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YOU CAN LEARN HOW TO MANAGE THESE COMMON PREGNANCY COMPLAINTS. BY SANDRA GORDON

By the time Jessica Volchok was seven months pregnant, she needed to use the bathroom so often she couldn't nab a solid stretch of shut-eye. "I'd get up five to six times a night, which eventually fueled insomnia," says the Redondo Beach, California, mom of 4-month-old Jackson.

While Volchok's problem sounds extreme, having to go more often than usual, both during the day and at night, is par for the pregnancy course. It's annoying but temporary and not a cause for alarm.

Other bladder issues in pregnancy, however, can be a concern and may get worse if left untreated. Fortunately, there's plenty you can do to prevent that from happening. Here, the most common complaints—and what you can do to feel better now.

OVERACTIVE BLADDER

If you're counting your trips to the bathroom like Volchok, here's the inside story: "Increased urinary frequency is due to the pressure of a growing uterus on the bladder, which physically reduces its holding capacity," says Deborah Myers, MD, a urogynecologist at Women & Infants Hospital, in Providence, Rhode Island. As a developing fetus physically

presses on the bladder, there's less room in the pelvis for the bladder to hold urine. Plus, a growing placenta means there's more blood circulating throughout your body. This increase of blood requires more fluid intake, which is tied to thirst and the need to urinate more frequently.

That's why having to go often tends to get worse as pregnancy progresses. "It's not uncommon for women to have to go every half hour in their third trimester," says Chris Klingele, MD, an ob-gyn at the Mayo Clinic, in Rochester, Minnesota.

50%
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■ **Get Relief.** First, accept the fact that when you're pregnant, you'll be trotting to the bathroom more often. "It's completely normal, especially if you're drinking more," say Amy Rosenman, MD, an ob-gyn at St. John's Health Center, in Santa Monica, California. Still, you can limit your trips by avoiding substances that can irritate your bladder, thereby increasing urinary output, says Mavis

Schorn, RN, a certified nurse-midwife and assistant professor of nursing at the Vanderbilt School of Nursing, in Nashville, Tennessee. Common bladder irritants include chocolate, coffee, tea, vinegar, and tomato-based sauces as well as acidic juices, such as cranberry or orange. How these substances increase uri-

nary output varies. Some have caffeine, which makes your heart beat faster, increasing renal blood flow and urinary output. Others, like acidic juices and sauces, act as a mild diuretic, causing the kidneys to draw water out of the body and into the bladder.

But if you're thinking about drinking less water or other beverages to curtail bathroom trips, think again. This was a tactic that Volchok resorted to. "I cut back on fluids in the evenings, limiting myself to only a small amount of juice or water with dinner, then nothing after 7 PM," she says. Big mistake. Limiting your fluid intake can concentrate urine, says Schorn, which promotes bacteria growth and increases your risk of getting a urinary tract infection. "In pregnancy, you also need to keep your fluid intake up to meet your growing body's needs," says Schorn. Eight glasses of water a day is the general recommendation, but let thirst be your guide. If you're worried about having an accident because you're often racing to the restroom, try wearing a maxi pad, or buy a product that catches urinary leakage. Some are

It's not uncommon for most women to have to go to the bathroom every 30 minutes during their third trimester.



specifically designed for pregnant women, which can give you extra peace of mind. And remember to be patient: This problem often leaves after your baby is born.

POST PREGNANCY RELIEF

If Kegels don't seem to help and you're still experiencing stress incontinence six months after you have your baby, speak to your doctor. "At that point, you're a good candidate for treatment," says Dr. Rosenman. Here are some of the latest options.

■ **Collagen injections** Collagen, a natural tightening agent and protein-based tissue from cows, is injected into the wall of the urethra. Injections work for women who want to improve control but avoid surgery. Several sessions are usually required. However, collagen can cause an allergic reaction in some women, so you'll need a skin test before treatment. Sessions are typically covered by insurance.

■ **Biofeedback** "Biofeedback is for women who are motivated to do Kegels but have difficulty finding the right muscles," says Roger Goldberg, MD, director of urogynecology research at the Evanston Continence Center at Northwestern University Medical School, in Evanston, Illinois. Monitored by a computer, biofeedback helps women identify their pelvic-floor muscles so they can do Kegels more effectively. The procedure has no side effects and may not be covered by insurance, so check your policy.

■ **Pelvic-muscle stimulation** An electrical current stimulates your pelvic muscles to contract. Reconditioning these muscles electrically has been proven to improve bladder and urethral support. Treatment can be done in a doctor's office or at home, with a stimulation unit you can purchase yourself. Treatment has no side effects, so it can be used if you plan to have more children.

■ **Tension-free sling** A loose-mesh material is surgically placed under the urethra to provide bladder support. The 15-minute outpatient procedure, which is done with a local anesthetic, is typically covered by insurance. "Most patients are back to their regular routine within a few days," says Dr. Goldberg. However, most women wait until after they've completed their families because the sling must be removed by a doctor before a vaginal birth. Eighty-six percent who get the sling report being cured after five years.

URINARY TRACT INFECTIONS

If the urge to urinate is accompanied by pain, burning, or urine that's cloudy or off-smelling, you could have acute cystitis. This type of urinary tract infection occurs when E. coli bacteria, which normally live in the colon, travel into the urethra, causing infection. Because UTIs have symptoms such as increased urination, they are more likely to be ignored and seen as a normal side effect of pregnancy. But untreated UTIs can increase your risk of low birthweight and may cause pneumonia in infants.

This increased risk of UTIs in pregnancy is part of the reason you pee in a cup at every ob visit. You want to catch the condition early. If that urine sample contains abnormal bacteria, which could indicate an infection, you're more likely to develop a urinary tract infection during pregnancy, says Schorn. Your doctor may choose to screen you every three months, and treat any infection that does develop with a low-dose antibiotic such as ampicillin. If your test result is normal, on the other hand, your doctor may not test you again.

■ **Get Relief.** To reduce your risk of UTIs, urinate after having sex, which helps



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flush away bacteria that might have entered your urethra. Don't use a douche or powder, which can irritate the urethra, predisposing you to a UTI, and wipe front to back, to avoid the transfer of *E. coli* to the vagina (the entryway into the urinary tract for bacteria). But most important, urinate when you feel like it. Holding it can cause urine to become more concentrated, making it a breeding ground for bacteria and infection.

STRESS INCONTINENCE

If you leak a small amount of urine after coughing, sneezing, or during exercise, you're far from alone. The problem—stress incontinence—affects 50 percent of women during pregnancy. Although this condition can develop at any time, studies show that symptoms tend to peak around 38 weeks of pregnancy. "In most cases, it's a minor annoyance, but a small percentage of women develop significant leakage," says Roger Goldberg, MD, director of urogynecology research at the Evanston Continence Center at Northwestern University Medical School, in Evanston, Illinois, and author of *Ever Since I Had My Baby* (Three Rivers Press, 2003).

Stress incontinence occurs when your growing uterus stretches the muscles of the pelvic floor, changing the angle between the bladder and the urethra. Due to this, a sharp increase in abdominal pressure from coughing can be too much for the muscles to hold back the flow of urine, and a few drops or more can escape. "If I'm not wearing panty liners and I laugh too hard, without doing the 'legs-crossed' thing, it's not a pretty sight," admits Krista Hensel, a Bellaire, Texas, stay-at-home mom.

■ **Get Relief.** Kegel exercises—contracting the muscles of the pelvic floor during pregnancy and afterward—can reduce and prevent leakage by strengthening those muscles that surround the urinary tract. At first, doing the Kegels may take concentrated effort. But to get a feel for the mus-

BLADDER PROBLEMS OFTEN GO AWAY AFTER BABY'S BIRTH.

THE C-SECTION CONNECTION

New research suggests that your type of delivery may influence your risk for incontinence. According to a recent study conducted by Dr. Goldberg, the rate of stress incontinence was three times higher in women who had a vaginal birth compared to cesarean. "Women who labor longer than two hours in the pushing phase may cause more injury to the nerves, muscles, and tissues of the pelvic floor," Dr. Goldberg says, which may increase the long-term risk of stress incontinence. "A baby moving through the birth canal can stretch, separate, or weaken supporting muscles and their accompanying nerves, leading to a legacy of leakage," he says. You may also be at increased risk if you require forceps or an episiotomy during delivery. These techniques can damage the muscles that support your pelvic floor.

cles you'll need to isolate, try to stop the stream while urinating. "Flexing these muscles for 15 to 30 seconds, 30 to 60 times a day can be enough for improvement," suggests Dr. Goldberg. You can also ask your doctor about a continence dish. You insert this stiff ring into your vagina daily, like a diaphragm. Continence dishes can be used both during and after pregnancy to help support and reposition a woman's bladder and urethra, alleviating leakage, says Dr. Rosenman.

The good news: Stress incontinence typically goes away within six months of giving birth. And that's conservative. "In the vast majority of women, it resolves within six weeks," says Dr. Rosenman.

While you may have some urinary complaints during pregnancy, they're likely to be minor. But by keeping all your prenatal appointments, you can ensure that any problems will be treated so they won't harm you and your baby.

Sandra Gordon is a writer in Connecticut.

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