

## **Abstract**

### **Title**

Anal incontinence following childbirth.

### **Objective**

To determine the proportion of anal incontinence after childbirth,

Its predisposing risk factors,

And to assess the quality of life of women after childbirth.

### **Study design and setting**

Prospective descriptive study, carried out at the university obstetric unit, teaching hospital Galle, commencing from 1<sup>st</sup> June 2002.

### **Study Population**

All primiparous mothers (n= 640) who delivered in the university obstetric unit when the author was on duty.

### **Method**

All primiparous women who consented for the study at the university obstetric unit teaching hospital Galle were included. After delivery all the personal details and details of the delivery were recorded before patient was discharged from hospital. A stamped self addressed envelope with a questionnaire was posted to the woman at six weeks and

six months of delivery. The questionnaire was based on the validated Manchester health questionnaire, which was modified and translated to Sinhalese language. Non respondents were sent a reminder postcard after three weeks of the initial questionnaire posting, and if there was still no response the local midwife was informed. All data were entered into an ongoing data base and subsequently analysed with SPSS version 10 and epi info 2000 computer statistical packages.

## Results

There were no 3<sup>rd</sup> or 4<sup>th</sup> degree perineal tears. Of the 640 women recruited for the study, 431(67.1%) responded at six weeks and 377 (58.8%) at six months. At six weeks there were 34 (5.3% of the total population) who complained of incontinence and this reduced to 22 (3.4% of the total population) at six months.

There was a statistical significance of incontinence symptoms with instrumental deliveries when compared with normal vaginal deliveries at six weeks, four (15%) in the instrumental delivery group ( $p = 0.034$ ). General perception of health was also unsatisfactory and statistically significant in this group, five women (19%) ( $p = 0.012$ ). Birth weights of more than 3.5 kg was found to have significant association with unsatisfactory perception of health at six months, nine women (9%) ( $p=0.0003$ ). There was also significant association between incontinence symptoms and this group, seven women (8%) ( $p= 0.017$ ).

Caesarean section done in labor was found to have significant unsatisfactory general health compared to caesarean section not done in labor at six weeks. There were 8 (13%)

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women in this group ( $p= 0.014$ ). Incontinence symptoms were also found to be significant in this group, nine women (15%) ( $p=0.0009$ ).

Women who were in labour for more than 8 hours showed a significant association with unsatisfactory general health at six week, fifteen (13%) of women were in this group ( $p=0.003$ ). Incontinence symptoms were also found to be significant in this group, twelve women (11%) ( $p=0.003$ ).

Second stage of more than one hour was associated with unsatisfactory general health at six weeks in seven (21%) of women ( $p=0.003$ ). This group also showed significance of incontinence symptoms at six weeks and six months, 5 (15%) ( $p=0.023$ ) and 4 (12%) of women ( $p=0.04$ ) respectively.

There were no statistical significance found with unsatisfactory general perception of health or incontinence symptoms when compared to forceps and vacuum delivery, episiotomy suturing by medical officers and medical students, with 1<sup>st</sup> and 2<sup>nd</sup> degree perineal injuries, position of vertex at delivery.

## **Conclusion**

The proportion of anal incontinence in the present study is relatively smaller than reported in other countries. A much larger community based study should be undertaken to evaluate this problem and identify preventive measures.