

**Royal Hospital for Women (RHW)**  
**BUSINESS RULE**  
**COVER SHEET**



**Health**  
 South Eastern Sydney  
 Local Health District

<b>NAME OF DOCUMENT</b>	Follow up After Birth (FAB)* Clinic – postnatal symptom assessment
<b>TYPE OF DOCUMENT</b>	Clinical Business Rule
<b>DATE OF PUBLICATION</b>	May 2023
<b>NATIONAL STANDARDS</b>	Standard 2 – Partnering with consumers Standard 5 – Comprehensive Care Standard 8 – Recognising and Responding to Clinical Deterioration
<b>RISK RATING</b>	Low
<b>REVIEW DATE</b>	February 2028
<b>FORMER REFERENCE(S)</b>	Not applicable
<b>EXECUTIVE SPONSOR</b>	Medical Co-Director
<b>AUTHOR</b>	G. Casson – Senior Physiotherapist + Physiotherapy allied health team
<b>SUMMARY</b>	Review of women with bothersome pelvic floor symptoms, perineal/caesarean wound dehiscence or suspected infection

# Royal Hospital for Women (RHW)

## CLINICAL BUSINESS RULE

### Follow up After Birth (FAB)\* clinic – postnatal symptom assessment

This Clinical Business Rule is developed to guide safe clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside the Royal Hospital for Women or its reproduction in whole or part, is subject to acknowledgement that it is the property of the Royal Hospital for Women and is valid and applicable for use at the time of publication. The Royal Hospital for Women is not responsible for consequences that may develop from the use of this document outside The Royal Hospital for Women.

#### AIM

- Timely review of a woman experiencing bothersome pelvic floor symptoms, perineal/caesarean wound dehiscence or suspected infection post birth by a physiotherapist and/or medical team

#### PATIENT

- Postpartum woman

#### STAFF

- Medical, midwifery and nursing staff
- Physiotherapist
- Additional Allied Health as required
- Antenatal outpatient and postnatal ward administrative staff

#### EQUIPMENT

- Nil

#### CLINICAL PRACTICE

- Review woman in the FAB clinic which runs concurrently with Obstetric Anal Sphincter Injury Service (OASIS) in the antenatal outpatient department

Table 1- Criteria for FAB clinic

<b><u>Inclusion</u></b>	<b><u>Exclusion</u></b>
<ul style="list-style-type: none"> <li>• Symptomatic or moderately bothered by:               <ul style="list-style-type: none"> <li>▪ Urinary incontinence</li> <li>▪ Anal incontinence</li> <li>▪ Pelvic floor pain</li> <li>▪ Perineal pain</li> </ul> </li> <li>• Perineal wound dehiscence or suspicion of infection</li> <li>• Consent to appointment (verbal)</li> <li>• &lt; 3 months postnatal</li> </ul>	<ul style="list-style-type: none"> <li>• Not bothered by symptoms</li> <li>• Vaginal heaviness immediately postpartum (sole symptom)</li> <li>• Musculoskeletal pain</li> <li>• Woman does not consent to referral</li> <li>• &gt; than 3 months postnatal</li> </ul>

#### Referral process:

- Refer woman from ward, home or EMBODY (Empowering Mothers toward Better health Outcomes During the childbearing Years) according to mode of birth (see appendix 1)
- Give woman FAB clinic appointment reminder slip (with date and time) before discharge from postnatal ward if being directly referred

# Royal Hospital for Women (RHW)

## CLINICAL BUSINESS RULE

### Follow up After Birth (FAB)\* clinic – postnatal symptom assessment

- Inform woman booked to FAB clinic that she will receive an automated text reminder the week of their appointment
- Inform woman referred from midwifery support program that as long as she has a current antenatal referral she does not need a new one from general practitioner (GP)
- Inform GP that referral to FAB clinic requires clear reason for referral – and to fax referral to 93826118
- Referrals to FAB clinic are triaged by physiotherapy to ensure appropriateness. If physiotherapy believes another service or EMBODY is required first – the woman will receive a call with suggested follow-up

#### Review process in clinic:

- Ensure any woman who is referred to clinic for a wound assessment is reviewed by the medical team
- Assess woman referred due to symptoms of pelvic floor dysfunction –assessment can be attended by either physiotherapist or medical team
- Refer to ongoing services (perinatal mental health, physiotherapy, GP etc) as appropriate

#### DOCUMENTATION

- Medical record

#### EDUCATIONAL NOTES

- FAB is a redevelopment of the former *forceps clinic*, which provided follow up for women based solely on mode of birth and was found to service a large proportion of asymptomatic women.
- The FAB clinic intends to review all women who have bothersome pelvic floor symptoms regardless of mode of birth.
- FAB is an extension of the EMBODY program that aims to provide women who have bothersome pelvic floor symptoms, the opportunity for timely review following birth
- The EMBODY (Empowering Mothers toward Better health Outcomes During *the childbearing* Years) program is a series of virtual physiotherapy sessions that is included as standard ante- and post-natal care at RHW. It aims to empower women to optimise their health in pregnancy and beyond, and independently manage common conditions that arise in this time period.
- All women who are booked at RHW are invited to complete QARS surveys timed with each EMBODY session. These questionnaires screen for common pelvic floor problems in the antenatal and postnatal period amenable to physiotherapy or medical treatment and serve as a link for triage and follow-up pathways

#### RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Bladder care during labour and the postpartum period
- Assisted vaginal birth guideline – SESLHDGL/050

#### REFERENCES

1. <https://ranzcoq.edu.au/wp-content/uploads/2022/05/Exercise-during-pregnancy.pdf>
2. Yetişkin, G., Dinç Kaya, H. The effect of pelvic floor muscle exercises applied during pregnancy on genito-pelvic pain level in postpartum period. *Int Urogynecol J* **33**, 2791–2799 (2022). <https://doi.org/10.1007/s00192-022-05225-2>
3. Stafne, S. N., Salvesen, K. Å., Romundstad, P. R., Torjusen, I. H., & Mørkved, S. (2012). Does regular exercise including pelvic floor muscle training prevent urinary and anal incontinence during

# Royal Hospital for Women (RHW) CLINICAL BUSINESS RULE

## Follow up After Birth (FAB)\* clinic – postnatal symptom assessment

pregnancy? A randomised controlled trial. *BJOG: An International Journal of Obstetrics & Gynaecology*, 119(10), 1270-1280.

4. Wesnes, S. L., & Lose, G. (2013). Preventing urinary incontinence during pregnancy and postpartum: a review. *International urogynecology journal*, 24(6), 889-899.
5. Bø K, Artal R, Barakat R, Brown WJ, Davies GAL, Dooley M, Evenson KR, Haakstad LAH, Kayser B, Kinnunen TI, Larsén K, Mottola MF, Nygaard I, van Poppel M, Stuge B, Khan KM. (2017). Exercise and pregnancy in recreational and elite athletes: 2016/17 evidence summary from the IOC Expert Group Meeting, Lausanne. Part 3—exercise in the postpartum period. *British Journal of Sports Medicine*, 51(21), 1516-1525.
6. Martin, C., & Dumoulin, C. (2007). Factors impacting incontinent women’s participation to a pelvic floor muscle exercise class and home program. Abstract book. Paper presented at the World Congress of Physical Therapy (WCPT), Vancouver.
7. Milne, J. L., & Moore, K. N. (2006). Factors impacting self-care for urinary incontinence. *Urologic nursing*, 26(1), 41-51. Nygaard, I. E., Wolpern, A., Bardsley, T., Egger, M. J., & Shaw, J. M. (2021). Early postpartum physical activity and pelvic floor support and symptoms 1 year postpartum. *American Journal of Obstetrics and Gynecology*, 224(2), 193.e191-193.e119. doi:https://doi.org/10.1016/j.ajog.2020.08.033
8. Sigurdardottir, T., Steingrimsdottir, T., Geirsson, R. T., Halldorsson, T. I., Aspelund, T., & Bø, K. (2020). Can postpartum pelvic floor muscle training reduce urinary and anal incontinence?: An assessor-blinded randomized controlled trial. *American Journal of Obstetrics and Gynecology*, 222(3), 247. e241-247. e248.
9. Tennfjord, M. K., Engh, M. E., & Bø, K. (2020). The influence of early exercise postpartum on pelvic floor muscle function and prevalence of pelvic floor dysfunction 12 months postpartum. *Physical Therapy*, 100(9), 1681-1689
10. Woodley, S. J., Lawrenson, P., Boyle, R., Cody, J. D., Mørkved, S., Kernohan, A., & Hay-Smith, E. J. C. (2020). Pelvic floor muscle training for preventing and treating urinary and faecal incontinence in antenatal and postnatal women. *Cochrane Database of Systematic Reviews*(5).

### REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
May 2023		Endorsed by Safety and Quality Committee
23.1.23	0	Reviewed and endorsed maternity CBR committee

**BIRTH**  
Normal  
Vaginal/Instrumental/Caesarean  
(Emergency/Elective)

# Royal Hospital for Women (RHW) CLINICAL BUSINESS RULE

## Follow up After Birth (FAB)\* clinic – postnatal symptom assessment

