

Original Research Article

Lower back pain during pregnancy

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Abstract:

Background & Method: Lower back pain during pregnancy can be severely debilitating for women. It is widely accepted as a consequence of pregnancy, by women and health professionals. By understanding the main reasons why back pain occurs during pregnancy, women can be reassured and are able to help themselves. This paper is comprehensive literature review on the nature of back pain in pregnancy. The causes of back pain are reviewed and discussed and clinical manifestations and implications are explored.

Result: Of the 100 patients interviewed, 66% reported low back pain and of these 43.9% reported that low back pain began in the second trimester. Pain was characterized as severe (median = 7), and more than half (71.2%) patients reported that it was more painful at night; 37% reported pain as a “burning” sensation, and most of the surveyed patients (72.7%) denied urinary tract infection.

Conclusion: Lower back pain during pregnancy can be severely debilitating for some women and health professionals can provide help and support for women by providing advice, reassurance and onward referral where needed. By initiating positive change, focusing on what is known, listening to what women are saying during pregnancy and strengthening our practices by using what evidence is available. If women are offered ways of preventing back pain, they may expect the condition, but they will not need to accept it.

Keywords: Lower back pain & pregnancy.

Study Designed: Observational Study.

1. INTRODUCTION

Low back pain (LBP) is a typical protest among ladies during pregnancy, significantly affecting their personal satisfaction[1]. Low back torment during pregnancy has been known and perceived for a long time and was depicted by Hippocrates, Vesalius, Pinean, Tracker, Velpeau and numerous others. In 1962 Walde was the primary who perceived the distinctions between Pelvic Girdle pain (PGP) and Lumbar pain (LP). Afterward, Ostgaard et al. set the standards for the separation between these two substances[2]. It has been assessed that around half of pregnant ladies will experience the ill effects of a low back aggravation sooner or later during their pregnancies of some sort or during the post pregnancy time frame. Pregnancy related low back torment, is by all accounts a consequence of many variables, for example, mechanical, hormonal and other[3].

There has been a plenty of studies in regards to the study of disease transmission of pregnancy-related LBP. Rates range from 25% to 90%, with most examinations assessing that half of pregnant ladies will experience the ill effects of LBP. 33% of them will experience the ill effects of extreme agony, which will diminish their personal satisfaction. Most of ladies are impacted in their most memorable pregnancy[4]. A lot of ladies experiencing LBP guarantee that it influences their day to day daily practice and 10% of them report that they can't work.

Many examinations have been directed in different populaces in regards to LBP during pregnancy. Notwithstanding, the subject remaining parts dubious and the etiology is ineffectively perceived. Different clarifications on the pathophysiology prompting LBP in the antenatal period have been pushed, albeit the logical premise of those speculations is not even close to merged[5].

2. MATERIAL & METHOD

The present study was conducted at Index Medical College, Indore, M.P, from July 2021 to June 2022. It is important to prevent the onset of back pain in pregnancy, as well as to prevent worsening of existing back pain in pregnancy. Women need to be free from pain and fatigue so they can cope with the profound psychological changes of pregnancy leading to their personal development.

To help prevent increased back pain during pregnancy, health professional should advise women on the wearing of appropriate footwear, addition of a sacral support belt, provides extra strength and stability to the spinal column. Women should avoid, where possible, excessive lifting. Finding a comfortable and safe sleeping position is vital in preventing back strain, women should be advised not to sleep on their backs during the later stages of pregnancy. Instead they should be advised to sleep on the side with pillows supporting both the abdomen and back with an extra pillow between the knees. This will help to stabilize the spinal column.

Best method of preventing back pain during pregnancy is to be physically fit, active and not overweight before conception occurs. Strong abdominal muscles and a supple and flexible frame will help prevent general aches and pains, which may occur during pregnancy.

A list of questions determined by the researchers and the database filled by them with the responses were used as tools. The questionnaire was com-posed of simple and direct questions, including the pregnant woman personal data, such as age, weight, occupation, and information related to pregnancy and presence or absence of low back pain and its peculiarities.

The pregnant women were informed about the research, its objectives and procedures and consulted on the participation in the study. After explanations, those who agreed to voluntarily participate in the study gave written informed consent (WIC).Pregnant women aged over 18 years and literate who were attended at the Hospital were included in the sample. Patients with psychiatric disorders, previous spinal pathologies, those in treatment for low back pain and taken analgesics or nonsteroidal anti-inflammatory drugs (NSAIDs) were excluded from the study

Exclusion Criteria:

1. Women who had undergone lower segment caesarean section through vertical paramedian incision in the lower abdomen.
2. Women who had history of spinal surgery in the past.
3. Women who had history of trauma in the back.
4. Women with polyhydramnios.

5. Women who have neuropathy.

Inclusion Criteria:

1. Women who are willing and give consent in written have participated in this study.
2. Women who have undergone lower segment caesarean section through transverse incision in the lower abdomen.

3. RESULTS

Table 1: Low-back pain frequency

Parameter	No.	Percentage
No	34	34
Yes	66	66

Table 2: Low-back pain onset time (N=66)

Onset time	No.	Percentage
First Trimester	23	34.8
Second Trimester	29	43.9
Third Trimester	14	21.2

Table 3: UTI during pregnancy

Onset time	No.	Percentage
Yes	48	27.2
No	18	72.7

Table 4: Low-back pain feature (N=66)

Onset time	No.	Percentage
Gripping	08	12.1
Gripping/burning	01	1.5
Stinging	05	7.5
Twinging	05	7.5
Throbbing	02	3
Stabbing	14	21.2
Stabbing/burning	05	7.5
Burning	25	37.8
Burning/twinging	01	1.5

Of the 100 patients interviewed, 66% reported low back pain and of these 43.9% reported that low back pain began in the second trimester. Pain was characterized as severe (median = 7), and more than half (71.2%) patients reported that it was more painful at night; 37% reported pain as a “burning” sensation, and most of the surveyed patients (72.7%) denied urinary tract infection.

4. DISCUSSION

The human pregnancy time frame includes actual changes. All through pregnancy, the lady goes through physiological changes brought about by physical and practical necessities. Physiological changes influence the outer muscle framework and ordinarily create torment, including lower back torment. The recurrence of low back torment was viewed as 68% among

the pregnant ladies talked with[6]. This finding is in concurrence with those found in the writing, whose commonness goes from 68.5% to 80%.5. This prevalence is thought about high, as this is a gathering of generally safe pregnant ladies, that is to say, patients without huge neurotic 1.5conditions that frequently demolish back torment, like heftiness, old age, and twin pregnancy.

As back torment is standardized, it additionally becomes under-announced. Being aware of the different ways, back torment shows itself is significant information for clinicians who are associated with ladies in perinatal consideration[7].

Much data in the perinatal agony writing centers around assisting ladies with adapting to torment in labor as opposed to during pregnancy. Notwithstanding, training could do a lot to ease the clinical signs that bother back torment during pregnancy (forward twisting, sitting, standing, lifting, stressing during defecations and hacking. Routine activities of everyday living can likewise be impacted because of back torment during pregnancy[8]. Maybe assuming that pregnant ladies were made mindful of right developments and stances and of the dangers related with erroneous lifting and conveying during pregnancy, this issue wouldn't be so normal.

The peculiarity of back torment in pregnancy can likewise be made sense of by a perplexing communication of clinical signs present both when pregnancy. Huge relationships have been displayed to exist between low back torment during pregnancy and back torment before pregnancy, during conveyance, after labor and in resulting pregnancies[9]. Hence the significance of forestalling back torment in pregnancy is self-evident.

5. CONCLUSION

Lower back pain during pregnancy can be severely debilitating for some women and health professionals can provide help and support for women by providing advice, reassurance and onward referral where needed. By initiating positive change, focusing on what is known, listening to what women are saying during pregnancy and strengthening our practices by using what evidence is available. If women are offered ways of preventing back pain, they may expect the condition, but they will not need to accept it.

6. REFERENCES

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