

## Fecal and Urinary Incontinence after Childbirth: The Childbirth and Pelvic Symptoms (CAPS) Study

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Objective: To prospectively investigate the prevalence of postpartum fecal (FI) and urinary incontinence (UI) in primiparous women.

Methods: 921 women (407 with clinically recognized anal sphincter tear; 390 without recognized tear; and 124 with Cesarean before labor) completed validated questionnaires for pelvic symptoms. Subjects were interviewed 6 weeks and 6 months postpartum.

Odds-ratios (OR) were adjusted for age, race, and site.

Results: FI prevalence was higher in the sphincter tear cohort than the vaginal delivery control cohort (no sphincter tear) at 6 weeks (26.6% vs. 11.2%; OR=2.8, 95% CI:1.8, 4.3) and 6 months (17.0% vs. 8.2%; OR=1.9, 95% CI:1.2,3.2). FI severity, fecal urgency, and flatal incontinence were significantly higher in the tear cohort at both times. FI prevalence was higher in women with 4<sup>th</sup> versus 3<sup>rd</sup> degree tears at 6 weeks (39% vs. 23%, OR=2.22, CI:1.11,4.45) and 6 months (26% vs. 15%, OR=2.50, CI:1.08,5.81). FI prevalence was similar between the vaginal delivery control and Cesarean cohorts at either time (6 weeks: 11.2% vs. 10.3%, OR=1.1, CI:0.5,2.5; 6 months: 8.2% vs. 7.6%, OR=1.01, CI:0.4,2.7). UI prevalence did not differ significantly by cohort at 6 months (33.7% sphincter tear, 31.3% vaginal control and 22.9% cesarean control).

Conclusions: FI prevalence was higher for women with anal sphincter tears compared to vaginal delivery controls without tear, suggesting that clinical management of tears does not eliminate the increased risk of developing FI. FI prevalence was surprisingly high in

the Cesarean without labor cohort and similar to women who delivered vaginally without sphincter tear.