

VALIDITY AND RELIABILITY OF SIFCRAT, AN ASSESSMENT TOOL IN PROMOTING CONTINENCE AFTER CHILDBIRTH

Hypothesis / aims of study

Urinary and faecal incontinence are common following delivery, stress incontinence alone affecting 15-34% (Wilson PD et al, 1996). Two-thirds of affected women tend not to seek help from the health professionals. The quoted reasons are continence problems are a natural development of childbirth; continence problems can be coped with. Studies have shown that certain risk factors related to childbirth predispose women to incontinence of urine and faeces (Sultan AH et al 1994). Hence a risk assessment tool SIFCRAT (Sandwell Incontinence Following Childbirth Risk Assessment Tool) has been developed to predict the risk of incontinence postnatally. The aims of this study were to check the validity in relation to the predictive value of this tool and its effectiveness in management of the very high risk groups.

Study design, materials and methods

All women who delivered in 2004 were included in this study. The risk assessment tool included large baby > 3.63 kg, multiparity, prolonged pushing in labour, instrumental delivery, episiotomy, 3rd degree perineal tear, epidural analgesia, multiple pregnancy, chronic constipation, obesity (BMI >35) and older primigravidae (35+). The risk factors have been scored and graded as low risk (0-5), high risk (6-8) and very high risk (9-30). Women in low risk group were given instructions on pelvic floor exercises with contact details for the continence adviser. Those in high risk were advised as above and the health visitors were informed. Women who presented with symptoms of incontinence of faeces/urine and those in the very high risk group were referred to the continence advisors. They were seen by the continence team 12 weeks after delivery.

Results

581 women were referred to the continence advisor with a very high score of 9 and above after delivery. All of them were sent a letter with a questionnaire in relation to bladder and bowel symptoms. 569 (98%) women replied and 30 (5%) experienced bladder or bowel symptoms 12 weeks post- delivery. 30 women were contacted and offered either home visit or clinic appointment. 5(17%) did not require continence intervention. By using the SIFCRAT tool, 33% had large babies, 60% were multiparous, 20% had forceps delivery; 33% developed incontinence of urine; 7% had 3rd degree perineal tear and 33% had epidural analgesia.

The following therapies and intervention were offered: pelvic floor exercises (60%); bladder retraining (46%); fluid advice (27%); dietary advice (40%); vaginal cones (7%), resulting in 47% cure rate. 20% were referred to the urogynaecologists; 7% were referred to the physiotherapist; 13% failed to comply with the intervention measures; 13% still are undergoing treatment.

In the previous year 137 (25%) women were referred to the continence team 6 weeks after delivery. 88% achieved continence with therapy. But the referral rate was reduced to 5% in 2004 as these women were contacted 12 weeks instead of 6 weeks after delivery. The reason for this was to allow the altered physiology to return to its pre-pregnant state.

Interpretation of results

SIFCRAT tool is very predictive in incontinence assessment and it is effective when continence team intervenes 12 weeks postnatally.

Concluding message

SIFCRAT tool is very easy to use and women with incontinence after childbirth can be identified at the early stage, who otherwise would be embarrassed to report their symptoms to the health professionals. This tool can be used by midwives in the maternity units and community settings.