

Urinary Symptoms: Prevalence and Impact on Quality of Life in the Last Gestational Month



Primigesta Susceptibility

LUTS – 100%

ICIQ-SF
G1 x G2 p=0.42

Young women

- **Early PFMT Implementation:** PFMT
- **Routine Screening:** Active LUTS assessment
- **Opportunity** to offer care

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BACKGROUND & RATIONALE

Gestational LUTS Vulnerability: Hormonal surges, progressive fetal weight, and mechanical compression stress the lower urinary tract in late pregnancy.

Parity Dynamics: While multiparity adds cumulative anatomical trauma, primigestas (G1) face acute physiological changes that are often underestimated.

Underreporting & Normalization: LUTS are frequently accepted as "normal" during pregnancy, delaying early pelvic floor muscle training (PFMT).



STUDY OBJECTIVES

1. LUTS prevalence in 3rd trimester.
2. Compare Primigestas (G1) vs Secundigestas (G2).
3. Quantify QoL impact

MATERIALS & METHODS

Design & Setting: Observational cross-sectional study (2023–2024) at a public maternity hospital in Sergipe, Brazil.

Sample: 68 postpartum women interviewed <48h post-delivery regarding the last 4 gestational weeks
41 G1 Primigestas vs 27 G2 Secundigestas

Instruments: Structured urogynecological interview + validated ICIQ-SF (0–21 score)

Statistical Analysis: Descriptive stats, Chi-square test, Student's t-test ($p < 0.05$). Ethics Protocol #76308-2012.



PARTICIPANT PROFILE (N=68)

25.4

Mean Age (Yrs)
Young Cohort

28.1

Mean BMI (kg/m²)
Overweight Range

57.4%

Low Education
70.6 % Parda Ethnicity



STRESS URINARY INCONTINENCE (SUI)

G1: 36.6%
Primigestas (15/41)

p = 0.73 (NS)

G2: 40.7%
Secundigestas (11/27)

Main Trigger: Coughing was the single most frequent leakage effort (22.0%), followed by sneezing and physical exertion. High prevalence in G1 underscores early pregnancy risk.



ICIQ-SF QUALITY OF LIFE IMPACT

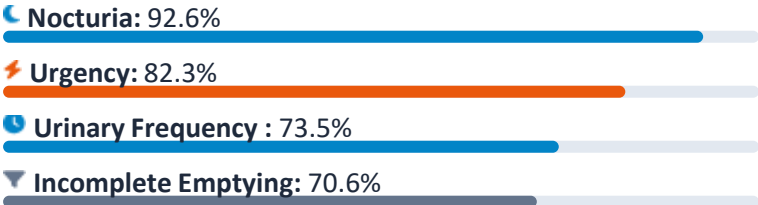
G1: 8.2 ± 5.1 X G2: 9.4 ± 6.2 (p=0.42)

Severe / Very Severe Bother (≥12): 36.8%
25 of 68 women experienced major physical, social, and emotional impact due to LUTS.



LUTS PREVALENCE

100% REPORTED LUTS



CONCLUSIONS & IMPLICATIONS

Primigesta Susceptibility: High SUI rate in G1 (36.6%) demonstrates that first pregnancy is an opportunity to care the PFM and LUTS

Routine Screening: Active LUTS assessment must be integrated into standard prenatal care from the 1st trimester.

Early PFMT Implementation: Pelvic floor muscle training should be systematically taught to primigestas to prevent chronicity.

Underreported Burden: Symptoms are frequently normalized by patients and providers, masking severe QoL deterioration.

FUNDING



FAPITEC/SE
FUNDAÇÃO DE APOIO À PESQUISA E À INOVAÇÃO
TECNOLOGICA DO ESTADO DE SERGIPE



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