



A qualitative exploration of the views and experiences of women with Pregnancy related Pelvic Girdle Pain

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Abstract

Objectives To explore the views and experiences of women with Pregnancy related Pelvic Girdle Pain (PPGP), and to inform the design and development of a subsequent feasibility study.

Design Using a philosophical stance of pragmatism, one-to-one audio recorded semi-structured interviews were used. All interviews were conducted once by a male interviewer, and analysed using an interpretive thematic data analytic approach through five steps: transcription, precoding, coding, categorisation and theme generation, with reflexivity adopted throughout the data synthesis process.

Setting A Women's Health Physiotherapy Department in the North East of England between April 2014 to June 2014.

Participants Eight pregnant women suffering with Pregnancy related Pelvic Girdle Pain.

Main outcome measures Women's experiences of Pregnancy related Pelvic Girdle Pain.

Results Three themes emerged: Reality of Pregnancy related Pelvic Girdle Pain; Key Mechanisms of Support and; Impact of Knowledge. Participants reported biopsychosocial symptoms, which included pain, reduced activities of daily living, psychological distress and social isolation. Participants valued the support of a healthcare professional through face to face contact and the interventions that they provided, as well as information on the condition.

Conclusions Whilst there were some limitations to this study, the biopsychosocial symptoms discussed here justify the investigation of acupuncture for Pregnancy related Pelvic Girdle Pain. The design and development of a subsequent feasibility study, specifically in areas of recruitment, acceptability of the intervention and appropriate selection of outcome measures were informed by this study.

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Keywords: Pregnancy; Pelvic Girdle Pain; PPGP; Qualitative; Interviews; Women's views

Introduction

Pregnancy related Pelvic Girdle Pain (PPGP) affects approximately 20% of pregnant women [1], though incidence rates differ markedly when explored in different countries [2]. It is defined as '... experienced between the posterior iliac crest and the gluteal fold, particularly in the vicinity of the Sacro-Iliac Joint. The pain may radiate into the posterior thigh and can also occur in conjunction with/or separately in the symphysis' (p.797) [3]. Whilst some researchers con-

sider Low Back Pain in pregnancy (LBPP) and PPGP as being indistinguishable [4], others focus upon specific subsets of PPGP (such as Symphysis Pubis Dysfunction) [5]: however, most authors now consider LBPP and PPGP as separate entities [6,7].

Pain in PPGP is frequently reported between 50 mm and 60 mm on a Visual Analogue Scale [6], and it can negatively impact upon Activities of Daily Living (ADL) [8–10]. Physical symptoms can be assessed through outcome measures such as the Pelvic Girdle Questionnaire (PGQ) [8], which is considered valid and reliable in Scandinavian populations [11]. Furthermore, qualitative studies have explored the experiences of PPGP sufferers and have identified psychosocial effects [12–15]. These studies have adopted one to one, semi-structured interviews conducted by females [12–15],

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performed thematic analysis, and have included between five [13] and twenty-seven women [14]. However, these qualitative studies emanate from Scandinavia, and therefore speculatively, if the difference in observed incidence rates in different countries [2] are due to sociocultural factors, may not accurately reflect the views and experiences of UK-based PPGP sufferers. Furthermore, existing UK-based qualitative studies that have explored PPGP views and experiences have focused upon Symphysis Pubis Dysfunction [4,5], and not PPGP more generally.

Given its impact upon pain and psychosocial health [12–16] in one fifth of pregnancies [1], safe, effective and acceptable interventions for PPGP are required. To date, acupuncture has shown promising results for PPGP [7] and appears to be safe [17], but has yet to be investigated thoroughly. In order to assess its efficacy through a robust Randomised Control Trial (RCT), a feasibility study investigating acceptability and practicality of acupuncture is warranted [18]. Components of a feasibility study, such as recruitment, acceptability of the intervention and appropriate selection of outcome measures, are more likely to be sufficient if researchers engage with the target population [18]. These components can be explored most appropriately through a qualitative research paradigm, which in its broadest scope, sets out to gain a deeper understanding of a given situation or phenomenon [19].

This qualitative study explored the PPGP sufferer's views and experiences of biopsychosocial symptoms and what they considered to be important factors in its management. In order to compare with existing qualitative studies, one to one, semi structured interviews were conducted. The results were used to inform the design and development of a subsequent mixed methods feasibility study (MMFS), and gauge whether PPGP sufferers would be willing to enroll and commit to it.

Aim

To explore the views and experiences of women with PPGP, and to inform the design and development of a subsequent MMFS.

Methods

Underpinning philosophy

Pragmatism is defined as “a philosophy in which the meaning of actions and beliefs are found in their consequences” (p.26) [20]. Pragmatists believe that because no experience can be exactly like another, two people cannot have an identical worldview; this presents value to research conducted by different people on the same topic, and the researcher should continuously reflect upon the outcomes of their research to evolve their understanding [20–22]. Although pragmatism is not universally accepted [20], it is adopted frequently in

mixed methods studies [20,23–25]. Given that this qualitative study informed a MMFS, pragmatism was adopted to remain consistent with existing mixed-methods research [20,23–25].

Study design and sample

Semi-structured, audiotaped, one to one interviews were conducted by CC in a Women's Health physiotherapy department (WHPD) located in the North East of England. A purposeful sample of up to eight PPGP sufferers were to be recruited from the WHPD. The target number of participants was considered to reflect previous PPGP studies [13,15], whilst remaining manageable for one interviewer to conduct within a three-month period.

Recruitment, data collection and analysis

Women attended their usual physiotherapy appointment, and were diagnosed with PPGP by their Women's Health physiotherapist (WHP) if they complained of pain in the pelvic girdle region since becoming pregnant, and if it was not related to an internal organ/potentially sinister pathology. Women were eligible for this study if they:

- Were diagnosed with PPGP.
- Had a singleton pregnancy beyond the first trimester.
- Recognised English as their first language.

There were no exclusion criteria.

Each eligible woman was given a participant information sheet by their WHP, detailing the study purpose, benefits, and risks of taking part. An interested potential participant would contact CC to arrange their interview at the WHPD; on attendance they were given the opportunity to ask questions, and then provided signed consent. The participant and CC had had no previous contact, but the participant knew from reading the Participant Information Sheet CC's gender, professional background, and purpose of doing the study. In keeping with previous PPGP research, participants provided demographic data prior to beginning the interview via a pre-printed form designed, for this study, by CC (see Table 1). The interviewer maintained a conversationalist manner throughout each interview, and field notes were taken to aid with reflexivity during analysis. Reflexivity, adopted by CC and reported throughout this paper, is unique to qualitative research, and ensures that the researcher makes it clear how they may have influenced data collection and analysis [26], and strengthens the trustworthiness of the conclusions drawn. At the end of the interview, participants were asked to read the PGQ for their opinion on its representativeness of their PPGP.

The interview schedule was prepared by both authors, and included main, open ended questions with neutral wording, and probing questions to expand upon responses (see Table 2) [27]. Questions were formulated from the existing literature and framed objectively by the researcher who, due to gender, had no personal experience of the condition. Review of the interview schedule was conducted with four WHP's to ensure

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