

Original article

Clinical course of pelvic girdle pain postpartum – Impact of clinical findings in late pregnancy

Hilde Stendal Robinson^{a,*}, Nina K. Vøllestad^a, Marit B. Veierød^b^a Department of Health Sciences, Institute of Health and Society, University of Oslo, P.O. Box 1089, Blindern, 0317 Oslo, Norway^b Department of Biostatistics, Institute of Basic Medical Sciences, University of Oslo, P.O. Box 1122, Blindern, 0317 Oslo, Norway

ARTICLE INFO

Article history:

Received 12 June 2013

Received in revised form

6 January 2014

Accepted 13 January 2014

Keywords:

Lumbopelvic pain

Low back pain

Postpartum

Clinical tests

ABSTRACT

The aims were to study: prevalence of pelvic girdle pain (PGP) one year postpartum; clinical course of PGP, physical functioning (PF) and bodily pain (BP) (from SF-36, 0 (worst) to 100 (best)) from gestation week (GW) 30 to one year postpartum; and whether findings at GW30 were associated with development of PF and BP from GW30 to one year postpartum.

215 pregnant women were followed from GW30 to one year postpartum. Clinical examination and questionnaire were used at GW30, questionnaire only were used at 12 weeks and one year postpartum. The women were categorised by GW30 clinical variables: self-reported PGP, pain locations in the pelvis and response to two clinical tests. Linear mixed models for repeated measures were used to study PF and BP during follow-up, within the categories of clinical variables.

PGP prevalence remained unchanged from 12 weeks to one year postpartum (31–30%). PF and BP scores improved markedly from GW30 to 12 weeks postpartum, and marginally thereafter. Median PF scores were 70, 95 and 100 at GW30, 12 weeks and one year postpartum, respectively. Corresponding median BP scores were 52, 84 and 84. We found significant interactions between each clinical variable and time ($P \leq 0.01$) for PF and BP. The most afflicted women at GW30 experienced largest improvement.

Despite high PGP prevalence one year postpartum, most women recovered in terms of PF and BP scores. Unfavourable clinical course postpartum did not appear to depend on self-reported PGP, pain locations in the pelvis, or response to clinical tests at GW30.

© 2014 Elsevier Ltd. All rights reserved.

1. Introduction

Pelvic girdle pain (PGP) is common during pregnancy, with a reported prevalence from 20% to above 50% depending on the case definition (Olsson and Nilsson-Wikmar, 2004; Gutke et al., 2006; Mogren, 2006; Robinson et al., 2006; Vleeming et al., 2008; Bjelland et al., 2010; Robinson et al., 2010a). Pain is usually located between the posterior iliac crest and the gluteal fold, predominantly around the sacroiliac joints and may also include pain in the symphysis (Vleeming et al., 2008). PGP has been associated with reduced capacity for weight-bearing activities such as walking and standing (Rost et al., 2006; Robinson et al., 2006, 2010c). Although the severity of PGP, in terms of disability or pain is modest in most women, a considerable fraction does report severe disability (Olsson and Nilsson-Wikmar, 2004; Gutke et al., 2006; Robinson et al., 2010a; Mens et al., 2012b). Several studies have also reported that PGP prevalence declines markedly in the first months

postpartum (Albert et al., 2001; Mogren, 2006; Gutke et al., 2008; Robinson et al., 2010b), but the clinical course of PGP in longer follow-up has been the object of few studies. One study found that 8.5% of the women with PGP in late pregnancy reported PGP two years postpartum (Albert et al., 2001).

Previous studies on the clinical course of PGP in the first weeks postpartum have used slightly different criteria, but were based mostly on PGP prevalence (Albert et al., 2001; Mogren, 2006; Gutke et al., 2008). It has been reported that pain locations and responses to clinical tests are associated with PGP prevalence, disability and pain intensity postpartum (Albert et al., 2001; Gutke et al., 2008; Robinson et al., 2010b). Albert et al. (2001) found that women with combined pain in the symphysis and posterior parts of the pelvis during pregnancy recovered to a lesser extent two years after delivery than women with fewer pain locations. Gutke et al. (2008) found that women with combined low back pain and PGP in pregnancy had a less favourable course till three months postpartum. We previously reported a low level of disability and pain intensity 12 weeks postpartum, despite a PGP prevalence of 31% (Robinson et al., 2010b). However, 25% of these women had higher

* Corresponding author. Tel.: +47 22 84 53 94; fax: +47 22 84 50 91.

E-mail address: h.s.robinson@medisin.uio.no (H.S. Robinson).

disability scores compared to healthy women of the same age with minor ailments (Salen et al., 1994), and 25% reported moderate pain intensity. Based on these results it is of interest to explore the clinical course of PGP postpartum in the same cohort with a longer follow-up time, in order to examine both long-term PGP prevalence, and the degree of affliction (disability) as determined by physical functioning and pain. Moreover, physical functioning and pain in the study sample one year after delivery should be compared with normative data from the general population.

The aims of this study were: 1) to determine the prevalence of self-reported PGP one year postpartum, 2) to examine the clinical course from gestation week (GW) 30 to one year postpartum in

terms of prevalence of PGP, physical functioning and bodily pain and 3) to examine whether presence of self-reported PGP, pain locations in the pelvis or responses to clinical tests at GW30 are associated with the development of physical functioning and bodily pain over time from GW30 to one year postpartum.

2. Materials and methods

This paper is based on a prospective cohort study of pregnant women who were followed up from early pregnancy to one year postpartum (Robinson et al., 2010b, 2010c). The Regional Committee for Medical Research Ethics and the Norwegian Social

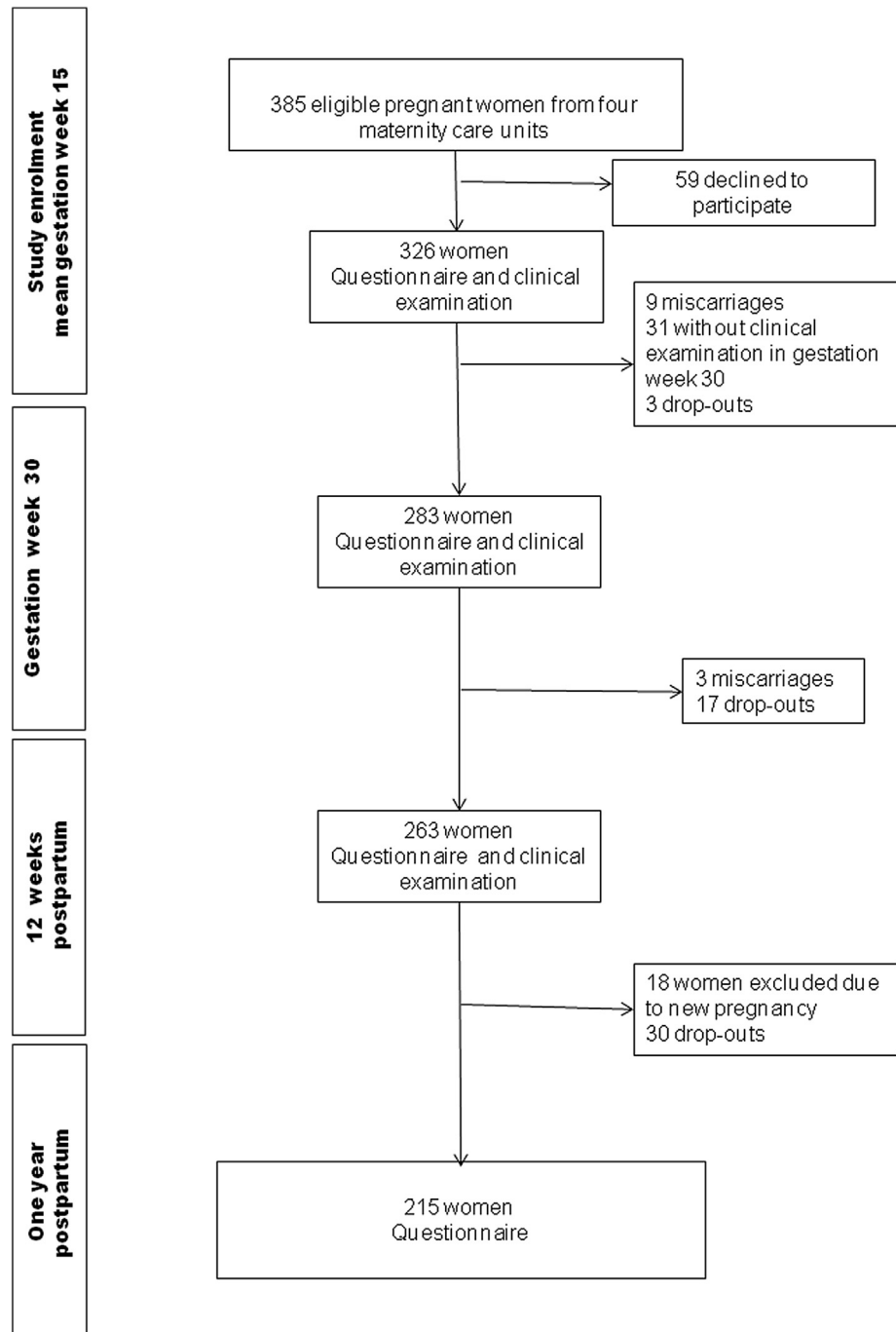


Fig. 1. Flow chart of the study sample.

Download English Version:

<https://daneshyari.com/en/article/2625335>

Download Persian Version:

<https://daneshyari.com/article/2625335>

[Daneshyari.com](https://daneshyari.com)