Postpartum Pelvic Floor Disorders

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Is Something Missing From Antenatal Education? A Survey of Pregnant Women's Knowledge of Pelvic Floor Disorders - Dec 2018 FPMRS

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400 participants completed survey antenatally

- 30% believe that other than pad/diapers, nothing can be done for urinary leakage
- 49% stated that once prolapse is dx, nothing can be done
- 82% were unaware that a pessary can help with prolapse
Post Partum PFD

- Pelvic Floor Disorders
  - Urinary incontinence
  - Pelvic organ prolapse (POP)
  - Perineal wound complications
  - Fecal incontinence
  - Sexual dysfunction
Post Partum PFD

- Pelvic Floor Disorders
  - Urinary incontinence (20-30%)
  - Pelvic organ prolapse (POP ?)
  - Perineal wound complications
  - Fecal incontinence
  - Sexual dysfunction
WHY?

- Trauma
- Hormonal status
- Recovery/regeneration/estrogen levels/genetics?
- Size of baby, mode of delivery, c/s vs SVD vs assisted?
URINARY INCONTINENCE

- Stress incontinence
  - Loss of urine via the urethra with physical activity

- Urgency urinary incontinence
  - Loss of urine via the urethra with sense of urgency, frequency

- Mixed urinary incontinence
Mothers Outcomes After Delivery - MOAD

- Cohort of 1528 parous women
- Exposure - delivery mode
- Outcomes: SUI, OAB, AI, POP

- SUI/ AI - sharp rise in ratios in first 5 years based on delivery mode
- POP - peak rise 20 years after delivery, remained separate despite SUI/UUI reaching similar as age increased
Mothers Outcomes After Delivery - MOAD

- 2012 - Cross-sectional analysis of enrollment, n=1,011
  - SUI - 11%
  - OAB/UUI - 8%
  - AI - 11%
  - POP - 3% bothersome (7% with stage 2 POP)
URINARY INCONTINENCE

- Rates vary based on study

- After pregnancy? Will it resolve? Next pregnancy?
  - 24% persistence at 6 years

- Risk factors associated with delivery?
  - Operative vaginal delivery
  - Obesity increased risk of SUI
Black lines: Women who had only cesarean deliveries
Grey lines: Women had at least 1 vaginal delivery
Dashed lines: Obese women
Solid lines: Non-Obese women
URINARY INCONTINENCE

- Who? When? How?
  - Symptoms
  - Reassurance - persistence (24%), recovery

- Pelvic Floor PT
  - Licensed providers, focus on pelvic floor
  - 1 yr outcomes improved, not sustained at 12 yrs
  - Offered antenatally for prevention in some countries
URINARY INCONTINENCE

- Referral to Urogynecology:
  - Pessary
- Urethral bulking
- Midurethral sling
  - Repeat pregnancy?
PELVIC ORGAN PROLAPSE

- Incidence of POP PP - 1-9%

- Symptomatic vs asymptomatic - up to 27% at 6 wk PP

- Recovery pp rates?

- If bothersome, options →
Rates of POP change (5 years) - MOAD

- **Ba**
  - Rates: 0.538 [0.096, 0.97]
  - Proportion: 79%

- **C**
  - Rates: 0.558 [-0.005, 1.235]
  - Proportion: 74%

- **Bp**
  - Rates: 0.204 [-0.092, 0.533]
  - Proportion: 65%

- **Ba**
  - Rates: 0.502 [0, 0.977]
  - Proportion: 74%

- **C**
  - Rates: 0.804 [0.192, 1.526]
  - Proportion: 80%

- **Bp**
  - Rates: 0.33 [0, 0.764]
  - Proportion: 73%
PELVIC ORGAN PROLAPSE

- Self-directed kegels
  - Where, when, how much?

- Pelvic floor PT

- Pessary

- Surgery - 6 - 12 mo, completed childbearing
Motherhood And Pelvic health (MAPs)

- 3 projects to study the impact of intra-abdominal pressure, physical activity, muscular strength and body habitus, and cultural perceptions, behaviors and attributes of the pelvic floor support and symptoms.

- Cohort: Primparous women during pregnancy till 1 year post-partum
Conclusions

- Post partum PFD are quality of life concerns

- Treatment is based on severity/level of bother

- Non-surgical options are first-line:
  - Pelvic Floor Physical Therapy
  - Pessary

- Refer: worried well, 3 mo persistent symptoms, pessary fitting