

PREVALENCE OF URINARY INCONTINENCE, ANAL INCONTINENCE AND PELVIC FLOOR DYSFUNCTION AMONG 'MOTHERS OF MULTIPLES'

Aims of Study

To determine the prevalence of urinary incontinence, anal incontinence, and pelvic floor dysfunction among women with a previous multiple pregnancy and childbirth ('mothers of multiples').

Methods

The study population included all 769 mothers of multiples who attended meetings of the National Organization of Mothers of Twins Clubs during 2001. An anonymous 77-item questionnaire was designed to elicit symptoms of pelvic floor dysfunction along with extensive sociodemographic data, obstetrical and surgical history.

Results

733 of 769 registered attendees (95.3%) completed the survey. The sample was 94% White, 2.3% African American, 1% Hispanic and 0.6% Asian American. Median age was 37 (22-75), mean weight 160.4 lbs (92-375), parity 3.0 (2-12), and time since delivery 7.6 yrs (SD 9.5, 0.3-67.3). 93.4% delivered twins, 5.3% triplets and 0.4% quadruplets. Delivery route for the multiple births involved cesarean for 57.2%, and at least one vaginal delivery for 41.9%. Nearly half of the cohort [49.8% (365)] reported at least one type of urinary incontinence. Stress urinary incontinence affected 45.5% (333); among them 66% reported 0-2 weekly episodes, 24% reported 3-5, 6% reported 6-10, and 4.3% had more than ten. Urge incontinence was reported by 27.3% (200); among them 70% reported 1-2 weekly episodes, 20.6% had 3-5, 5.5% had 6-10, and 4% had more than ten. Mixed incontinence (stress and urge) was reported by 22.9% of women. Overall, incontinence symptoms were reported to have begun during pregnancy for 41.0%, after delivery for 45.4%, and were unrelated for 13.7%. Fecal incontinence affected 10% (73), defined as 'liquid stool only' for 5.9%, and 'solid and liquid' for 1.6% – arising during pregnancy for 6.3%, after delivery for 40.6%, and unrelated to childbirth for 53.1% of symptomatic women. Flatal incontinence affected 25.2% (183) of the cohort – starting during pregnancy for 21.2%, after delivery for 30.3%, and unrelated to childbirth for 48.5%. Other symptoms included fecal soiling [10% (73)], vaginal bulging or pressure [20.4% (149)] and pelvic pain [17.2% (126)]. The mean ages (years) corresponding with the reported onset of pelvic floor symptoms were: 35.2 for stress incontinence, 37.0 for urge incontinence, 38.8 for flatal incontinence, and 42.7 for fecal incontinence. The mean time interval between multiple childbirth and the onset of stress incontinence was 4.4 yrs, urge incontinence 6.6 yrs, flatal incontinence 7.8 yrs, and fecal incontinence 12.9 yrs.

Conclusions

This is the first study to examine symptoms of incontinence and pelvic floor dysfunction among women with previous multiple childbirth. Even within this relatively young cohort, several conditions are highly prevalent including: stress urinary incontinence (45.5%), fecal incontinence (10%), flatal incontinence (25.2%) and urge incontinence (27.3%). Half (49.8%) of the women reported urinary incontinence, and 27.7% reported anal incontinence, to some degree. The large sample size and 95.3% response should afford highly accurate estimates of true symptom prevalence within this population. Based on these findings, pelvic floor outcomes should be considered when evaluating multiple childbirth from medical, economic and public health standpoints.