

Mini-commentary on BJOG-20-0822.R1: Pregnancy, puerperium and perinatal constipation – an observational hybrid survey on pregnant and postpartum women and their age-matched non-pregnant controls

### **Constipation during and after pregnancy**

Rufus Cartwright,<sup>1</sup> Hege Hølmo Johannessen<sup>2</sup>

1) Imperial College London  
London W2 1PG

2) Østfold Hospital Trust  
Sarpsborg 1714  
Norway

Constipation during and after pregnancy is a neglected clinical problem. The association with pelvic floor disorders include both anal incontinence (Johannessen HH et al, BJOG, 2020, Vol 127(12):1499-1506) and urinary incontinence (Lian WQ et al, Int Urogynecol J. 2019 Oct;30(10):1629-1634.), and the major impact on quality of life and pregnancy experience, all justify more research attention, and more proactive clinical management.

In this elegant paper reporting on the prevalence of constipation during pregnancy and postpartum, Kuronen and co-workers (BJOG 2020 xxxx) found that approximately two in five women in the second and third trimester, and just over half of early postpartum women reported constipation according to the Rome IV criteria, as compared to just one in five in an age-matched control group of non-pregnant women. The prevalence of constipation was broadly similar when assessed using the Bowel Function Index, but self-report of constipation was higher at all time points.

As expected, the prevalence of constipation was highest in the first days following caesarean section (57% prevalence by Rome IV criteria). Rates of constipation fell rapidly in the postpartum period. Overall, only one in ten women reported constipation four weeks postpartum. But perhaps surprisingly, fewer women with vaginal deliveries reported constipation compared to women with acute or elective caesarean sections (9% vs. 15% prevalence by

Rome IV criteria). This difference was less pronounced when constipation was assessed by self-report, suggesting that caesarean might be associated with an increased risk of severe symptoms, but a similar risk of mild symptoms.

The analyses also demonstrate positive correlations between experiencing constipation during pregnancy or postpartum and constipation prior to pregnancy as well as parity. This is in accordance with the findings by van Brummen and co-workers (van Brummen et al, *Int Urogynecol J Pelvic Floor Dysfunct* 2006; Vol 17:224-30) who reported that the main predictive factor of constipation 12 months postpartum was experiencing constipation in early pregnancy, with 40% of women with constipation in early pregnancy still reporting constipation at 12 months postpartum. These associations provide some guidance for targeting women who may be at increased risk.

The findings by Kuronen and co-workers provide some reassurance that constipation will typically resolve spontaneously, but trials are still needed to assess the effects of either lifestyle advice or laxatives on constipation during or after pregnancy (Rungsiprakarn P, et al, *Cochrane Database of Systematic Reviews* 2015, Issue 9. Art. No.: CD011448. DOI: 10.1002/14651858.CD011448.pub2.). In the absence of high-quality evidence, women should be advised to increase fluid intake - especially for lactating postpartum women –, increase their dietary fibre, and to take daily physical activity, before considering a laxative.

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