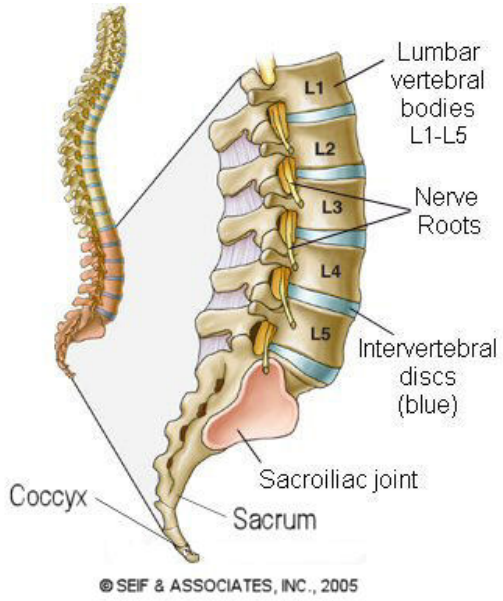
Back Pain in Pregnancy

Back pain during pregnancy is common and happens in about half of all pregnancies. It can have a negative impact on your lifestyle and may make delivery more difficult. If left untreated, back pain may cause problems that will continue after giving birth. Back pain should be managed throughout your pregnancy. Both low back (*lumbar*) pain and back pelvic pain may be caused by several factors related to changes during your pregnancy.



Low back pain usually occurs between the fifth and seventh month of pregnancy. It can, however, happen in the first couple months. Factors that increase the risk of back problems include:

- Previous back problems.
- Injury to your back.
- You are having twins or multiple births.
- You have a chronic cough.
- Stress.
- Job related (repetitive motion).
- Suffer from some muscle or spine disease in your back.
- You have a family history of back problems, ruptured (*herniated*) disc or osteoporosis.
- Depression, anxiety, panic attacks.

CAUSES

- When you are pregnant, your body produces a hormone called relaxin. This loosens the ligaments of the lumbar and sacral vertebrae and also the pubic bone to make more room for the baby during labor and delivery. Loose ligaments and muscles makes it easier to injure your back and cause back pain.
- As the baby grows, it puts pressure on the nerves and blood vessels in your pelvis.
- As the baby grows and gets heavier during pregnancy, the uterus pushes the stomach muscles forward, changes your center of gravity and makes your back muscles work harder to keep good posture.

SYMPTOMS

Lumbar pain during pregnancy

Lumbar pain during pregnancy is usually situated at or above the waist in the center of the back. There may be pain and numbness that radiates into your leg or foot. This is similar to low back pain experienced by non-pregnant women. It usually increases with sitting for long periods of time, standing, and/or repetitive lifting. Tenderness may also be present in the muscles along your upper back.

Posterior pelvic pain during pregnancy

Pain in the back of the pelvis is more common than lumbar pain in pregnancy. It is a deep pain felt below and to the side at the waistline, and/or below the waistline on either side across the tailbone (*sacrum*). This type of pain may be on one or both sides. This pain can go into the buttocks and backs of the upper thighs. Pubic and groin pain may also be present. The pain does not quickly resolve with rest, and morning stiffness may also be present.

Pelvic pain during pregnancy can be brought on by most activities. A high level of fitness before and during pregnancy may or may not prevent this problem. Labor pain is usually one to two minutes apart, lasts for about one minute with a bearing down feeling or pressure in your pelvis. However, if you are at term with the pregnancy, constant low back pain can be the beginning of early labor and you should be aware of this.

DIAGNOSIS

X-rays of the back **should not** be done during the first 12 to 14 weeks of the pregnancy and only when absolutely necessary during the rest of the pregnancy. MRI's do not give off radiation and are safe during pregnancy. MRI's also should only be done when absolutely necessary.

TREATMENT AND HOMECARE INSTRUCTIONS

Avoid an under-active life style. Developing an exercise program before getting pregnant is very helpful when possible. Active exercise, as directed by your caregiver, is your greatest weapon against back pain. If you have a back problem, it is especially important to avoid sports requiring sudden body movements. Swimming and walking are safe activities. To prevent back pain:

- Maintain good posture.
- Avoid obesity.
- **Do not** wear high heels, especially in the third trimester.
- Avoid lifting objects over five pounds. Ask for help.
- When lifting, lift with your legs and thighs, not with your back (bending over). When picking up something from the floor, squat down, do not bend over.
- If your bed is too soft, place a board between your mattress and box spring.
- **Do not** stand in one place for long periods of time.
- Sit in chairs with erect and good posture, use a pillow on your lower back if necessary.
- Sleep on your side, preferably the left side, with a pillow or two between your legs.
- Use heat or cold 3 to 4 times a day for 15 minutes, which ever makes the pain better.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

Use bed rest for only the most extreme, sudden (*acute*) episode. Prolonged bed rest over 48 hours will aggravate your condition. Ice used for acute conditions is very effective. Use a large plastic bag filled with ice wrapped in a towel. Use of ice may be continuous or for thirty minutes, every two hours during an acute phase, as needed. Heat for thirty minutes prior to activities is helpful.

See your caregiver for continued problems. Your caregiver can help or refer you for appropriate exercises and "work hardening." Work hardening means that the back is put through the proper exercises and rehabilitation to treat the present problems and prevent future problems. With conditioning, most back problems can be avoided. Sometimes, a more serious issue may be the cause of back pain. You should be seen right away if new problems seem to be developing. Your caregiver may recommend:

- A maternity girdle.
- A special elastic sling.
- A back brace.
- A massage therapist or even acupuncture.

SEEK MEDICAL CARE IF:

- You need a prescription medication for the pain.
- You need a referral to a physical therapist or chiropractor.
- You want to try acupuncture.

SEEK IMMEDIATE MEDICAL CARE IF YOU DEVELOP:

- Numbness, tingling, weakness or problems with the use of your arms or legs.
- Severe back pain not relieved with medications.
- Change in bowel or bladder control.
- Increasing pain in other areas of the body.
- Shortness of breath, dizziness or fainting.
- Nausea (feeling sick to your stomach), vomiting or sweating.

- Back pain which is similar to the labor pains described above.
- Back pain along with rupture of your bag of water or vaginal bleeding.
- Back pain that travels down your leg.
- Numbness that travels down your leg.
- The back pain developed after you fell.
- Weakness in one or both legs.
- Pain on one side of your back, you may have a kidney stone.
- You see blood in your urine, you may have a bladder infection or kidney stone.
- You have back pain with blisters, you may have shingles.

Back pain is fairly common during pregnancy but should not be accepted as just part of the process. Back pain should always be treated as soon as possible. This will make your pregnancy as pleasant as possible. It usually makes for an easier delivery.

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