

The impact of fecal and urinary incontinence on quality of life 6 months after childbirth

VL Handa and H Zyczynski for the Pelvic Floor Disorders Network

The goal of this study was to investigate whether postpartum fecal incontinence (FI) and urinary incontinence (UI) impact quality of life 6 months after delivery.

This study was conducted as a part of the Childbirth and Pelvic Symptom (CAPS) study. We included 759 primiparous women (335 who delivered vaginally with a clinically apparent anal sphincter tear; 319 who delivered vaginally without a recognized sphincter tear, and 105 who delivered by cesarean prior to labor). Standardized symptom inventories and quality-of-life (QOL) questionnaires were completed by telephone interview 6 months after delivery.

The Fecal Incontinence Severity Index was used to categorize subjects as having FI (mucus, liquid stool or solid stool), flatus incontinence (without fecal incontinence), or neither of the two.

The Medical, Epidemiological, and Social Aspects of Aging Questionnaire was used to categorize participants as having pure stress urinary incontinence (SUI), urge or mixed urinary incontinence (UUI), or no UI.

QOL was described by: the physical and mental components of the SF-12 (PCS and MCS), a Health Utility score (a self rating of health, with perfect health at 100 and death at 0), and the modified Manchester Health Questionnaire (a condition-specific QOL scale designed to assess impact of bowel symptoms).

Subjects averaged 27.5 years of age, 71% were Caucasian, and 73% had attended college. The QOL impact of flatus and fecal incontinence (without regard to UI status) is shown below. [Each continuous measure is on a scale of 0-100.]

QOL measure	No Fecal or flatus Incontinence (n=507)	Flatus incontinence (n=161)	Fecal incontinence (n=91)
SF-12 PCS (mean±SD)	55.4±5.4	55.3±5.9	54.4±7.5
SF-12 MCS (mean±SD)	51.1±8.7	49.4±7.9*	46.8±9.2**
Health utility (mean±SD)	88.0±11.6	85.5±8.8*	85.1±9.8*
Manchester impact item [†] (n, (%))	10 (2%)	12 (7%)	17 (19%)*
Manchester severity score (mean±SD)	1.0±5.2	2.2±6.1*	11.3±17.0**

*versus “no FI”, p<0.05

**versus both other groups, p<0.01

† “How much do you think your bowel problem affects your life?” Positive response = “moderately”, “quite a bit”, or “extremely”

Women with FI were more likely to report UI than women with “no FI” (52.7% versus 25.4%, $p < 0.01$). Women with both FI and UI reported more impact than women with only one of these conditions.

With respect to the QOL impact of only UI (excluding women who also had FI), women with UI ($n=189$) had lower mean SF-12 PCS (53.6 ± 7.1 versus 56.1 ± 4.5 , $p < 0.01$) and MCS scores (48.3 ± 9.8 versus 51.6 ± 7.8 , $p < 0.01$), and lower overall self-rated health (84.1 ± 12.5 versus 88.7 ± 10.1 , $p < 0.01$) than women with no UI ($n=479$). There were no QOL differences between SUI and UUI.

Six months after delivery, FI and UI have important negative effects on health-related QOL. Among young, primiparous women, about 1 in 5 with FI reported a “moderate” to “extreme” life impact. Flatus incontinence appears to have a less measurable influence on quality of life than FI. Dual incontinence (FI and UI) had a greater negative impact than either FI or UI alone.