

## DOES URINARY INCONTINENCE IN A PRIMAGRAVIDA AFFECT QUALITY OF LIFE?

### Aims of Study

The onset of urinary incontinence may be during pregnancy with resolution postpartum in most women (1). This study aims to establish the prevalence and impact of urinary incontinence on Quality of Life during the first pregnancy and at three months postpartum.

### Methods

Over 14 months (June 2000 – August 2001), 492 primagravidae were interviewed at 34 weeks gestation in the antenatal clinic. A structured questionnaire was completed by interview that included questions on urinary incontinence, bowel symptoms and antenatal pelvic floor exercises. Women who complained of any urinary incontinence also completed the King's Health Quality of Life Questionnaire (2). At 3-5 days after delivery they were interviewed about urinary and bowel symptoms once again. Intrapartum information was obtained from formatted delivery suite computerised records. At 3 months postpartum a structured questionnaire similar to that used at 34 weeks gestation to all women. Those with urinary incontinence also completed the King's Health Questionnaire. Statistical analysis was carried out using Wilcoxon matched-pairs signed-ranks test and cross tabulations for non-parametric data.

### Results

492 women were included in this study. The prevalence of urinary incontinence was reported (Table 1). The type of incontinence at 34 weeks gestation was ascertained from the King's Health Questionnaire as: stress (15.2%), mixed (15%) and urge (1%). At 3 months postpartum the prevalence of all types of incontinence had decreased: stress (2.8%), mixed (4.3%) and urge (0.6%). Antenatal pelvic floor exercises were performed by 60.6% (298/492) with 31.7% (156/492) performing these daily, 19.9%(98/492) weekly and 6.9% (34/492) rarely.

Table 1: Prevalence of urinary incontinence before and during pregnancy and at 3 months postpartum

Symptom	Pre-pregnancy n (%) n = 492	34 weeks antenatal n (%) n = 492	3-5 days postpartum n (%) n = 370	3 months PP n = 362
<b>Urinary Incontinence</b>	17 (3.5%)	175 (35.6%)	51 (13.8%)	47 (13%)

Women reported how much their bladder problem affected their lives on question 2 of the King's Health QOL questionnaire (Table 2)

Table 2: Effect of incontinence on life at 34 weeks gestation and at 3 months postpartum

Effect on life	34 weeks gestation n(%) n=175	3 months postpartum n(%) n=45
Not at all	80 (45.7)	13 (28.9)
A little	72 (41.1)	28 (62.2)
Moderately	19 (10.9)	2 (4.4)
A lot	4 (2.3)	2 (4.4)

Women with urinary incontinence reported their general health at 34 weeks to be: very good (43.4%), good (48%); fair (6.9%); poor (1.7%) and at 3 months postnatal as: very good (26.7%); good (42.2%); fair (31.1%). Quality of life scores were reported for each domain on the King's Health QOL questionnaire. Higher scores indicate a deleterious effect on QOL (Table 3). Scores in all domains were low. General and Personal Health were the only domains to show a significant deterioration in score from antenatal to 3 months postpartum.

Table 3: QoL scores in primagravidae with urinary incontinence at 34 weeks and at 3 months postpartum. Wilcoxon ranked pairs test  $p < 0.05$

Domain	Median score(34 weeks)	Range	Median score(3 months PP)	Range
General Health	25	0-25	25	25 – 50
Impact	33.3	0-33.3	33	16.7 – 33.3
Role	0	0-16.7	16.7	0 – 33.3
Physical	0	0-16.7	16.7	0 – 33.3
Social	0	0 - 0	0	0 – 11.1
Personal	0	0 - 0	0	0 – 0
Emotions	0	0-11.1	11.1	0 – 33.3
Sleep	33.3	16.7 - 50	33.3	16.7 – 50
Severity	33.3	13.3 – 53.3	23.3	15 - 65

### **Conclusions**

Almost 36% of primagravidae in this study had urinary incontinence at 34 weeks gestation. The prevalence had decreased to 13% at 3 months postpartum. Stress and mixed incontinence were the predominant symptom types.

Most women with urinary incontinence experienced only mild symptoms during their first pregnancy and postpartum with little impact on quality of life. This study allows the establishment of a reference point for future pregnancies, which enables an assessment of the cumulative effect of parity on the severity of urinary incontinence.

### **References:**

1. The onset of stress incontinence. Francis WJA J. Obstet Gynaecol Br Emp. 1960; 67: 899 – 903
2. A new questionnaire to assess the quality of life in urinary incontinent women. Kelleher CJ, Cardozo L. D., Khullar V. Salvatore S. Br J Obstet Gynaecol 1997; 104: 1374 – 1379.