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# What You Need to Know About Postpartum Urinary Incontinence

Experiencing bladder troubles after childbirth? **MH** finds out why it happens and how you can deal with the condition. ■ WORDS **REBECCA WONG**

**S**o you've recently given birth to your little bundle of joy, and you couldn't be more delighted! But alas, your bladder is not quite behaving itself. Simple actions like laughing, coughing or sneezing have resulted in an uncontrollable leakage of urine. You may have experienced this during pregnancy and assumed that it would cease once you've delivered. But if incontinence is

affecting you even after a couple of months, it's time to get clued in and take action. Here's what you need to know about this postpartum condition, and how to go about managing it.

## What Exactly is Postpartum Urinary Incontinence?

"Urinary incontinence refers to the involuntary leakage of urine, a distressing problem with a profound

impact on quality of life," says Dr Kelly Loi, obstetrician and gynaecologist at Health & Fertility Centre for Women. "Incontinence usually occurs if your bladder muscles suddenly contract or the sphincter muscles are not strong enough to hold back urine."

As embarrassing as the condition may be, it's a fairly common condition for women post-pregnancy, so rest assured that many mums are in the

same boat as well. After childbirth, many women do experience some degree of stress incontinence (also known as urine leakage when there are movements that exert pressure on the bladder), assures Dr Loi.

## Common Causes of Postpartum Urinary Incontinence

As for what causes stress incontinence, Dr Loi explains that physical changes resulting from pregnancy, childbirth and menopause are usually to blame. Particularly susceptible are mothers who have delivered their baby vaginally. In fact, one of the biggest risk factors for stress incontinence is having undergone a vaginal delivery, especially one involving forceps or other interventions that can injure pelvic nerves and muscles, observes Dr Loi.

**There's also a greater risk for those who have had a prolonged pushing stage or large baby.**

"A vaginal delivery can weaken muscles needed for bladder control, and also damage bladder nerves and supportive tissue, leading to a dropped (prolapsed) pelvic floor," she continues. "With prolapse, the bladder, uterus, rectum or small intestine may get pushed down from the usual position and protrude into the vagina. Such protrusions can be associated with incontinence."

## Onset and Duration

You may start experiencing stress

incontinence during pregnancy itself, as a result of hormonal changes and the increased weight of the foetus. "Post-childbirth, leaking stops completely or becomes much less frequent within a few weeks of giving birth, while for others it can persist in varying degrees for several months or even longer," notes Dr Loi.

**Some may also develop urinary incontinence later in life (either again or the first time), as the problem becomes more prevalent with age. Urinary incontinence can even occur after menopause.**

"Menopausal women produce less estrogen, a hormone that helps keep the lining of the bladder and urethra healthy," explains Dr Loi. "A deterioration of these tissues can further aggravate incontinence."

## Prevention

As frustrating as the condition may be, there are steps that can be taken to treat it — or even prevent it from happening to you. Given how obesity may be linked to urinary incontinence, be sure to maintain a healthy weight through frequent exercise and proper nutrition (time to cut back on those chips and fast food!). "Being overweight can increase the pressure on the pelvic floor muscles and predispose one to incontinence," explains Dr Loi. "Ideally try to maintain a healthy body mass index."

A diet high in fibre can also help prevent constipation, another cause of urinary incontinence, mentions Dr Loi. Additionally, steer clear of bladder irritants such as caffeine, spicy foods or acidic foods like apples, lemons and oranges. Dr Loi also advises against smoking. "The forceful coughing associated with cigarette smoking is responsible for the increased incidence of stress incontinence," support Alfred E. Bent, Geoffrey W. Cundiff, and Steven E. Swift in *Ostergard's Urogynecology and Pelvic Floor Dysfunction*.

## Management and Treatment

For starters, avoid straining your pelvic muscles and carrying heavy loads, cautions Dr Loi. Practising pelvic floor exercises (also known as Kegel exercises) can also be helpful. Treatment is usually dependent on the severity of the condition. "Surgery typically involves the use of synthetic tapes which are placed midway along the urethra," she describes. "Small incisions are made in the vaginal area and specially designed needles are used to place the tape under the urethra."

For treatment of mild to moderate stress incontinence, laser vaginal therapy may serve as an alternative. Laser treatment acts to stimulate collagen neogenesis, shrinking and tightening the vaginal mucosa tissue and subsequently resulting in greater support to the bladder, Dr Loi explains. Preliminary clinical studies have also shown that it is an efficient, easy-to-perform and safe procedure. [M](#)



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