592

Tate S[1], Fynes M[1], Maya O[1], Franco A V[1]
1. St George's Hospital

SYMPHYSEAL PELVIC DYSFUNCTION (SPD) IN PREGNANCY: EVALUATION OF THE IMPACT ON POSTPARTUM QUALITY OF LIFE, MUSCULOSKELETAL AND PELVIC FLOOR FUNCTION.

Hypothesis/ aims of study.

To evaluate the demographics and symptoms of women presenting with SPD during pregnancy and determine short and long-term impact on quality of life, musculoskeletal and pelvic floor function.

Study design, materials and methods

At our institution all women are screened for SPD in pregnancy and those affected are referred to The Women's Health Physiotherapy Department. They are managed according to a collaborative hospital protocol – involving the Departments of Obstetrics, Physiotherapy and Orthopaedics. In this study we evaluated the demographics and outcome for women presenting with SPD over two years from 2001-2003. Peripartum, physiotherapy and obstetric parameters were assessed by chart review. In each case a detailed questionnaire was completed by telephone evaluating the onset and progression of musculoskeletal and pelvic floor symptoms during pregnancy and following delivery. The severity of these symptoms were determined by a visual analogue score (VAS 0-100) and their impact on Quality of Life (QOL) and sexual function by validated questionnaires regarding general health (SF36) and sexual function (ASFQ). The latter were completed by post.

Results

148 women were diagnosed with SPD over the study period. This figure represents 2% of all deliveries at our unit. The mean age was 31 years(R17-45), mean parity 1(R0-5) and mean BMI 26(R15-47). 108(73%) presented in their first or second pregnancy. Of the latter group 19(38%) had SPD in their first pregnancy. Mean gestation at symptom onset was 26 weeks (R6-38) and physiotherapy referral 30 weeks (R13-41). All women were given a detailed explanation regarding SPD and conservative care included instructions on musculoskeletal exercise. Symptoms at presentation are listed in Table 1. The findings on musculoskeletal assessment were recorded in only 73(49%) of cases. 101(68%) women required one or more further treatment modalities (Table 2). The mean gestation at delivery was 39 weeks (R29-42). 20(14%) underwent elective caesarean section and 5(3%) were induced for SPD. 89(60%) of those who laboured had a normal vaginal, 21(14%) instrumental and 18(12%) an emergency caesarean delivery. The mean fetal weight was 3.4Kg(1.2-4.7). At the time of writing 93(63%) of women had completed a telephone follow-up regarding the prevalence of postpartum and longterm musculoskeletal and continence symptoms (Table 2) and 47(32%) had returned their QOL questionnaires. The mean duration since delivery at longterm follow-up was 100 weeks (R46-208). For those with persistent problems at longterm follow-up the mean VAS scores were 51(R0-100) for musculoskeletal, 37(R0-100) for urinary and 49(R0-100) for bowel symptoms. 20(22%) still had significant pelvic girdle pain.

Table 1			
Symptoms	**Antepartum**	**Postpartum**	**Longterm**
	(n=148)	**(n=93)**	**(n=93)**
Musculoskeletal	148(100%)	62(42%)	33(35%)
Pubic pain	148(100%)	54(36%)	
Sacroiliac pain	90(61%)	41(28%)	
Reduced mobility	112(76%)	42(28%)	
Bladder	81(55%)	69(74%)	34(37%)
Urgency	54(36%)	13(14%)	
Urge incontinence	27(18%)	20(22%)	
Stress incontinence	58(39%)	48(52%)	
Voiding difficulty	53(36%)	42(45%)	
Recurrent cystitis	13(9%)	8(9%)	
Bowel	51(34%)	39(42%)	15(16%)
Defecatory difficulty	37(25%)	30(32%)	
Faecal urgency	12(8%)	11(12%)	
Frank incontinence	2(1%)	2(2%)	
Flatal incontinence	26(18%)	12(13%)	
Faecal staining	8(5%)	4(4%)	

Table 2	
Musculoskeletal assessment	**(n=73)**
Limited range of movement	53
Maximum degree of hip abduction	36cm(R15-70)
Other treatments	**(n=101)**
Bedrest	4
Pelvic Brace	95
Crutches	15
Analgesia/ anti-inflammatories	38
Acupuncture	1
Massage	2
TENS	1

Interpretation of results

In this study, the rate of SPD was 1 in 50 deliveries. This is higher than previous reports but may reflect increased identification resulting from systematic screening. In contrast to other reports there were no differences in demographic or obstetric factors for those women with SPD compared to those without. Typically the condition presents in the first pregnancy in the second trimester. While other series have focused on musculoskeletal symptoms, this is the first report to comprehensively evaluate the significant impact of SPD on bladder, bowel and sexual function. Although, the high rate of voiding problems in the early postpartum period may be explained by pain, the mechanism of ongoing voiding problems at 2 years is unclear. In addition, at almost 2 years follow-up, 1 in 3 women report ongoing musculoskeletal symptoms and 1 in 5 pelvic pain. However, 37% have ongoing bladder and 16% altered bowel control. These symptoms significantly impact on QOL.

Concluding message

SPD is a common and often underestimated problem associated with significant musculoskeletal and pelvic floor morbidity.