The effect of emotional distress on persistent pelvic girdle pain after delivery: a longitudinal population study.

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Abstract

OBJECTIVE: To study the prognosis for pelvic girdle pain, and to explore the association between presence of emotional distress during pregnancy and pelvic girdle syndrome 6 months after delivery.

DESIGN: Longitudinal population study.

SETTING: Norway, for the period 1999-2008.

POPULATION: A follow-up of 41 421 women in the Norwegian Mother and Child Cohort who reported pelvic girdle pain at 30 weeks of gestation.

METHODS: Data were obtained by self-administered questionnaires in weeks 17 and 30 of gestation, and 6 months after delivery.

MAIN OUTCOME MEASURE: Pelvic girdle syndrome 6 months after delivery, defined as pain in the anterior pelvis and on both sides in the posterior pelvis.

RESULTS: Six months after delivery, 78.0% of the women had recovered, 18.5% reported persistent pain in one or two pelvic locations, 3.0% reported pelvic girdle syndrome and 0.5% reported severe pelvic girdle syndrome. The recovery rates decreased with increasing levels of pain severity in pregnancy. Being emotionally distressed at two time points during pregnancy was associated with the presence of pelvic girdle syndrome (adjusted OR 1.5, 95% CI 1.2-1.9) and severe pelvic girdle syndrome (adjusted OR 1.9, 95% CI 1.1-3.1), after adjustment for pain severity in pregnancy, other medical conditions, body mass index, age at menarche, previous low back pain, and smoking during pregnancy.

CONCLUSIONS: In this follow-up of women with pelvic girdle pain in pregnancy, the recovery rates after delivery were high. Our findings suggest that the presence of emotional distress during pregnancy is independently associated with the persistence of pelvic girdle pain after delivery.

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