Vaginal Delivery vs. C-Section: What’s Your Risk for ABL?

Some women wonder if a C-Section might reduce their risk for pelvic floor disorders (PFDs). PFDs are a group of conditions that affect the pelvic floor, including pelvic organ prolapse, bladder control issues, and bowel control problems. One type of Bowel-related PFD is anal incontinence or the leakage of stool or gas without your control. It is also called fecal incontinence or accidental bowel leakage (ABL).

A group of Swedish researchers looked at the risk of C-section for ABL. The health records of nearly 4 million women were analyzed. Of those, 4 percent had C-sections and about 35 percent delivered vaginally. Women who had given birth both via C-section and vaginally were not included in the study. Also, the researchers excluded women who had four or more deliveries.

C-section was not found to increase a women’s risk for ABL. Other factors, however, did increase a women’s risk post-pregnancy, including:

- **Age of delivery**: Older moms are more likely to develop ABL than younger ones.
- **Weight of the baby**: Babies with a higher than average birth weight also increased a women’s risk for ABL.
- **Instrumental delivery**: Births that required the health care provider to use forceps or other instruments during the delivery also increase the likelihood of a woman developing incontinence issues.

**The bottom line**: If you are at greater risk for post-delivery ABL, talk with your provider. Ask for a more thorough post-partum exam to check for potential injury. And, if needed, seek treatment early.

- Download a free fact sheet about Accidental Bowel Leakage.
Will Lifting Weights Help Control UI?

A group of Brazilian doctors says, yes! Thirty-two women in their mid-sixties participated in a 12-week study that compared the effect of pelvic floor muscle exercises (PFME) alone with PFME plus weight training. Most of the women had a combination of stress urinary incontinence (SUI) and urge urinary incontinence (UUI):

- SUI is leakage of urine with physical activity or motions such as laughing, coughing, lifting, or with exercise.
- UUI is leakage associated with the gotta-go-now feeling.

Both groups of women performed PFME with a trainer. The 30-minute sessions were held two times per week. In addition, the women were encouraged to do PFME at home on their own. Immediately after the PFME session, the weight training group met with the trainer for an additional 50 minutes. Across one-minute intervals, they performed 15-repetitions of alternating weight-bearing exercises.

And, drumroll please…weight training made a difference! In addition to improvements in muscle strength, the women in the weight training group reported decreased episodes of urinary leakage.

The researchers remind us that this was a very small group of women and a relatively short study. Thus, much more research must be done to find out if their findings are true for all women.

Another caveat: the weight training group worked with a trainer. Research also needs to evaluate if women who do not work with a trainer experiences the same benefits.

If you are going to start lifting, working with a trainer can help ensure that you correctly perform each exercise and do not strain your pelvic floor. Straining the pelvic floor can worsen UI and other pelvic floor disorders.

ISC—Single Use vs. Reusable Catheters?

Problems with the pelvic floor and other medical conditions may require women to manually drain the urine from their bladder. This process is called intermittent self catheterization (ISC). Sometimes it is also necessary to manually empty the bladder after pelvic surgery on a short term basis.

ISC involves placing a small tube, called a catheter, in the bladder to let the urine drain out. When you learn about ISC, your health care provider may ask you to choose between single use catheters or reusable catheters. Many factors go into the decision. Two common considerations are cost and the risk of urinary tract infection (UTI). UTIs are abnormal growth of bacteria anywhere along the urinary tract combined with symptoms.

When it comes to UTIs, studies show your choice of catheter plays a big role in the risk for developing an infection. Reusable catheters increased the risk for not only UTIs but also other complications. For example, bladder stones and urinary strictures which are a narrowing of the urethra (the tube that carries urine outside of the body). It can be tricky to ensure a reusable catheter is properly cleaned and limit your risk for complications. One reason is that research has not been done on the best cleaning procedure for reusable catheters.

Currently cleaning recommendations vary based on the catheter type and manufacturer instructions:

- Some cleaning directions specify cleaning catheters with antibacterial soap and water.
- Others suggest cleaning them with alcohol or another sterile solution.
- For some catheters microwaving is even suggested.

Generally speaking, it costs more to purchase single-use catheters. et, when you factor in the cost of health care associated with the catheter complications, the cost differences are quite small. For some women at highest risk for complications, the single-use catheters can even be less expensive.

- Download a fact sheet about Intermittent Self Catheterization.
Does Pilates Help Strengthen Pelvic Muscles?

Pilates has been around for 100 years. Joseph Pilates developed this innovative exercise program in the 1920s. The regimen is a combination of moves that build muscles, while also improving flexibility, posture, and mental awareness. So, does this popular exercise also strengthen pelvic floor muscles?

Some studies have suggested that Pilates may help to strengthen the pelvic floor. The pelvic floor is a set of muscles and other tissues in the lowest part of the pelvis that are very important in providing support to organs such as the bladder, vagina, and rectum. The muscles are sometimes called “Kegel muscles” because they are the muscles used to perform “Kegel” exercises.

A group of Brazilian researchers looked at the strength of the evidence linking Pilates to stronger pelvic floor muscles. They found more than 4,400 studies on mat and/or apparatus Pilate programs. Of those studies, they looked for ones that:

- Lasted at least eight weeks.
- Compared the outcomes of a group who did Pilates with a group who did a different type of exercise (control group).
- Included only healthy women who were not pregnant.

Of those thousands of studies, only two met the above criteria. And, the findings of these studies did not prove that Pilates helped to strengthen the pelvic floor muscles. What does this tell us?

- More studies are needed about the effect of Pilates on the pelvic floor muscles.
- To really assess the impact, studies on this topic must use control groups. Otherwise, their findings are not clear.
- In addition, studies must include large enough groups of women. If the groups are small, we do not know if they experience translates to all women.

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