

The MAMMI Study

<u>Maternal health</u> <u>And</u> <u>Maternal</u> <u>Morbidity in</u> <u>Ireland</u>

Faecal and Urinary incontinence before and during pregnancy

4th International Nursing and Midwifery Conference 15th April 2013, NUI Galway

Déirdre Daly

Lecturer in Midwifery/HRB Research Fellow, Trinity College Dublin

Supervisors:

Professor Cecily Begley, TCD and Professor Mike Clarke, QUB (Adjunct Professor TCD)



The MAMMI Study (UI strand) <u>Maternal health And Maternal M</u>orbidity in <u>I</u>reland

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The MAMMI Study (UI Strand) HRB

Trinity College Dublin

Sincerest thanks to

- The women (all women including those who are not taking part but who read the information)
- The **midwives** and **midwifery students** and other **colleagues** who are supporting the MAMMI study
- My supervisors Professor Cecily Begley and Professor Mike Clarke
- My colleagues Margaret Carroll, Deirdre O'Malley, Francesca Wuytack
- Rebekah Maguire and Sophie Clare who worked with us on the MAMMI study in summer 2012
- The Health Research Board (HRB) for funding the MAMMI study (UI) strand
- Professor Stephanie Brown, Murdoch Children's Research Institute, Australia for granting permission to use and modify surveys



The MAMMI Study

<u>Maternal health</u> <u>And</u> <u>Maternal</u> <u>Morbidity in</u> <u>Ireland</u>



- Background and overview of study methodology
- Aim and objectives of MAMMI study and the embedded MAMMI study urinary incontinence (UI) strand
- Preliminary findings on urinary and faecal incontinence (from women recruited up to March 2013, n=725)
- Key points
- Future work



Background and context

Conception, gestation and birth of the MAMMI Study



Background and context

Listening to women



Background and context

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The MAMMI Study

Searched 9-11th October 2009. Platform: Library, University of Dublin Trinity College

Database	Term	Linked with	Linked with	Limits	Years	Articles	Reviews	Main words in re	eview heading
Date	(MeSH)	(MeSH)	(MeSH)						
searched									
PubMed	Pregnancy (9	0 items): Item 1:	The status during	g which female	mammals carry	their developi	ng young ir	n utero before birth	Introduced 1963. Includes the terms labour (labor); pregnancy
09/10/09	outcome; prenatal care; pregnant women; reproduction; gravidity; parturition in MeSH tree.								
	Morbid	lity (3 item	s): Morbi	dity: epi	demiology	and epi	idemio	logy subhe	adings).Item 1: Morbidity: the
		U X	, ,	U / I		-			
	propor	tion of pati	ients with	a particu	ular diseas	se durin	g a giv	en year per	given unit of population.
	Maternal mo	rbidity and severe	e morbidity are n	ot MeSH terms					
	Pregnancy	Morbidity	5	Humans		14010			
	Tregnancy	Worblatty		Tumans	-	14018			
Database	Term (M	eSH) Linked	l with	Linked with	Limits	Years	Artic	les Reviews	Main words in review heading
Date		(MeSH)	(MeSH)					
searched									
PubMed	Complica	tions (13 items ei	ght of which mer	ntion 'pregnanc	y' related specifi	c conditions a	nd one whi	ich identifies 'pregi	nancy complications'.). 1: Complications [Subheadings]: used
9/10/09	with diag	ages to indicate of	nditions that as	wist or follow	i a ap avisting d	lisassas com	liastions	r sagualaa 10. Pr	egnancy complications: conditions or
	with diseases to indicate conditions that co-exist or follow, i.e. co-existing diseases, complications or sequelae. 10: Pregnancy complications: conditions or								
	pathological processes associated with pregnancy. They can occur during or after pregnancy and range								
	from minor discomforts to serious diseases that require medical interventions. They include diseases in								
	it one matter discontor is to serious discuses that require medical mentions. They include discuses in								·
	pregn	ant female	es and pre	gnancies	in female	es with d	iseases	5.	

Pregnancy	Complications	Humans	-	52210	8241		
	[Subheading]						



Background and context The multiple meaning of maternal morbidities



The MAMMI Study

Searched 9-11th October 2009. Platform: Library, University of Dublin Trinity College

Database	Term	Linked with	Linked with	Limits	Years	Articles	Reviews	Main words in revi	iew heading	
Date	(MeSH)	(MeSH)	(MeSH)							
searched										
PubMed	Pregnancy (90 items): Item 1:	The status during	g which female	mammals carry	their develop	oing young in	n utero before birth. I	ntroduced 1963. Includes the terms labour (labor); pregna	ancy
09/10/09	outcome; pr	enatal care; pregna	ant women; repro	duction; gravic	lity; parturition in	n MeSH tree				
	Morbio	lity (3 item	s): Morbi	dity; epi	demiology	y and ep	oidemio	logy subhea	dings).Item 1: Morbidity: the	
	propor	tion of pat	ients with	a partici	ular disea	se durir	ng a giv	en year per g	given unit of population.	
	Maternal m	orbidity and severe	e morbidity are no	ot MeSH terms	. //					
	Pregnancy	Morbidity		Humans	-	1401	8)		
Database	Term (N	í.		Linked with	Limits		rtic	les Reviews	Main words in review heading	
Date searched		(MeSH	.)	(MeSH)						
PubMed 9/10/09		Can oco	ur dur	ing or	after	pregr	nancy	range	from minor	
9/10/09		discom						Ŭ		ſ
		uiscom		Serie		cases				
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	pregi	nant femal	es and pre	gnancies		es with o	inseases).		
	Pregnanc				Humans	-	5221	0 \$241		
		[Subhea	ading]							

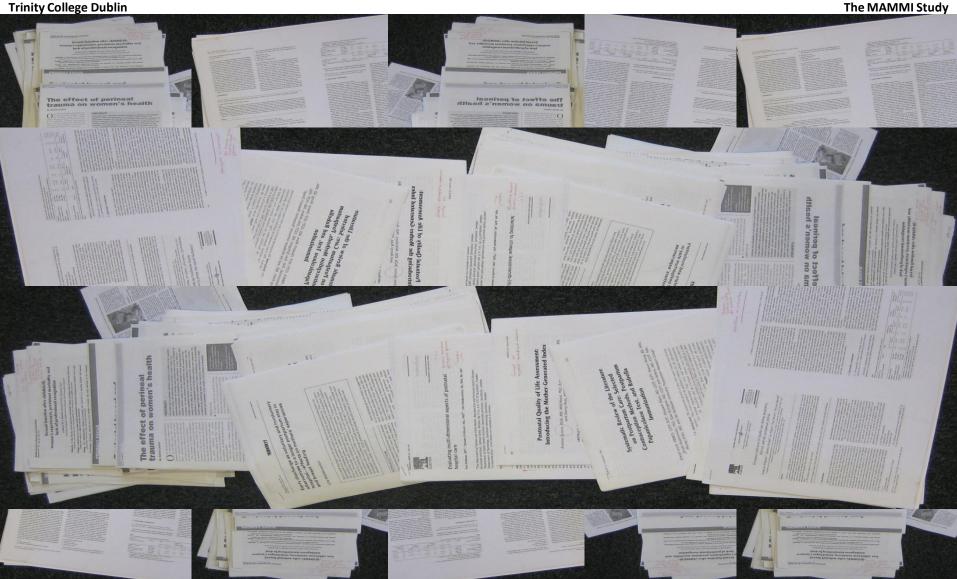


Background and context





Background and context The multiple meaning of maternal morbidities







Background and context The MAMMI Study

Maternal health And Maternal Morbidity in Ireland

General health after childbirth

All women

Multiparous women v Primiparous women

Women with underlying medical conditions

Physical problems

Psychological problems

Specific conditions

Obstetric emergencies

Severe morbidity

General hea	lth problem	IS	
Headache, i	nigraine		
Musculoske	letal pain		
Perineal pai	n		
Urinary pro	blems		
Bowel prob	ems		
Sexual heal	h problems		
Depressive	symptoms		
Infection			
Mastitis and	l breast pro	blems	



Background and context The MAMMI Study

- Trinity College Dublin
 - More recent studies have shown
 - The prevalence and enduring nature of many of these morbidities
 - Their **persistence** or **resolution** over time
 - The existence of **co morbidities**
 - The inextricable link between maternal emotional wellbeing, depression and physical health recovery postpartum
 - Morbidity can exist **before pregnancy**



The MAMMI Study

HRB Health Research Board

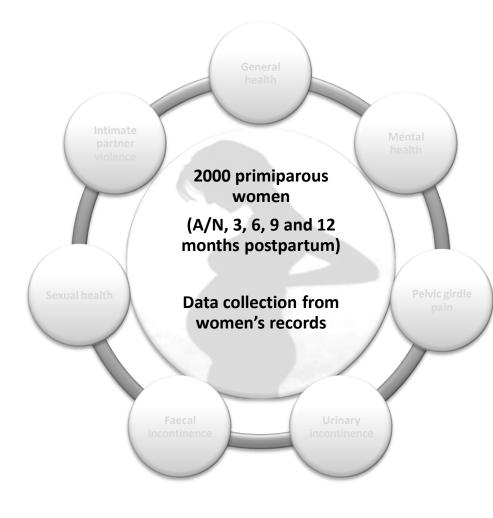


Objective (i)

to identify prevalence of morbidities up to 12 months postpartum for women having their first baby

Objective (ii)

to identify associated factors e.g., age; Body Mass Index (BMI); mode of birth; birth weight





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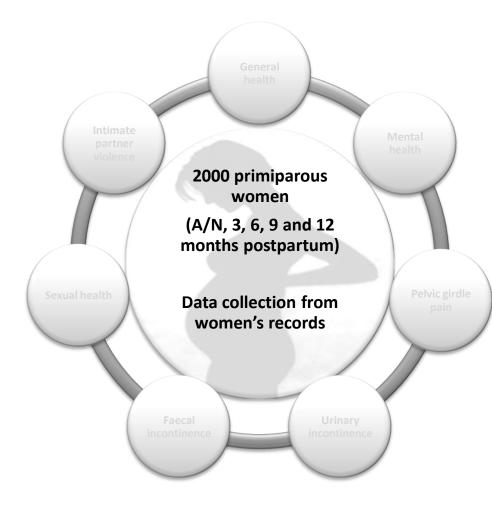
Objective (iii)

to identify the health service-seeking and selfhelp behaviours of subsamples of women experiencing morbidities

Objective (iv)

to identify the risk factors for morbidities that may be amenable to intervention







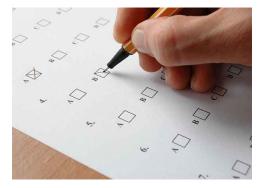
Mixed methods design The MAMMI Study



The MAMMI Study

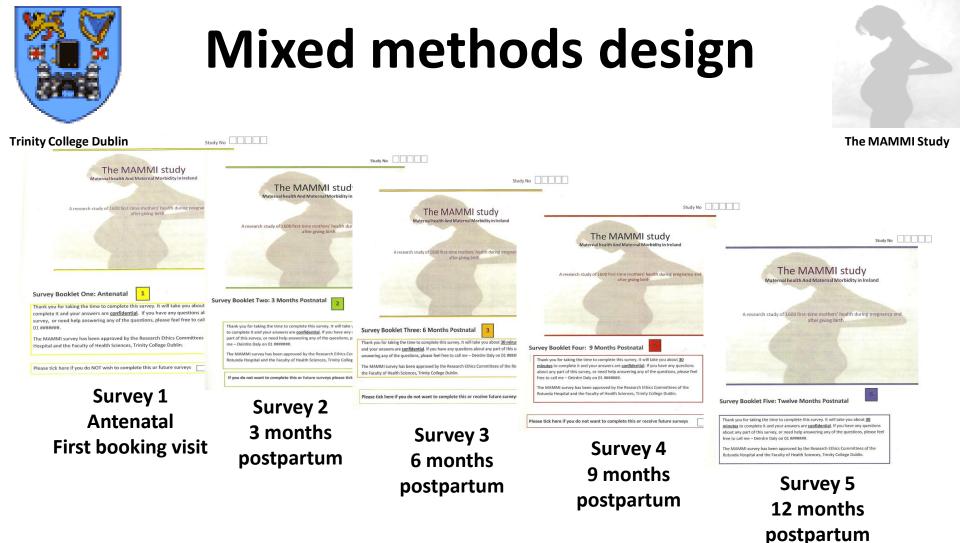
A cohort study with 2,000 firsttime mothers: public, private, semi-private – survey.

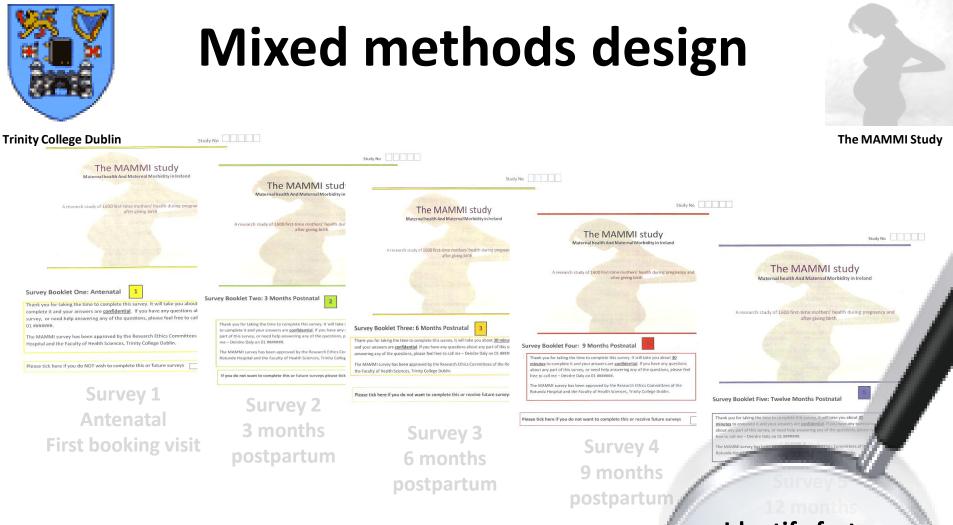
Women are **recruited at the booking visit** in one large maternity hospital (**1600** from **1**st **site** and 400 from 2nd site (100)











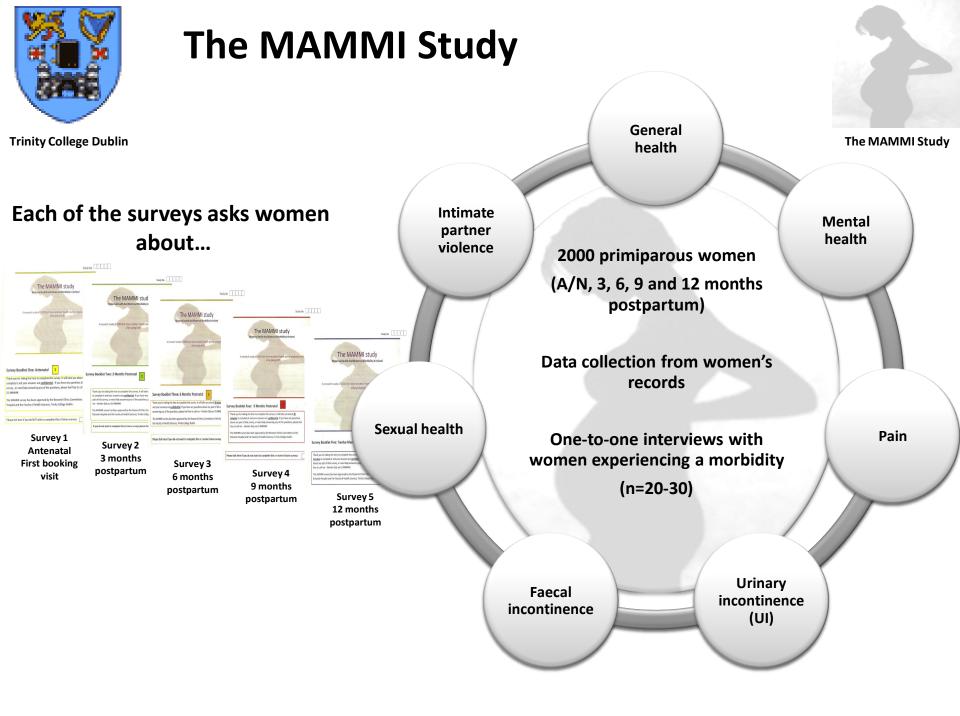
Data collection from women's records



Interviews with women experiencing a morbidity



To ascertain health service and self-help seeking behaviour Identify factors amenable to modification and trialling in future studies





The MAMMI Study – UI Strand



Trinity College Dublin

Aim:

To identify the existence, extent, prevalence and associated risk factors for urinary incontinence (UI), one marker of maternal morbidity, in 1600 primiparous women antenatally and at 3 and 6 months postpartum.

1600 primiparous women (A/N, 3, 6, 9 and 12 months postpartum)

Data collection from women's records

One-to-one interviews with women experiencing a morbidity (n=20-30)

Faecal incontinence

Urinary incontinence (UI)



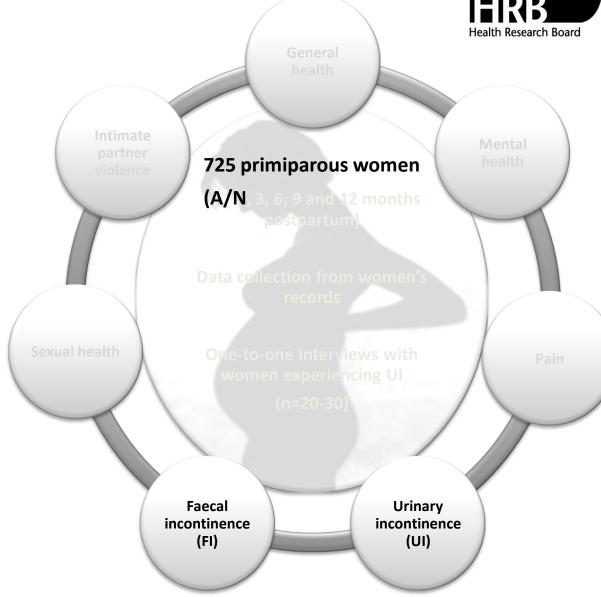
The MAMMI Study – UI Strand



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Today's presentation focuses on Objective (i)

The prevalence of UI (and FI) before and during early pregnancy





Urinary incontinence (UI)



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Author	Ν	Prevalence
Glazener et al (2006)	3405 (primiparae; singleton pregnancy)	29% UI at 3 months postpartum: 3% had daily or more frequent leakage; 3% needed to wear a pad for this
	N	Prevalence
Brown et al (2009)	1507 (nulliparae)	Prevalence of UI increased from 10.8% in the 12 months before the index pregnancy to 55.9% in the 3 rd trimester



Faecal incontinence and bowel problems

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		Prevalence at 17- 24 weeks postpartum							
Thompson et al (2002)	1295		Unassisted VB	Assisted VB	CS				
		Bowel problems	15%	22%	22%				
		Haemorrhoids	12%	19%	14%				
			Prevalence at 4-8		Prevalence at 1 year				
			weeks po	ostpartum	postpartum				
Schytt et al (2005)	2413	Haemorrhoids	24.6%		17.6%				
		Constipatio		20	0.5%	10.6%			
		Anal	1.	.8%	1.5%				



The MAMMI Study (UI) strand Faecal and Urinary incontinence before and during pregnancy

Definitions

Abrams et al (2002) 2nd International Consultation on Incontinence 2nd edition.



Available at: <u>http://www.ics.org/Publications/ICI_4/book.pdf</u>



Definition - Urinary Incontinence (UI)

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- The complaint of any involuntary leakage of urine
 - Stress Urinary Incontinence (SUI)
 - Involuntary leakage on effort or exertion, or on sneezing or coughing
 - Urge Urinary Incontinence (UUI)
 - Involuntary leakage accompanied by or immediately preceded by urgency.
 - Mixed Urinary Incontinence (MUI)
 - Involuntary leakage associated with urgency and also with exertion, effort, sneezing or coughing.

Abrams et al (2002) 2nd International Consultation on Incontinence 2nd edition. Available at: <u>http://www.ics.org/Publications/ICI_2/MENUS/MAIN.PDF</u>





Definition - Faecal Incontinence (FI)



- Functional status
 - Need to wear tissues or pads in underwear
 - Degree of soiling of tissues, pads or underwear
 - Duration, frequency and timing of incontinence
- Severity of faecal incontinence
 - Minor if faecal seepage occurs less than once a month
 - Moderate if there is incontinence of solids more than once a month or liquids more than once a week
 - Severe if there is loss of control of solids several times a week or liquids on a daily basis



The MAMMI study



- Preliminary data
 - (~30%) of primiparous women are being offered information on the MAMMI study
 - Of those given the information, about one in three complete the survey
 - Response rate (~30%)





The MAMMI Study Nationality	The site hospital 2011 Nationality (All women)			
	N	%		
Irish	461	63.6%	5957	65.35%
EU	190	26%	1929	21.16%
Non-EU	64	8.8%	1217	13.35%
Not stated	10	1.4%	13	0.14%



Demographic profile (n=725)



The MAMMI Study Age groups	The site hospital 2011 Age groups (primiparous women)			
	Ν	%	N	%
Up to 24	62	8.6	976	23.5
25 to 29	166	22.9	1137	27.4
30 to 34	304	41.9	1314	31.7
35 to 39	162	22.3	581	14.0
40 and over	30	4.1	143 (4151)	3.5



Demographic profile (n=725)



The MAMMI Study BMI Categorie	The site hospital BMI categories			
	Ν	%		
Underweight (BMI <18.49)	50	6.9	Not available	
Ideal (18.5-24.9)	438	60.4		
Overweight (25-29.9)	113	15.6		
Obese (30-34.9)	53	7.3		
Very obese (35+)	12	1.7		
Total	666	91.9		
Missing	59	8.1		



Leaking urine before pregnancy (n=725)



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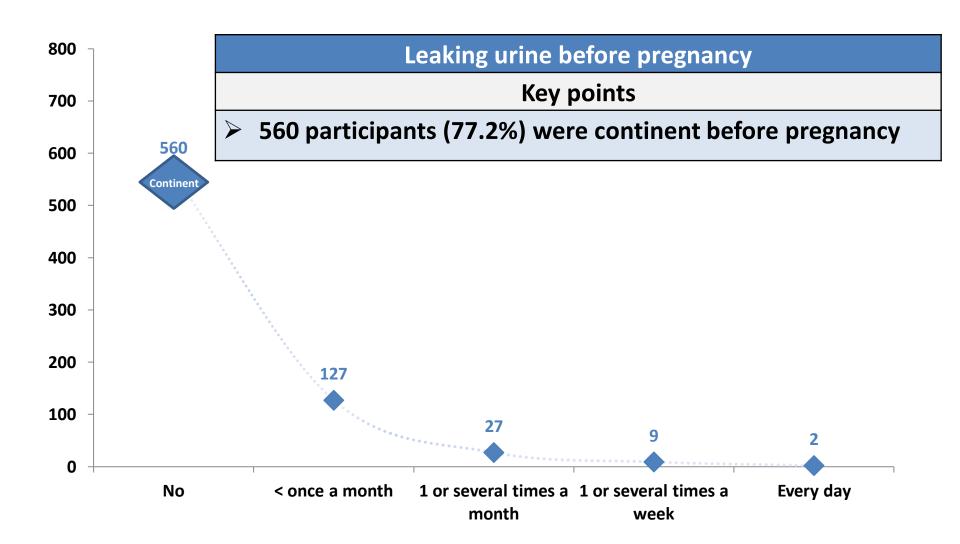
During the 12 months before pregnancy, did you ever leak even a small amount of urine?



Leaking urine before pregnancy (n=725)



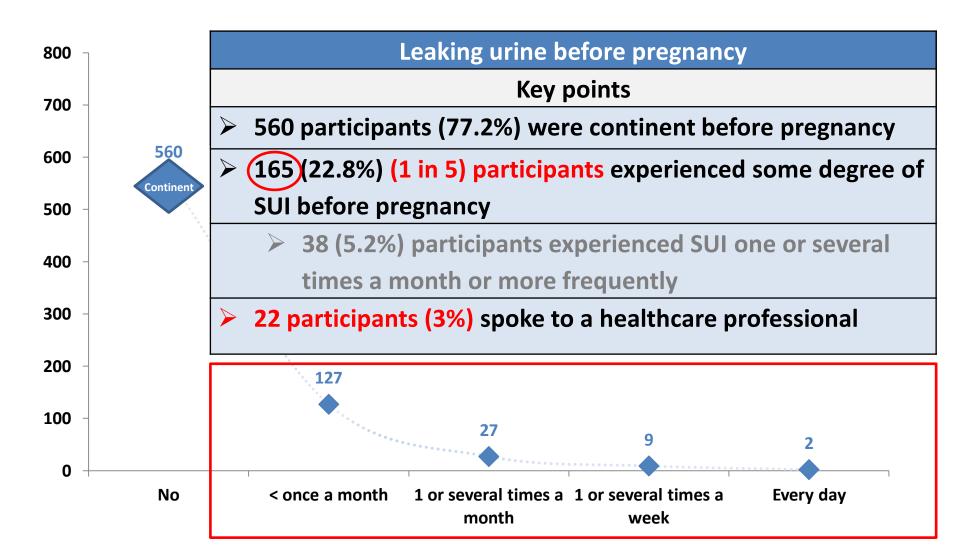






Leaking urine before pregnancy (n=725)



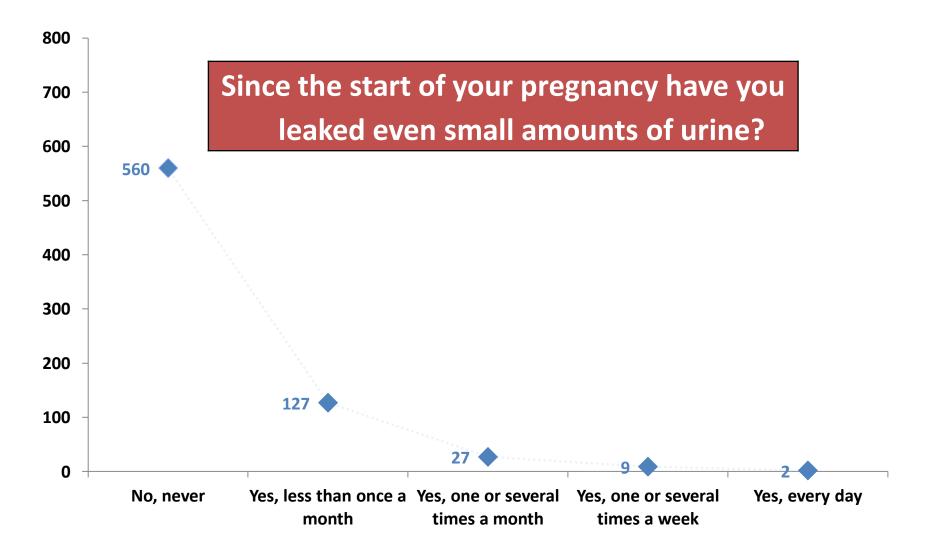




Leaking urine before and during pregnancy



The MAMMI Study

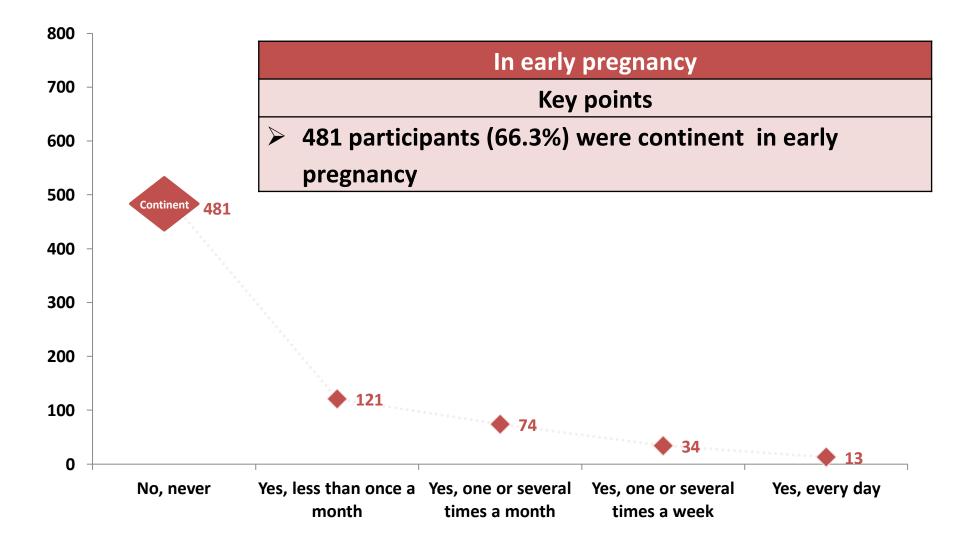




Leaking urine before and during pregnancy





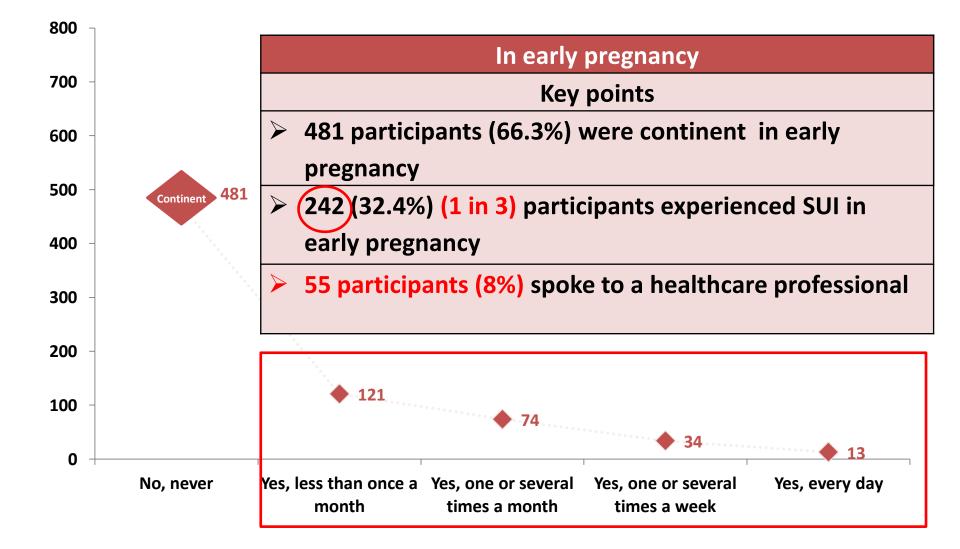




Leaking urine before and during pregnancy



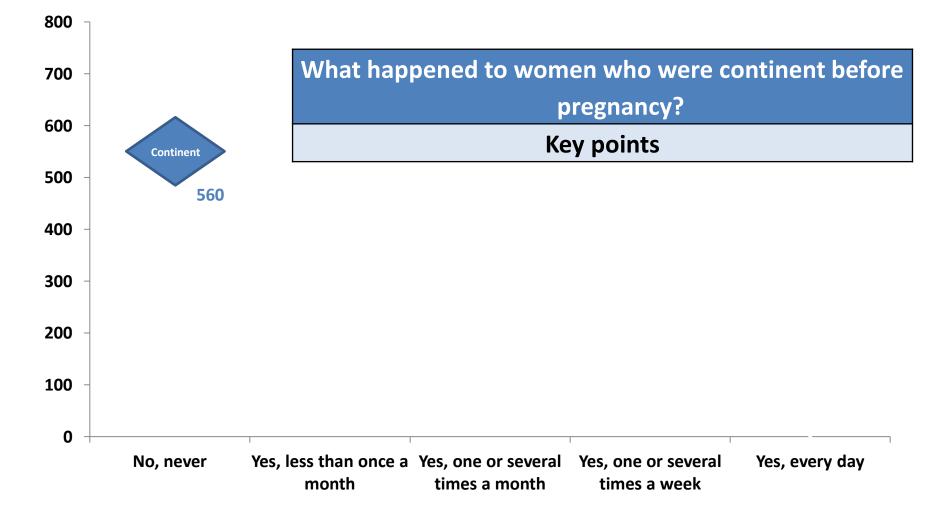






Women who were continent before pregnancy (n=560)



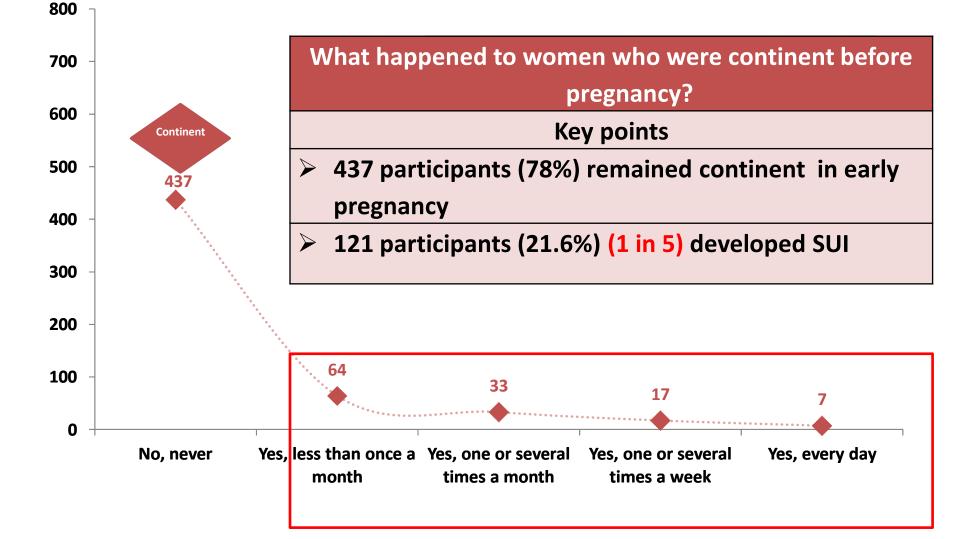




Women who were continent before pregnancy (n=560)





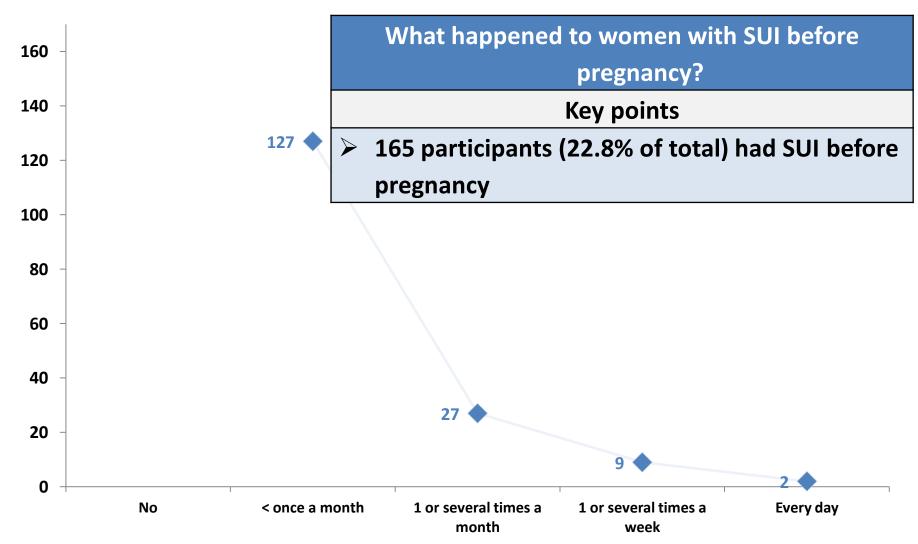




Women with SUI before pregnancy (n=165)

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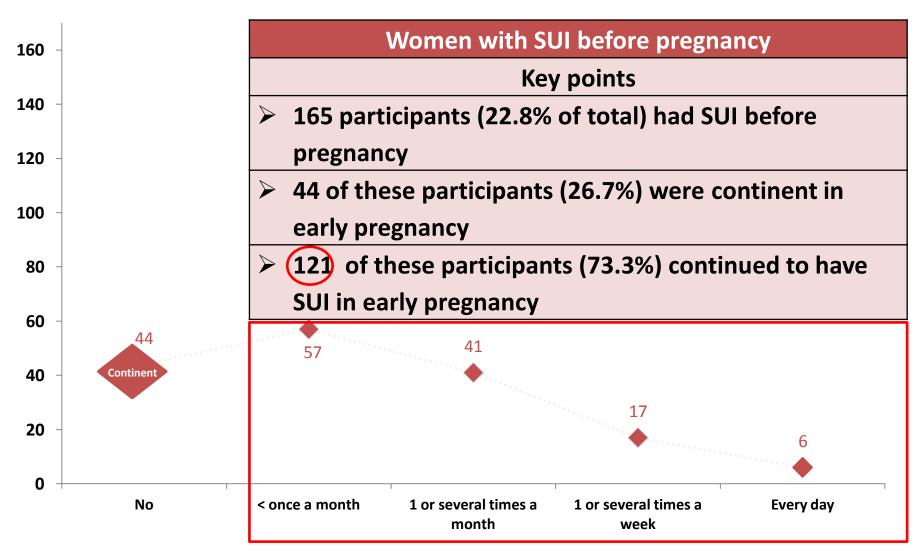
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Women with SUI before pregnancy (n=165)

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Soiling before pregnancy (n=725)



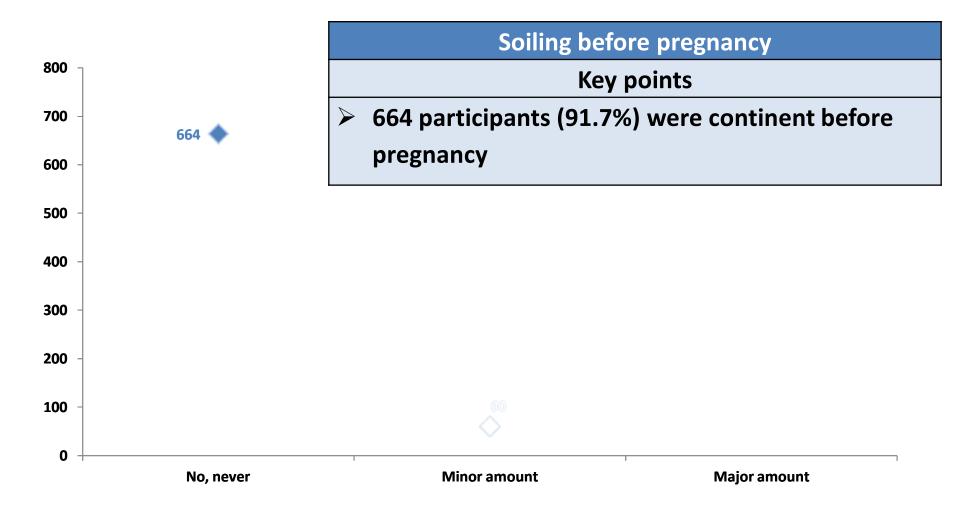
The MAMMI Study

During the 12 months before your pregnancy, did you ever notice soiling from your back passage on your underwear?



Soiling before pregnancy (n=725)



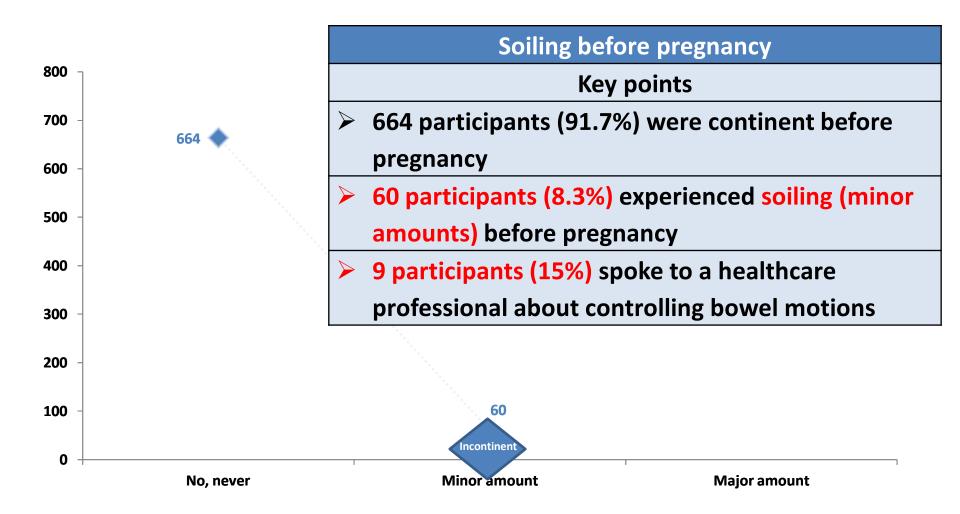




Soiling before pregnancy (n=725)



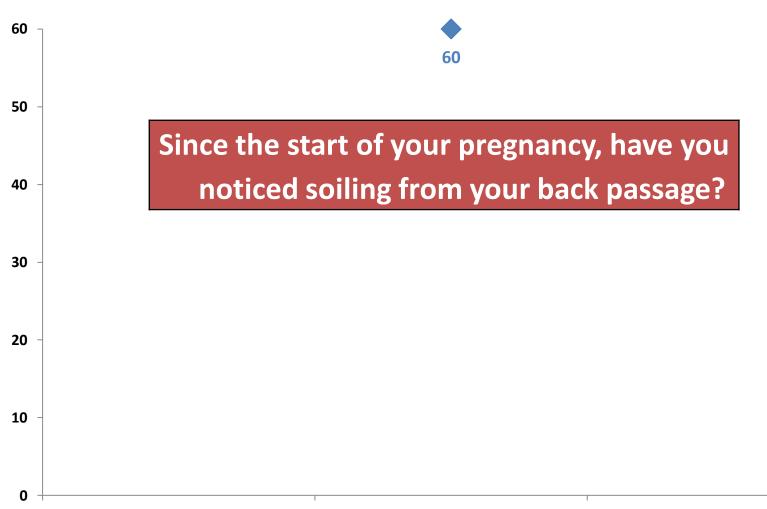






Soiling before and during pregnancy (n=60)







Soiling before and during pregnancy (n=60)

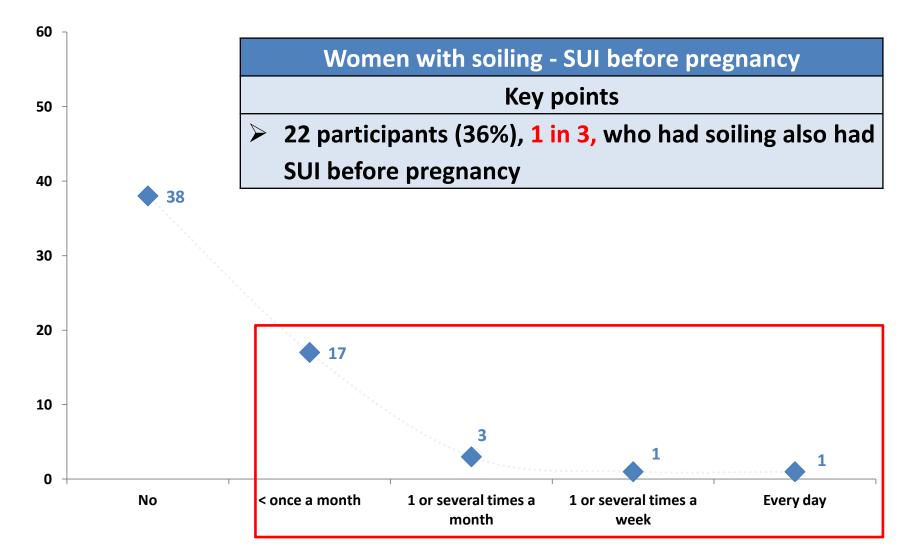


60 Soiling before and during pregnancy Key points 50 Soiling persisted for 19 participants \geq 41 4 of these participants spoke to a health care 40 professional 30 20 18 10 1 0 No, never Yes, minor amount Yes, major amount



Soiling before pregnancy (n=60) and SUI

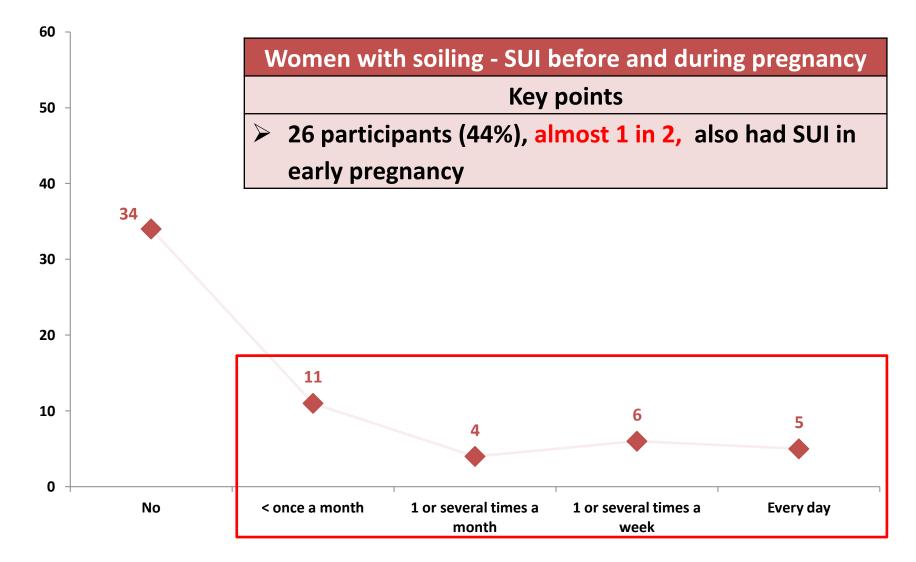






Soiling before and during pregnancy (n=60) and SUI







So what can we learn from these data?



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Interpret data with caution as these findings are **preliminary**



However,

analysis of data from these 725 women show that...



So what can we learn from these data?



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- More than 1 in 5 participants experienced some degree of urinary incontinence before pregnancy
 - Many did not talk to a healthcare professional
- Almost 1 in 3 participants experienced some degree of urinary incontinence at start of pregnancy
 - Again many did not talk to a healthcare professional

Leaking urine before pregnancy **Key points** 165 (22.8%) (1 in 5) participants experienced some degree of SUI before pregnancy > 38 (5.2%) participants experienced SUI one or several times a month or more frequently >**22 participants (3%)** spoke to a healthcare professional Leaking urine in early pregnancy **Key points** 242 (32.4%) (1 in 3) participants experienced SUI in early pregnancy **55 participants (8%)** spoke to a healthcare professional

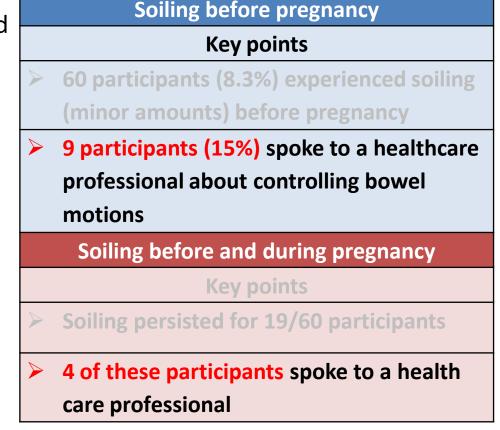


So what can we learn from these data?



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- One in 12 participants experienced soiling before pregnancy and this persisted for almost 1 in 3 of these participants
 - Again many did not talk to a healthcare professional





The relevance



- Women *reporting occasional UI before pregnancy* have *raised odds* of developing UI during pregnancy
 Brown et *al* 2010
- Women who develop UI during the first pregnancy or puerperium have a significantly higher risk of UI 5 years later than women without UI symptoms

• Viktrup & Lose 2000



The message



Whilst UI & FI remains undisclosed and not discussed women who could become continent will continue to be incontinent



The final message



Whilst UI & FI remains undisclosed and not discussed women who could become continent will continue to be incontinent

UI and FI are not normal and can be treated



The MAMMI Study (UI Strand) HRB

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- Future work
 - The MAMMI study is ongoing
 - Sample size is 1600 (2000 with Galway site)
 - Detailed analyses are required before data are truly understood and statistical significance and associations are ascertained
 - Only then can modifiable factors be identified

http://www.mammi.ie/

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- Sincerest thanks to
 - **The women** (all women including those who are not taking part but who read the information)
 - The midwives and midwifery students and other colleagues who are supporting the MAMMI study
 - My supervisors Professor Cecily Begley and Professor Mike Clarke
 - My colleagues Margaret Carroll, Deirdre O'Malley, Francesca Wuytack
 - **Rebekah Maguire** and **Sophie Clare** who worked with us on the MAMMI study in summer 2012
 - The Health Research Board (HRB) for funding the MAMMI study (UI) strand
 - **Professor Stephanie Brown**, Murdoch Children's Research Institute, Australia for granting permission to use and modify surveys



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Thanks to the conference organizers and scientific committee for the opportunity to present

http://www.mammi.ie/

