

## URINARY INCONTINENCE (UI) BEFORE AND DURING EARLY PREGNANCY – THE HELP AND ADVICE-SEEKING BEHAVIOUR OF PRIMIPAROUS WOMEN

### Hypothesis / aims of study

The aim of the MAMMI (Maternal Health And Maternal Morbidity in Ireland) study urinary incontinence (UI) strand is to explore the urinary health and urinary problems experienced by first-time mothers during pregnancy and up to 6 months after the baby's birth. This presentation will focus on the sources of help and advice accessed by women with stress UI before and during early pregnancy. Data from women enrolled during the first 18 months of the MAMMI study (up to July 2013) will be presented.

### Study design, materials and methods

The MAMMI study is a mixed method study comprising a cohort study with 1600 primiparous women using self completed surveys, data extraction from women's records and interviews with a sub-sample of women experiencing morbidity in the 12 months postpartum. Women attending one large urban maternity hospital in Dublin, Ireland are invited to participate in the study at their first booking visit. The eligibility criteria are primiparous women, aged 18 years or over who can read and understand English.

### Results

The findings from the 702 participants enrolled up to March 2013 show that 159 women (22.6%) experienced SUI in the 12 months before pregnancy. Only 10 women reported talking to a doctor or other health care professional about UI despite thirty eight of these women (5.4% of the total population of 702 women), experiencing SUI once a month or more frequently. At the start of pregnancy, SUI persisted for 116 (73%) of these women but only 15 of these women talked to a doctor, midwife or other healthcare professional about UI. Forty nine women managed their SUI by wearing protection or by carrying a change of underwear with them. When asked why they had not discussed UI, 31 women reported that they didn't want to discuss it or had thought about it but hadn't felt able to talk about it. Ninety six women proffered additional comments on why they had not discussed their SUI with a healthcare professional. SUI was viewed as 'a minor problem', 'not a big problem' with many women stating that they didn't feel the need to discuss it because 'it's not a problem'.

### Interpretation of results

Many of the women in this study did not regard SUI as a problem either before or at the start of their pregnancy. This is a cause for concern because recent studies show that women reporting occasional UI before pregnancy have raised odds of developing UI during pregnancy (1) and women who develop UI, stress or urge, during the first pregnancy or puerperium have a significantly higher risk of incontinence 5 years later than women without UI symptoms (2). Whilst UI remains undisclosed by women and not discussed by healthcare professionals, women who could become urinary continent will continue to be incontinent.

### Concluding message

It appears that opportunities for promoting urinary continence and women's long term health are being lost. Whilst UI remains off the agenda of discussions with women before and during pregnancy, UI persists. The concluding message for all must be that UI is not normal and can be treated.

### References

1. Brown, S.J., Donath, S., MacArthur, C., McDonald, E.A. & Krastev, A.H. (2010) Urinary incontinence in nulliparous women before and during pregnancy: prevalence, incidence, and associated risk factors. *Int Urogynecol J*, 21(2), 193-202.
2. Viktrup, L. & Lose, G. (2001) The risk of stress incontinence 5 years after first delivery. *Am J Obstet Gynecol*, 185(1), 82-87.

### Disclosures

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