

The clinical and cost-effectiveness of interventions for preventing continence issues resulting from birth trauma: a rapid review

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Background

Around **85% of vaginal births in the UK are affected by injury of the perineum** (the tissue between the vagina and the anus), either through spontaneous tear or purposeful surgical incision (known as an 'episiotomy').



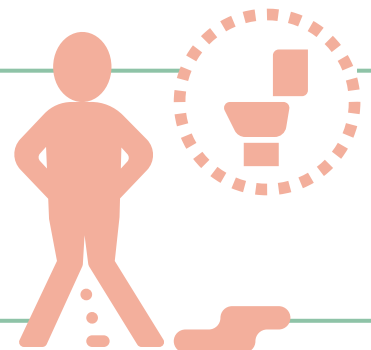
Injury to the perineum as a result of childbirth (also known as **perineal trauma**) can contribute significantly to issues with urinary and faecal incontinence.

Incontinence places a **significant financial burden on the NHS**, specifically 'Stress Urinary Incontinence' (caused by pressure on the bladder from coughing or sneezing), at an **estimated £177 million per year**.

Consideration of the impact of perineal trauma on women's health in both the short and long-term is essential.

Study aims

To identify evidence on the **clinical effectiveness and cost-effectiveness of interventions for preventing continence issues resulting from birth trauma**.



Evidence Base

This review included evidence up to between 2003 and 2024, including:

20

systematic reviews of
clinical effectiveness

3

economic
evaluations

Key Findings

This review supports investment in exercise-based interventions.



This review identified a **large evidence base regarding exercise-based interventions, including Pelvic Floor Muscle Training (PFMT) before and after childbirth, as well as limited evidence of its long-term effectiveness.**

This aligns with NICE 2021 guidance

Interventions such as **prenatal perineal massage and vaginal devices** were less represented in the literature, especially for faecal incontinence outcomes.

Despite a lack of information around the cost-effectiveness of interventions, the **substantial economic burden of incontinence on the NHS necessitates investment in clinically effective, preventative options.**

Evidence Gaps

There is a large evidence gap around the **cost-effectiveness of interventions aimed at preventing incontinence resulting from birth trauma.**

Next Steps

Future research is needed to:

- further understand women's experiences of, and preferences for, available interventions
- further understand the feasibility and implementation of interventions for preventing incontinence in routine practice

The full rapid review is available to view here:

<https://www.medrxiv.org/content/10.1101/2024.09.09.24313310v1>