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**Literature search results**

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**Search details**

Bladder care after delivery (post-partum period)

**Resources searched**


**Summary**

**Guidelines**

**Evidence based reviews**

**From the Cochrane Library:**

**Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women**

Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women
Hay-Smith J, Dumoulin C. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. Cochrane Database of Systematic Reviews 2006, Issue 1.

Published research

1. **Displacement and recovery of the vesical neck position during pregnancy and after childbirth.**

   **Author(s):** Wijma J, Weis Potters AE, van der Mark TW, Tinga DJ, Aarnoudse JG

   **Citation:** Neurourology & Urodynamics, 2007, vol./is. 26/3(372-6), 0733-2467

   **Publication Date:** 2007

   **Abstract:** AIMS: (i) To describe the displacement and recovery of the vesical neck position during pregnancy and after childbirth and (ii) to discriminate between compliance of the vesical neck supporting structures with and without pelvic floor contraction. METHODS: We focussed on the biomechanical properties of the vesical neck supporting structures during pregnancy and after childbirth by calculating the compliance and the hysteresis as a result from of abdominal pressure measurements and simultaneous perineal ultrasound. RESULTS: This study shows that compliance of the supporting structures remains relatively constant during pregnancy and returns to normal values 6 months after childbirth. Hysteresis, however, showed an increase after childbirth, persisting at least until 6 months post partum. CONCLUSIONS: Vaginal delivery may stretch and or load beyond the physiological properties of the pelvic floor tissue and in this way may lead to irreversible changes in tissue properties which play an important role in the urethral support continence mechanism.

   **Source:** MEDLINE

2. **A randomized trial of the effects of coached vs uncoached maternal pushing during the second stage of labor on postpartum pelvic floor structure and function.**

   **Author(s):** Schaffer JI, Bloom SL, Casey BM, McIntire DD, Nihira MA, Leveno KJ

   **Citation:** American Journal of Obstetrics & Gynecology, May 2005, vol./is. 192/5(1692-6), 0002-9378

   **Publication Date:** May 2005
Abstract: OBJECTIVE: The purpose of this study was to determine if refraining from coached pushing during the second stage of labor affects postpartum urogynecologic measures of pelvic floor structure and function. STUDY DESIGN: Nulliparous women at term were randomized to coached (n = 67) vs uncoached (n = 61) pushing. At 3 months' postpartum women underwent urodynamic testing, pelvic organ prolapse examination (POPQ), and pelvic floor neuromuscular assessment. RESULTS: Urodynamic testing revealed decreased bladder capacity (427 mL vs 482 mL, P = .051) and decreased first urge to void (160 mL vs 202 mL, P = .025) in the coached group. Detrusor overactivity increased 2-fold in the coached group (16% vs 8%), although this difference was not statistically significant (P = .17). Urodynamic stress incontinence was diagnosed in the coached group in 11/67 (16%) vs 7/61 (12%) in the uncoached group (P = .42). CONCLUSION: Coached pushing in the second stage of labor significantly affected urodynamic indices, and was associated with a trend towards increased detrusor overactivity.

Source: MEDLINE

3. Voiding function in pregnancy and puerperium.

Author(s): Dietz HP, Benness CJ

Citation: International Urogynecology Journal, March 2005, vol./is. 16/2(151-4; discussion 154), 0937-3462

Publication Date: March 2005

Abstract: Bladder function changes significantly in pregnancy. This study prospectively examined voiding function in a nulliparous cohort. A total of 200 nulliparous women were seen twice during pregnancy and 2-5 months postpartum. Flowmetry, ultrasound estimation of residual urine and translabial ultrasound of bladder neck mobility were evaluated. The Liverpool nomograms were used to calculate maximum and average flow rate (MFR and AFR) centiles. Flowmetry was available on 186 women at 6-18 weeks, 165 women at 32-39 weeks and 162 women 2-5 months postpartum. Voided volumes decreased from 253 to 180 ml during pregnancy (p<0.001), increasing again to 198 ml postpartum. MFR centiles increased during pregnancy [from 49 (SD 28) to 58 (SD 29), p=0.003], and this trend continued postpartum [to 61.8 (SD 26.8), p<0.001]. Changes correlated weakly but significantly with changes in several parameters of bladder neck mobility (e.g. urethral rotation and MFR centiles, r=0.182, p=0.027). MFR and AFR centiles increase in pregnancy and with childbirth, and increases correlate weakly with changes in bladder neck mobility.

Source: MEDLINE


Author(s): Wesnes SL, Hunskaar S, Bo K, Rortveit G
2. Review: Some evidence shows that pelvic floor muscle training reduces urinary incontinence in pregnant and postpartum women at ≤12 months.

Author(s): Latthe P

Citation: Evidence-Based Medicine, 01 April 2009, vol./is. 14/2(53-53), 13565524

Publication Date: 01 April 2009

Source: CINAHL

Full Text:

Available in fulltext at Highwire Press


Author(s): Dueñas-García OF, Rico H, Gorbea-Sanchez V, Herreras-Canedo T

Citation: Obstetrics & Gynecology, 02 August 2008, vol./is. 112/2 Part 2(481-482), 00297844

Publication Date: 02 August 2008

Source: CINAHL

Full Text:

Available in fulltext at Ovid

Available in fulltext at Ovid
4. The impact of fecal and urinary incontinence on quality of life 6 months after childbirth.


Citation: American Journal of Obstetrics & Gynecology, 01 December 2007, vol./is. 197/6(0-), 00029378

Publication Date: 01 December 2007

Abstract: OBJECTIVE: The objective of the study was to investigate the impact of postpartum fecal incontinence (FI) and urinary incontinence (UI) on quality of life (QOL). STUDY DESIGN: Seven hundred fifty-nine primiparous women in the Childbirth and Pelvic Symptoms study were interviewed 6 months postpartum. FI and UI were assessed with validated questionnaires. We measured QOL with SF-12 summary scores, health utility index score (a measure of self-rated overall health), and the modified Manchester Health Questionnaire. RESULTS: Women with FI had worse self-rated health utility index scores (85.1 +/- 9.8 vs 88.0 +/- 11.6, P = .02) and Medical Outcomes Study Short Form Health Survey (SF-12) mental summary scores (46.8 +/- 9.2 vs 51.1 +/- 8.7, P < .0001) than women without FI or flatal incontinence. Women with UI had worse SF-12 mental summary scores (48.3 +/- 9.8 vs 51.6 +/- 7.8, P < .01) and self-rated health utility index scores (84.1 +/- 12.5 vs 88.7 +/- 10.1, P < .01) than women without UI. Women with both FI and UI had the lowest SF-12 mental summary scores (44.5 +/- 9.0). CONCLUSION: Six months after delivery, women experiencing FI or UI reported negative effects on health-related QOL. FI and UI together have a greater impact than either condition alone.

Source: CINAHL