

SMFM Abstract

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RISK FACTORS FOR FECAL AND URINARY INCONTINENCE AFTER CHILDBIRTH: THE CHILDBIRTH AND PELVIC SYMPTOMS STUDY

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OBJECTIVE: To identify risk factors for postpartum fecal (FI) and urinary incontinence (UI).

STUDY DESIGN: The Childbirth and Pelvic Symptoms cohort study estimated the prevalence of postpartum FI and UI in primiparous women with clinically recognized anal sphincter tears after vaginal delivery (N = 407), compared to women who delivered vaginally without recognized anal sphincter tears (N = 390), and women delivered by cesarean before labor (N = 124). Women were enrolled postpartum in the hospital and interviewed by telephone 6 months postpartum. FI was assessed using the Fecal Incontinence Severity Index and UI using the Medical, Epidemiological, and Social Aspects of Aging Questionnaire. FI risk factor analyses were conducted within each group, due to a significantly higher prevalence of FI in the tear group. Analyses for UI were conducted with the groups combined.

RESULTS: In women with anal sphincter tears, presence of FI at 6 months was associated with white race (OR=6.1, 95% CI: 1.3; 29.4), antenatal UI (OR=2.2, CI: 1.1; 4.3), 4th vs. 3rd degree sphincter tear (OR=2.0, CI: 1.0; 4.0), older age at delivery (OR=1.6 per 5 years, CI: 1.2; 2.1), and higher body mass index (BMI) (OR=1.3 per 5 kg/m², CI: 1.0; 1.7). No factors were associated with FI in the vaginal or cesarean control groups. Across all groups, risk factors for postpartum UI were antenatal UI (OR=3.5, CI: 2.4; 5.2), no college education (OR=2.0, CI: 1.4; 2.8), and higher BMI (OR=1.2 per 5 kg/m², CI: 1.1; 1.4), while cesarean delivery was protective (OR=0.5, CI: 0.3; 0.9).

CONCLUSIONS: Postpartum FI and UI are associated with few modifiable risk factors.

However, the presence of antenatal UI and high BMI may help clinicians target at-risk women for early intervention.

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