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deirdre.gartland@mcri.edu.au

Response to 2016-LT-17894

Authors' reply

Sharif Ismail draws attention to the hidden problem of urinary and faecal incontinence that antedates first pregnancy. In our study, pre-pregnancy data on incontinence were obtained retrospectively during the index pregnancy. The period prevalence of urinary incontinence and faecal incontinence in the 12 months before the index pregnancy in this nulliparous cohort of 1507 women was 10% and 6.5% respectively. Women who experienced symptoms prior to pregnancy were markedly more likely to report incontinence 4 years after the birth of their first child.¹

We agree that our findings highlight opportunities before and during pregnancy to implement and evaluate measures to reduce pelvic floor morbidity, including promotion of pelvic floor muscle training. The fact that one in ten women experienced urinary incontinence, and one in fifteen experienced faecal incontinence before pregnancy with their first child suggests complex aetiology. It also identifies a need to focus greater attention on understanding how social, biological and obstetric risk factors intersect, and the implications of this for early intervention in a range of settings, not just within obstetric care. Our early work analysing baseline data from this cohort showed that fear of an intimate partner before and during pregnancy was a risk factor for both urinary and faecal incontinence during pregnancy. We conjectured that the mechanisms underlying these associations may have to do with maternal anxiety and/or exposure to sexual abuse.²

There is much we still do not understand about pelvic floor morbidity, and much work to be done both to elucidate causal pathways and ensure women receive appropriate early intervention and support.

Stephanie Brown and Deirdre Gartland

Healthy Mothers Healthy Families Research Group

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Author/s:

Brown, SJ;Gartland, D

Title:

Re: Frequency, severity and risk factors for urinary and faecal incontinence at 4 years postpartum: a prospective cohort Reply

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