



Degree of bother from pelvic floor dysfunction in women one year after first delivery



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ABSTRACT

Objective: To investigate rates and range of pelvic floor dysfunction complaints, including anterior and posterior compartments and sexual function, in an unselected population of primiparous women one year from delivery, and examine the degree of bother they cause.

Study design: Cross sectional study. Primiparous women who delivered their first child in our delivery wards 10–14 months previously, were approached by phone and asked to complete the Pelvic Floor Symptom Bother Questionnaire (PFBQ) and provide general demographic information. Details regarding participants' labor and delivery were extracted from electronic medical records. PFBQ score was correlated to demographic and labor and delivery parameters.

Results: 198 women completed the questionnaire. Response rate was 94%. Scores ranged from 0 to 44.4 (out of a possible 100). At least one symptom of PFD was reported by 64% of respondents. Various degrees of urinary incontinence were reported by 9.1–12.1% of women. Some degree of fecal or flatus incontinence was reported by 10.1% of women; 11.1% reported some degree of obstructed defecation. Severe degree of bother from one or more PFD symptoms was reported by 40.1–90.9%. Some level of dyspareunia was reported by 37.3%. A “dose response” trend between mode of delivery and rate of dyspareunia was observed.

Conclusions: Two-thirds of primiparous women one year after delivery suffer PFD symptoms that cause some degree of bother. When asked, women are willing to discuss pelvic floor function; caregivers should initiate discussion and refer women promptly to interventions where necessary.

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Introduction

The literature on the female pelvic floor mainly addresses the female adult population as a whole [1–3] while focusing on women presenting to urogynecology clinics for treatment of pelvic floor disorders (PFD) [4–6]. The minority of papers discuss PFD in primiparae [7–11]. Most work focuses on complaints such as urinary incontinence and uterine prolapse [12–16], much less on problems of the posterior compartment, pain, or dyspareunia [10,17–21]. We found few studies that deal with the range of symptoms of PFD in primiparae. Since PFD is known to be associated with childbirth [22], there is reason to address the issue in women following their first delivery [8]. Studies have looked at

primiparity and urinary incontinence [14,23]; fewer have addressed the issues of reduced sexual function [24–26]. We found no studies that integrated investigation of the impact of first delivery on disorders of the anterior and posterior pelvic floor compartments as well as sexual function and dyspareunia, and the degree of bother from these disorders.

Pelvic floor disorders may present with a variety of symptoms, including urinary stress incontinence to urinary incontinence, overactive bladder syndrome, fecal incontinence, pelvic organ prolapse, and dyspareunia [27]. These symptoms lead to a broad range of quality of life impairments, from minor discomfort and embarrassment to severe damage to function and quality of life [28]. The etiology of PFD is multifactorial, but pregnancy and childbirth play a central role. A lack of ready information, embarrassment, and fear of complex treatments deter many women from seeking advice and help for their symptoms [29,30].

Owing to the observed reticence of many women to report PFD symptoms, it is difficult to estimate the prevalence of these

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problems in primiparous women. Awareness of the prevalence of PFD complaints in this population, among both caregivers and patients, may facilitate dialog during clinical visits, so that complaints may be addressed promptly if they appear.

We aimed to investigate the rates of the range of PFD complaints, addressing disorders of the anterior and posterior compartments as well as sexual function, in an unselected population of primiparous women within a year of delivery, and examine the degree of bother they cause.

Patients and methods

This was a cross-sectional study of primiparous women who delivered their first child in our delivery wards. Women were approached by phone approximately one year after delivery and asked to complete the structured “Pelvic Floor Symptom Bother Questionnaire” (PFBQ) [31]. Interviews were performed by a registered nurse and a nursing student (M.L., S.K.) and included general demographic questions as well as the query, “did you suffer from urinary incontinence before your pregnancy?” before administration of the PFQB. Details regarding participants’ labor and delivery were extracted from hospital records. The Committee on Research Involving Human Subjects of the Hebrew University-Hadassah Medical School approved the study (0416-11; granted on 15.11.2011).

The PFQB [31] is a validated, structured instrument comprised of nine topics regarding common pelvic floor functional disorders: stress urinary incontinence, urinary frequency, urinary urgency, urinary urge incontinence, voiding difficulty, obstructed defecation, fecal or flatus incontinence, genital prolapse, and dyspareunia. Dichotomous questions on each topic are followed by a Likert score of 1–5 for each positive answer; the scale addresses the degree of bother experienced from the disorder. Patients’ responses to each question range from zero, i.e. the responder does not suffer from queried symptom, to five (“a lot”) [31]. Analysis of the questionnaire according to instructions gives a total score ranging from 0 to 100 (30).

Permission to translate and validate the PFBQ into Hebrew and Arabic was obtained from the creators [31]. The questionnaires were translated and retranslated using a modified Brislin approach [32]. Both pre-publication versions were tested for content validity and test–retest reliability in test groups of 22 Hebrew-speaking and 20 Arabic-speaking women. The Alpha Cronbach of the Hebrew and Arabic versions of the questionnaire were 0.571 and 0.670, respectively. The question regarding sexual relations was found to decrease the Alpha Cronbach in both languages; when it was excluded the results increased to 0.664 and 0.708 for Hebrew and Arabic, respectively.

All questions were asked in the context of ‘within the last month’ to reduce as much as possible the risk of recall bias.

Statistical analysis

Statistical analysis of questionnaire results was performed with SPSS 19 for Windows (Chicago, USA). Dichotomous variables were analyzed with the χ^2 and Fisher’s exact tests; continuous variables were analyzed with ANOVA. All analyses were two-tailed and p -value < 0.05 was considered statistically significant.

Results

Two hundred sixty-nine women were contacted to complete the telephone questionnaire, 10–14 months following their first delivery. Eleven women (4.1%) who reported suffering from urinary incontinence before their pregnancy were excluded, as were 47 (17.5%) who were expecting their second child. No

differences were found in demographic or obstetric parameters between these women and those who continued in the study. An additional 13 women (4.8%) refused to participate. In addition, 27 women who were not available at the phone number recorded in their files, were not included. A total of 198 women completed the questionnaire.

All of the women were primiparous. Mean age was 28 (SD 5.7), BMI 23 (SD 3.8). The vast majority were married (92.4%) and all had secondary or higher education, with 68.2% having academic degrees; 70.7% were employed outside the home; 162 (81.8%) were interviewed in Hebrew with the Hebrew translation of the form; 32 (16.2%) in Arabic, and four (2%) in English (Table 1).

Scores on the PFBQ can range from 0 to 100. In our population scores ranged from 0 to 44.4. The total score reflects the number of symptoms the respondent experiences, their severity and attendant degree of bother.

Prevalence of PFD symptoms and their severity are summarized in Table 2: 127 (64%) respondents reported at least one symptom of PFD, while 72 (37.3%) reported some level of pain or discomfort in sexual relations. Four women refused to answer this question and 13 reported not having had relations in the preceding month.

Various degrees of urinary incontinence were reported by 18 and 24 (9.1 and 12.1%) women. Some degree of fecal or flatus incontinence was reported by 20 (10.1%) women, while 22 (11.1%) reported various degrees of obstructed defecation. Women reporting symptoms of PFD also reported severe degree of bother from the disorder, from 40.1 to 90.9% of the time (Table 2).

Dyspareunia was reported by 72/193 (37.3%) women who responded to this question. Thirty-four reported suffering from discomfort in sexual relations prior to their pregnancy; 50 women reported that the symptoms commenced only following delivery while in 12 dyspareunia resolved.

We correlated respondents’ obstetric parameters with questionnaire results. Women who required perineal suture following delivery reported dyspareunia significantly more often than women without perineal sutures ($p = 0.031$). Women with perineal suture showed a strong trend toward more stress urinary incontinence ($p = 0.063$) (Table 3).

Table 1
Demographic and obstetric parameters of study group (N=198).

Parameter	Categories	Proportion or mean and SD
Age		28 years (SD \pm 5.7)
BMI		23 (SD \pm 3.8)
Marital status	Married	183 (92.4%)
Smoking		22 (11.1%)
Language of questionnaire	Hebrew	162 (81.8%)
	Arabic	32 (16.2%)
	English	2 (2%)
Employed		140 (70.7%)
Physical activity (at least 3 times weekly)		76 (38.4%)
Delivery week		38.9 (SD \pm 2.3)
Epidural		124 (62.6%)
Delivery mode	NVD ^a	101 (51%)
	Vacuum	36 (18.2%)
	Elective cesarean	22 (11.1%)
	Emergency cesarean	39 (19.7%)
Neonatal head circumference		33.9 cm (SD \pm 2.8)
Neonatal birth weight		3074.8 kg (SD \pm 2.85)
Time from birth (months)		12 (SD \pm 1)

^a Normal vaginal delivery.

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