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URINARY INCONTINENCE IN PUERPERIUM, AND POSTBIRTH.

Hypothesis / aims of study

We present this study to approach the prevalence of incontinence urinary 6 months post birth in a group of primiparas with vaginal delivery or instrumental, studying the reasons why it appear.

Study design, materials and methods

Our cross-sectional study include 720 women with delivery between June 20th 2012 ans June 30th 2013 with vaginal delivery ,primiparas.

We study next items: women age, gestational age, type of delivery, type of anesthesia, grade of sprain and birthweigth. The delivery type was divided in normal delivery and instrumental, and we described if there was episiotomy or not.

490 women answered thetest voluntary, and it was ICIQ-SF, to evaluate the urinary incontinence in Spanish version .It consist in 3 items about the frecuency, quantity, and how affect the quality of life. We divided the results, > 10 women who have urinary incontinence. We used chi2 and T Fischer to the statistic analysis, and the computer program SPS V15 (Spanish version)

Results

32 is the average of the women age, 39,09 the average of the gestational age and 3192 gr the average of the birthweigth . There were 387 normal vaginal delivery, 103 instrumental delivery (60 forceps, 40 vacuum , and 3 spatulas)

There were 87,28% episiotomy in vaginal delivery and also,0.61 %sprain grade 4-

The average about the urinary incontinence was 1.84 points.(p: 0,002)

			Tipo de parto				
			Eutócico	Ventosa	Fórceps	Espátulas	Total
ICQ-SF (ESTRAT IF)	,00	Recuento	291	22	36	1	350
		% de Tipo de parto	75,2%	55,0%	60,0%	33,3%	71,4%
	1,00	Recuento	96	18	24	2	140
		% de Tipo de parto	24,8%	45,0%	40,0%	66,7%	28,6%
Total		Recuento	387	40	60	3	490
		% de Tipo de parto	100,0%	100,0%	100,0%	100,0%	100,0%

	Valor	gl	Sig. asintótica (bilateral)
Chi-cuadrado de Pearson	13,952(a)	3	,003
Razón de verosimilitudes	13,081	3	,004
Asociación lineal por lineal	11,057	1	,001
N de casos válidos	490		

Interpretation of results

There isn't significative results which link episiotomy and urinary incontinence, but we find differences statistics between women with normal vaginal delivery and instrumental delivery with test ICIQ-SF(p: 0,002).

From other point of view the episiotomy was considered like sprain grade 2, and theer is no difference between the results with the test of incontinence and the kind of sprain(p0.18).

However we find differences if we take part the women age or bithweigth , but there are no clinically important.

We have analized the points in ICIQ-SF ,(<10,>o = 10),and we use chi2 :we have differences stadistics significans between the type of delivery and the grade of urinary incontinence

Concluding message

Urinary incontinence postdelivery is an usual problem not only in the first days after that ,also ,in the future with an important impact in women life. Because of that in very important to provide its apparition. A good diagnosis is a good way to begin with the correct treatment ,like Kegel exercises and other kinds of treatments.

References

- 1. 1. Cuerva González MJ, López Carpintero N. Incontinencia urinaria y fecal postparto en gestación gemelar según vía y tipo de parto. Ginecol Obstet Mex 2011; 79(9), 540-546.
- 2. 2. Walters M, Karram M. Uroginecología y cirugía reconstructiva de la pelvis. 3º edición. Barcelona. Elsevier Masson, 2008.
- 3. 4. Boyle R, Hay-Smith EJ, el. Al. Pelvic floor muscle training fr prevention and treartment os urinary and fecal incontinence in antenatal and postnatal women: a short versión Cochrane review. Neurourol Urodyn 2013 april 24

Disclosures

Funding: AMS/ Clinical Trial: No Subjects: HUMAN Ethics not Req'd: because is an study retrospestive where the patients were estudy after the treatment , Helsinki: Yes Informed Consent: Yes