



Pelvic floor distress symptoms within 9 weeks of childbirth among Nigerian women



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ABSTRACT

Objective: To investigate the occurrence and severity of pelvic floor symptoms during the postnatal period among Nigerian women.

Study design: A total of 90 women were prospectively interviewed using the Pelvic Floor Distress Inventory – Short Form 20 (PFDI-20). Additional questions related to the demographic and obstetric profile of the study population. The subjects were recruited into the study during postnatal visits at a tertiary-level hospital after giving their verbal consent to participate in the study.

Results: A variety of lower urinary and bowel symptoms were found in the study population. The commonest lower urinary symptom was frequent micturition, which was reported by 24.4% of respondents, followed by urine leakage during coughing, sneezing and laughing. The commonest lower bowel symptom reported was straining hard to pass stool (26.7%) followed by pains when passing stool (15.6%). The Urinary Distress Inventory-6 (UDI-6) score was 26.8/100, Colorectal-Anal Distress Inventory-8 (CRADI-8) was 55.25/100 and Pelvic Organ Prolapse Distress Inventory-6 (POPDI-6), 12.7/100. The total PFDI-20 score was 94.8/300.

Conclusion: Pelvic floor symptoms are prevalent in the study population and could be a pointer to the quality of obstetric care available. Efforts need to be intensified to create awareness and build capacity to prevent and manage these symptoms, which could impact the quality of lives of affected women.

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1. Introduction

Several studies have shown associations between pregnancy, childbirth and pelvic floor disorders [1–4]. In pregnancy physiological and anatomical changes occur which place many women at risk of lower urinary tract symptoms [5,6]. During labor and delivery, descent of the fetus through the pelvic cavity causes great trauma to pelvic organs, notably the lower urinary tract and the lower bowel and their supporting structures, and these could cause lower urinary and bowel symptoms in the postnatal period [7]. In women who deliver frequently or with little or no skilled supervision, pelvic floor weakness, with the associated risk of lower urinary and bowel symptoms, is not infrequent.

With a total fertility rate of 5.7 births per woman, Nigerian women are among the most parous women in the world [8]. Most births take place outside health facilities with no skilled attendance. This increases the risks of trauma associated with childbirths and the associated social and economic consequences. The frequency and poor supervision of the birth process could

therefore place many Nigerian women at great risk of symptoms related to the lower urogenital tract and bowel. Currently little is known about the prevalence and range of these symptoms and the great discomfort suffered by affected women in Nigeria. Using the Pelvic Floor Distress Inventory – 20, this study sought to investigate the occurrence of pelvic floor symptoms and severity during the postnatal period among Nigerian women.

2. Materials and methods

This was a cross-sectional and descriptive study of women's pelvic floor symptoms during the postnatal period in an urban city in northern Nigeria. A total of 90 consenting mothers attending a postnatal clinic were interviewed using the Pelvic Floor Distress Inventory – Short Form 20 (PFDI-20) on the pelvic floor symptoms they had experienced after their recent childbirths. The PFDI-20 comprises 3 scales and 20 items; the Urinary Distress Inventory-6 (UDI-6) with 6 questions on lower urinary tract symptoms, the Colorectal-Anal Distress Inventory-8 (CRADI-8) with 8 colorectal symptom questions, and the Pelvic Organ Prolapse Distress Inventory-6 (POPDI-6) with 6 pelvic organ prolapse symptom questions. The questionnaire collects data on the presence of symptoms, and scores respondents on the extent to which they are

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bothered by their symptoms. The absence of a symptom is scored 0, while scores are given from 1 to 4 depending on the extent to which respondents felt bothered by their symptoms, with a minimum score of 1 (bothered not at all) and a maximum of 4 (quite a bit bothered).

Data were also collected on demographic and obstetric characteristics. The subjects were consecutively recruited into the study during postnatal visits at a tertiary-level hospital in northern Nigeria after giving verbal consent to participate in the study. As a tertiary-level hospital, the facility is a referral center but it is also accessible to self-referring low-risk patients. The questionnaire was administered by a trained female interviewer in the English language. Hausa language translation was offered as accurately as possible for non-English speakers. The study took place over a period of one month. Data were entered into SPSS for Windows Version 17 and descriptive statistics were carried out.

For each symptom, the study population's mean score was calculated for the answered questions within the corresponding scale. Next, the symptom mean scores were aggregated for each scale (values within the range of 0–4) and multiplied by 25 to obtain the score for each scale (range 0–100). Subsequently all three scale scores were summed up to obtain the total PFDI score (range 0–300) for the study population.

3. Results

3.1. Demographic and obstetric characteristics

A total of 90 women consented to be part of the study, with median age of 28.6 ± 4.7 years and median parity of 2 per woman. Their postnatal duration ranged from 1 to 9 weeks with a mean of 3.6 ± 1.2 weeks. The details of the demographic and obstetric characteristics of the respondents are shown in Table 1.

3.2. Prevalence of pelvic floor distress symptoms

A variety of lower urinary and bowel symptoms were found in the study population. The nature and prevalence of these symptoms are shown in Figs. 1–3. The commonest lower urinary symptom was frequent micturition, which was reported by 24.4% of respondents, followed by urine leakage during coughing, sneezing and laughing. The commonest colorectal-anal symptom reported was straining hard to pass stool (26.7%), followed by pains when passing stool (15.6%). In the case of pelvic organ prolapse symptoms, the commonest were experience of pressure on the lower abdomen and feeling of incomplete bladder emptying.

Table 1
Demographic and obstetric characteristics of respondents.

	Frequency	%
<i>Age</i>		
15–24	14	15.6
25–34	66	73.3
35–44	10	11.1
<i>Parity</i>		
1	31	34.4
2–4	44	48.9
5 and above	15	16.7
<i>Mode of delivery</i>		
Spont. vaginal delivery	63	70
Emergency c/section	25	27.8
Breech delivery	2	2.2
<i>Perineal injury at last child birth</i>		
Yes	18	20
No	72	80
<i>Episiotomy at last childbirth</i>		
Yes	20	22.2
No	70	77.8

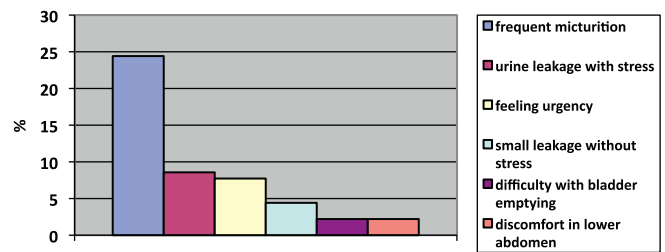


Fig. 1. Lower urinary tract symptoms.

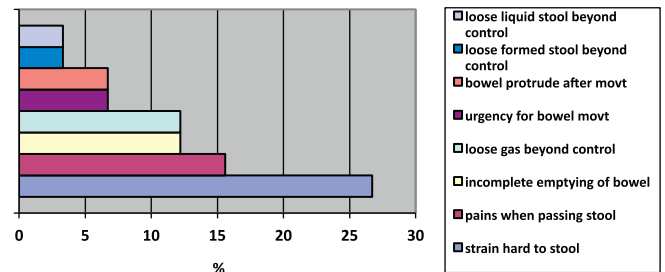


Fig. 2. Colorectal-anal distress symptoms.

3.3. Occurrence of pelvic floor symptoms in primiparous versus multiparous women

As shown in Table 2, the occurrence of pelvic floor symptoms varied between primiparous and multiparous women. All the urinary symptoms were more common among multiparous women except for experience of pain or discomfort over the lower abdomen. Similarly, all the colorectal-anal symptoms were more common in multiparous women except for the loss of formed stool and gas beyond control. In the case of pelvic organ prolapse distress symptoms, multiparous women were again more commonly affected across board.

3.4. Severity of pelvic floor distress symptoms

Table 3 shows the distress score of each pelvic floor symptom in all 3 domains.

3.5. Pelvic floor distress inventory score

Table 4 shows the three scales on the PFDI-20, the mean scores and the scale score for all participants, with sub-analysis to show scores along parity levels. The total PFDI-20 score is the sum of the scores of all the scales. For the entire study population, the PFDI score was found to be 94.75 out of a maximum score of 300.

Even though primiparous women were less likely to have symptoms compared to multiparous women, the total PFDI score was higher among them.

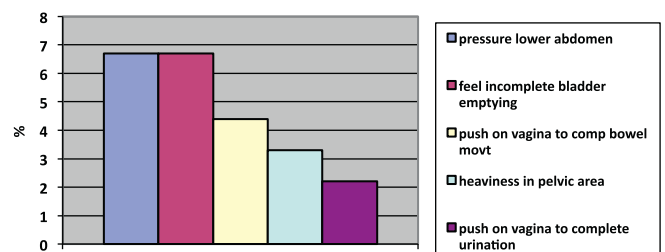


Fig. 3. Pelvic organ prolapse symptoms.

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