679

Silva A C¹, Souza Santos C R¹, Boccara de Paula M A², Morita A B²

1. Outpatient stomatherapy, 2. Nursing Teacher

PREVALENCE OF URINARY INCONTINENCE IN PREGNANT WOMEN

Hypothesis / aims of study

According to the International Continence Society (ICS), urinary incontinence (UI) is defined as any complaint of loss of urine. Pregnancy is a period of physical transformations among them changes in the urinary system. Objective: To determine the prevalence of urinary incontinence (UI), the sociodemographic and clinical factors of the loss characteristics and personal relationships and self perception of pregnant women in a city in Minas Gerais, Brazil.

Study design, materials and methods

Quantitative epidemiological study with a convenience sample. In this study, 65 pregnant women over 18 who were treated at 12 distant health units in the city center, in Antenatal consultations and who agreed to participate in the survey in 2014. The analyzes were described in absolute and relative frequencies.

Results

Of 65 pregnant women, 21 (32.3%) had losses. Predominated in the age group 21-30 years (n = 37, 56.9%), married (n = 49, 75.4%), white (n = 43, 66.2%), with an average level of education (n = 19, 19.2%), housewives (n = 30, 46.2%) and family income up to three minimum wages (n = 61, 93.8%). Regarding clinical data only in pregnant women with urinary incontinence, the predominant absence of disease (n = 19, 90.5%) and drug use (n = 20, 95.2%) have never been subjected to gynecological surgery (n = 13, 61.9%) had evacuation five times or more per week (n = 12, 57.1%) evacuated without straining (n = 14, 66.7%), primigravidae 11 (52.4%). The loss characteristics showed that 9 (42.9%) were losing urine from the second quarter, 13 (61.9%) arrived on time in the bathroom to urinate, 18 (85.7%) would wake up at night to urinate, 8 (38.1%) had losses when coughing, laughing or sneezing, 19 (90.5%) did not lose in sex, 8 (38.1%) less than once a month, 9 (42.8%) felt If slightly damp and 19 (90.5%) did not use resources to contain. Regarding the interference of urinary incontinence in personal relationships and self-perception, 14 (66.7%) had no change in lifestyle, 17 (80.9%) do not consider serious this problem, 20 (95.3%) were not affected in personal relationships and 10 (46.6%) felt little uncomfortable.

Interpretation of results

A fact that drew attention was the prevalence of young and first pregnancy women with UI, showing that urinary losses are more present in the lives of pregnant women, than the daily professional shows in the Antenatal consultations. Although the results of this research show the absence of UI interference in most pregnant women, numerous studies show the negative impact on the quality of life by promoting social isolation, reduced self-esteem and embarrassing situations in public, among others. Urinary losses continue to be under-reported occurrences and often not investigated this particular population, despite the existence of factors that can cause the UI as increased body mass and increased abdominal pressure. The literature reports that own fetal increase beyond the physiological, anatomical and hormonal changes during this period contributes directly to these data. In this study UI was present from the first trimester, prevailing in the second and continuing in some pregnant women in the third quarter.

Concluding message

This research leads to UI identification reflection in pregnancy. Shows the importance of including in the prenatal care of questions directed to urinary losses, so that the assistance measures are effective even during pregnancy and followed post-partum by trained professionals to evaluate the possibility of pregnant women carry out the treatment.

References

- 1. Souza, APP, Silva J RV, Vasconcelos CEF, Silva LGP. A prevalência de Incontinência Urinaria em gestantes nos três trimestres gestacionais: Um estudo de 156 casos. Ciência & Consciência-CEC 1 (2012).
- Sangsawang B. Risk factors for the development of stress urinary incontinence during pregnancy in primigravidae: a review of the literature. Eur J Obstet Gynecol Reprod Biol. 2014 Jul;178:27-34. doi: 10.1016/j.ejogrb.2014.04.010. Epub 2014 Apr 19.
- 3. Abrams P, Cardozo L, Khoury S, Wein A. Third International Consultation on Incontinence, Edition 2005. International Continence Society. Monte Carlo: Monaco: 26-29 June 2005.

Disclosures

Funding: own resources Clinical Trial: No Subjects: HUMAN Ethics Committee: the Ethics Committee of the University of Taubaté (CAAE: 42569615.7.0000.5501; Opinion of: 1225776) Helsinki: Yes Informed Consent: Yes