 'ideological commitment' (Theme One) PFME was not sufficiently discussed or prioritised. Midwives were unwilling to burden women with too much information in early pregnancy and women concurred. Women reported that information did not stress the importance of, nor specific reasons for, doing PFME, (e.g. crucial role in ameliorating UI symptoms), or how to do PFME. Although women had heard about PFME, their limited knowledge was not enough to motivate them to do them, particularly if asymptomatic. Women lacked 'confidence' (Theme Two) about how to do PFMEs. Midwives were not confident they knew the optimum PFME routine or technique to teach women, but instead offered signposting (i.e. 'have you done your pelvic floors?'). Midwives gave advice about PFME if asked, but both women and midwives recognised that women may suffer in silence unless prompted to disclose problems. Women described following their midwives' 'lead' in focussing on issues raised in more depth by midwives, assuming these were of greater importance. Women wished they had known about PFME earlier or expressed regret at not prioritising PFMEs more. Women and health professionals felt 'assumptions' (Theme Three) about UI being 'normal' needed to be challenged, addressing stigma and taboo surrounding incontinence to empower women to take up PFME. A perceived absence of standardised guidance and resources at hospital or national level may have led midwives feeling that providing anything more than signposting, within a packed antenatal care pathway, was an insurmountable task. The study is limited in that

ethnographies, by their very nature, are focused on detailed examination of the topic of investigation and cannot be generalised to all women or health professionals working in antenatal care.

Concluding message

This is the first reported ethnography of communication between women and health professionals about PFME in antenatal care. Key findings indicate missed opportunities to convey important messages about pelvic floor health in the antenatal period despite women wanting to hear more and midwives wanting to tell them; but lack of confidence in what to say and do, and assumptions held by women and health professionals, present challenges and concerns. These findings will inform further research: a pilot trial of PFME training and support packages (toolkits) for midwives and pregnant women.

References

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Figures

Table 1: Ethnography themes

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Themes/ Subthemes	Example quote	Ethnographic evidence to contextualise themes
Theme 1: Ideological commitment		
PFME are 'important'.	<i>"as a woman, it is an important thing to be doing" (Meghan, midwife)</i>	No posters about PFME were displayed in any locations where midwives met antenatal women. Midwives reported they recognised importance of PFME but other important issues often took priority. Midwives usually asked women if they were doing PFME. Women did not raise the issue.
'Knowing' does not translate to 'doing'.	<i>"I, just, 'Oh yeh, I should probably do that', but then you kind of just don't ... I don't know why you don't". (Harriett, antenatal interview, first baby)</i>	
Too much information.	<i>"I would like to think it's something that people mention but again, I'm not sure with the overload of information that women get at booking" (Miranda, midwife)</i> <i>"I've got loads of information you've gotta bring back – cos..., it's the pregnancy brain, innit it? You forget sometimes and I'm just in my own world" [Hannah antenatal, first baby]</i>	
Opportunities.	<i>"...there is definitely the opportunity for midwives to have those discussions" (Bethan, midwife)</i>	
Awareness of consequences.	<i>"I just consider myself to be too busy and I don't sufficiently prioritise it. I suppose I probably don't believe that it's really gonna make a difference" (Philippa, antenatal, first baby)</i>	
Regret.	<i>"...it's later that you think, "Oh, I wish I'd done them earlier," because no one makes you realise actually that it could be quite serious if you don't do them". (Melissa, antenatal, second baby)</i>	
Theme 2: Confidence		
Information /evidence	<i>"there's no standard guidelines or advice that we would give – no national guidance... there's nothing standardised" (Josie, midwife)</i>	Guidelines are available but specific/detailed advice relating to PFME is more variable and difficult to find. In clinic observation: midwife asks woman about her 'pelvic floors' and the woman responds 'what are they?'
Ignorance.	<i>"There's a real general ignorance about the pelvic floor. A lot of women we are booking in, you'd say to them, "pelvic floor exercise," and they look at you blankly, like, "What's that?" (Rhianna, midwife)</i>	
Women unsure what a correct PFME is.	<i>"So even someone who thinks they're doing it properly isn't necessarily" (Sara, antenatal, fourth baby)</i>	

Theme 3: Assumptions		
Midwives think women are embarrassed.	<i>"total embarrassment. It's a very taboo subject for people". (Bridget, midwife)</i>	Interactions between women and midwives suggest women do not know about PFME. No posters or other information displayed.
Women think women are embarrassed.	<i>"because I'm a nurse I'm not really worried about talking about stuff but I do find, I'm often surprised at how some people are really, really embarrassed, you know" [Bryony, antenatal, first baby]</i>	
It's not possible to assess PFME.	<i>"I think you're told, "Are you doing your pelvic floor?" So, you go, "Yes!" I don't know what I'm supposed to do with it... [Laughs] There's no test I guess to say whether you are or not. (Melissa, antenatal, second baby)</i>	
Problems are 'normal'.	<i>"I still think it is an accepted part of having a baby..., you will have a weakened pelvic floor". (Bryony, antenatal, second baby)</i>	
Stigma needs to be challenged.	<i>"It's getting more open nowadays, but on the whole it's still a huge embarrassment and of course the less people who come forward the more people think they're the only person in the world who suffers except old ladies". (Bridget, midwife)</i>	