ADVICE

Flatus and faecal incontinence in pregnancy and after childbirth: what goes unspoken and what to do about it

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Almost one woman in three is at least occasionally unable to hold in wind or stool a year after giving birth, and many tell no one. We explain who is at risk, why this is not “normal after childbirth” and where to turn for help.

People rarely talk about this, even with a doctor. After giving birth, a woman notices that she sometimes cannot hold in wind, and occasionally stool as well. She feels ashamed, assumes it is an unavoidable price of motherhood and simply adapts. Yet the problem is common, it has clear causes, and something can be done about it.

How common it is

Ukrainian researchers (gynaecologists, proctologists and surgeons, Artem Mykytiuk among them) followed 231 pregnant women. Each was examined three times by a proctologist: in the first trimester, in the third, and a year after giving birth.

- During pregnancy, incontinence affected 12.9% of women.
- A year after giving birth, it affected 28.6%, almost one woman in three.
- The most common complaint was involuntary passing of wind.

International data are similar. According to a Cochrane review, three months after a first birth 19–46% of women cannot control wind, and 2.4–8% cannot control solid stool. The figures vary so widely partly because many women simply do not mention their symptoms.

Who is at risk

In the study, incontinence developed significantly more often in women with:

- age over 36
- three or more births
- low physical activity
- haemorrhoids in their medical history
- constipation or discomfort around the anus already at their first visit to the proctologist.

Excess weight, the baby's weight, education and place of residence, on the other hand, did not affect the risk in this study.

A separate and the most significant factor is an anal sphincter tear during childbirth (third- and fourth-degree tears). According to the Royal College of Obstetricians and Gynaecologists (RCOG), it occurs in about 2.9% of births: in 6.1% of first births and 1.7% of subsequent ones. The risk rises with a large baby (over 4 kg), a long second stage of labour and a forceps delivery. In addition, in a third of women after a vaginal birth, ultrasound finds hidden sphincter defects that were not noticed straight away.

Why it is not worth waiting for it to "go away on its own"

For some women the symptoms do ease in the first months, as the pelvic floor muscles recover. But the study shows the opposite trend: a year after giving birth, incontinence was more common than during pregnancy. In other words, for many women the problem does not go away but becomes established.

The good news: when a sphincter tear is spotted in time and repaired, 60–80% of women have no symptoms at all a year later. That is why it matters not to hide your symptoms but to mention them to your gynaecologist at the postnatal check.

What helps

- Pelvic floor muscle training. Ideally under the guidance of a physiotherapist, starting during pregnancy. A Cochrane review showed that these exercises noticeably reduce the risk of urinary incontinence; for faecal incontinence there is not yet enough evidence, but the exercises are safe and good for the whole pelvic floor.
- Tackling constipation. Enough fluids and fibre, regular meals. Straining when constipated puts extra load on the pelvic floor.
- Treating haemorrhoids, both during pregnancy and after giving birth, without putting it off until "later".
- Movement. Low physical activity turned out to be a risk factor in its own right.
- A proctologist's examination. The doctor will assess the sphincter and, if needed, arrange further tests and treatment.

When to see a doctor

If after giving birth you cannot always hold in wind or stool, feel sudden, uncontrollable urges, or notice traces of stool on your underwear, that is a reason to see a proctologist or a gynaecologist. If you are still pregnant and have constipation, haemorrhoids or discomfort, tell the doctor who is managing your pregnancy. You can book an appointment by phone using the numbers in the contacts section.

Sources

- Vasyliuk S., Cheredarchuk A., Rymarchuk M., Bondarev R., Proshchenko O., Mykytyuk A. Fecal incontinence risk factors and pregnancy. Ceska Gynekologie. 2024;89(2):102–106. pubmed.ncbi.nlm.nih.gov/38704221/ (abstract)
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- Royal College of Obstetricians and Gynaecologists. The Management of Third- and Fourth-Degree Perineal Tears. Green-top Guideline No. 29. 2015. www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/third-and-fourth-degree-perineal-tears- (free access)

This article is for information only and does not replace a consultation with a doctor. The treatment approach is decided by a doctor after an in-person examination and assessment.