

Pregnancy, Childbirth, and Bladder Control



B L A D D E R

*Let's talk about bladder control for women.
There's treatment that works.*

C O N T R O L

Let's Talk about Bladder Control for Women is a public health awareness campaign conducted by the National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC), an information dissemination service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health.

1-800-891-5388

Do pregnancy and childbirth affect bladder control?

Yes. But don't panic. If you lose bladder control after childbirth, the problem often goes away by itself. Your muscles may just need time to recover.

When do you need medical help?

If you still have a problem after 6 weeks, talk to your doctor. Without treatment, lost bladder control can become a long-term problem. Accidental leaking can also signal that something else is wrong in your body.

Bladder control problems do not always show up right after childbirth. Some women do not begin to have problems until later, often in their 40's.

You and your health care team must first find out why you have lost bladder control. Then you can discuss treatment.

After treatment, most women regain or improve their bladder control. Regaining control helps you enjoy a healthier and happier life.

Can you prevent bladder problems?

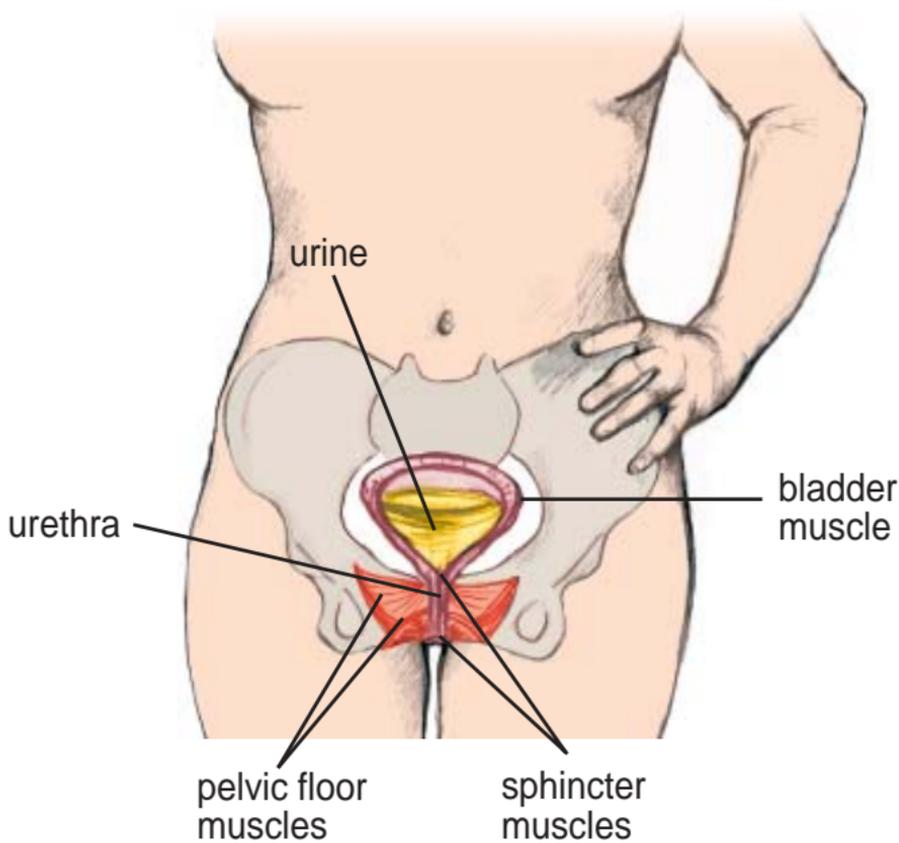
Yes. Women who exercise certain pelvic muscles have fewer bladder problems later on. These muscles are called pelvic floor muscles. If you plan to have a baby, talk to your doctor. Ask if you should do pelvic floor exercises. Exercises after childbirth also help prevent bladder problems in middle age.

Ask your health care team how to do pelvic exercises.

How does bladder control work?

Your bladder is a muscle shaped like a balloon. While the bladder stores urine, the bladder muscle relaxes. When you go to the bathroom, the bladder muscle tightens to squeeze urine out of the bladder.

More muscles help with bladder control. Two sphincter (SFINK-tur) muscles surround the tube that carries urine from your bladder down to an opening in front of the vagina. The tube is called the urethra (yoo-REE-thrah). Urine leaves your body through this tube. The sphincters keep the urethra closed by squeezing like rubber bands.

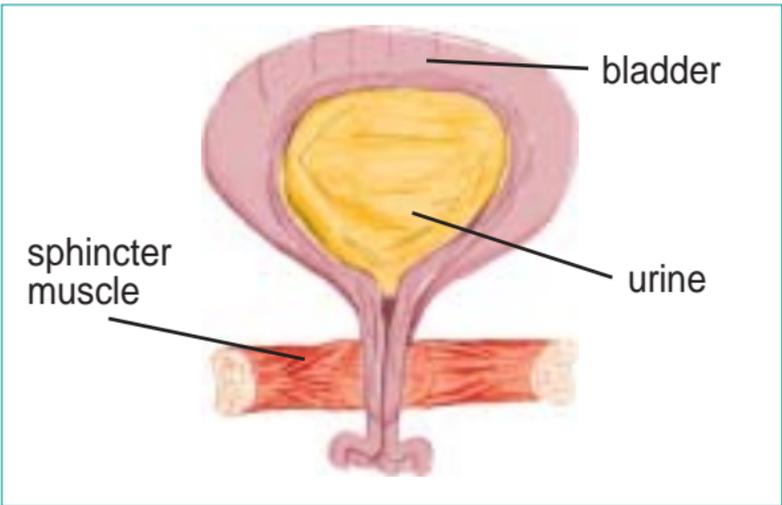


The pelvic muscles work to control the release of urine.

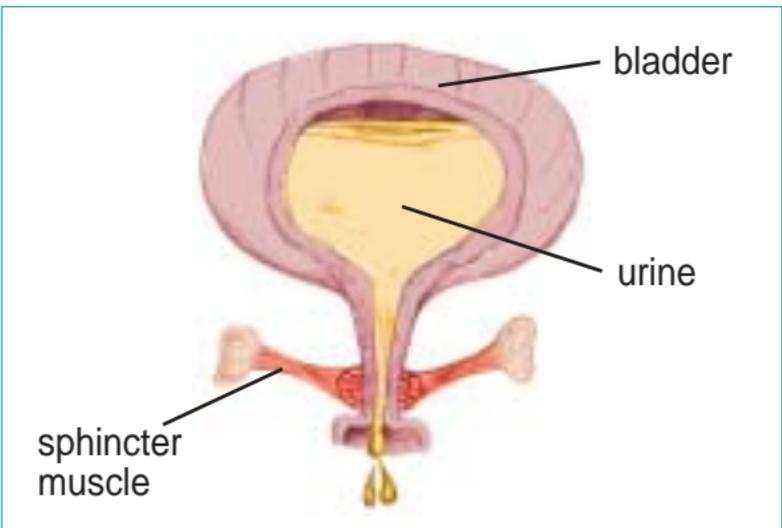
Pelvic floor muscles under the bladder also help keep the urethra closed.

When the bladder is full, nerves in your bladder signal the brain. That's when you get the urge to go to the bathroom. Once you reach the toilet, your brain sends a message down to the sphincter and pelvic floor muscles. The brain tells them to relax. The brain signal also tells the bladder muscles to tighten up. That squeezes urine out of the bladder.

Strong sphincter (bladder control) muscles prevent urine leakage in pregnancy and after childbirth. You can exercise these muscles to make them strong. Talk to your doctor about learning how to do pelvic floor exercises.



Healthy bladder with strong bladder control muscles

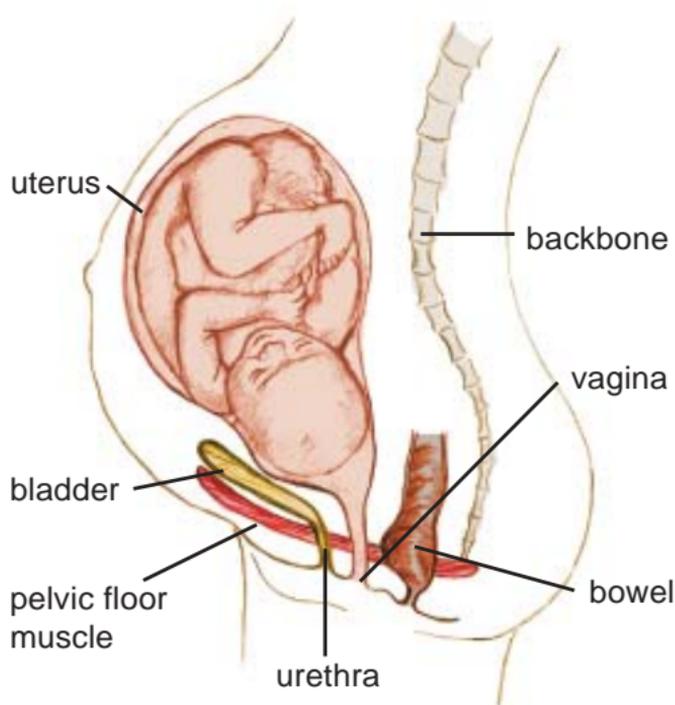


Leaking bladder with weak bladder control muscles

What do pregnancy and childbirth have to do with bladder control?

The added weight and pressure of pregnancy can weaken pelvic floor muscles. Other aspects of pregnancy and childbirth can also cause problems:

- changed position of bladder and urethra
- vaginal delivery
- episiotomy (the cut in the muscle that makes it easier for the baby to come out)
- damage to bladder control nerves



Unborn babies push down on the bladder, urethra, and pelvic muscles.

Which professionals can help you with bladder control?

Professionals who can help you with bladder control include

- your primary care doctor
- a gynecologist (guy-nuh-CALL-uh-jist): a women's doctor
- a urogynecologist (YOOR-oh-guy-nuh-CALL-uh-jist): an expert in women's bladder problems
- a urologist (yoor-ALL-uh-jist): an expert in bladder problems
- a specialist in female urology
- a nurse or nurse practitioner
- a physical therapist

Points to Remember

- Temporary bladder control problems are common during and after pregnancy.
- Exercising pelvic floor muscles can help prevent bladder control problems.
- Bladder control problems may show up months to years after childbirth. Talk to your health care team if this happens to you.

National Kidney and Urologic Diseases Information Clearinghouse

3 Information Way
Bethesda, MD 20892-3580
Phone: 1-800-891-5390 or (301) 654-4415
Fax: (301) 907-8906
Email: nkudic@info.niddk.nih.gov
Internet: www.urologic.niddk.nih.gov

The National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health under the U.S. Department of Health and Human Services. Established in 1987, the clearinghouse provides information about diseases of the kidneys and urologic system to people with kidney and urologic disorders and to their families, health care professionals, and the public. NKUDIC answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about kidney and urologic diseases.

Publications produced by the clearinghouse are carefully reviewed by both NIDDK scientists and outside experts.

This publication is not copyrighted. The clearinghouse encourages users of this fact sheet to duplicate and distribute as many copies as desired.

This publication is also available at www.urologic.niddk.nih.gov.

The U.S. Government does not endorse or favor any specific commercial product or company. Trade, proprietary, or company names appearing in this document are used only because they are considered necessary in the context of the information provided. If a product is not mentioned, this does not mean or imply that the product is unsatisfactory.



U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Public Health Service
National Institutes of Health



NIDDK

National Institute of Diabetes and
Digestive and Kidney Diseases

NIH Publication No. 02-4189
May 2002