

Over a quarter of women referred to a perineal clinic had urinary or anal incontinence 6 months after childbirth

Urinary and anal incontinence at 6 months postpartum in women referred to a perineal clinic: prevalence and predisposing factors

Ros C1, Box C1, Ferrer M1, Bruch J1, Galán C1, Mula C1, Anglès S1, López M1, Sánchez E2, Espuña-Pons M1

1. Hospital Clínic de Barcelona
2. Universitat Blanquerna, Barcelona

www.ics.org/2026/abstract/#704

Background and aim

Pregnancy and childbirth are major risk factors for pelvic floor dysfunction (PFD), including urinary (UI) and anal incontinence (AI). Women referred to a perineal clinic for obstetric risk factors or early symptoms were expected to show a high PFD prevalence at 6 months, with clinical and ultrasound parameters associated with each dysfunction.

Aim: to determine the prevalence of UI, AI and fecal urgency at 6 months postpartum in this cohort and to analyze the predisposing factors associated with each condition.

Methods

- Design:** observational cohort study in the perineal clinic of a tertiary university hospital (2022–2025).
- Referral criteria (8–12 weeks):** instrumental delivery, primiparity with macrosomic newborn, intrapartum obstetric anal sphincter injury (OASI), levator ani muscle (LAM) injury or early PFD symptoms.
- Assessment at 6 months:** women with LAM injury and/or OASI, or persistent symptoms despite pelvic floor training, had clinical and ultrasound evaluation.
- Definitions:** UI, ICIQ-UI-SF >5; AI, St Mark's >0; fecal urgency, inability to defer defecation >15 min.
- Variables:** demographics, obstetric and delivery data, Oxford score and ultrasound (urethral hypermobility, urethrocele, LAM avulsion or ballooning, anal sphincter defects).

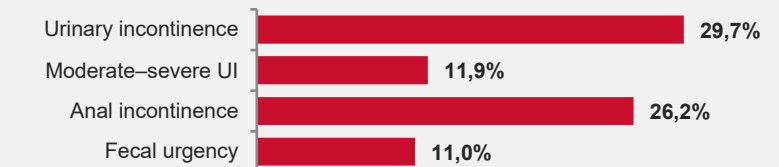


Results

336 Women included	36.0 Age, years (SD 4.8)	23.1 BMI, kg/m ² (SD 3.9)
------------------------------	------------------------------------	--

Delivery: spontaneous vaginal 57.7% · episiotomy 32.3% · birthweight 3,333 g (SD 471)

Prevalence at 6 months postpartum (%)



Independent predisposing factors

	Clinical	Ultrasound
UI	Higher maternal age, UI during pregnancy, higher ICIQ-UI-SF at 8–12 weeks	Urethral hypermobility, urethrocele at rest, ballooning
AI and/or fecal urgency	Higher maternal age, lower Oxford score, OASIS in a previous delivery	Residual anal sphincter defect

Interpretation

UI and AI were frequent 6 months after childbirth in this high-risk population. Both early clinical symptoms and ultrasound findings were associated with later dysfunction, supporting combined clinical and imaging assessment for risk stratification.

Concluding message: These findings support specific screening and referral pathways to perineal clinics, early postpartum rehabilitation to prevent chronic UI and AI, and routine ultrasound in selected women to classify lesions suspected intrapartum or in the immediate postpartum.