

# Pelvic Floor Disorders 5–10 Years After Vaginal or Cesarean Childbirth

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**SUMMARY:** “Pelvic floor disorders” include bladder control problems, bowel control problems and prolapse (or sagging) of the female organs. In this part of the MOAD study, we investigated whether a woman’s childbirth experiences would influence the chance she would develop these conditions. This analysis was based on information from the first 1011 women who joined MOAD.

The first goal of this comparison was to investigate whether pelvic floor problems were more common among women who had at least one vaginal delivery (versus women who had only cesarean births). We found that certain “pelvic floor disorders” were more common among women who had at least one vaginal delivery. Specifically, women who had at least one vaginal delivery were twice as likely to experience “stress urinary incontinence”, which is leakage of urine with physical activities (such as coughing, jumping and lifting). Also, women who had delivered at least one baby vaginally were more likely to have prolapse (or sagging) of the vaginal walls.

The second goal of this comparison was to examine the impact of laboring before cesarean delivery. Specifically, we compared whether pelvic floor disorders were more common for women who labored before cesarean versus those who did not labor. We found no difference between these groups. Our conclusion was that labor alone is not a risk factor for pelvic floor disorders. Even in women who experienced the most advanced labor (the cervix was completely dilated and they were pushing to deliver the baby), there was no increase in pelvic floor disorders.

Data analysis also demonstrated that women who delivered a baby using forceps or vacuum seemed to be at higher risk for pelvic floor disorders. In addition, pelvic floor disorders were less common among Black women and were more common among obese women.

Women in the MOAD study provide information about symptoms of pelvic floor disorders every year when they complete the annual survey update. These updates will allow us to investigate how these patterns might change over time.

This scientific paper was published in the journal “Obstetrics and Gynecology” in October. It was selected for a special on-line publication by the editor because it was felt to be an important study.

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