

# More women with the pelvic girdle syndrome than with other pelvic pain during pregnancy had pelvic pain 2 years after delivery

Albert H, Godskesen M, Westergaard J. Prognosis in four syndromes of pregnancy-related pelvic pain. *Acta Obstet Gynecol Scand.* 2001 Jun;80:505-10.

## QUESTION

In women with pregnancy-related pelvic joint pain, what are the predictors and prevalence of long-term symptoms?

## DESIGN

Inception cohort followed for 2 years after delivery.

## SETTING

A university hospital in Denmark.

## PATIENTS

405 women at 33 weeks of gestation were classified into 5 subgroups on the basis of their history and objective pelvic joint pain ( $\geq 1$  positive test from a joint): the pelvic girdle syndrome ( $n = 118$ ; daily pain in all 3 pelvic joints); symphysiolysis ( $n = 38$ ; daily pain in pubic symphysis only); the one-sided sacroiliac syndrome ( $n = 98$ ; daily pain from 1 sacroiliac joint alone); the double-sided sacroiliac syndrome ( $n = 120$ ; daily pain from both sacroiliac joints); or miscellaneous ( $n = 31$ ; daily pain in  $\geq 1$  pelvic joint, but inconsistent findings from the history). Patients with no objective evidence of pelvic joint pain or those with the same or lower intensity of pelvic joint or low-back pain

as before the pregnancy were excluded ( $n = 1384$ ). Follow-up was 84%.

## ASSESSMENT OF PROGNOSTIC FACTORS

Epidemiologic and obstetric background data and pain history obtained from a questionnaire and physical examination (pain tests and index of mobility). Demographic data (age, education, and employment history) were also assessed.

## MAIN OUTCOME MEASURES

Pelvic pain ( $\geq 1$  positive pain test result for  $\geq 1$  pelvic joint). Women were examined at 1, 3, 6, 12, 18, and 24 months after delivery or until symptoms disappeared, whichever occurred first. All women seen at the 6-month follow-up were examined 6 months later.

## MAIN RESULTS

Continued pelvic joint pain at 2 years occurred in 21 of the 100 women (21%) with the pelvic girdle syndrome who were followed, 0 of 33 (0%) with symphysiolysis, 1 of 82 (1.2%) with the one-sided sacroiliac syndrome, 5 of 99 (5.1%) with the double-sided sacroiliac syndrome, and 2 of 27

(7.4%) with miscellaneous joint pain at baseline. No women with symphysiolysis had joint pain at 6 months after delivery. Prognostic factors associated with pelvic joint pain 2 years after delivery in women with the pelvic girdle syndrome were  $\geq 16$  positive responses on objective pain tests (relative risk [RR] 10.7), low index of mobility ( $\leq 320$ ; RR 3.9), no education (RR 2.3), multiparity (RR 2.0), older age ( $\geq 29$  y; RR 1.9), and high intensity of pain ( $\geq 6$  on a visual analog scale; RR 1.6). No prognostic indicators existed for the other groups.

## CONCLUSIONS

Among women with pregnancy-related joint pain, more women with the pelvic girdle syndrome had pelvic pain at 2 years after delivery than did women with other pelvic pain. Women with symphysiolysis had no joint pain 6 months after delivery.

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## COMMENTARY

Back pain and pelvic pain affect almost 50% of pregnant women (1). The study by Albert and colleagues followed women with pelvic pain for longer than any previous study. The study did not compare lumbar back pain with pelvic pain, which is a pity because we lack good prognostic information on such women. The study distinguishes pelvic pain from lumbar back pain and describes tests that may help to differentiate sites of pelvic pain. The authors describe these as "objective" tests. I am unhappy about this term because the tests rely on a subjective response about pain. Nonetheless, the study was able to distinguish different sites of pain, which is important because it allows better prognostic information. In the future, health care workers caring for pregnant women should examine those with back and pelvic pain more carefully. The good news is that we can tell women with pubic symphysis pain that they are almost certain to be free of pain 6 months after delivery. I share the authors' unease about using the term *symphysiolysis*, which implies that the joint is dissolving—a distressing image to conjure up. Symphyseal pain would be a better term.

This study showed that for the 6.6% of pregnant women (of the 1789 women who were booked for delivery at the study site) who

had symphyseal and sacroiliac joint pain (pelvic girdle pain) at baseline, 21% will still have pain 2 years after birth. Determining how to treat women with such pain is not straightforward because we lack good evidence about treatments. Trochanteric belts (2) and acupuncture may help (3). A Cochrane review on preventing and treating backache in pregnancy will be updated next year (4).

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