

FUNCTION AFTER CHILDBIRTH TRIAL (FACT)

Aims of Study

To describe the prevalence of perineal pain, urinary incontinence (UI) and fecal incontinence (FI) and sexual dysfunction (SD) in a low-risk cohort of women following vaginal birth.

Methods

Women participating in a randomized trial on reduction of genital tract trauma with vaginal birth were eligible to participate. All women were attended by the nurse midwifery service. Validated questionnaires were completed at discharge, at 6 weeks and 3 months postpartum. Questionnaires included the Modified McGill Pain Scale, the Incontinence Impact Questionnaire (IIQ-7), the Fecal Incontinence Score (FIS) and the Intimate Relationship Scale (IRS). Demographic information and intrapartum events were recorded and perineal trauma was mapped to location (anterior, posterior) and severity. Descriptive frequencies were calculated for the prevalence of UI, FI, and SD. Statistical significance for the differences in proportions was assessed by the Chi-squared procedure.

Results

One hundred and thirty three of 243 eligible women were recruited with follow-up rates of 128(96%) at discharge, 92 (69%) at 6 weeks and 84 (63%) at 3 months. Mean age was 24 years and 41% were nulliparous. No woman underwent episiotomy. Major trauma, defined as a 2nd, 3rd or 4th degree laceration and/or a deep vaginal tear, was sustained by 31%. Women with major trauma were no more likely than women without to report perineal pain at discharge. ($p= 0.32$), and by 3 months 92% women denied any perineal pain. UI (any amount of involuntary leakage) was reported by 39% of women at 3 months. Site or severity of laceration or parity did not influence results. (All $p>0.10$) At 3 months, FI (defined as any involuntary loss of flatus, loose or formed stool) was reported by 27%. Women with major trauma were more likely to complain of fecal incontinence at 6 weeks than women without. ($p = 0.008$) By 3 months, 83% of women had resumed sexual intercourse. Of those sexually active 15% reported that sexual intercourse was less satisfying, 17% complained of increased discomfort with intercourse, and 27% reported increased difficulty in achieving orgasm. These differences were independent of site or presence of lacerations or parity. (All $p>0.05$)

Conclusions

In a low-risk cohort of women following vaginal birth without episiotomy, pelvic floor dysfunction was relatively common. Major perineal trauma was associated with increased complaints of fecal incontinence at six weeks, but location and severity of perineal trauma was not associated.