we can move Active Gloucestershire

Active mums: Pelvic health and physical activity

Project learning report

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Prepared by:

Chris Davis

Strategic Lead - Health, Active Ageing and Disability

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Gloucestershire Local Maternity and Neonatal System

NHS Gloucestershire

CONTENTS

Background

Movement and physical activity is something that women and birthing people don't often see as a priority during pregnancy or once they have had their baby*. When dealing with the range of emotions, physical changes and common pelvic health issues associated with pregnancy, it's not always easy to find the time, motivation or confidence to move in a way that meets individual need.

***Insights from initial stakeholder engagement**

Conversations with local stakeholders and people with lived experience have identified challenges around women and birthing people in Gloucestershire accessing the right physical activity in the right place and at the right time. Timing is key to enabling confident social experiences that support pelvic health and some of the commonly associated symptoms.

1 in 3 experience pelvic floor issues

It can take several years before women and birthing people seek help for pelvic floor issues[1] and in that time have a continually changing relationship with the way that they move. Following pregnancy, many can be fearful of physical activity and are often under the assumption that pelvic floor issues are just 'normal', 'something to put up with' or don't feel that they can prioritise their own health around the complexities of daily life, parenthood and in some cases the deeply rooted inequalities that exist across our county.

In addition to the social and emotional benefits of movement, the right type of activity involving targeted exercises, gentle stretching and core-strengthening can help with reducing pain, improving bladder control, increasing flexibility and also making day-to-day activities more manageable.

Working with **NHS Gloucestershire** and a range of health and community partners, **Active Gloucestershire** aimed to consider how to co-design, test and coordinate community physical activity opportunities to support pelvic health for women and birthing people in Gloucestershire.

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1. https://netballher.co.uk/pelvic-health/pelvic-floor-101/

What did we set out to do?

Co-design a programme of community physical activity offers to support pelvic health through exercise and education.

Designing and implementing a test-and-learn project to meet local need, required us to consider the range of factors that influence the way in which women and birthing people:

a) prioritise (or not) their own health and wellbeing

b) feel towards accessing physical activity to support health (and in particular, pelvic health/pelvic floor dysfunction) in the local community

c) experience inequalities that might get in the way of participation.

So we worked with a diverse range or local partners to:

- build trusted relationships with local women and birthing people in their place
- design physical activity opportunities that enable **gentle, safe and inclusive** experiences that include in-built pelvic health advice
- test the delivery of physical activity in different types of **community settings,** including trusted places where people already meet
- connect local women and birthing people to wider information and guidance on how to build activity into **day-to-day life**
- enable sustainability through building **partnerships** and signposting to local opportunities and services.

Step 1

Project Definition Workshop (PDW)

We understood that this project needed a multi-stakeholder approach (i.e. diverse voices and views) and so we convened a space for a range of people and organisations to come together and develop the project's vision, outcomes and delivery.

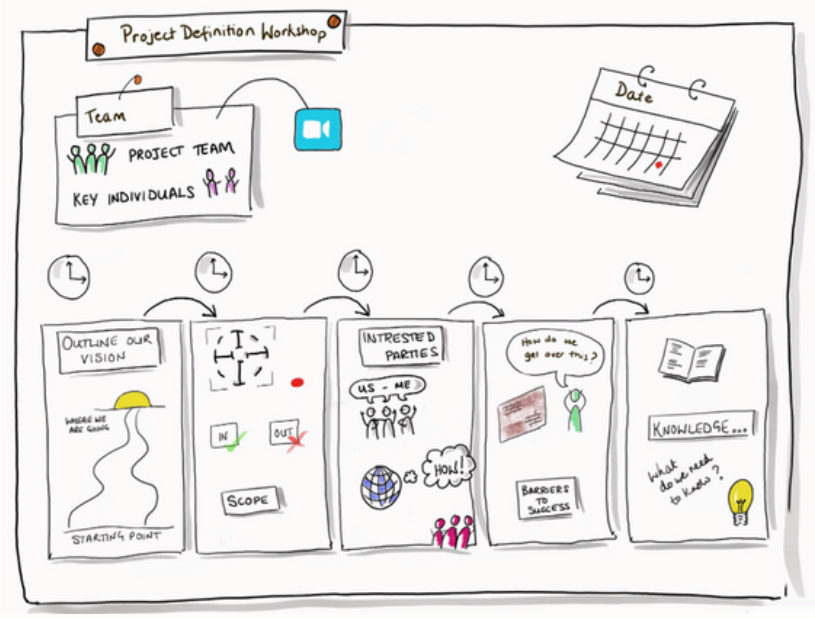


Fig 1. illustrates the approach we adopted to convene key partners around a series of activities to enable a co-designed approach to this work:

- **Who is the team?**
- **What's our vision?**
- **What's in/out of scope?**
- **Interested parties?**
- **What does success look like?**
- **What might get in our way?**
- **Knowledge - what do we need to know?**

Fig 1. Illustration of a project definition workshop process

What made this approach so crucial, was the value we placed in facilitating time for busy health leaders, health professionals, women's voices and enthusiastic allies to hold a space together and ideate around the vision. Partners had the space to creatively workshop and draw upon diverse views, opinions and lived experiences to help shape the way in which we designed the project.

Key partners:

- Local GP
- Midwife
- Pelvic health physiotherapist
- Service improvement manager
- Gloucestershire Maternity and Neonatal Voices Partnership
- Active Gloucestershire director
- Insight specialist
- Community exercise specialist
- Active Gloucestershire strategic health lead
- Mums

Why this approach?

We are part of a social movement and county approach to physical activity known as **we can move**. There are four key pillars to the approach that we believe will drive change and create the conditions for a county that moves more.

1

All parts makes a difference (Whole systems)

Action needs to occur across a diverse range of organisations and at different levels, from policy making to community groups. Those parts need to connect. **We convened passionate local people, leaders and professionals to help shape this work.**

2

All people make a difference (Community activism)

Collective community action is key to building a movement of people who are passionate about activity. We focus on what's strong not what's wrong, so we listened deeply to mums in their place. By engaging with children, family centres and community groups **we built a deeper understanding of the perceptions that women and birthing people have towards their own health and physical activity.**

3

Everything we do makes a difference (Behaviours)

Enabling people to make changes by understanding behaviour and inequalities that often layer around that. **This was both a challenge and an opportunity** in terms of how behaviour was crucial to the way in which women chose (or not) to participate.

4

Everything we discover makes a difference (Learn and adapt)

We adapt and embed learning throughout the work that we do. We're prepared to get it wrong and understand why! Some interventions worked better than others, but **we were always keen to ask ourselves, how, why and what we could learn.**

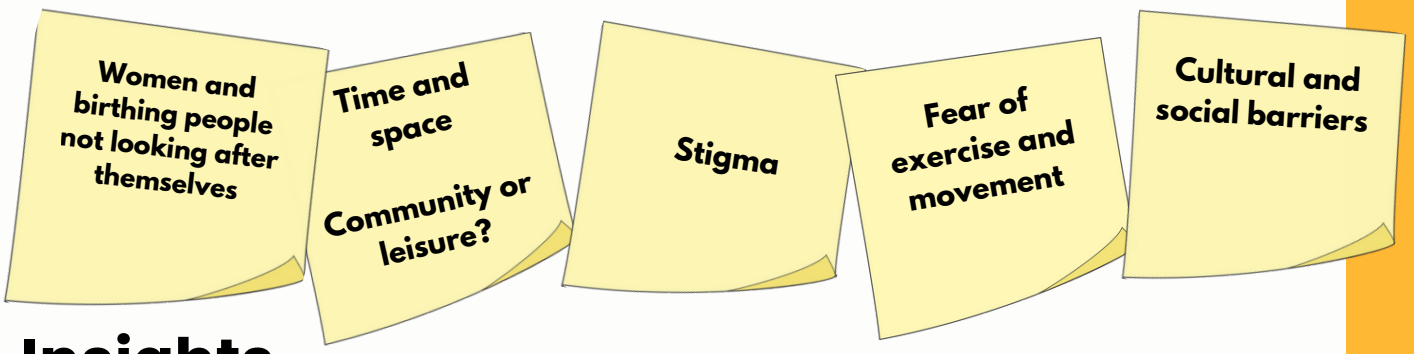
By working in close partnership with a range of organisations and involving the community throughout, we were able to create the conditions for rich learning throughout and use this learning to help inform improvement.

Scope

We had some important **questions, concerns and insights** around the work to check before agreeing the scope for the project.

Questions

Concerns



Insights

Step 2

What would success look like?

What would a successful project look and feel like...and for who?

Some key outcomes were identified as important in terms of how things might look for women and birthing people accessing local activity, the inequalities at play and also the steps needed to get there.

Painting it done

Touch points

- Midwife
- GP
- Scans
- Community groups
- Pelvic health service
- Social prescriber
- Badger net

Outputs

- Resources created
- Community engagement
- Messaging and education
- Communication
- Local support
- Partnerships
- Connected delivery providers
- Community venues

Looks and feels like

- Right language
- Stigma removed
- Confident
- Sharing a journey
- 'Feeling like me'
- I can bring my child (or not)
- A space to focus on myself
- Time to talk to others
- Telling other women about it
- Friendships in the community
- Better mental health

Step 3
Who, what and how!

Identifying community delivery providers

An important part of this project was ensuring that we had the capacity and confidence in the local workforce to collaborate on a project that works closely with health and care professionals, local women, birthing people and community agencies.

The exact mode or 'type' of activity to be delivered remained flexible throughout as long as pelvic health education and targeted exercise were weaved in. We on-boarded trusted community exercise specialists who were suitably qualified to deliver safe and effective exercise to people throughout their maternity journey. The flex in mode of delivery, enabled the local groups we established to have a **voice and choice** around how they wanted to move.

Engaging local women, birthing people and community organisations

Voice and choice were important to this project not only to understand the local need, but to understand, more deeply, the **behaviours, motivators and barriers** at play. We connected with children and family centres, support groups, local leisure groups and health professionals to explore and test a diverse range of delivery settings for the project. Although a county pilot was in scope, there were limitations around capacity and interest in specific localities, which resulted in three test sites being established in:

Cheltenham (West/Central Cheltenham)

Gloucester (Gloucester City)

Stroud (Stroud town and Dursley)

Designing and delivering five community physical activity programmes

The result of our engagement was five slightly different but complementary community programmes. Two programmes (Gloucester) were delivered across two children and family centres and three programmes (Cheltenham and Stroud) were delivered from local leisure facilities, which in itself offered a curious test bed for such activity.

What happened as a result?

200+ local women participated

16 programmes delivered

5 community venues

Diverse audience

White British
Black African
Asian Indian
Asian Pakistani
Asian British Bangladeshi
Asian Filipino

Age range **28-42**

Delivery partners:

- The Cheltenham Trust
- Stroud District Council
- Class-fit Gloucester
- Isle Health

Partner collaboration:

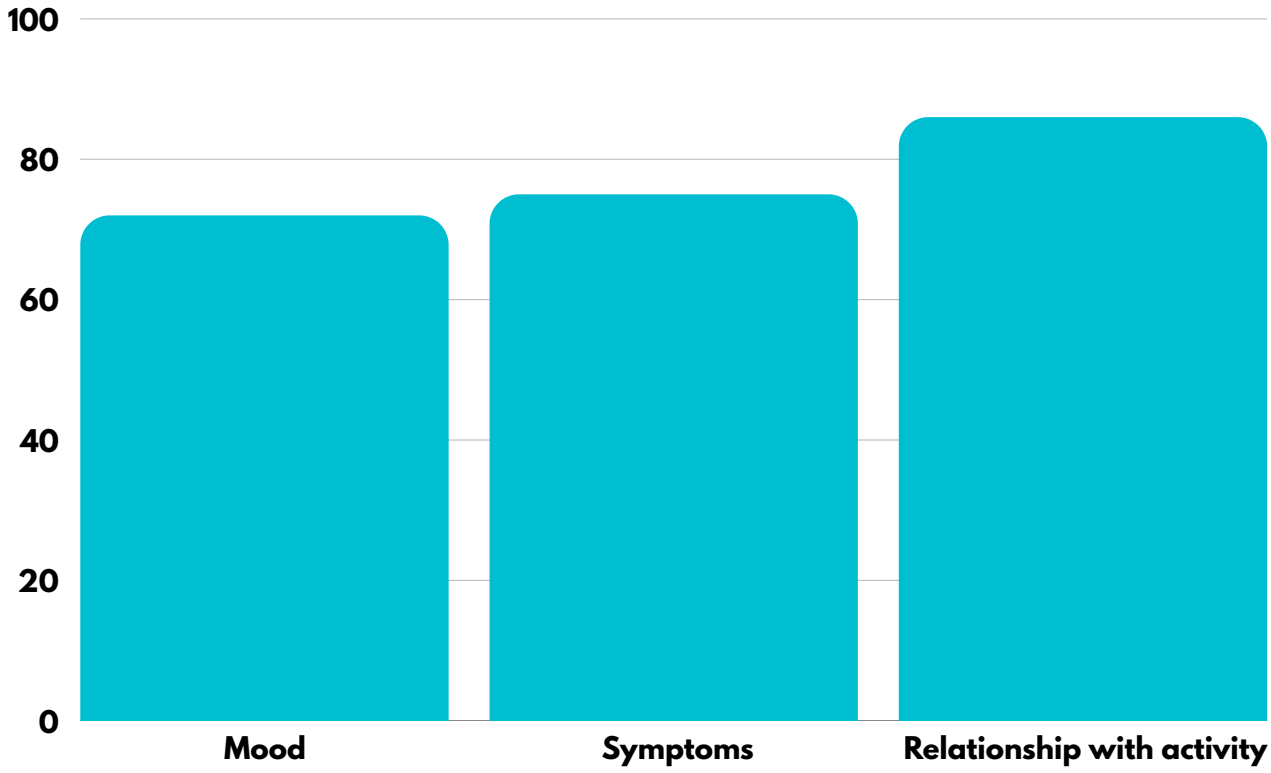
- NHS Gloucestershire
- Gloucestershire Hospitals Trust
- Gloucestershire Health & Care Trust
- Primary Care
- Aspire Foundation
- Barnardo's
- Community activity specialists

What worked and why?

- **Community engagement** - understanding local experiences
- **Personalised approaches** - everyone is different
- **Babies welcome** - women and birthing people needed to know they could bring their child if they needed/wanted to.
- **Trusted community settings** - place is key
- **Strength of relationships** - strong relationships build trust
- **Women focussing on themselves** - important time for self-care
- **Social connections** - getting out and meeting people
- **Building personal confidence** - a bridge to other things that are important

What happened as a result?

We spoke to participants at Bartongate, Gloucester and and here's what they had to say...



% participants reporting improvement in mood, symptoms and relationships with movement and activity

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Voices of our participants...

Common issues our participants told us about before starting the programme:

- Pelvic girdle pain
- Back pain
- Weakness of core muscles
- Incontinence (bladder/bowel)
- Pain during or after sex
- Low mood/depression
- Isolation

What particpants experienced

"I loved that the first session was so informative. I hardly knew any of it! The exercises are really good and helpful. Hard to remember the exercises to do at home so I loved how you then let us record you doing them for us. To have been able to access this service for free has helped me from not weeing accidentally all the time after two vaginal births. It has led to me feeling more aware of my pelvic floor and diastasis recti. "

"It's been great to have consistency and routine and to actually make the time to be active and put my body first. The flexibility of it being a mum and baby friendly group has made it so nice to make the time to commit to improving my own health!"

" I have continued with the exercises at home and it has also given me the push to restart a trampoline class I used to go to and I've also started running. I am due to run 5km at a running event this week."

"This 8 week course was excellent. The instructor provided information on how the pelvic floor muscles work and why the exercises were important as well as providing exercises that benefit other muscle groups whilst still targeting the pelvic floor. Was also lovely that we were able to have a bit of a general chat about our week as well. It was a very welcoming session."

Did the session support your mental health and wellbeing?

"My mood has improved as a result because I felt I was actively doing something about my problem, it was also nice to be with other mums that you can all relate to with similar issues and this also helped my mental wellbeing."

Did the classes make a difference to your physical health?

"Yes I feel it helped me rebuild pelvic floor strength and core strength. It provided me with inspiration with exercises I can do at home and how I can continue to build these up."

What did we learn?

Intended and unintended impacts

Confidence of participants to adopt additional physical activity behaviours

Many participants commented on how finding the time and confidence to attend a supervised and structured activity session further increased their confidence to consider or peruse additional physical activity behaviours. Examples of such behaviours included attending dance classes, swimming or even just having more confidence to leave the house for a walk.

Inclusivity is key

In addition to hosting our classes in convenient and trusted community locations such as children and family centres, we've seen huge benefit in building in time before the activity for women and birthing people to meet the instructor, understand the class, address any concerns and share experiences with others.

Our trusted venues also offered a flexible and secure space for people to being their children, should they wish to. Children could crawl, toddle and explore within the venue's safe confines, creating a relaxed atmosphere for parents to feel able to step out, pause or reposition their activity to suit.

The nod to the ability to being children without pressure to do so was very welcome and a huge draw for the sessions.

Funding expectations

For some participants, the fully funded offer was the main driver for their involvement, highlighting how cost can be a major, if not the number one barrier for people with diverse financial circumstances.

Whilst the programme aimed to build confidence in women and birthing people to exercise independently, the programme's short duration was disappointing for some for whom further engagement in 'mainstream' self-funded activity is seen as inaccessible.

The potential impact here is that for some, the short-term participation whilst informative, welcome and no doubt beneficial for health outcomes, may mean activity levels reverting back to how they were pre-participation.

Challenges?

Workforce capacity

Projects that consider the needs of local people in their place require time for relationships of trust to develop and in this case required activity providers to be skilled in both exercise delivery **and** community engagement. This was hard but not impossible to find.

What we learnt as a result:

There is not always appetite or capacity amongst leisure, community or independent activity provision to work on such projects. Therefore, clarity on the scope, values and demands of the project was key to identifying key partners who could bring real value to the project. Capacity to carry out community engagement was eased by building trusted connections with local community organisations who work directly with women and birthing people.

Sustainability

It can be difficult to ensure that sustainability is built into projects that aspire to test the conditions for change. We notice the tensions between providing equity of access in the delivery of projects and the need to develop sustainable community activity offers for the long-term.

What we learnt as a result:

Working alongside partners with shared values and common purpose builds trust. Through education, knowledge sharing and connecting the dots between passionate people in the county, we can build capacity across the local system so that more people feel enabled to get involved in the delivery or facilitation of community physical activity for 'health' pathways. However, challenges remain around scaling such provision in the absence of a sole delivery organisation equipped to operate across the whole county.

Quality assurance

The project demanded us to think differently about how we can shape community physical activity offers that don't create unhelpful barriers to participation. However, this had to be balanced with the need to deliver safe, effective and quality assured activities for local people.

What we learnt as a result:

Communication and involving both clinical specialists and the voices of community partners was key. Creating a safe and accessible space for diverse partners from health and community to come together, helped direct how we would design safe and inclusive offers for local women and birthing people. And most importantly it would enable the voices and experiences of women and birthing people to be heard when designing activity sessions.

Next steps and recommendations

- Reflect on how we build more capacity in the community to deliver **inclusive, accessible** and **low cost physical activity** opportunities. There are inconsistencies in the local system in terms of capacity to deliver physical activity for health (e.g. exercise referral). Further work is needed to develop a more consistent approach across the whole county that addresses the deeply rooted inequities that still persist.

- Apply the learning from this project to the development of **physical activity for health pathways** across Gloucestershire that are diverse and proportionate to the needs of the individual.

- Build strong relationships with a diverse range of partners who have the **capability, competency and capacity** to deliver safe, fun, welcoming and co-designed activity that is accessible to women and birthing people in their place.

- Consider the role of community organisations in developing physical activity initiatives with local women and birthing people, building links with NHS teams so that there is always a **dotted line back into local health services** where women may need more specialist advice or support around pelvic health.

- Create spaces for community activity providers to connect with local health services to **share learning, skills and practice** that enable more women and birthing people in Gloucestershire to feel confident about participating in physical activity.

- In addition to outcomes, there is a lot we can learn and continue to share around **better practice, the process and the approach to co-designing projects** that invites more opportunity for systems change in the future.

Further reading and resources

Netball Her

Active Pregnancy Foundation

This Girl Can

Thank you for reading

For more information on women's pelvic health or to discuss the findings of this report, please contact **chrisdavis@activegloucestershire.org**

To find out more about Active Gloucestershire and we can move, please click here for information about our changemaker programme and related resources.

Contact Us

wecanmove.net/contact-us

Contact Us

01452 303528

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