422

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THE PREVALENCE AND RISK FACTORS FOR URINARY AND FAECAL INCONTINENCE AT ONE YEAR FOLLOWING VAGINAL DELIVERY

Hypothesis / aims of study
To determine the prevalence and risk factors for urinary and fecal incontinence one year following vaginal delivery.

Study design, materials and methods
All women who had delivered at a teaching hospital from September to December 2001 were recruited to be in the study. Women who consented to participate had their birth records reviewed and a follow-up questionnaire was mailed to them at twelve months postpartum to determine the presence of urinary and faecal incontinence. This study has been approved by the local research ethics committee (LREC).

Results
A total of 608 women were recruited into the study. After excluding women with pre-existing incontinence, current pregnancy and lost contact addresses, a total of 403 subjects were analysed. The overall prevalence for stress incontinence was 32%, urge incontinence was 27% and faecal incontinence was 8%. Risk factors identified for stress incontinence were instrumental delivery (39% vs. 31% p=0.09), increasing maternal age (p=0.01), increasing parity (26% vs. 20% p=0.07). Risk factors for urge incontinence were increasing maternal age (p<0.01), parity (19% vs. 10% p=0.01), and longer second stage (p=0.01). Of all women who had stress incontinence, 21% presented with stress incontinence during pregnancy but 79% developed after childbirth. There is no significant difference between instrumental and normal delivery with regards to development of urge incontinence (31% vs. 29% p = 0.09). Women with urge incontinence were found to have longer second stages, but no difference in birth weights, than women without urge incontinence. There were no risk factors for faecal incontinence identified, but the sample sizes of faecal incontinent women having had instrumental deliveries or increasing parity were too small to perform statistical analysis. Interestingly, only 33% of all women with urinary incontinence and 16% with faecal incontinence consulted their doctor, health visitor or midwife. 76% of women with either type of incontinence felt embarrassed to consult any of them.

Interpretation of results
Several obstetrical risk factors for urinary incontinence were identified which include increasing parity, increasing maternal age and length of second stage. Majority of women with incontinence were too embarrassed to consult their health professionals.

Concluding message
Stress and urge incontinence are relatively common in women at twelve months postpartum. The prevalence of faecal incontinence is less common.