

EXPLORING WOMEN'S ATTITUDES ON INCONTINENCE IN PREGNANCY AND THE PUERPERIUM

Hypothesis / aims of study

The development of both urinary and faecal incontinence is closely linked to pregnancy, labour and the puerperium. It is well known that women who develop incontinence during pregnancy or the puerperium have a significantly increased risk of urinary incontinence 5 years later. (1) However, few women seek help for this problem. Our study aims at establishing the prevalence of different types of incontinence in our population, and exploring the views and help-seeking behaviour of these women.

Study design, materials and methods

The study was carried out after ethical approval was obtained from the local Research Board.

100 primiparous women who had a normal vaginal delivery of a singleton infant in our Unit in January 2016 were identified in consecutive order through our electronic records. These were then contacted by phone in February 2017 and their consent sought to participate in the study.

All patients had a normal vertex delivery. All patients were asked a series of demographic questions and questions related to their delivery such as spontaneous onset of labour or induction, type of analgesia used, infant presentation at delivery, infant birth weight, and whether they had sustained a tear or had an episiotomy. This information was corroborated with the hospital delivery records to eliminate recall bias.

The participants were then asked to complete a telephone questionnaire aimed at establishing the time of onset of incontinence, the severity of their symptoms, the affect this has on their quality of life and their help and advice seeking behaviour.

The questionnaire was developed by ourselves and was piloted on a smaller cohort of ten patients initially.

Participants were asked whether they had stress incontinence, urge incontinence, mixed incontinence or faecal incontinence pre-pregnancy, and whether they developed any of these during pregnancy, in the first 3 postnatal months and at one year after delivery. The severity of their symptoms was established as well as the affect this had on their Quality of Life.

Furthermore, those women who reported any type of incontinence were asked whether they had talked to a healthcare professional about their symptoms.

Those women who had not sought any help were asked to express the reasons why they had not asked for help.

Results

100 women aged between 16 and 38 years, with a median age of 27 years, and who had delivered their first child by normal vaginal delivery in our Unit in January 2016 were recruited.

All were Caucasian. All patients had vertex presentation at delivery. 65% of women had spontaneous onset of labour whilst 35 % women had to be induced. 39% of women used epidural analgesia, 25% had Entonox inhalational analgesia alone whilst 34 % had a combination of inhalational, oral and intramuscular analgesia.

35% of patients had an episiotomy whilst 55% sustained a tear. Only 2 patients had a third degree tear. All episiotomies and tears were repaired by appropriately trained medical personnel. 10 patients delivered with an intact perineum,

The infant birthweight ranged from 2.3 kilograms to 4.5 kilograms.

15% of mothers were breastfeeding at 3 months.

Four patients reported having urinary incontinence prior to pregnancy; of these 3 patients had occasional stress incontinence and 1 patient had urge incontinence. None reported faecal incontinence.

None of these patients had spoken to a healthcare professional about their incontinence prior to pregnancy. All noticed that their symptoms worsened in pregnancy and continued at three months and twelve months postpartum. Two patients discussed their incontinence with the obstetrician during pregnancy whilst the other two did not seek help as they were too embarrassed to do so.

Twenty -two patients reported developing urinary incontinence in pregnancy; of these 20 had occasional stress leaks and two patients had mixed incontinence. No patient reported developing faecal incontinence in pregnancy. Nineteen of these patients still reported episodes of incontinence at three months post- delivery. Only five patients continued to have incontinence episodes at one year.

Only one patient reported developing occasional episodes of faecal soiling in the puerperium.

Only two patients reported the development of urinary incontinence in pregnancy to their doctor. The other twenty patients did not seek help as they were too embarrassed to do so (8 patients), thought it was part of normal pregnancy (5 patients), was only a minor issue (4 patients), would speak about it if got worse (3 patients).

Of the nineteen patients reporting incontinence at three months postpartum, five reported speaking to the midwife about this. Three had started pelvic floor exercises. The remainder were either too embarrassed to seek help, or thought it was normal and would improve spontaneously.

Only two of the five patients complaining of urinary incontinence at one year had not spoken to a healthcare professional about it.

The patient with occasional episodes of faecal soiling in the puerperium had also developed stress urinary incontinence after childbirth. She had had an episiotomy during delivery but had not sustained a third degree tear. She found both problems very bothersome but was too embarrassed to seek help.

Interpretation of results

Our study shows that development of urinary incontinence is a common occurrence in pregnancy in our population, with almost a quarter of women being affected. Development of faecal incontinence is however, fortunately, a rare event. Our results also show that development of urinary incontinence in pregnancy may be transient in a large number of patients as whilst 85% of women still complained of stress leaks at three months postpartum, less than 3% had occasional episodes of incontinence at one year.

Regarding the attitudes of women towards incontinence, it is clear in our study that incontinence is grossly under-reported in our population as women are too embarrassed about their condition to seek help. Whilst development of incontinence is a relatively common condition in pregnancy, a large number of patients seem to accept this as a normal part of pregnancy. They therefore do not seek help, and in so doing miss out on the opportunity to educate themselves on this condition and fail to initiate management such as pelvic floor exercises , which would be beneficial in the long term.

Concluding message

Incontinence has a major negative impact on quality of life for young, otherwise healthy, women embarking on pregnancy. Yet, most of those women affected are reluctant to seek help. Women who develop urinary incontinence during the first pregnancy and the puerperium have a significantly higher risk of incontinence 5 years later. (2) Our study highlights the need to promote awareness amongst women about this common problem and that help should be sought as various management modalities are available. It is equally important that healthcare professionals address incontinence as an important aspect of women's health in pregnancy and postnatally.

References

1. Brown, S.J.; Donath, S.; MacArthur, C.; McDonald, E.A. & Krastev, A.H. (2010). Urinary
2. Viktrup, L.; Rortveit, G. & Lose, G. (2006). Risk of stress urinary incontinence twelve years

Disclosures

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