

Lumbopelvic pain, urinary incontinence and quality of life in pregnant women in a low income and social risk Chilean population.

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Abstract

Background: Urinary incontinence (UI) and lumbopelvic pain (LPP) are musculoskeletal problems prevalent during pregnancy. These disorders are associated with quality of life disturbance. In Chile, the measures of those pathologies through the development of pregnancy have not been studied in low incomes and social risk populations.

Purpose: To determine the need of musculoskeletal health care in pregnant women treated in a primary care public center with low incomes and social risk population in Santiago, Chile. The prevalence of lumbopelvic pain and urinary incontinence, and the quality of life is one way of determining that need.

Methods: It was made a follow-up of a cohort group of 112 women in a primary health care community center, between years 2012 and 2014. Pregnant women between 18 and 40 years old and coursing health pregnancy with one fetus, were eligible. The recruitment was made in the first pregnancy control, after the informed consent process was developed. They answered a questionnaire which included questions about presence of LPP and UI and quality of life, who was measured with EQ-5D questionnaire. Three measures was made to each subject, one in each trimester.

Results: From a total of 112 women with 3 performed measures, a 90,1% begin the pregnancy with LPP. The movement or transfer were the most affected dimensions. During the second and third trimester, the prevalences of LPP were 89% and 91% respectively. In the first trimester of pregnancy, they reported a 27,9% of UI, this percentage was increased until a 51,4% of prevalence in the second trimester, and presented a value of 48,2% in third trimester. Related to quality of life, according to EQ-5D measures, the prevalences in the first, second and third trimester were 60%, 80% y 70% respectively, and there was not statistically significant difference between the first and third trimester. The dimension of quality of life that reported more problem was pain.

Conclusion(s): In this population, lumbopelvic pain prevalence is higher than those values reported in literature since the first stage of pregnancy, and it keeps high. The urinary incontinence prevalence also experimented a raise through pregnancy. Despite of these prevalences, quality of life in pregnant of this group is similar to the corresponding population, being higher in the second trimester, which is consisting with the biggest prevalence of UI and with a 88,9% of prevalence of LPP. It confirms the need to develop a program to educate and give treatment to musculoskeletal dysfunctions of pregnant women.

Implications: Despite that lumbopelvic pain prevalences are higher than usually reported in pregnancy, specifically at the beginning of this one, it does not seem to lead to a poorer quality of life in these women. Adult Chilean women also have high prevalence of musculoskeletal symptoms, according to the National Health Survey 2009–2010, and they do not recognize this as a problem that affects their quality of life. Because of this, education for knowledge about the effectiveness of treatments for musculoskeletal problems, such as physical therapy interventions, should be the subject of future research and interventions.