

Pelvic Floor Disorders After Vaginal Birth *Effect of Episiotomy, Perineal Laceration, and Operative Birth*

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SUMMARY: In one of our prior publications, we demonstrated that pelvic floor disorders later in life are reduced among women who have had cesarean deliveries. This second analysis focused on outcomes for 451 participants who have had at least one vaginal birth. The goal was to identify obstetrical risk factors (interventions performed or natural) that may affect a woman's chance to develop "pelvic floor disorders," such as problems with bladder control or uterine prolapse. We investigated if operative delivery (defined as having a vacuum or forceps delivery), episiotomy (surgical incision of the perineum) and perineal laceration (tearing of the vaginal tissue) are associated with pelvic floor disorders 5 -10 years after delivery.

Of the 451 participants two were eliminated due to insufficient documentation of the exposures of interest (episiotomy, peritoneal laceration, surgical intervention) in both the medical record and in the self reported survey. Analysis of the remaining 449 revealed 122 (27%) had their first delivery after age 35, with 337 (75%) having more than one child, and 74 (16%) classified as obese.

Women who had at least one delivery by forceps were more likely to have symptoms of "overactive bladder" (urgency, frequency) and were more likely to have prolapse. Anal sphincter laceration (tear of the perineum to anal opening) was associated with having operative deliveries and episiotomy. And participants who experienced multiple, spontaneous perineal tearing were more likely to have pelvic organ prolapse.

However, having an episiotomy did not increase risk of pelvic floor disorders or prolapse. Data analysis revealed race, obesity and macrosomia (large fetus with weight of 4000g, or approx 8lbs 13 ozs) were not associated with any pelvic floor disorder.

The MOAD study is unique in gathering data both subjectively and objectively over time, with a goal of identifying risk factors and other variables that may affect the pelvic floor after delivery.

This manuscript was published in the February issue of the journal "Obstetrics and Gynecology". This is the second time the MOAD study has received honors by having the manuscript published ahead of the regular release date.

The full text can be read at:

http://www.hopkinsmedicine.org/johns_hopkins_bayview/docs/medical_services/obstetrics_gynecology/research/MOAD/Episiotomies_FullText.pdf