

Frequency of Backache and its Management in Pregnant Women Attending IUH OPD

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ABSTRACT

Objective: Frequency of backache and its treatment among pregnant women attending Isra University Hospital (IUH) OPD.

Material and methods: This cross-sectional study was conducted at Out patient's department of obstetrics\Gynaecology Isra hospital Hyderabad from February 2019 to Augusts 2019. A total of 80 pregnant women irrespective of their age, marital and literary status, visiting out-patient department of Isra University were included. All the females were assessed regarding backache and its treatment at gynaecological OPD. All the information was recorded via study proforma. Data was analyzed via SPSS version 20.

Results: A total of 180 pregnant women were studied, and most of the women 40% were in age group of 31-40 years. Out of all, 22.2% women were primigravida, 40.6% were multigravidas and 36.7% women were grand multigravidas. The history of backache before pregnancy was among 20% of the females and 62.2% of women had developed backache during pregnancy, while 12.8% women had no complaint of backache. Out of 121 females who had backache during pregnancy, 28.30% had an onset of pain during 1st trimester, in 23.30% during 2nd trimester and in 48.30% during 3rd trimester of pregnancy. Out of all 32.20% women got relieved by taking rest, 63.90% women took analgesics as a treatment measure and 3.3% women took some other treatment options.

Conclusion: It was observed that the more than 60% of all pregnant women experienced backache and mostly during 3rd trimester. Most of the females took treatment in the form of analgesics and some women got relieved by taking rest.

Keywords: Pregnancy, backache, Management

INTRODUCTION

Backache is a typical symptom among women of childbearing age, with up to half of them experiencing back pain at some point during their pregnancy.¹ Although nonspecific low back discomfort (often radiating to the buttocks and thighs) is encountered by both pregnant and non-pregnant women/females^{1,2}, more acute pain emerging from sacroiliac dysfunction is unique to pregnancy. The beginning of back pain during pregnancy is also linked to activity.^{3,4} Low back pain during pregnancy is usually attributed to various alterations in load and body mechanics that occurred throughout pregnancy, as per some theories. It's typical to gain 20 to 40 pounds among females during pregnancy.³ Weight gain causes the body's center of gravity to shift anteriorly, increasing the moment arm of forces applied to the lumbar spine and naturally increasing the inward curvature of the spine, putting additional stress on the lower back.⁵ It is estimated that nearly half of all pregnant females experiences back discomfort at some point throughout their pregnancy or in the postpartum period.⁶ It's a serious musculoskeletal issue that can have a negative impact on a woman's quality of life during pregnancy.⁷ It presents a substantial difficulty to pregnant women in terms of daily activities. Forward flexion and sitting were the two most common sources of pain aggravation, accounting for 77 (31%) and 52 (21%), respectively.⁷ Previous back pain, multiparity, maternal age and physical activity are all known risk factors for low back discomfort during pregnancy.⁹ Increased BMI during pregnancy is also a hotly contested risk factor for the

development of low back pain.⁹ Nevertheless, there seems to be a lot of ambiguity on how to define LBP in pregnancy, how to identify relevant investigations, and how to assess safe therapeutic approaches in pregnancy.¹⁰ Early detection and treatment, which take into account the unique characteristics of each woman and pregnancy, ensure the best possible outcome. Backache LBP has a favorable functional prognosis, and the majority of women recover within the first few months after giving birth.⁸ The specific origin of back pain during pregnancy is unknown; it's commonly thought to be complex in nature and linked to vascular, biomechanical and the hormonal alterations.^{7,11} Although this study aimed to assess the frequency of backache during pregnancy and its management at Isra University Hospital Hyderabad

MATERIAL AND METHODS

This cross-sectional study was conducted at Out Patient's Department (OPD) of obstetrics & Gynaecology Isra hospital Hyderabad, during 6 months from February 2019 to August 2019. A total of 80 pregnant women irrespective of their age, residential and literary status, visiting out-patient department of Isra University were included. Women without any co-morbidity, non-pregnant women, and those who were not agreeing to participate in the study were excluded. All the females were assessed regarding backache and its treatment at gynaecological OPD. All the information was recorded via study proforma. Data were analyzed via SPSS version 20.

RESULTS

A total of 180 pregnant women were studied, and most of the women 40% were in the age group of 31-40 years, followed by 5% were in the age group of 15-20 years, 32.8% were in the age group of 21-30, and 22.2% were more than 41 years of age. 15.6% women were less than 50 kg in weight, 68.9% women had weight between 50 kg and 70 kg and 15.6% were more than 70 kg in weight. Out of all, 22.2% women were primigravida, 40.6% were multigravidas and 36.7% women were grand multigravidas. Out of total study subjects 20.0% had history of backache before pregnancy, 62.2% women had developed backache during pregnancy and only 12.8% women had no complaint of backache. Table.1

Out of 121 females who had backache during pregnancy, 28.30% had onset of pain during 1st trimester, in 23.30% during 2nd trimester and in 48.30% during 3rd trimester of pregnancy. Fig:1

Out of all 32.20% women got relieved by taking analgesics with bed rest, 63.90% women took analgesics as a treatment measure and 3.3% women took some other treatment options. Fig:2

Table 2: Demographic information of study participant n=180

Variables		Frequency	%
Age groups	15-20	09	05.0%
	21-30	59	32.8%
	31-40	72	40.0%
	>41	40	22.2%
Weight	<50kg	28	15.6%
	50-70kg	124	68.9%
	>70kg	28	15.6%
Parity	Primipara	41	22.8%
	Multipara	73	40.6%
	Grand multipara	66	36.7%
Residence	Urban	68	37.8%
	Rural	78	43.3%
	Semi-urban	34	18.9%
Socioeconomic status	Low	88	48.9%
	Middle	79	43.9%
	Upper	13	07.2%
History of backache	No pain	23	12.8%
	Before the pregnancy	36	20.0%
	During pregnancy	121	67.2%
Previous history of treatment taken	Yes	78	43.3%
	No	102	56.7%

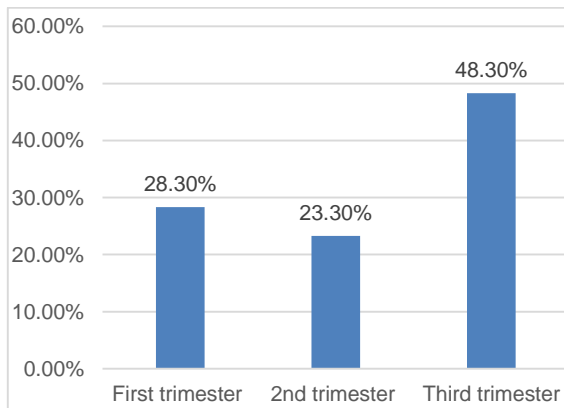


Fig 1: Pain onset during trimester n=121

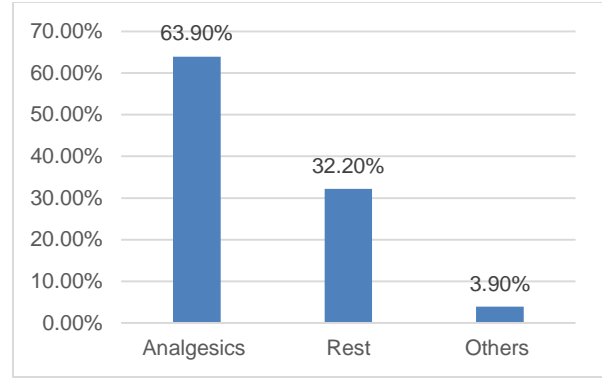


Fig 2: Types of treatment n=180

DISCUSSION

Backache is considered a major problem during pregnancy by majority of women. Meanwhile, it is mostly considered unimportant by the obstetricians. Backache in pregnancy can become a major cause of stress and immobility, hence must be treated for the comfort of the patient. Backache associated with pregnancy can be due to multiple factors namely. In this study out of all study subjects 66.7% of women had developed the backache during pregnancy, 20.0% women had backache before pregnancy and only 13.3% women had no any complain of backache, while pain was most common in the third trimester of pregnancy. Similarly in the study of Carvalho ME et al⁶ reported that the low back pain frequency was 68% among pregnant females. Inconsistently in the study of Tariq M et al¹² found lower rate of backache as they reported that the incidence of backache was 26.3% during pregnancy and consistently, they found backache mostly in the third trimester. Although consistently Shimul C et al¹³ demonstrated that backpain during pregnancy was 51% and among 47.06% of women had during 2nd trimester of pregnancy. Findings of this study regarding the frequency of backache vary from many studies, and this may be because of study sample size, selection criteria and antenatal care and awareness. The term "low back pain" refers to axial or parasagittal soreness in the lower back. It's musculoskeletal in nature and could be caused by a combination of circulatory, psychosocial, hormonal and the mechanical factors.^{6,14}

In this study, most of the women 40% were in the age group of 31-40 years and most of the females were poor and multipara. Consistently Rabiee M et al¹⁵ reported that the average age of the study subjects was 28.98 ± 5.02 years and most of the females were poor socioeconomically. On other hand, Omoke NI et al¹⁶ demonstrated that low back pain was higher in the age group of 41 - 45-year and the average age of study subjects was 29.33±4.8 years and multiparous women were 73.7%. Although, in this study, backache was higher among multiparous women, poor women, uneducated women and those who were overweight, illiterate and had history of backache before pregnancy, including those having anemia and poor dietary status. These issues can also be suspect as risk factors of the backache during pregnancy. On other hand in an international study of Omoke NI et al¹⁶ demonstrated that the status of the employment, previous history of backache, parity, >4Kg

weight of the baby, lack of household help, and alcohol intake has all been linked to low back pain during pregnancy. Our findings were almost similar to the above-mentioned study, but in this study, alcohol consumption was not found. As per another recent report, the time duration of low back pain during pregnancy is closely related to physical dysfunction, absenteeism and poor work performance.¹⁷ Although the etiology is still poorly understood and it was also a small sample size and single center study with several limitations, hence there is a quick need of best concern regarding this issue by the large-scale studies.

CONCLUSION

A per study conclusion, more than 60% of all pregnant women experienced backache and mostly during 3rd trimester. The most common cause of backache could weight and pressure of the baby. More than half of the patient took treatment in the form of analgesics and some women got relieved by taking rest. Females should avoid sudden movements, as it can cause muscle strain and by using the mattress ridged enough to bear your body weight and able to give back support, regular exercise, non-strenuous like walking and yoga, avoids heavy weight lifting, proper intake of nutrition, adding fruits, vegetables and milk in the diet, use of lumbar supports during sitting, working in offices, apply analgesic ointments, creams to relieve back pain and proper advice from doctors, the backache can be prevented during pregnancy.

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