

Urinska inkontinenca v nosečnosti in po porodu

Anja Oman, dipl. fiziot.¹, viš. pred. mag. Darija Ščepanović, viš. fiziot.², dr. Ivan Verdenik, univ. dipl. ing.²

¹Splošna bolnišnica Jesenice, Slovenija; ²Ginekološka klinika, Univerzitetni klinični center Ljubljana, Slovenija

Korespondenca/Correspondence: Anja Oman; e-pošta: oman.anja@gmail.com

Uvod: Urinska inkontinenca (UI) je pogost pojav v nosečnosti in po porodu. V literaturi je opisanih veliko dejavnikov tveganja, ki naj bi pripomogli k njenemu nastanku (1, 2, 3, 4). Namen: Ocena prevalence UI v nosečnosti in po porodu ter ugotovitev možnih dejavnikov tveganja za njen nastanek. **Metode:** K raziskavi so bile povabljene vse ženske, ki so rodile septembra 2010 v ljubljanski porodnišnici. 509 prostovoljk (88,5 %) je pisno privolilo v sodelovanje v študiji. Podatki so bili pridobljeni z vprašalnikom. **Rezultati:** UI v nosečnosti je imelo 35,8 % žensk, 4. teden po porodu 19,3 %, 8. teden po porodu 5,9 %, 12. teden po porodu pa je UI imelo le še 2,6 % žensk. Ugotovili smo statistično pomembno povezavo med nastankom UI v zadnji nosečnosti in temi kazalniki: UI pred nosečnostjo ($p < 0,001$), UI v prejšnjih nosečnostih ($p < 0,001$) in povezava z inkontinentno bližnjo sorodnico ($p = 0,017$). Statistično pomembne povezave na vpliv večjega pojava UI v nosečnosti nismo ugotovili za mnogorodnost, večji indeks telesne mase pred nosečnostjo, večjo pridobitev telesne teže med nosečnostjo, večje število plodov, veliko porodno težo otroka, dvigovanje težkih bremen pri delu, pogostost izvajanja treninga mišic medeničnega dna v nosečnosti, starost nosečnice, kajenje, uhajanje blata ali vetrov v nosečnosti ter bolečine v ledvenem delu hrbtenice in/ali medenice v nosečnosti. UI pred nosečnostjo ($p < 0,001$), nizka porodna teža ($p = 0,027$) ter prvi porod ($p = 0,012$) so statistično pomembno vplivali na večji pojav UI po porodu. Vaginalni porod, mnogorodnost, večje število plodov, velika porodna teža otroka, pogostost izvajanja treninga mišic medeničnega dna v nosečnosti, UI v nosečnosti, starost porodnice, epiziotomija, poškodbe porodne poti, instrumentalni porod, povezava z inkontinentno bližnjo sorodnico niso statistično pomembno vplivali na večji pojav UI po porodu. **Zaključki:** Rezultate raziskave so pokazali, da UI pred nosečnostjo, UI v prejšnjih nosečnostih ter povezava z inkontinentno bližnjo sorodnico povezani z večjim pojavom UI v nosečnosti. UI pred nosečnostjo, nizka porodna teža in prvi porod pa so bili povezani z večjim pojavom UI po porodu. V naši raziskavi smo ugotavljali le povezave s posameznimi dejavniki tveganja in nismo preučevali njihovega medsebojnega vpliva pri etiologiji UI. To bi bilo smiselno preučevati v nadaljnjih raziskavah, saj verjetno k nastanku UI v nosečnosti in po porodu bolj kot en sam pripomore več dejavnikov tveganja.

Ključne besede: uhajanje urina, nosečnost, porod, prevalenca, dejavniki tveganja.

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Urinary incontinence in pregnancy and postpartum

Background: Urinary incontinence (UI) is a common condition during pregnancy and postpartum. The literature has described many risk factors that may contribute to its occurrence. **Purpose:** To estimate the prevalence of UI during pregnancy and postpartum and its possible risk factors. **Methods:** All women who gave birth at Department of Obstetrics and Gynecologic at University Medical Center Ljubljana in September 2010 were asked to participate in the study. 509 volunteers (88.5%) gave written consent to participate in the study. The data was gathered by means of a questionnaire. **Results:** The prevalence of UI during the last pregnancy was 35.8%, 4th week postpartum was 19.3%, 8th week 5.9% and 12th week postpartum was only 2.6%. UI during pregnancy was significantly associated with UI before pregnancy ($p < 0.001$), UI in previous pregnancies ($p < 0.001$), and the connection with the incontinent female close relatives ($p = 0.017$). The number of previous deliveries, higher body mass index before pregnancy, greater weight gain during pregnancy, number of fetuses, birth weight, heavy lifting at work, frequency of pelvic floor muscle training during pregnancy, age, smoking, anal and flatal incontinence during pregnancy, and pain in lumbar spine and/or pelvis during pregnancy were not statistically shown to be significant in the UI occurrence during pregnancy. UI before pregnancy ($p < 0.001$), first delivery ($p = 0.012$), and lower birth weight ($p = 0.027$) were significantly associated with postpartum UI. Vaginal delivery, number of previous deliveries, number of fetuses, birth weight, frequency of pelvic floor muscle training during pregnancy, UI during pregnancy, age, episiotomy, birth trauma, instrumental delivery, and the connection with the incontinent female close relatives were statistically not confirmed as significant for the UI occurrence postpartum. **Conclusions:** Based on these results, UI before pregnancy, UI in previous pregnancies, and the connection with the incontinent female close relatives were significantly associated with UI during pregnancy. UI before pregnancy, lower birth weight, and first birth are contributed to the increased occurrence of postpartum UI. The study investigated only the independent risk factors and it did not investigate the correlations among these risk factors in the etiology of UI. For the further research it is suggested to study correlations among risk factors, because probably more than one risk factor is responsible for occurrence of UI.

Keywords: urine leakage, pregnancy, childbirth, prevalence, risk factors.

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