

Don't Choose Cesarean to Lower Incontinence Risk

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SAN FRANCISCO — Several studies have shown that women who develop urinary incontinence during pregnancy are more likely to have postpartum and long-term incontinence. A separate randomized, controlled study suggests that cesarean delivery may protect against development of postpartum urinary incontinence.

Does that mean that women with incontinence during pregnancy should be delivered by C-section to keep the incontinence from getting worse?

No, said Dr. Sharon K. Knight at a meeting on antepartum and intrapartum management sponsored by the University of California, San Francisco. In general, 3 months after delivery the prevalence of postpartum incontinence is 9%-31%, and the incidence is 7%-15%, data suggest.

Studies show that about half of women develop transient urinary incontinence during pregnancy, which increases the risk

for postpartum incontinence. The same studies report that the mode of delivery did not affect the risk of incontinence, said Dr. Knight of the university.

The one randomized study that suggested cesarean delivery might decrease the risk of postpartum incontinence had methodological problems and found a short-term benefit only in women who had no previous incontinence, she added.

That study randomized women to a trial of labor or cesarean delivery for breech

babies, and the incontinence rate was a secondary outcome measure. Three months after delivery, the vaginal delivery group had nearly twice the rate of incontinence as the C-section group, but that difference had disappeared by the 2-year follow-up (*Am. J. Obstet. Gynecol.* 2004;191:917-27). Many of these women went on to have more babies after the study, which complicates the 2-year results because it's unknown whether they were delivered vaginally or by cesarean section, Dr. Knight noted.

Retrospective studies of women who delivered exclusively by one mode or the other have produced conflicting results on incontinence rates, but the largest population-based studies found no difference based on mode of delivery, she said.

Epidemiologic studies report that primiparous women have twice the rate of stress incontinence as nulliparous women.

By ages 50-65 years, "just being a woman puts you at high risk of having urinary incontinence," Dr. Knight said. ■

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for group B strep prophylaxis, was between 34% and 40%."

Deviations in study protocol were observed in eight patients from each group, Dr. Gardella reported. "In the 30% group, two patients were converted to endotracheal anesthesia, three patients required an increase in inspired oxygen because of neonatal distress observed in the operating room, and three patients had intermittent mask use either during the surgical procedure because of vomiting, nausea, or claustrophobia, or after surgery because they wanted to feel closer to their baby without the mask," she said. In the 80% group, three were converted to general endotracheal anesthesia and five had intermittent mask use.

An analysis of patient outcomes showed that 25% of the women receiving 80% oxygen, compared with 14% of those receiving 30% oxygen, developed postpartum cellulitis or endometritis, or received intravenous antibiotics for either of those conditions, Dr. Gardella reported.

"Hospital readmission and wound separation were also more common in the 80% group," she said. "None of the numbers reached statistical significance because the study was not powered for that, but the data [were trending] in the wrong direction." Because the P value exceeded the P value for futility, suggesting the observed differences were unlikely to reach statistical significance with continued recruitment, the trial was stopped.

The study was limited by a number of considerations. The median duration of oxygen therapy was less than planned, there was significant overlap in the median level of venous oxygen in the 80% group and the 30% group, and it's possible a therapeutic level was not achieved, and the dorsum of the foot was used as a proxy measure of oxygen delivery. Finally, the outcome may have been 'muddled by antibiotic overuse in the study population, Dr. Gardella said. ■

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