

IMPACT OF URINARY INCONTINENCE ON QUALITY OF LIFE DURING PREGNANCY AND AFTER CHILDBIRTH

Aims of Study

Pregnancy and childbirth are often implicated as major factors in the development of urinary Incontinence(UI). UI is a distressing and disabling condition affecting social, psychological, occupational, physical and sexual lives [1]. The aim of this study was to assess the impact of UI on quality of life (QOL) in primigravidae women during pregnancy and after childbirth, using the King's Health QOL Questionnaire [2].

Methods

Primigravidae women attending for antenatal care, without UI before pregnancy, were invited to participate in a prospective study at third trimester of pregnancy and again at six weeks and six months after childbirth. The King's Health QOL Questionnaire and urinary symptoms questionnaires were completed at the time of recruitment and again at 6 weeks and six months after childbirth. The results were statistically treated with SPSS software (an Anova with Kruskal-Wallis tests evaluation was carried out).

Results

Data from questionnaires were completed on 110 women at third trimester, 90 at six weeks and 69 at 6 months postpartum. The prevalence of total UI is 52% (stress 47.2%, urge 13.0) at third trimester, 12.9% total (10.6% stress, 4.3% urge) at 6 weeks and 15.2% total (stress 12.7%, 2.5% urge) at 6 months postpartum. The reliability of the questionnaire was assessed by its internal consistency, which demonstrated a good value (Cronbach's alpha >0.8). Higher scores indicate an adverse effect on QOL. Scores in all domains were low.

Personal relationships and emotions were the only domains to show a significant deterioration in score from antenatal incontinent women to 6 months postpartum incontinent women ($p=0.047$, $p=0.004$ respectively). Incontinent women had significantly higher scores (for sleep/energy domain $p=0.05$) compared to those continent women in the third trimester of pregnancy. At six weeks postpartum the incontinent women had significantly higher scores for two domains (severity measures $p=0.009$, urinary symptoms $p=0.0046$). At 6 months postpartum incontinent women had significantly higher scores in several domains (for incontinence impact $p=0.053$, personal relationships $p=0.048$, severity measures $p=0.002$, urinary symptoms, $p=0.006$) compared to those of continent women. At six months postpartum stress urinary incontinent women had significantly higher scores for almost all KHQ domains ($p<0.05$) and significantly higher scores for higher degrees of incontinence severity than continent women.

Conclusions

This study shows the high prevalence of UI during pregnancy and after childbirth. Women with UI during pregnancy and childbirth have a worse QOL than continent women. This is more marked in women with stress urinary incontinence and higher severity degree.

References

[1] BMJ, 1980; 281:1243-1245

[2] Br J Obstet Gynecol, 1997; 104:1374-1379