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Severe pelvic or back pain: does it affect obstetric outcome?

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Abstract
Many pregnant women seek physiotherapy input for pregnancy-related pelvic girdle pain (PGP) and/or low back pain (LBP) during pregnancy. Pain levels range from mild to severe and the problem can affect mobility (ACPWH 2007). These women and their healthcare professionals may be concerned about their ability to deliver. The aim of this pilot study was to establish whether or not women with severe PGP/LBP during pregnancy are having spontaneous vaginal deliveries, as opposed to induction of labour or Caesarean sections. Women were included if they had had three or more physiotherapy appointments, and had delivered from September to December 2009. Demographic details and obstetric outcomes were compared against those of all women who delivered during this time. Information was obtained retrospectively. Forty-seven women who had had three or more sessions of physiotherapy were compared with an additional 1876 women who had delivered during this period. There were no significant differences in maternal age, the weight of the baby, gestational age or onset of labour between the groups. Women with severe PGP/LBP had a higher rate of vaginal delivery (74.47% versus 66.52%), fewer instrumental deliveries (2.13% versus 10.45%) and the same Caesarean section rate (emergency: 12.77% versus 12.47%; elective: 10.64% versus 10.07%); however, these results did not reach statistical significance ($P > 0.05$). This study suggests that women with severe PGP/LBP who have had physiotherapy have a similar rate of induction, vaginal delivery or Caesarean section as other women. While this information can be used to reassure these women that they have the same childbirth choices as other women, further prospective study is required.

Keywords: low back pain, obstetric outcome, pelvic girdle pain.

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Reference

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