

Supplementary material 3: Champion Manual and Role Description

APPEAL Study Champion Manual

Thank you for volunteering to be an APPEAL champion! This handbook will tell you more about the APPEAL research programme and your role as a champion. We hope you will find it useful.

Please do let us know if there is anything missing or any suggestions for improving the information you have received. Do get in touch with the APPEAL team if you have any further queries about the research or the champion role.

We look forward to working with you to develop this champion role, to improve how pelvic floor muscle exercises are taught to women, and ultimately improve women's pelvic health and quality of life during and after pregnancy!

With thanks from

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1. Summary of APPEAL research

“Antenatal preventative pelvic floor muscle exercise intervention led by midwives to reduce postnatal urinary incontinence (APPEAL): A feasibility and pilot cluster randomised controlled trial”

Why are we doing this research?

Pregnancy and birth are important risk factors for urinary incontinence (UI). There is evidence that undertaking pelvic floor muscle exercises (PFME) in pregnancy reduces the likelihood of UI after birth. NICE guidelines for antenatal care recommend midwives provide advice about PFME at woman’s antenatal visits. However, many pregnant women report that they do not receive sufficient information for them to perform PFME effectively.

What is the aim of APPEAL?

The APPEAL feasibility and pilot cluster trial is part of an NIHR funded research programme that aims to reduce the number of women who suffer from UI after birth.

Earlier APPEAL research looked at opportunities, challenges and concerns related to teaching PFME in antenatal care. This research highlighted the need to improve training for midwives to enhance opportunities, confidence and competency with regard to teaching PFME, and to help midwives effectively communicate the importance of practising and maintaining PFME habits. The research findings have been used to develop a training intervention to enable midwives to enhance implementation of PFME in antenatal care and support antenatal women to correctly perform these exercises. The feasibility of putting this training into practice is being tested in this pilot cluster randomised controlled trial.

All community midwife teams (clusters) in the NHS trusts taking part in this research will be randomised into ‘intervention’ or ‘usual care’ arms. Midwives in teams in the intervention arm will be provided with training to enable them to support women to undertake PFME throughout their pregnancy and after giving birth. All women under the care of the midwifery teams will be sent questionnaires 10-12 weeks after birth to record whether they undertook PFME, what advice they were given by their midwife, how confident they were in undertaking PFME and if they experienced any UI.

The research team would also like to find out more about midwives’ experiences of the training and of implementing PFME in their clinical practice. Those in the intervention arm will be given information about the research and asked for their consent to take part. They will be asked to complete questionnaires before and after training to give feedback. Some midwives who have agreed to be contacted by researchers after the training and intervention period will be invited to take part in a short telephone interview to obtain their views on the intervention. Some midwives in the usual care control arm will also be interviewed about PFME in usual care.

This pilot trial will assess the feasibility of carrying out a future randomised controlled trial to determine the effects of midwife-delivered PFME on reducing UI after birth.

2. What is the role of the APPEAL champion?

For each community midwife team allocated to the APPEAL PFME training there will be an identified midwife Champion. The APPEAL Champions will support their team to implement the APPEAL PFME programme in antenatal care and will assist with the roll out of the training as required. Champions will support midwives to manage women whose UI symptoms may be more severe or giving cause for concern, including appropriate referral to specialist services. Where these referral pathways do not exist the Champion will identify and record these areas for service development.

The aim of the APPEAL Champion is to:

Help their team embed PFME in antenatal care, as taught in the APPEAL training, reminding colleagues it is important for women's health and is a service priority

Help develop a sustainable way to inform pregnant women about PFME that can be rolled out as a national standard

Help develop the Champion role, including a standardised Champion role description that can be adopted by other projects/initiatives to help encourage staff engagement and service improvement

Duties

To support midwives to embed the APPEAL PFME training in clinical practice by acting as an 'on-site' resource/mentor

To notify APPEAL research midwives of new team members who need training

To check local stock of APPEAL PFME resource bags to give to women at their booking/first face-to-face appointment

To collect and record information about referrals to services

To help team members with any queries/concerns relating to PFME or the APPEAL programme and discuss these with the APPEAL research team as needed

Time commitment

We estimate that each Champion would need to allocate approximately 1 hour per month to this role, plus meetings with the APPEAL team, for the duration of the research.

As this is a feasibility study, please record the amount of time taken to carry out this role.

Training

APPEAL Champions will receive additional training to support them in their role. This will include training on how to support midwives to embed the APPEAL PFME programme in their practice, how to support training of new team members, how to manage queries about local referrals, and who to

contact for help and support with APPEAL and the PFME programme. This manual includes resources to support you in the Champion role, including contact details for ongoing support from the APPEAL team.

Champion support

Champions will have regular contact with the APPEAL research midwives to support them in their role (see section 5 of this manual for contact details).

3. Example case studies

1. Please can you remind me how many exercises I should be asking women to do?

- Refer midwife to their training manual
- Ask a woman to contract their pelvic floor muscle as hard as they can and see how long they can hold (if they are struggling, start with a low number e.g. 4 seconds and build up to 8 seconds)
- Ask the woman to rest in between squeezes, then repeat until they find that they are not able to keep holding the squeeze (e.g. 4 times, but on the 5th attempt they can't hold more than one or two seconds)
- Agree with the woman that they will do 4 x 4s hold twice a day on at least 3 days of the week
- Advise the woman to try holding a bit longer once they feel they are able to complete all the exercises easily. Gradually increase the length of hold, and the number of contractions up to the target of twice a day of 8 exercises x 8second holds (use '2 & 8 is great' to help remind).

2. How do I document PFME prescription or information about UI?

- Make sure you write in the woman's notes that you have asked about UI, and record her response
- Write that you have given advice about PFME and record the number and length of hold the woman is currently doing. Record the target number and hold for the next appointment
- Remind midwives that there are examples of how to document in their resource pack

3. What do I do if a woman says 'yes' when I ask her if she is leaking urine?

- Reassure the woman that she is not alone as this is common in pregnancy
- Emphasise that we know that PFME can still help manage UI so it is really important to try and do the exercises
- Review PFME teaching with the woman and help her set an exercise programme that she can manage and build up from this: start with the same exercise plan as for an asymptomatic woman, aiming for '2 and 8 is great'.
- Most women will be novice exercisers (whether they are continent or not). This dose is a minimum recommendation for novice exercisers, and many of them will not be able to do this much when they start (again, whether continence or not). So, regardless of continence

status if they can do fewer than 8 in a row, and hold for less than 8 seconds then they can work up to that. If they are incontinent then that's treatment!

- Then, they could work up to 10 in a row and 10 second holds, and from 2 sets to 3 sets. This will depend on how quickly a woman progresses with her exercises and if she notices any benefits.
- The most likely reason a woman will not see any benefit is that she has not been doing the exercise programme for long enough, or not actually doing any of the exercises! She will need plenty of reassurance (benefits may not occur until much later – e.g. quicker recovery after birth). She will need support to motivate this long term adherence.
- Work with the woman to identify prompts and cues and strategies that will help her perform regular PFME in her daily life – this creates habits and promotes longer term adherence
- Teach the woman to squeeze and lift the pelvic floor muscle before they cough or sneeze (this is called the 'knack')
- If someone has bothersome leakage then they should be referred to the physiotherapy service.

4. I think someone needs further help. How do I refer to specialist services?

- Discuss the case with the midwife to help them decide if they need further input or whether the woman can be supported by the midwifery team to do PFME (see scenario 1)
- If you feel the woman might need further input, or you are unsure, check criteria for onward referral to specialist physiotherapist (see section 4) and/or discuss with your women's health physiotherapy department and make a referral if appropriate.
- Document the outcome in the woman's notes
- Record the request for referral in your Champion log

4. Onward referral for specialist services

If you or a team member have concerns about a woman's UI or their pelvic health and wish to discuss this further with a specialist physiotherapist, or make an onward referral, please contact the relevant person depending on your location.

Criteria for referral to women's health physiotherapy department at BWC and UHB

- Bothersome stress incontinence and no benefit from doing PFME exercises after 6 weeks
- Any urge incontinence
- Women with hyperemesis or persistent cough
- Women reporting any symptoms of prolapse even if mild
- Any other women who can't manage UI symptoms

5. APPEAL contact details

6. Example techniques to support implementation/performance of PFME

Some basic tips for supporting midwives/women with PFME:

- Use open questions and active listening to encourage problem solving

- E.g. questions to ask midwives to explore challenges with embedding APPEAL programme
 - How are you getting on?
 - What strategies might help you to remember to ask about UI/teach PFME?
 - How will you know you have achieved your goal?
- E.g. questions for midwives to use to support women with performing PFME
 - How are you getting on?
 - How do you feel about doing regular PFME?
 - Have you got any questions about PFME?
 - How will you know you have achieved your goal?
- Use behaviour change techniques to support a change in practice, (see table 1) e.g.
 - Action plan/goal setting/problem solving/prompts & cues/self-monitoring
 - Information about consequences – remind midwives why PFME is so important, remind women why PFME is important, discuss benefits (beyond preventing UI if necessary)
 - Remind midwives they are a credible source: ‘you have had the training, you are a trained midwife with expertise in women’s health, you have the knowledge and skills to support women to do PFME’ etc...
 - Remind women midwives are a credible source to give women confidence that they will succeed: ‘I am an experienced midwife with expertise in women’s health, and I have the knowledge and skills to support you to practice regular PFME’ etc...
[look at BCT section in Champion manual for further examples]
- Use of confidence scores (e.g. if someone continues to struggle with embedding PFME (midwife)/performing PFME (woman)) –
 - How confident are you that you will teach PFME and screen for PFME with all new antenatal women? Score out of 10 (10 very confident, 0 not at all confident). E.g. if 5 why not 4 (elicit positive aspects of score)? What would make it 6/10?
 - Ask women “How confident are you that you will perform regular PFME this week/between now and when I next see you?” Score out of 10 (10 very confident, 0 not at all confident). E.g. if 5 why not 4 (elicit positive aspects of score)? What would make it 6/10?

Example behaviour change techniques to support the APPEAL programme

Technique	Support for midwives to implement PFME	Support for women to perform PFME
1.1 Goal setting	Remind midwife of goal for teaching regular PFME in antenatal care	Agree an achievable goal for performing PFME
1.2 Problem solving	Ask the midwife to identify challenges that are preventing them from implementing PFME, e.g. not remembering, and discuss ways in which they could overcome them, e.g. having a prompt within the appointment to remind them to discuss PFME	Ask the women to identify challenges to performing PFME and discuss ways to overcome these

Technique	Support for midwives to implement PFME	Support for women to perform PFME
1.4 Action planning	Encourage midwife to plan how they will implement PFME into their routine antenatal care	Support women to make a plan for performing regular PFME (e.g. when, how, what prompts they might use etc)
1.5 Review behaviour goal(s)	Review agreed goal(s) with midwife to support ongoing implementation of PFME	Review agreed goals in subsequent appointments, and discuss any modifications
1.8 Behavioural contract	Create a written specification of how to implement teaching PFME, agreed by midwife and witnessed by Champion	Sign a contract to agree to perform PFME
1.9 Commitment	Ask midwife to use an “I will” statement to affirm/reaffirm a strong commitment to implementing PFME teaching, e.g. “I will make it a high priority to teach women correct PFME and ask them about UI and PFME at every appointment”	Ask women to use “I will” statement to commit to performing regular PFME
2.1 Monitoring of behaviour by others without feedback	Observe midwife appointments or check appointment records to note if/when PFME is being taught	
2.2 Feedback on behaviour	Provide informative feedback on midwife’s PFME teaching, e.g. give feedback that they are remembering to screen for UI at each appointment	Provide feedback on women’s performance of PFME (e.g. give feedback that they are holding their breath when they try a contraction)
2.3 Self-monitoring of behaviour	Discuss ways midwife might monitor/record when they have taught PFME/screened for UI	Discuss ways women might record when they carry out PFME, e.g. diary, app
2.4 Self-monitoring of outcome(s) of behaviour	Advise midwife to monitor any changes resulting from their PFME teaching, e.g. women give feedback that they have a better understanding of UI/PFME, or are no longer leaking UI	Ask women to notice any changes as a result of PFME e.g. in ability to do more contractions, or more/less leaking of urine
3.1 Social support (unspecified)	Encourage support from colleagues for implementing PFME in antenatal care, e.g. ask colleagues to remind each other to teach PFME and offer each other support	Advise women to seek support from e.g. friends, relatives, local or online antenatal support groups to support/encourage regular PFME e.g. Advise women to ask partner/friends to remind them to do PFME
3.2 Social support (practical)	Offer to help midwife practice teaching PFME by playing the role of a pregnant woman e.g. using APPEAL role play scenarios	
3.3 Social support (emotional)		Arrange/provide emotional support to women e.g. to facilitate reporting UI symptoms, or performing PFME

Technique	Support for midwives to implement PFME	Support for women to perform PFME
4.1 Instruction on how to perform a behaviour	Refresh APPEAL training with midwife, watch APPEAL training videos	Provide instruction to women about how to perform a correct contraction and how to build up number of repetitions and duration of hold for PFME. Advise women watch APPEAL training videos
5.1 Information about health consequences	Remind midwife that implementing PFME can help prevent women from leaking urine during and after pregnancy	Remind women of the health benefits of PFME, e.g. better pelvic health including sexual function, helps in delivery, helps control bladder and bowel and prevent UI
5.2 Salience of consequences	Emphasise the consequences of teaching women PFME e.g. statistics regarding how many women suffer from UI related to pregnancy/childbirth, how many women may benefit from PFME	Emphasise the consequences of performing PFME (try to focus on positive benefits e.g. effectiveness for prevention of UI)
5.3 Information about social and environmental consequences	Give information about impact on women's social life of UI, increase cost of pad use if leaking to encourage midwife to implement PFME	Advise women that PFME can improve social wellbeing if it prevents them from leaking, as less anxiety about going out etc
5.4 Monitoring of emotional consequences		Ask the women to make a note of how they feel after doing PFME, or in relation to changes in UI
5.6 Information about emotional consequences	Discuss with midwife that UI is associated with postnatal depression and may have negative impact on social and mental wellbeing therefore implementing PFME in antenatal care to prevent UI is an important priority	Explain that good pelvic health can also benefit mental wellbeing, e.g. by preventing UI, improving sexual function, better recovery from birth
6.1 Demonstration of the behaviour	Demonstrate how to teach/prescribe PFME to midwife/team. Watch APPEAL training video of midwife teaching pelvic floor muscle contraction and prescribing PFME programme	Watch APPEAL training video of midwife teaching pelvic floor muscle contraction and prescribing PFME programme
6.2 Social comparison	Draw attention to other team members' performance to compare with midwife's own performance implementing PFME	Give examples of other women's stories of UI/PFME relating to pregnancy and/or childbirth, e.g. any personal or celebrity stories?
6.3 Information about others' approval	Remind midwives that everyone in the team has had PFME training and is implementing teaching PFME in antenatal care	Provide information about other pregnant women who have experienced positive benefits from PFME who would approve of performing PFME
7.1 Prompts/cues	Encourage midwife to identify something that will be a useful prompt or cue for them to carry out UI screen and teach PFME, e.g. urine dip, stickers on notebook	Encourage women to identify a prompt/cue to remind them to perform PFME, e.g. link to daily activity like teeth brushing, use stickers, phone reminder, app

Technique	Support for midwives to implement PFME	Support for women to perform PFME
8.1 Behavioural practice/rehearsal	Prompt midwife to practice different elements of teaching/prescribing PFME, e.g. using role play scenarios, encourage practice with other team members	Invite/encourage women to practice PFME within the clinic appointment
8.3 Habit formation	Link PFME to other routine activity, e.g. screen UI and ask about PFME when testing urine in each appointment	Link PFME to regular activity to encourage habit, e.g. every time you brush your teeth
8.6 Generalisation of a target behaviour		Advise to practice PFME in different places/positions e.g. sitting, standing. Also advise to contract pelvic floor when cough/sneeze/laugh
8.7 Graded tasks	Recap with midwife how to prescribe a tailored PFME programme and build up to target of 2 and 8 is great. Refresh information about principles of strengthening, working to point of muscle fatigue	Teach women to build up number of repetitions and length of hold for each contraction until the target is reached (e.g. 2 and 8 is great!)
9.1 Credible source	Reassure midwife that they have been training to provide teaching in PFME to pregnant women therefore they are a credible source with the required expertise	Reassure women that midwife has necessary knowledge and skills to teach PFME during pregnancy, and they are therefore a credible source of information about PFME and UI
10.4 Social reward	Congratulate midwife for any effort and/or progress in implementing PFME in their practice	Praise women for their attempts at performing PFME
11.2 Reduce negative emotions	Explore any negative emotions regarding implementation of PFME and discuss ways to manage these/how to develop stress management skills	Explore any negative emotions regarding UI and/or performance of PFME and discuss ways to manage these
13.1 Identification of self as role model	Remind midwife that their behaviour is an example to other team members	Inform women that performing PFME is an example to other pregnant women
13.2 Framing/reframing	Suggest to midwife that it may be helpful to promote PFME as beneficial for improving pelvic health and pelvic floor function, rather than focusing on preventing/reducing UI (depending on what framing works best for individual women)	PFME can be reframed as beneficial for pelvic health/ sexual function/ delivery of the baby/ recovery post birth, rather than only to prevent UI (although depends on the individual and what is important to them)
13.3 Incompatible beliefs	Draw attention to discrepancy between not promoting regular antenatal PFME and midwifery as an evidence-based profession	
15.1 Verbal persuasion about capability	Persuade midwife that they can successfully and effectively implement PFME in their clinical practice	Persuade women that they have the capability to successfully perform PFME and carry out a regular strengthening programme

Technique	Support for midwives to implement PFME	Support for women to perform PFME
15.3 Focus on past success	Encourage midwife to think of other previous successes in implementing either PFME or other new skills or initiatives they have been trained in, e.g. breastfeeding campaigns, mental health advice etc	Ask women to think of previous times they have successfully carried out a regular PFME programme (e.g. a previous pregnancy), or other exercise programmes they have managed to carry out regularly
15.4 Self talk	Prompt midwife to tell themselves (aloud or silently) that they have the knowledge, skills and expertise to teach effective PFME in antenatal care before each appointment	Prompt women to tell themselves that performing regular PFME will prevent them from leaking urine during/after pregnancy

APPEAL=antenatal preventative pelvic floor exercise research programme; PFME=pelvic floor muscle exercise; UI=urinary incontinence

7. Template for recording information for APPEAL

Hours spent on Champion activities

Month	Hours	Comments
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Nature and number of queries from midwives regarding PFME/UI/APPEAL

Date	Nature of query	Outcome	Comments

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Referral queries

Date	Reason for referral	Where referred	Referral accepted/refused?	Reason for refusal