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## Introduction

Becoming a mother is one of the most important and challenging events in the life of a woman. Pregnancy related Low back and Pelvic Girdle Pain is often perceived as a modern condition and a normal discomfort of pregnancy. It can potentially have a negative impact on their quality of life. Most doctors perceive pregnancy related pelvic girdle pain (PPGP) as a physiological or expected during pregnancy where no treatment is needed. As such women with PPGP mostly experience little recognition. However, many scientific literature describes PPGP as being severe with considerable levels of pain and disability and socio-economic consequences in about 20% of the cases.

A 2004 study on Low back pain during pregnancy: prevalence, risk factors and outcomes, found that nearly 70% of the 645 pregnant women responding to a 36-question survey reported lower back pain during their current pregnancy.

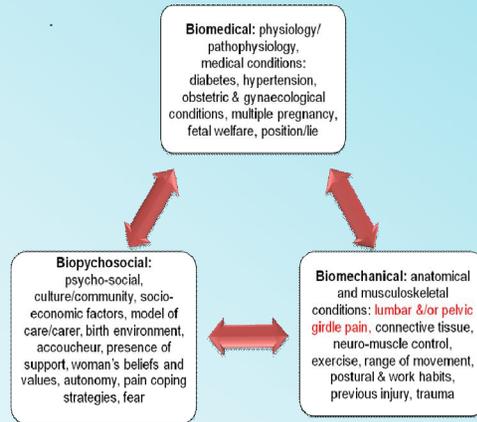
## Aim

The aim of the author is to present a current review of the literature concerning the prevalence and nature of Pregnancy related Low back and Pelvic Girdle Pain and measures to manage the pain.

## Methods

By using cinhal, cochrane, sciencedirect, medscape and pubmed database and low back pain, pelvic girdle pain, pregnancy as keywords, abstracts and original articles in English investigating the diagnosis treatment of back pain during pregnancy were searched and analyzed. European guidelines consensus: Pelvic girdle pain (PGP) generally arises in relation to pregnancy, trauma, arthritis and osteoarthritis. Pain is experienced between the posterior iliac crest and the gluteal fold, particularly in the vicinity of the sacroiliac joints. The pain may radiate in the posterior thigh and can also occur in conjunction with/or separately in the symphysis. The endurance capacity for standing, walking, and sitting is diminished.

## Factors Influencing Pregnancy and Birth Outcomes



## Pregnancy Related Low Back Or Pelvic Girdle Pain (PPGP): Normal Or Pathological ?

A review of the literature indicates that there is a limited understanding of PPGP amongst maternity carers and the question as to whether pelvic girdle pain (PGP) is normal or pathological is a topic of debate (Mogren, 2006; Olsson & Nilsson-Wikmar, 2004).

It has been proposed that 25% of all women with PPGP have serious pain during pregnancy and 8% have severe disability (Wu, et al., 2004), with at least 7% of women continuing to have pain up to 3 months after birth (Vleeming, et al., 2008).

A reduction in hours of employment and therefore reduced income and work productivity has also been reported (Mogren, 2006). The woman may be unable to perform tasks related to house work and parenting, and the condition may negatively influence her psychological health (Gutke, Josefsson, & Oberg, 2007).

When considering the effects of PPGP within this context, it becomes apparent that women who report a more severe form of this condition are not experiencing a normal and healthy pregnancy

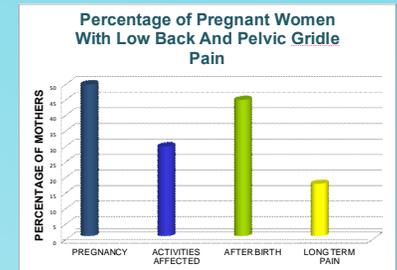
## Highlights of Review of Literature

- Reduced ability to maintain an active lifestyle during pregnancy (Olsson & Nilsson-Wikmar, 2004).
- Severe cases require mobility aids eg walking stick/crutches/wheelchair.
- Venous thrombosis is possible complications of bed rest or reduced mobility (Babarinsa, Adewole, Fatade, & Ajayi, 1999).
- Risk of chronic pain condition (Robinson, Eskild, Heiberg, & Eberhard-Gran, 2006)
- Risk to psychological health, depression (Brown & Lumley, 2000; Gutke, Josefsson, & Oberg, 2007; Mogren, 2006).
- PPGP may also effect sleep (Mogren, 2006), require the use of analgesics, mobility aids and sick leave (Olsson & Nilsson-Wikmar, 2004; Robinson, Eskild, Heiberg, & Eberhard-Gran, 2006).
- Associated with urinary incontinence (Lee, Lee, & McLaughlin, 2008; Pool-Goudzwaard et al., 2005; Smith et al., 2008).

## What can we do to help?

- Avoid activities that cause uneven weight on legs or twisting the body e.g.: standing on one leg, sitting cross legged, vacuuming/sweeping, stairs.
- Avoid bending, lifting & carrying heavy things.
- Individualised programme focusing on specific stabilising/strengthening exercises and pelvic tilts.
- Pelvic belt for symptomatic relief.
- Water gymnastics
- Special pillows: low level evidence.
- Acupuncture, massages, stretches, physiotherapy appear to relieve pain more than usual care alone (i.e. analgesics, physical modalities, belt).

## Percentage of Pregnant women with PPGP



## The Primal Posture For PPGP

- Stretch sitting: Use the back of your chair to decompress your spinal discs and transform sitting into a healthy, therapeutic activity.
- Inner Corset: Learn to engage your deep back and abdominal muscles to protect your spine.
- Hip-hinging: Protect your spine and knees by learning to bend at the hips.
- Stack sitting: Learn how to without slouching, pain or tension.
- Tall standing: Stack your bones well and prevent wear and tear.
- Stretch lying: Decompress your spinal discs and nerves while you sleep.
- Glide walking: Learn to walk in a controlled series of forward propulsions that spares the joints.

## Conclusion

The study concluded that lower back pain in pregnancy is a manageable and in most instances a preventable problem, it's of course best if women who plan to become pregnant prepare their bodies for the dramatic physical, musculoskeletal, and hormonal changes that lie ahead. The findings revealed that by making adjustments women at every stage of pregnancy can prevent lower back pain from occurring.

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