

Stress urinary incontinence after child birth - An unreported complication

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Madam, Pregnancy and birth trauma are believed to be associated with the development of Stress Urinary Incontinence (SUI). SUI is a widespread condition with the global prevalence ranging from 18.6-67% during pregnancy and 7-56% after delivery which is assumed to decline within six months following delivery.¹ It is not a new issue at all. But the increasing trend of not reporting this burdensome condition to the physician urged me to write this letter. Since the aftermath of unreported SUI is devastating. Many studies have been done on incontinence and its impact on postpartum females from several years. In this letter, some of the most recent studies were overviewed.

In 2012, a large-scale study was conducted about the prevalence of UI in rural Pakistan, revealed that the prevalence is lower as compared to the studies from the developed world. The prevalence of UI was found to be 11.5%, SUI being most prevalent. SUI continues to remain a taboo with less than half of the women reporting to a physician about their condition. The most likely causes may include embarrassment and shame or limited information about treatment choices. Henceforth, SUI patients struggle in silence and try to deal with it themselves by using pads, limiting fluid intake and avoiding social dealings.^{2,3}

Another large cohort study has shown 37.9% prevalence of persistent UI, at 3 months and at 12 years after delivery.⁴ The understanding and beliefs about incontinence are potentially significant contributors for seeking treatment strategies. This is particularly true given the repeated finding that considerable proportions of incontinent women do not complain unless they are enquired specifically.⁵

The whys and wherefores of low consultation rate may include fear of stigmatization and isolation, feeling sinful as unable to perform ritual prayers five times a day, belief

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that the condition is incurable, or fear that surgery is the only option.⁶ In addition, the misconception that the condition is a predictable consequence after pregnancy while some might regard UI as a normal part of the ageing process.⁷

To date, the prevalence and type of UI among women in the general population of Pakistan have not been well-investigated. It imposes a great challenge to our healthcare system as until now there is no consensus with regard to consultation or report rate of SUI after pregnancy. There is a clear need of healthcare education and promotion on the high global prevalence, bothersomeness and treatment strategies in an effort to eradicate the social stigma as it enforces a significant emotional, social, and financial burden on the patient. Furthermore, it is vital to understand (1) the knowledge; (2) beliefs; and (3) reactions of women toward their own incontinence, while addressing them with SUI.

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