

# Investigation of current Australian physiotherapy service provision for extended stay antenatal inpatients

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## BACKGROUND

An investigation of the provision of inpatient physiotherapy care for antenatal patients admitted with medically complex conditions of pregnancy was undertaken in 2013. We investigated current practice around Australia in tertiary centres.

Women admitted for extended periods during pregnancy due to medical complications can encounter a range of impairments and are likely to experience deconditioning over the course of their stay. Physiotherapists may be able to assist women to reduce these symptoms through education and exercise prescription. There is currently no agreement in the literature regarding the safety of exercise management for women who have their activity restricted for medical reasons.

## METHOD

This study was a benchmarking investigation completed via online or paper survey at eight tertiary maternity hospitals around Australia.

## RESULTS

The results showed that most centres are providing similar physiotherapy care to these patients. There was agreement across most facilities that service limitations resulted from a lack of evidence and time and/or staffing restrictions.

All hospitals reported to be reviewing this population group. The main reasons for referral were prevention of deconditioning and management of musculoskeletal complaints. Each facility reported seeking medical clearance prior to provision of pelvic floor muscle exercises and for group exercise. 50% of hospitals provided routine physiotherapy care to this population. Initial contact was within 24 hrs for 75% of hospitals, and seven days after admission for the remaining facilities.

No hospitals currently have a protocol for the management of this population; all hospitals provide outpatient follow up if indicated after extended stay.

## DISCUSSION

Barriers to treatment provision for this population were a lack of physiotherapy and medical knowledge about exercise safety, staffing time restraints and regular changes to exercise restriction/mobility status. A lack of evidence regarding the impact and safety of physiotherapy interventions and best clinical practice recommendations were also cited as major limitations to treatment provision.

