

Postpartum Pelvic Floor Disorders

Jo Hill, MD

Division of Urogynecology

University of Utah

November 30, 2018

Post Partum PFD

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

Julia M. Geynisman-Tan; Debra Taubel; Tirsit S. Asfaw

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

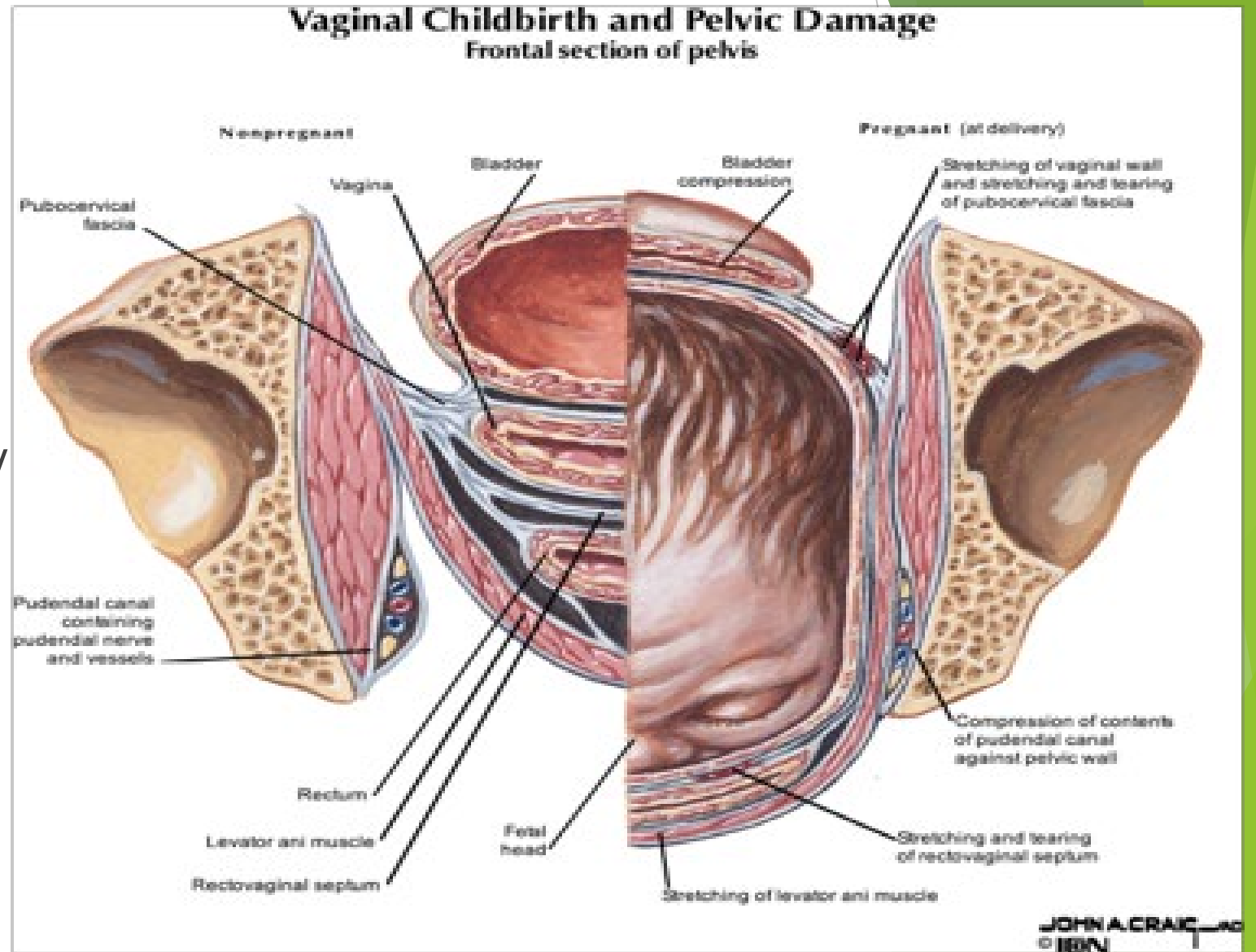
- ▶ Pelvic Floor Disorders
 - ▶ Urinary incontinence
 - ▶ Pelvic organ prolapse (POP)
 - ▶ Perineal wound complications
 - ▶ Fecal incontinence
 - ▶ Sexual dysfunction

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

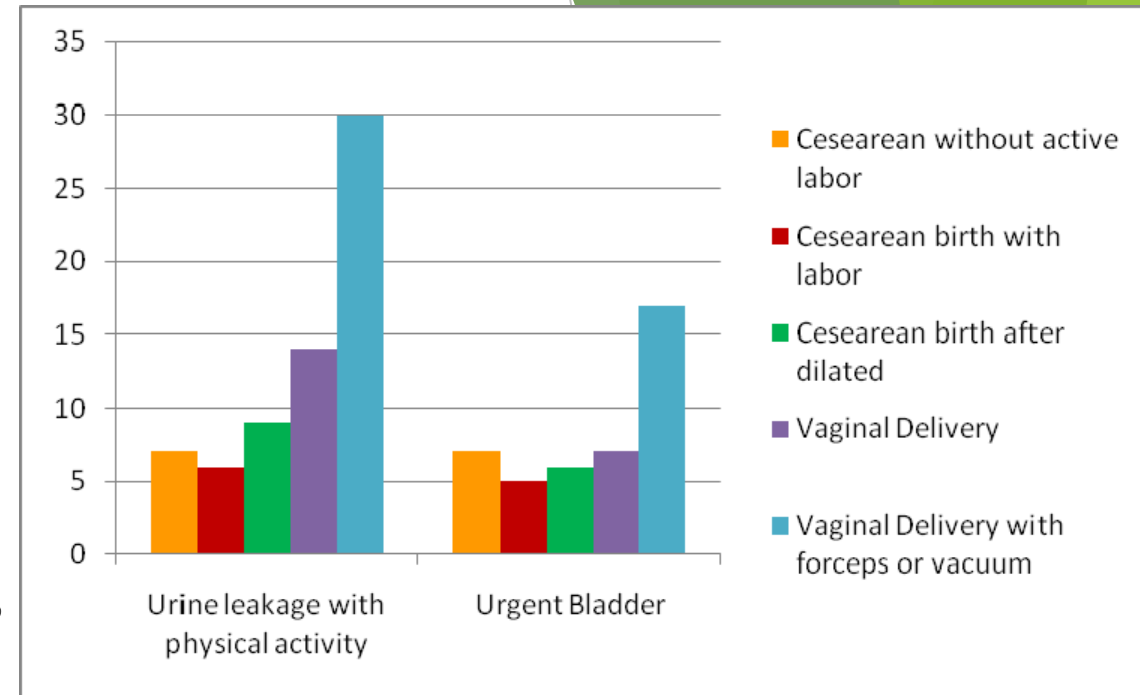
- ▶ SUI/ AI - sharp rise in ratios in first 5 years based on delivery mode
- ▶ POP - peak rise 20 years after delivery, remained separate despite SUI/UUI reaching similar as age increased

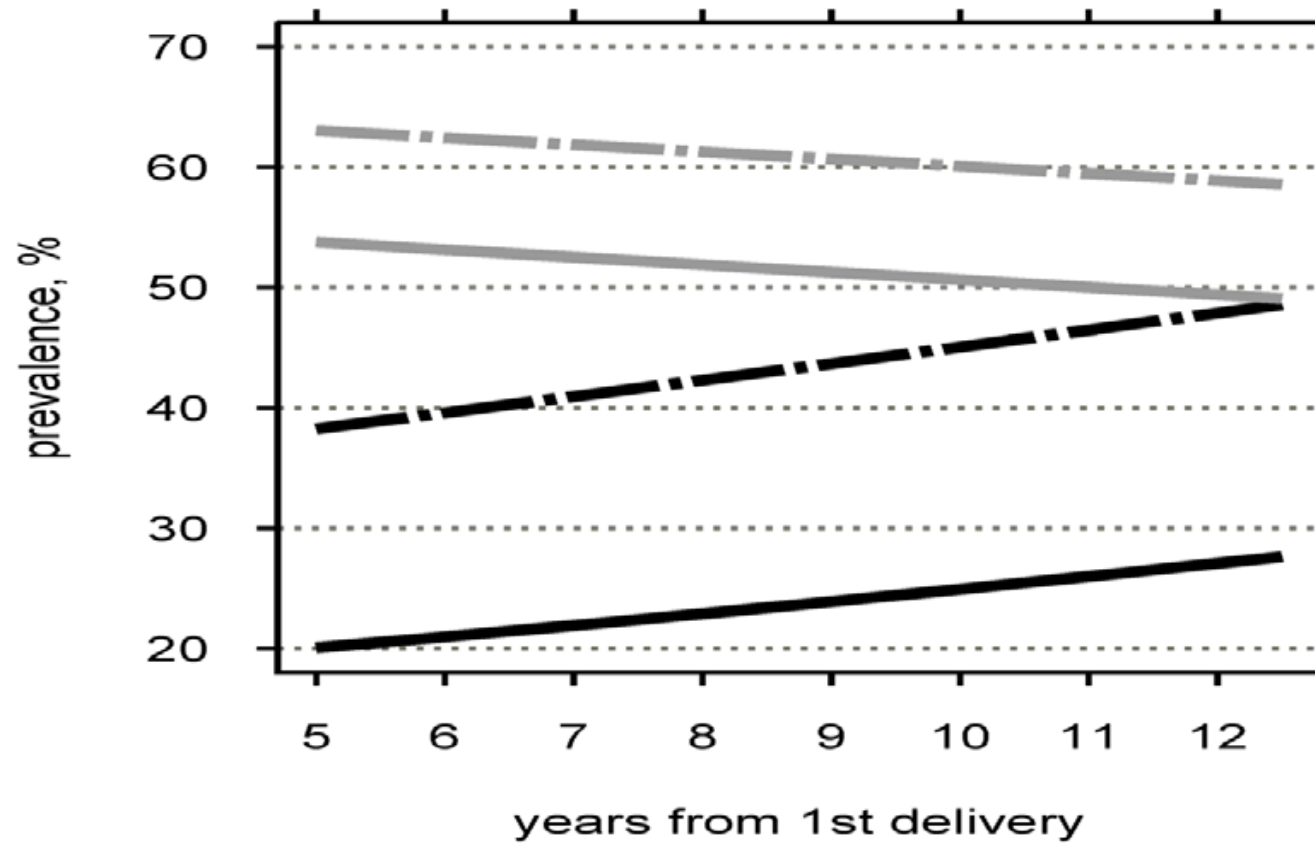
Mothers Outcomes After Delivery - MOAD

- ▶ 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

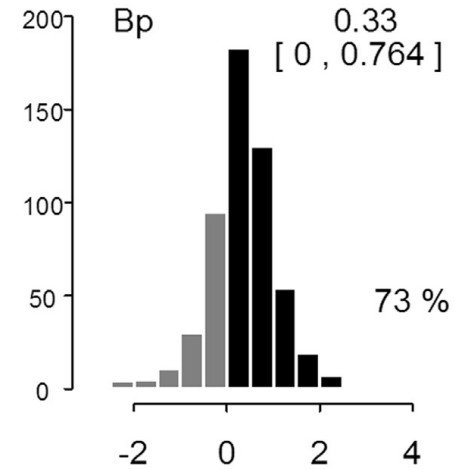
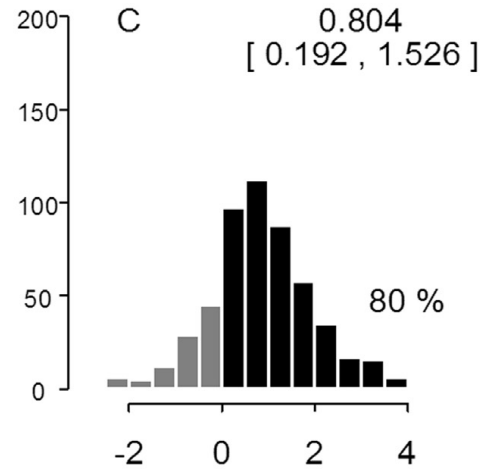
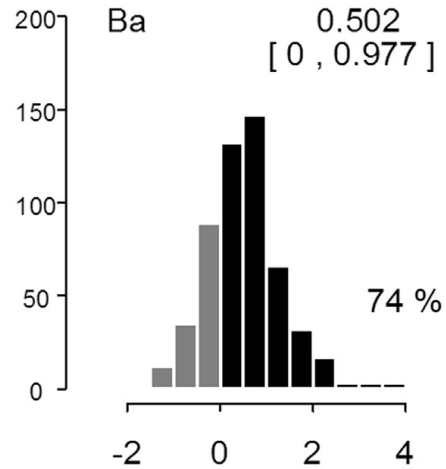
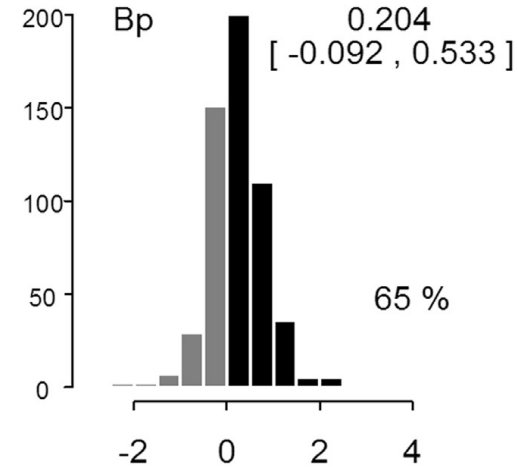
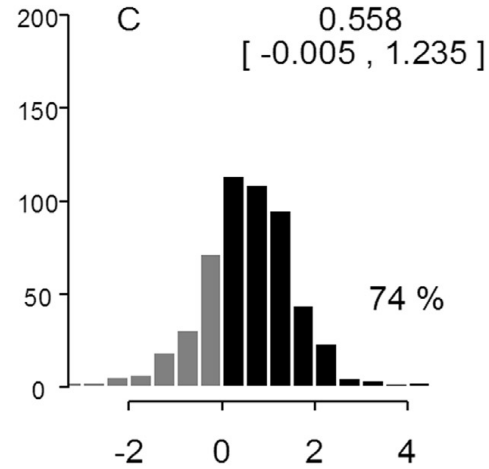
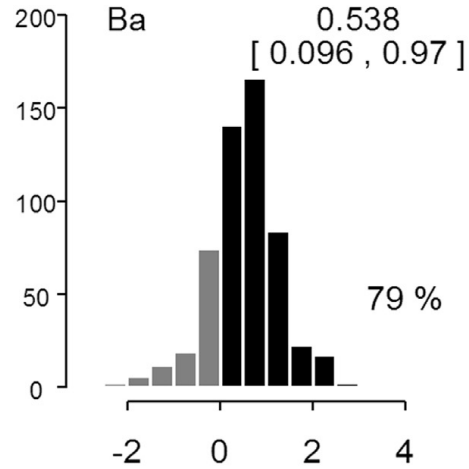
URINARY INCONTINENCE

- ▶ 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



Rate of Change in cm per 5 years

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: Primiparous 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