Effectiveness of Pelvic Floor Muscle Exercise to reduce Urinary Incontinence among Postnatal Mothers

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ABSTRACT

Urinary incontinence can be characterised as 'the protest of any automatic spillage of urine. Under this more extensive definition, there are various indications, similar to Stress urinary incontinence, Urge urinary incontinence and mixed urinary incontinence. Postpartum urinary incontinence is here and there an unavoidable inconvenience of vaginal conveyance, particularly in the event that it happens to be a woman's first vaginal conveyance. Weaker pelvic muscle has reduced inability to stop the flow of urine among postnatal mothers. The study supports the need for nurses to educate the postnatal mothers about methods to reduce urinary incontinence by using the first line of treatment, i.e., pelvic floor muscle strengthening exercise. The present study aims to assess the effectiveness of pelvic floor muscle exercise to reduce urinary incontinence among postnatal mothers. A quantitative pre-experimental, one group pretest and post test research design were chosen to conduct the investigation among 60 postnatal mothers. Convenience sampling technique was used to select the postnatal mothers. Modified Sandvik et al Severity Index tool was chosen to assess the pretest and post test level of urinary incontinence. The assessment includes on frequency (involuntary loss of urine occurs), incontinence with daily living and amount of urine leaks. The study results show most of the postnatal mothers had severe urinary incontinence and after the administration, pelvic floor muscle exercises most of the postnatal mothers had moderate urinary incontinence and this emphasizes the need to educate the postnatal mothers and promote them to perform PMRT so that they come through the postnatal period and for the betterment of life.

INTRODUCTION

The International Continence Society (ICS) characterizes urinary incontinence (UI) as a condition wherein automatic urine loss happens. The most widely recognized structure is pressure urinary incontinence (SUI), characterized as any urine loss results from physical effort, for example, jumping, running and coughing (Kegel, 1952). The most usually observed issue among pregnant ladies is SUI. SUI happens because of anatomical imperfections in the structures that help the bladder and urethra, coming about in problematic situating of these structures very still or on effort. UI that is experienced during pregnancy appears to turn out to be...
more terrible as the pregnancy advances. Numerous investigations have announced that pregnant ladies who had UI during pregnancy are at higher danger for postpartum UI than those without UI during pregnancy (Kılıç, 2016).

Urinary incontinence, happening with physical effort, is the most well-known kind of urinary incontinence in postnatal moms and affects the personal satisfaction of roughly 54.3% of this population (Chancellor, 2000). Urinary Incontinence is known to affect the quality of life (QOL) in around 54.3% of all pregnant ladies in four spaces: physical action, travel, social connections, and passionate well being. Pelvic floor muscle works out (PFME) is a successful treatment for SUI during pregnancy and has no huge antagonistic impacts. Self-control can be improved when incontinent pregnant ladies satisfactorily perform PFME (Mørkved et al., 2004).

Stress urinary incontinence (SUI), characterized as “the protest of automatic spillage of urine on exertion, effort, wheezing, or hacking” by the International Continence Society, is the most widely recognized kind of urinary incontinence in ladies. In spite of the fact that it’s anything but a hazardous condition, SUI influences the nature of ladies’ lives from numerous points of view and may restrict ladies’ social and individual connections, just as restricting physical action. Much has been expounded on the commonness of stress urinary incontinence, which influences up to 40% of network abiding ladies living in the Western world. Moreover, its commonness is expanding because of a maturing society. However, just a fourth of all ladies with this issue look for clinical help (Jagadeeswari et al., 2019).

Traditionalist medicines, a nonsurgical treatment, incorporate improving the way of life, bladder preparing, pelvic floor muscle activities, biofeedback, and the electrical incitement of pelvic muscles (Bhuvaneswari, 2019). Kegel practices are the most well-known strategy for strengthening pelvic floor muscles and are noninvasive treatment with the end goal that they don't include the situation of any vaginal weights/cones (Arrue et al., 2010).

Postpartum pelvic floor muscle practice has been exhibited to be successful in counteraction and treatment of urinary incontinence in the quick Postpartum period.8 Recent investigations inferred that between the eighth and sixteenth week after conveyance, a uniquely planned Postpartum pelvic floor muscle practice course was viable in expanding pelvic floor muscle quality and lessening urinary incontinence (Tenga, 2015). In the gathering obviously, 66% were restored following the severance of the managed preparing period, contrasted and 33% in the benchmark group. The outcomes likewise demonstrated that the accomplishment of baby blues pelvic floor muscle practice relied upon preparing recurrence and force (Aoki et al., 2017).

Purpose of the study is to assess the effectiveness of pelvic floor muscle exercise to reduce urinary incontinence among postnatal mothers.

MATERIALS AND METHODS

A quantitative approach with pre-experimental one group pretest and posttest research design was used to conduct the study at Saveetha Medical College Hospital. 60 postnatal were selected using a convenience sampling technique. The inclusion criteria for sample selection are postnatal mothers, having complaints of urinary incontinence and mothers who had at least a primary school education and these women were informed of this research and assent was obtained. The exclusion criteria for the samples are women who conveyed by elective cesarean segment and those encountering postpartum overflow urinary incontinence and agony during pelvic floor muscle compressions. The data collection period was done with prior permission from the head of the department of Saveetha Medical College and Hospital. The motivation behind the examination was disclosed to the samples and assent was gotten from them. The demographic data were collected and the Modified Sandviketal Severity Index tool was used to assess the pretest and posttest level of urinary incontinence. The data were analyzed using descriptive and inferential statistics.

RESULTS AND DISCUSSION

Section A

Sample characteristics

Among 60 postnatal mothers, most of the postnatal mothers 25(41.7%) were in the age group of 26 – 30 years, 41(68.3%) were Hindus, 25(41.6%) had secondary level of education and these women were informed of this research and assent was obtained. The motivation behind the examination was disclosed to the samples and assent was gotten from them. The demographic data were collected and the Modified Sandviketal Severity Index tool was used to assess the pretest and posttest level of urinary incontinence. The data were analyzed using descriptive and inferential statistics.

Level of urinary incontinence among postnatal mothers

In the pretest, 40(66.67%) had severe urinary incontinence and 30(33.33%) had moderate urinary incontinence. After the administration of pelvic
Table 1: Frequency and percentage distribution of pretest and posttest level of urinary incontinence among postnatal mothers. N= 60

<table>
<thead>
<tr>
<th>Urinary Incontinence</th>
<th>Incontinence</th>
<th>Mild (0 – 6)</th>
<th>Moderate (7 – 9)</th>
<th>Severe (10 – 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Pretest</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>33.33</td>
</tr>
<tr>
<td>Post Test</td>
<td>27</td>
<td>45.0</td>
<td>30</td>
<td>50.0</td>
</tr>
</tbody>
</table>

In this investigation, the analyst assessed the effect of pelvic floor muscle exercise, 30(50%) had moderately urinary incontinence, 27(45%) had mild urinary incontinence and 3(5%) had severe urinary incontinence among postnatal mothers (Table 1).

Table 2: Comparison of pretest and posttest level of urinary incontinence among postnatal mothers. N= 60

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Mean</th>
<th>S.D</th>
<th>Paired ‘t’ test Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>9.93</td>
<td>1.59</td>
<td>t = 19.272</td>
</tr>
<tr>
<td>Post Test</td>
<td>6.73</td>
<td>1.58</td>
<td>p = 0.0001</td>
</tr>
</tbody>
</table>

The present study finding is supported by a study conducted by Bok MS (2011) conducted a quasi-experimental study to assess the effect of pelvic floor muscle training exercises in reducing urinary and fecal incontinence among 747 women on New Zealand. Results revealed that women in the intervention group had significantly less urinary incontinence. 167(59.5%) versus 169(69.0%), 9.1% is the difference among two groups, fecal incontinence was also reduced 12(4.4%) versus 25(10.5%) difference is 6.1%. Finally, the researcher concluded that effective pelvic floor muscle training could reduce incontinence. So it is vital for the mothers to know about pelvic floor exercises to reduce fecal and urinary incontinence (Kari, 2004).

Section C

Association of the level of knowledge with selected demographic variables

The present study revealed that the demographic variables mode of delivery and any previous knowledge related to pelvic floor muscle exercise had shown statistically significant association with posttest level of urinary incontinence among postnatal mothers at p<0.05 level and the other demographic variables had not shown association.

CONCLUSIONS

On the basis of the study, the investigator concluded that pelvic floor muscle exercise had a significant effect to control urinary incontinence among postnatal mothers by regular performing of pelvic floor muscle exercise. Pelvic floor muscle exercises are simple, easy to do and may enhance greater comfort for the women with urinary incontinence.

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Conflict of Interest

The authors declare that they have no conflict of interest for this study.

REFERENCES


