

OBSTETRICAL RISK FACTORS AND URINARY INCONTINENCE: A PROSPECTIVE COHORT APPROACH

Hypothesis / aims of study

Urinary incontinence in women is a frequently infradiagnosed disfunction, related in most cases to obstetrical trauma. It is estimated that one third of women have urinary incontinence up to 6 months after delivery. The aim of this study is to relate obstetrical risk factors with incidence of urinary incontinence.

Study design, materials and methods

A prospective cohort of 243 women that gave birth in Hospital del Mar between October 2007 and January 2008 were requested to answer the ICIQ-SF validated questionnaire just before delivery. Six months later, they were asked to answer it again in order to evaluate obstetrical trauma risk factors with urinary incontinence development. Data regarding lifestyle and type of delivery were collected.

Results & interpretation

Results from 243 patients were analysed. Descriptive data is summarized on table 1.

Item	Mean/Number	Standard deviation/Frequency
Age	29.91 years	6.21
Ethnicity		
Spain	113	46.1%
Marroco	16	6.5%
Pakistan	30	12.2%
Others	84	35.2%
BMI	26.22	7.88
Parity		
Nulliparity	111	45.3%
Primiparity	70	28.6%
Multiparity	62	26.1%
Spontaneous	173	70.6%
Gestational age	38.87 weeks	2.55
Vaginal delivery	161	66.26%
Birth weight	3266.12 g	520.26
Anterior variety presentation	161	65.7%
Episiotomy	68	27.8%
Raquideum anesthesia	178	72.7%
Perineum tear	72	29.4%
Previous ICIQ-SF ≥ 5	32	13.7%

Table 1. Description of the study population.

The descriptive analysis also showed that 32 patients (13.1%) improved the ICIQ-SF questionnaire, 19 (7.8%) got worse and 192 (78.4%) remained asymptomatic.

No statistically significant differences were found between a worsening on quality of life (measured by ICIQ-SF) and age, BMI (body mass index), ethnicity, parity, gestational age, type of delivery, birthweight, foetal presentation nor anesthesia.

Even though, in the multifactorial analysis there was observed a non-significant trend of increasing ICIQ-SF punctuation directly related with age ($r=0.29$, $p=0.083$, 95% CI: -0.04;0.63).

Concluding message

No differences were found between obstetrical risk factors evaluated and urinary incontinence development. These results may be due to patients' difficulties in accepting their problem and communicating it to their physician/interviewer. Concluding, larger prospective studies need to be performed in order to identify obstetrical risk factors for urinary incontinence.

Specify source of funding or grant	No grant
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	Hospital del Mar Ethics Committee
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes