

AUSTRALIAN + NEW ZEALAND CONTINENCE JOURNAL

A pilot integrated clinic using a biopsychosocial model to treat incontinence and prolapse

Alice Beban, Samantha Newman and Bernadette Nolan

A multidisciplinary approach is needed to improve mental health and social connectedness in women suffering with obstetric fistula, chronic 4th degree tear and severe pelvic organ prolapse in limited resource regions

Hannah Krause

ICS Conference 2021 report. Engaging Aboriginal and Torres Strait Islander women in a continence conversation

J Miller

What's new in Cochrane



continence **NZ**

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Summer 2021
Volume 27 Number 4
ISSN 1448-0131

THE OFFICIAL JOURNAL OF THE
CONTINENCE FOUNDATION OF
AUSTRALIA + THE NEW ZEALAND
CONTINENCE ASSOCIATION

Published four times a year by



10 Walters Drive
Osborne Park, WA 6017
www.cambridgemedia.com.au

Publisher Greg Paull
Copy editor Ceridwen Clocherty
Design and layout Gordon McDade

Advertising enquiries to
Simon Henriques
Cambridge Media
Tel (08) 6154 3912
Email simonh@cambridgemedia.com.au

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and New Zealand Continence
Association.

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The Journal is indexed with CINAHL,
Ebsco, infoRMIT.

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EDITORIAL

For referencing Kruger J. Editorial. Australian and New Zealand Continence Journal 2021; 27(4):83

DOI <https://doi.org/10.33235/anzcj.27.4.83>

This edition of our journal is the last that will be in hardcopy print form! It has been a long time coming and we are very excited that the 2022 Autumn edition of your ANZCJ will be an ejournal online. The move to online publication is to keep us in step with modern academic journal publishing practice and will be seamless for current members; it offers real potential to widen our readership and increase access to and the visibility of the many outstanding manuscripts that we publish.

We have come to the end of a most inspiring and thought-provoking conference hosted by the International Continence Society (ICS) and the Continence Foundation of Australia held during October. Despite the conference being held virtually, the local organising committee did a fantastic job in selecting local and international experts who covered a wide range of continence-related topics. Presentations are available online, to registered participants, until January 2022.

Among highlights, the state-of-the-art lectures spanned talks on regenerative medicine and tissue engineering using stem cells by Anthony Atala, to John DeLancey on how we are still needing to understand the mechanisms of failure in the development of pelvic organ prolapse to be able to develop new surgical techniques, to a terrific talk by Jean Hay-Smith on pelvic floor muscle training, behaviour and theories. Joan Ostaszkiwicz had the final say with her state-of-the-art lecture on the *Art and science of continence caregiving*. This thought-provoking and insightful lecture highlighted that, although focus in often on 'continence cure', there is a pressing need for the understanding of 'dignity protective continence care', particularly long-term continence care.

Another session that I would like to highlight was the Maternal Birth Summit, Spotlight On 1, held on Saturday 16 October 2021. The theme was *Prevention is better than cure! Optimising pregnancy care and delivery for better pelvic floor health*. This summit had eight excellent and diverse speakers such as Christine East, Professor Nursing and Midwifery, La Trobe University, Melbourne, Amy Dawes from the Australasian Birth Trauma Association, as well as Andrew Browning who is the Chair of the International Federation of Gynecology and Obstetrics (FIGO) Committee for Fistula and Genital Trauma and whose somewhat confronting talk on managing birth trauma in resource poor settings in Tanzania and Ethiopia really highlighted the need for "prevention and optimising delivery outcomes". The hope of this summit was that "this process be continued at future meetings and a consensus be reached on management by international organisations such as ICS, IUGA and FIGO and local bodies". This Summit was a definite highlight, and I recommend that, if you have access, this would be one to tune into (Day 3 SPT1 - Maternal Birth Summit).

The selection of round table discussion, workshops and podium presentations were of a similar high standard and, despite the fact that, for some of us, participation in the discussions was in the wee small hours, the great bonus about having a virtual conference is these amazing resources are still available.

Which leads me to the featured articles in this edition that explore the experience of incontinence among First Nations women and those living in rural areas. The first article reports on the findings of *A pilot integrated clinic using a biopsychosocial model to treat incontinence and prolapse*. This paper explores women's experiences of a biopsychosocial approach whereby a general practitioner and physiotherapist in the Hawke's Bay region of New Zealand piloted a programme to provide women with timely, integrated care for prolapse and incontinence, with the objective to seek to improve access to care for women from low-income areas who face cultural barriers in the typical western models of care. They report some interesting results. The second paper provides a narrative review proposing that *A multidisciplinary approach is needed to improve mental health and social connectedness in women suffering with obstetric fistula, chronic 4th degree tear and severe pelvic organ prolapse in limited resource regions*. This article describes that using a multi-disciplinary team approach for women with these conditions could lead to better outcomes, enable effective provision of more holistic management strategies and improve quality of life. Finally, and again on theme of engaging First Nations women, we have a summary of the presentation at ICS of how a primary healthcare service welcomes Aboriginal and Torres Strait Islander women and the use of a 'yarning cloth' to start conversations on continence and facilitate continence education.

I would like to end this editorial message with an acknowledgement of all the hard work of the editorial committee and in particular the managing editor over this past year. It has been difficult for everyone, and we are all still feeling the effects of COVID lockdowns, working from home, isolation from friends and families and other restrictions. It was Mental Health Awareness week in New Zealand this past week and the theme was 'Take time to *kōrero*'. That means taking time to have those little conversations, connecting with people and reaching out - because sometimes it is those little, everyday conversations that make a big difference.



Nga mihi nui (Go well)

Dr Jennifer Kruger
Editor ANZCJ