

URINARY INCONTINENCE DURING PREGNANCY AND ITS RELATIONSHIP WITH SOCIO-DEMOGRAPHIC VARIABLES AND QUALITY OF LIFE.

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Hypothesis: Urinary incontinence (UI) is a symptom frequently observed during pregnancy, especially in the third trimester of pregnancy, which may have a negative association with quality of life.

Aim: To investigate the occurrence of UI in pregnant women and its relationship with socio-demographic variables and quality of life.

Design and Methods: We conducted a descriptive cross-sectional multicenter study, to investigate using the International Consultation on Incontinence Questionnaire - Short Form (SF-ICIQ) UI during pregnancy. The random sample consisted of 10% of total births per year in two hospitals in Santos, one in Pirassununga, one in Curitiba, and one in Porto Alegre, Brazil. The survey was conducted from January to April 2009, at the same day of delivery, with the volunteers still in the maternity ward and included 495 women with a mean \pm sd age of 27.2 \pm 6.5 years old. Statistical analysis was done using chi-square test for comparison of proportions of women with and without UI and logistic regression analysis to study associations of socio-demographic variables and quality of life with UI.

Results: A total of 78.0% (386) of women reported UI during pregnancy, the median score for the ICIQ SF was 11 (range 3 – 22). Black women appeared to have a statistically significant higher proportion of UI (87.7%) than white women (74.3%) ($p = 0.0002$). Primipara had a statistically significant lower incidence of UI (69.5%) than multipara (83.7%) ($p = 0.0062$). Women who did exercise during pregnancy had a statistically significant lower incidence of UI (66.0%) than those who did not practice (81.0%) ($p = 0.0035$). Our logistic regression analysis showed that the ranking variables that were associated with UI were: parity ($p = 0.0001$), exercise ($p = 0.0061$) and race ($p = 0.0262$). There were no differences among groups for the median score for quality of life: black women = 11 (range 3-20), white women = 11 (range 3-21); primipara = 10 (range 3-21), multipara = 12 (range 3-21); women who did exercise = 11 (range 3-19), women who did exercise = 11 (range 3-21).

Interpretation of results: In our sample proportion of UI was high, and the quality of life was associated with UI for all socio-demographic groups, confirming other recent studies.

Concluding message: The majority of pregnant women has UI, multipara more than primipara, related to race and level of exercises negatively affecting the quality of life.

References

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Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes