Letter to the Editor

Is it really risky for postpartum stress urinary incontinence in the first year postpartum?

We read Kokabi and Yazdanpanh's article, which has been published in the Journal of the Chinese Medical Association with interest. We found the possibility of mis-presentation of the data by the authors. Based on the report by authors, the authors wrote that the frequency of postpartum stress urinary incontinence (SUI) was significantly higher in women after vaginal delivery than that in women with cesarean section, within the first year after postpartum. Data showed 14.2%, 12.2%, and 9.5% at the end of the first month, sixth month, and twelve month postpartum, respectively, in the women after vaginal delivery compared to 7.9%, 6.5% and 3.6%, respectively in the women after cesarean section, contributing to the odd ratio (OR) of 2.3, 2.6, and 1.8, respectively.

However, when we carefully read the data, the 95% confidence intervals (95% CI) of 2.3, 2.6, and 1.8 were ranged from 0.6 to 4.3, 0.3–4.8 and 1.1–3.7, respectively, these seemed to be not statistically significant between vaginal delivery and cesarean section, except that at the end of postpartum 12 months after delivery. The similar error was also found everywhere in the article. For example, the authors found that the tool assisted vaginal delivery increased the risk of SUI by three-fold. In fact, 95% CI was ranged between 0.9 and 6.6, which did not seem to reach statistical significance.

Furthermore, we did not agree with the suggestion by authors who commented that the estimates provided here may be useful when counseling women about the risk and benefits of different delivery modes.

The decision of cesarean section should be based on the clinical “indication”, not the knowledge for risk and benefit of different delivery modes. If the indication for cesarean section is absent, but the patients and/or physicians over-emphasized the ratio of risk and benefits of vaginal delivery, especially for disorders of pelvic floor, such as SUI, pelvic organ prolapse (POP) and dis-position of the pelvic organs, this might result in the significantly increasing rate of cesarean section for these pregnant women. Finally, we totally agree with “Editorial comments” in the same issue, since the benefits of cesarean section have been overestimated and the belief is also significantly emphasized by a certain population, such as actors or singers. We hope that the authors would respond to our comments.

Conflicts of interest

The authors declare that they have no conflicts of interest related to the subject matter or materials discussed in this article.

References


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