

# Mixed-Methods Study of Post-Partum Urinary Incontinence in a Cohort of Women Traditionally Underrepresented in Clinical Trials (#24540)

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## HYPOTHESIS / AIMS OF STUDY

Post-partum urinary incontinence (PPUI) can significantly decrease quality of life for individuals who are relatively young and healthy. This mixed-methods pilot study assessed symptoms of, knowledge about, and experiences with urinary incontinence (UI) among individuals who were at least 1 year post-partum or pregnant. The participants comprise underrepresented populations cared for at an urban safety net hospital.

## METHODS

English and Spanish speaking postpartum women (n=55), attending a pediatrics clinic for their birthed child’s 12-24 month routine well baby visit, participated in the quantitative portion of this study. Participants completed self-administered questionnaires (ICIQ, IIQ, OABSS and investigator generated questions about perception of bladder control and whether they were educated about UI during pregnancy). For the qualitative portion of the study, we convened focus groups with a subset of the postpartum women (n=8) and an additional sample of 7 pregnant women who spoke English or Spanish as their primary language, recruited from an obstetrics clinic. The focus groups further probed participants’ experiences with UI and their preferences for receiving information about urinary health. In this presentation we describe findings of both portions of the study.

Table 1	N (%)
Age	
<25	5 (9.1)
25-29	13 (23.6)
30-34	15 (27.3)
35 or older	22 (40.0)
Racial Demographics	
Non-Hispanic Black	30 (54.5)
Hispanic: Black	6 (10.9)
Hispanic: White	5 (9.1)
Hispanic: Native American/ Alaska Native	1 (1.8)
Hispanic: Multiple races	2 (3.6)
Hispanic: No race selected	2 (3.6)
Number of Live Births	
1	25 (45.5)
2	17 (30.9)
3 or more	13 (23.6)
Any C-section	
Yes	25 (45.5)

Table 1 shows the demographic details for the quantitative portion of the study where the majority (54.5%) were non-Hispanic Black and 29% were white, Black, Native American/Alaska Native, or multiracial Hispanics.

## RESULTS

Quantitative Component: Of the 55 participants in the quantitative study, ~25% reported that their perception of overall bladder control was worse than prior to pregnancy. The majority (>50%) of the 55 participants indicated that healthcare providers did not convey information about UI or PPUI and did not provide information about UI during their pregnancy. Qualitative Component: Themes elicited from the qualitative study include 1) PPUI is not discussed by most providers, though women learn about it in other ways; 2) PPUI is a sensitive topic of discussion; 3) PPUI disturbs daily life; 4) PPUI is not a priority for physicians relative to other pregnancy-related topics.

Table 2	N (%)	Mean (SD)
Frequency of Leakage		
None	21 (38.2)	
1x/week or less	13 (23.6)	
2-3x/week or more	21 (38.2)	
Amount of Urine Leakage		
None	21 (38.2)	
Small Amt	25 (45.5)	
Mod-Large Amt	9 (16.4)	
Interference (1-10)		2.6 (3.4) Range 0-10
0	25 (45.5)	
1	5 (9.1)	
2	6 (10.9)	
3	5 (9.1)	
4 or more	14 (25.5)	
When urine leaks		
Never	19 (34.6)	
Before can get to toilet	5 (9.1)	
When cough or sneeze	6 (10.9)	
When asleep	1 (1.8)	
When physically active	0 (0)	
Multiple combinations	22 (40.0)	
ICIQ SCORE		5.6 (6.0) Range 0-19
IIQ SCORE		5.4 (6.3) Range 0-21
OABSS SCORE		11.4 (6.5) Range 1-27

Table 2 shows the responses to ICIQ, IIQ, OABSS validated instruments.

## INTERPRETATION OF RESULTS

Post-partum and pregnant women who participated in this study reflect underrepresented populations affected by PPUI (~55% non-Hispanic Black and ~30% white, Black, Native American/Alaska Native, or multiracial Hispanic). The quantitative study revealed ~25% of the women have bothersome post-partum UI (interference score ≥4 out of 10) with ~40% having ≥ 2-3 episodes of UI per week. The qualitative study demonstrated gaps in education of PPUI, which can be improved.

## CONCLUDING MESSAGE

UI during and after pregnancy is a source of substantial physical and psychosocial morbidity resulting in substantial decrease to quality of life [1]. However, the education provided by healthcare providers to pregnant and postpartum individuals does not reflect this severity. As such, this study identifies a healthcare gap in which guidelines can be instituted to encourage healthcare providers to educate pregnant patients on UI and recommend preventive measures, such as pelvic floor exercises. Future PPUI prevention trials are justified in underrepresented populations.

## REFERENCES

- 1.Patel K, Long JB, Boyd SS, Kjerulff KH. Natural history of urinary incontinence from first childbirth to 30-months postpartum. Arch Gynecol Obstet. 2021 Sep;304(3):713-724. doi: 10.1007/s00404-021-06134-3. Epub 2021 Jun 27. PMID: 34175975.