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Women's experience of low back and/or pelvic pain (LBPP) during pregnancy

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ABSTRACT

Objective: to explore the experiences of women suffering low back and/or pelvic pain during pregnancy.
Design: a qualitative design using focus groups. Each group was recorded with a digital audio recorder and analysed using the Newell and Burnard framework for thematic analysis.
Setting: an urban maternity hospital.
Participants: a self-selecting sample of 14 women who had taken part in a pilot randomised controlled trial investigating reflexology for pregnancyrelated low back and / or pelvic pain.
Measurements and Findings: the group discussions were guided by a pre-determined schedule of questions designed to investigate women's experiences of pregnancyrelated low back and / or pelvic pain. Three main themes emerged:

(1) The physical and emotional impact that pregnancy-related low back and / or pelvic pain had on women's lives
(2) Women's attitudes towards, and knowledge about pregnancy-related low back and/or pelvic pain
(3) Women's use of treatments to manage their symptoms and levels of dissatisfaction with standard advice and treatment.

Key conclusions: low back and/ or pelvic pain affected women physically and emotionally during pregnancy. Their attitudes towards, and knowledge about the conditions differed. Women used a range of self-help strategies for their symptoms and there was a general sense of dissatisfaction with routine advice and treatment, a finding supported by a growing body of research.
Implications for practice: given that pregnancy-related low back and/ pelvic pain occur across the world, and affects the majority of pregnant women, heath care providers need to ensure that standard care provided is meeting women's needs.

Health care professionals may require specific training in order to effectively provide individualised and evidence-based advice and support to pregnant women experiencing this pain.

Introduction

Low back pain (LBP) is typically experienced by over two thirds of pregnant women, around half suffer a combination of LBP and pelvic pain (PP) and almost one fifth suffer PP only (Bjorkland and Bergstorm, 2000; Liddle and Pennick, 2015). Pregnancy-related low back and/or pelvic pain (LBPP) are frequently considered together due to a lack of consensus about whether they are one condition or two separate conditions (Liddle and Pennick, 2015). Pregnancy-related LBPP has been shown to have detrimental effects on women's lives affecting their ability to walk, work and sleep as well as potentially being a catalyst for depression (Mogren, 2006, Van De Pol et al., 2007; Dørheim et al., 2013). Despite its common occurrence and the significant effects this pain can have on pregnant women's lives, very little is known about women's actual experiences and few qualitative studies have addressed the

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topic (Shepherd, 2005; Wellock and Crichton 2007a, 2007b; Persson et al., 2013; Elden et al., 2013', 2014).

In a grounded theory research study by Persson et al. (2013), key themes related to women's experiences of pelvic girdle pain (PGP) were described including 'being a burden' and 'living with enduring pain'. Women reported that their pain increased their dependence on others, requiring help with tasks like cooking, cleaning, and trips to doctors or midwives appointments. This increased dependence puts relationships with their partners and family members under considerable stress. This study also found that women suffering from PGP had reduced enjoyment of their pregnancy.

A phenomenological qualitative study (Wellock and Crichton, 2007a) reported on pregnant women's experience of Symphysis Pubis Dysfunction (SPD), a specific type of PP that often occurs during pregnancy. This study included 28 women complaining of SPD during their pregnancy and at six weeks postpartum. Several themes were identified, many of which were similar to those reported by Persson et al. (2013), such as feeling like a burden and living with severe pain. Other themes included ineffective pain relief from standard treatments. Elden et al. (2013) also explored the experiences of 27 pregnant women with PGP and revealed that the symptoms resulted in some women doubting their roles and identities as mothers, partners and professionals.

The available qualitative data on pregnancy-related LBPP focus specifically on women's experiences of PP during pregnancy. However, of the qualitative studies published on PP in the past five years, all have been conducted in Scandinavian countries, which are credited with having a particularly high level awareness of PP during pregnancy by both the public and health professionals. Therefore, the experiences of pelvic pain and treatment reported in these recent studies may differ significantly to countries with less awareness of pelvic pain (Kanakaris et al., 2011). Furthermore, there is a distinct absence of qualitative research into women's experiences of low back pain and mixed low back and pelvic pain during pregnancy, despite the greater prevalence of these conditions (Bjorkland and Bergstorm, 2000; Liddle and Pennick, 2015). It is possible that previous qualitative studies may have focused on PP as it has been previously reported to be more painful and disabling than the low back pain during pregnancy (Ostagaard et al., 1996; Katonis et al., 2011). However, a recent survey by Sinclair et al. (2014) discovered that the intensity of low back and pelvic pain during pregnancy was of relatively similar intensity on a self-report numerical rating scale; mean PP score was 7.62/10 compared to LBP which was 6.43/10, which lends support to exploring the experience of low back pain during pregnancy.

Gaining a further insight into women's experiences of pregnancy-related LBPP, particularly LBP and mixed LBP and PP is critical to help maternity health care professionals provide the best possible care and support for these conditions. This is particularly important given the extremely frequent occurrence of these conditions, the current lack of research in the area and the high levels of pain these conditions can cause. Better understanding of pregnancy-related LBPP may lead to the development of better care and support strategies for these common pregnancy complaints. This study aimed to explore women's experiences of pregnancy related LBPP. The research questions for this study were:

(1) How do women experience pregnancy- related LBPP?
(2) How do women manage pregnancy-related LBPP?
(3) How do women experience routine treatment and advice for pregnancy-related LBPP?

Methods

Design

A qualitative design, employing the use of focus groups.

Setting and participants

Focus groups were conducted in an urban maternity hospital. Participants were self-selecting women who had recently taken part in ''The CAM in Pregnancy Trial' (ISRCTN26607527) a pilot randomised controlled trial investigating the effectiveness of reflexology for managing pregnancy-related low back and / or pelvic pain (LBPP) who were recruited through ante-natal clinics. This trial involved the randomisation of 90 pregnant women (26–29 weeks gestation) into three groups of 30, where women were randomly assigned to receive either six weeks of reflexology treatments, six weeks of footbath treatments or usual antenatal care only. Full details of 'The CAM in Pregnancy Trial' and findings are reported elsewhere (Close et al., 2015). All women were made aware, at the time of consenting to 'The CAM in Pregnancy Trial', that if they completed the trial they would be invited to participate in a focus group exploring their experiences of pregnancy-related LBPP after they had participated in the trial. Invitations to participate in the focus group were sent by email to women (64) who had completed the trial. The invite to the focus groups offered women the choice of three, pre-determined dates for attendance. Women were included in the focus groups if they had completed the trial, suffered pregnancy-related LBPP and were willing to participate.

Sample size determination

It is a normal practice for focus groups to have between four to eight and ideally no more than 10 participants, as a larger group limits each person's capacity to discuss their experiences (Kitzinger, 2005; Krueger and Casey, 2009). Focus groups were conducted until data saturation, which was considered to be the point at which no new information was being reported by focus group participants.

Data collection

Each focus group was moderated by a qualified midwife with experience in qualitative research, using a pre-determined schedule of questions. Notes (i.e. nonverbal communication) were made by a note taker and added to the transcripts. Questions primarily explored women's experiences of pregnancy-related LBPP and their management of this pain, along with additional questions about women's experiences of participating in The CAM in Pregnancy Trial. The findings in relation to women's experiences of 'The CAM in Pregnancy Trial' are reported elsewhere (Close et al., 2015).A full list of the questions used during the focus groups is provided in Table 1. The accuracy and completeness of the data was ensured by recording each focus group with the use of a digital audio recorder.

Ethical considerations

Ethical approval was obtained in July 2012 from The Office of Research Ethics Committees Northern Ireland (12/NI/0052) as part of the protocol for 'The CAM in Pregnancy Trial'. A participant information sheet and consent form was provided to eligible women who were subsequently given two weeks to respond to the invitation. Written consent was obtained by all focus group participants prior to any questions being asked or conversations being