Editorial
Urinary IncontinenceEncouraging Women to Seek Help

Research Articles
Effect of Delay in Postpartum Hemorrhage Management on the Rate of Near-Miss and Maternal Death Cases
Serum F2-Isoprostane Levels in Preterm Deliveries Compared to Normal Preterm Pregnancies
Difference of Maternal Serum Interleukin-8 in Preterm Labor and Full Term Labor
Ovarian Reserve in Infertile Women with and without Endometriosis Measured with Anti-Mullerian Hormone
Urinary Incontinence in Women Living in Nursing Homes: Prevalence and Risk Factors
Female Sexual Function after Vaginal Delivery with Episiotomy and Cesarean Section
Pep-O Components Comparison among Multiparous and Nulliparous Women
Human Papillomavirus Genotypes and its Prevalence in Normal Population
Visual Inspection of Acetic Acid (VIA) as a Promising Standard for Cervical Cancer Screening
Low Level of CD4 Increases Risk of Cervical Intraepithelial Neoplasia in HIV-Infected Women

Case Report
Laparoscopic Transperitoneal Approach for Vesicovaginal Fistula Repair: the First Experience

Literature Review
Contraception for Women with Diabetes Mellitus

Volume 2 — 2014 Index
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**Indonesian Journal of Obstetrics and Gynecology**  
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<table>
<thead>
<tr>
<th>Editorial</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budi I Santoso</td>
<td>175</td>
</tr>
<tr>
<td>Jakarta</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research Articles</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risanto Siswosudarmo</td>
<td>177</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td></td>
</tr>
<tr>
<td>Johannes Hartono</td>
<td>182</td>
</tr>
<tr>
<td>Tjokorda GA Suwardewa</td>
<td></td>
</tr>
<tr>
<td>Komang W Budiartiha</td>
<td>185</td>
</tr>
<tr>
<td>Tjokorda GA Suwardewa</td>
<td></td>
</tr>
<tr>
<td>Naivah Harharah</td>
<td>188</td>
</tr>
<tr>
<td>Muharam Natadisastra</td>
<td></td>
</tr>
<tr>
<td>Teuku Z Jacob</td>
<td></td>
</tr>
<tr>
<td>Chairul Rijal</td>
<td>193</td>
</tr>
<tr>
<td>Surahman Hakim</td>
<td></td>
</tr>
<tr>
<td>I Made W Jembawan</td>
<td>199</td>
</tr>
<tr>
<td>I Made Darmayasa</td>
<td></td>
</tr>
<tr>
<td>Lucy Lisa</td>
<td>204</td>
</tr>
<tr>
<td>Trika Irianta</td>
<td></td>
</tr>
<tr>
<td>Josephine I Tumedia</td>
<td></td>
</tr>
<tr>
<td>Tofan W Utami</td>
<td>211</td>
</tr>
<tr>
<td>Andrijono</td>
<td></td>
</tr>
<tr>
<td>Laila Nuranna</td>
<td></td>
</tr>
<tr>
<td>Darrell Fernando</td>
<td></td>
</tr>
<tr>
<td>Alexander AW Peters</td>
<td></td>
</tr>
<tr>
<td>Gert J Fleuren</td>
<td></td>
</tr>
<tr>
<td>Ekaterina S Jordanova</td>
<td></td>
</tr>
<tr>
<td>Sigit Purbadi</td>
<td></td>
</tr>
<tr>
<td>Jakarta</td>
<td></td>
</tr>
<tr>
<td>The Netherlands</td>
<td></td>
</tr>
<tr>
<td>Tofan W Utami</td>
<td>216</td>
</tr>
<tr>
<td>Laila Nuranna</td>
<td></td>
</tr>
<tr>
<td>Mareandra Mahathir</td>
<td></td>
</tr>
<tr>
<td>Alexander AW Peters</td>
<td></td>
</tr>
<tr>
<td>Gert J Fleuren</td>
<td></td>
</tr>
<tr>
<td>Michelle Osse</td>
<td></td>
</tr>
<tr>
<td>Sigit Purbadi</td>
<td></td>
</tr>
<tr>
<td>Jakarta</td>
<td></td>
</tr>
<tr>
<td>The Netherlands</td>
<td></td>
</tr>
</tbody>
</table>

**Editorial**

- **Budi I Santoso**
  - *Jakarta*
  - **Page 175**
  - **Urinary Incontinence - Encouraging Women to Seek Help**

**Research Articles**

- **Risanto Siswosudarmo**
  - *Yogyakarta*
  - **Page 177**
  - **Effect of Delay in Postpartum Hemorrhage Management on the Rate of Near-Miss and Maternal Death Cases**
  - Delay in referral and delay of in hospital management increased the occurrence of near-miss and maternal mortality cases significantly. Multivariate analysis showed that the amount of bleeding, hemoglobin level and lack of blood availability influenced the occurrence of near-miss and maternal death more than the delay itself.

- **Johannes Hartono**
  - *Tjokorda GA Suwardewa*
  - **Page 182**
  - **Serum F2-Isoprostane Levels in Preterm Deliveries Compared to Normal Preterm Pregancies**
  - We can conclude from this study that there is a difference in F2-isoprostane serum level in preterm labor and normal preterm pregnancies.

- **Komang W Budiartiha**
  - *Tjokorda GA Suwardewa*
  - **Page 185**
  - **Difference of Maternal Serum Interleukin-8 in Preterm Labor and Full Term Labor**
  - We concluded from this study that serum IL-8 concentration in women who had preterm labor is significantly higher in comparison to women who had full term labor.

- **Naivah Harharah**
  - *Muharam Natadisastra*
  - *Teuku Z Jacob*
  - **Page 188**
  - **Ovarian Reserve in Infertile Women with and without Endometriosis Measured with Anti Müllerian Hormone**
  - The mean levels of serum AMH in infertile women with endometriosis were significantly lower than those in women without endometriosis. There was no significant difference in the mean serum AMH levels in minimal-mild endometriosis group and those without endometriosis; while in moderate-severe endometriosis group, it was significantly lower than in the group without endometriosis.

- **Chairul Rijal**
  - *Surahman Hakim*
  - **Page 193**
  - **Urinary Incontinence in Women Living in Nursing Homes: Prevalence and Risk Factors**
  - This study shows that the prevalence of urinary incontinence in women living in nursing home is 34.2%; while the distribution of the urinary incontinence is 67 subjects (70.5%) with mixed urinary incontinence, 17 subjects with stress incontinence (17.9%) and 11 subjects (11.6%) with urge incontinence. Risk factors for urinary incontinence are menopause 10 years and multiparity.

- **I Made W Jembawan**
  - *Tofan W Utami*
  - *I Made Darmayasa*
  - **Page 199**
  - **Female Sexual Function after Vaginal Delivery with Episiotomy and Cesarean Section**
  - Female sexual dysfunction was found to be significantly different between women post vaginal delivery with episiotomy and women who had cesarean section.

- **Lucy Lisa**
  - *Trika Irianta*
  - *Josephine I Tumedia*
  - **Page 204**
  - **Pop-Q Components Comparison among Multiparous and Nulliparous Women**
  - The proportion of prolapse is higher in multiparous women with significant associations with age, body mass index, education level, and history of heavy physical work, delivering a large baby and use of hormonal contraceptives.

- **Tofan W Utami**
  - *Andrijono*
  - *Laila Nuranna*
  - *Darrell Fernando*
  - *Alexander AW Peters*
  - *Gert J Fleuren*
  - *Ekaterina S Jordanova*
  - *Sigit Purbadi*
  - *Jakarta*
  - *The Netherlands*
  - **Page 211**
  - **Human Papillomavirus Genotypes and its Prevalence in Normal Population**
  - Our study shows that single HPV infection among the negative VIA population are dominated by high-risk type HPV (types 52, 39, 16, and 18). Single infection was more often encountered than multiple infection.

- **Tofan W Utami**
  - *Laila Nuranna*
  - *Marendra Mahathir*
  - *Alexander AW Peters*
  - *Gert J Fleuren*
  - *Michelle Osse*
  - *Sigit Purbadi*
  - *Jakarta*
  - *The Netherlands*
  - **Page 216**
  - **Visual Inspection of Acetic Acid (VIA) as a Promising Standard for Cervical Cancer Screening**
  - This study shows VIA as a very effective method for cervical cancer screening. VIA gives an excellent result, particularly for ectocervix, with minimal cost. Therefore, it is very suitable to be used as cervical screening in developing countries like Indonesia.
Low Level of CD4 Increases Risk of Cervical Intraepithelial Neoplasia in HIV-Infected Women

The incidence of CIN in HIV-infected women is associated with the level of immunity, as characterized by levels of CD4. Decreased levels of CD4 in HIV-infected women may increase the risk for CIN incidence by four-fold.

Laparoscopic Transperitoneal Approach for Vesicovaginal Fistula Repair: the First Experience

Laparoscopic transperitoneal repair of vesicovaginal fistula with omentum inteposition is feasible in Hasan Sadikin Hospital with good outcome, short hospital stay, and good cosmetic result.

Contraception for Women with Diabetes Mellitus

WHO has provided a guideline on choosing contraception, which is available from the UK Medical Eligibility Criteria for Contraceptive Use (UKMEC), as the basis for contraception selection for women with DM.
Urinary incontinence is a problem that is rarely discussed, either by patients or by health providers. For the patients, it may be embarrassing and distressing, leading to reluctance in disclosing any complaints regarding incontinence. Furthermore, incontinence is believed to be a problem only affecting the elderly. It is often overlooked that this condition can affect anyone, regardless of age, and at any given time.

Women are more prone to incontinence due to the thinning of muscles and the vaginal tissues, which can happen after menopause. When weakened, it will be easier for urine to be accidentally expelled. There is a wide difference in the prevalence of urinary incontinence based on age group. Approximately 25% of premenopausal women and 40% of postmenopausal women report leakage of urine. It has been estimated that in young adults, the prevalence of incontinence is around 20-30%, rising substantially to 30-50% in the elderly. A pooled analysis of epidemiologic studies report the prevalence of urinary incontinence was 21% in the 14-44 years age group, 34% in 45-64 years age group and 39% among elderly women. Additionally, an estimated one in three women living in assisted living (residential or nursing homes) experience incontinence. Not all leakage is bothersome to patients; however, 10% of middle-aged women report daily incontinence, and one-third report weekly incontinence.

Urinary incontinence is defined by the International Continence Society as "any leakage", specifically as any involuntary loss of urine regardless of frequency, quantity and duration of the condition or the degree to which it affects quality of life. The two most common types of urinary incontinence are stress incontinence, the involuntary loss of urine resulting from increased abdominal pressures (such as with a cough or Valsalva’s maneuver), and urge incontinence, the involuntary loss of urine after an unwanted contraction of the detrusor muscle. Urinary incontinence is associated with numerous psychological and social problems and can negatively affect quality of life. Women have reported that it invokes fear, frustration, anxiety, and leading to difficulties in their social life, practicing physical activities, or sexual activities. A study in Sweden discovered that patients might perceive incontinence as more of a psychosocial nuisance than a health-related problem, thus leading to the underreporting of this problem.

The main problem leading to incontinence is the wider problem of pelvic floor dysfunction. The wider problem of urinary incontinence is pelvic floor dysfunction. Factors contributing to pelvic floor dysfunction include obstetrical trauma, obesity, aging and a multitude of other factors. The spectrum of symptoms resulting from pelvic floor dysfunction includes urinary incontinence, fecal incontinence, and pelvic organ prolapse. These problems almost never occur exclusively and concurrence is a common finding.

Epidemiologic studies have reported prevalence of stress incontinence ranging from 23-67% during pregnancy and 6-29% after childbirth, but little is known about how the condition affects women at this time. However, the prevalence of urinary incontinence may be nearly the same 8 weeks postpartum as during pregnancy.

Despite the magnitude of problem caused by urinary incontinence, studies have reported low consultation, diagnosis, and treatment rates are the main reason why urinary incontinence is still a complicated problem in the society. The need for early recognition of this problem is supported by the fact that conservative management is more effective and cheaper in patients with mild symptoms. However, in some women, the diagnosis of incontinence might take years, and some others may never get diagnosed.

To overcome this problem, there is a need for initiative from health providers to identify women who may be at risk for continence problems early on (ie. during the pregnancy) and inquire about incontinence during routine consultation. Furthermore, counseling women and providing knowledge regarding urinary incontinence has also been found of importance in encouraging women to seek help when the need arise.
been identified as one of the most important factors predicting women’s treatment-seeking behavior, even more than socioeconomic factors. Therefore, counseling women on urinary incontinence should not only be the responsibility of physicians, but should also be undertaken by other healthcare providers such as midwives and nurses.

References