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Influence of antenatal pelvic floor muscle training on incidence of postpartum urinary incontinence

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Pregnancy and vaginal delivery affect the pelvic floor structure by increased intra-abdominal pressure, direct muscle trauma, nerve injury and connective tissue damage. Pelvic floor dysfunction is believed to be primarily due to structural defects of the neuromuscular and connective tissues supporting the bladder neck and urethra, with the impact of the first vaginal delivery as the key etiological factor. However, ante-partum incontinence in young age women at the first pregnancy and first delivery are also significant predictors of the later development of SUI, indicating that the inherent qualities of the supportive tissues could be independent risk factors. Pregnancy has a large etiological role and up to 42% of women report episodes of stress urinary incontinence during their pregnancy. Even in women during their first pregnancy, the incidence of urinary symptoms can be as high as 35%. In the postpartum period, up to 38% of women suffer from stress urinary incontinence; most them have developed symptoms before delivery and not postpartum. The pelvic floor muscles (PFMs) play a significant role in maintaining adequate pelvic support, mainly the position and function of the urinary bladder, urethra, uterus, vagina and rectum, as well as enabling urinary continence. Interest has increased over the last years in antenatal pelvic floor muscle training (PFMT) programs. Pelvic floor muscle training during pregnancy may reduce the incidence of postpartum pelvic floor dysfunction including genital prolapse, urinary and fecal incontinence but data about long-term effects is scarce.

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