



Pregnancy Related MSK Issues/Common Questions and Advice

MSK Conditions



- Back Pain
- Pelvic Girdle Pain (PRPGP)
- Symphysis Pubis Dysfunction
- Carpal Tunnel Syndrome
- Round Ligament Pain
- Rib Pain
- Diastasis Recti

Other Complications



- Gastro-Intestinal
- Varicose Veins
- Oedema
- Urinary Incontinence
- Leg Cramps
- Fibroids
- Retroversion of Uterus
- UTIs
- Abdominal Pain

- Venous Thromboembolism
- Oligohydramnios/Polyhydramnios
- Breech Presentations
- Inductions
- Antepartum Hemorrhage
- Rhesus Disease
- Itchiness
- Medications

LBP

- Hormone induced laxity of spinal ligaments
- Centre of gravity and posture changes
- Increased weight gain
- Exacerbation of pre-existing IV Disc problems

Advice



- Posture
- Reduce Heavy Lifting
- Avoid High Heels
- Physiotherapy Treatments
- Stretches/Exercises

Symphysis Pubis Dysfunction



- More common in 3rd Trimester
- Advice re Ice/Support Belts

Pelvic Girdle Pain (PRPGP)



- 45% combined LBP/PGP (Wu et al 2004)
- 20% seek medical treatment (Albert et al 2002)
- Recovery - 5% with postpartum symptoms

PGP Advice

- Activity Modifications
- Reduce Weight bearing exercise/activity
- Advice re Specific Exercises and modify where necessary
- Pelvic Support Belts
- Physiotherapy – early onset
- Mobility Aids

Carpal Tunnel Syndrome



- Median nerve compression
- Swelling of soft tissues causing numbness and tingling of thumb/forefinger often worse at night
- Advice – Splints/Icing
- Exercise Modifications

Round Ligament Pain

- Attaches from uterus through inguinal ring to labia majora
- Pain usually from 2nd Trimester
- Sudden stabbing pain in lower abdomen with sudden movement or prolonged activity and should resolve with rest*

Advice



- Reassurance +
- Rest from aggravating positions
- Knees to chest stretch to offload

Rib Pain



- Usually related to position/lie of baby especially as pregnancy progresses
- Advice re stretches

Diastasis Rectus Abdominus



- Definitions vary so difficult to compare studies
- Prevalence at week 35 100% (Mota et al 2014)
- Prevalence at 6/12 postpartum 35-39% (Mota et al 2014)

DRA Advice



- Avoid increasing abdominal load (e.g. sit up positions)
- Compressive clothes or Abdominal Supports if previous history/dx
- NB postpartum advice

Gastro-Intestinal Complications



- Constipation
- Hyperemesis Gravidarum
- Gastroesophageal Reflux
- Haemorrhoids

Varicose Veins



- Relaxant effect of progesterone on vascular smooth muscle
- Support Stockings
- Reduce prolonged standing
- Vulval/Vaginal Varicosities

Oedema



- 80% pregnancies
- Fingers/Toes and ankles mostly
- Hot weather/prolonged driving aggravates
- Advice re rest with legs elevated
- Support stockings

Urinary Incontinence



- Last Trimester 45% Primiparous and 85% multiparous (Markved & Bo 2003)
- Postpartum 92% who are incontinent at 12 weeks will still be incontinent at 5 years (Viktrup et al 2000)
- 5-7 years postpartum 44.6% with some degree of incontinence (Wilson et al 2002)

Urinary Incontinence



- Advice re bladder health/habits
- Pelvic floor exercises
- Women's Health Physiotherapist

Muscle Cramps



- Usually lower limb/ most commonly calves

Urinary Tract Infections



- Risk factors include recurrent cystitis/renal tract abnormalities/Diabetes/Bladder emptying problems (MS)
- Watch for LBP/Flu-like symptoms

Abdominal Pain



Pregnancy related conditions - Early pregnancy (<24 weeks)

- Ligament Stretching
- Adhesions from previous CS
- Miscarriage
- Ectopic Pregnancy
- Acute urinary retention due to retroverted uterus

Abdominal Pain



Pregnancy related conditions - Later pregnancy (>24 weeks)

- Labour
- Placental Abruption
- HELLP syndrome
- Uterine Rupture
- Chorioamnionitis

Abdominal Pain



Pregnancy unrelated conditions

- Uterine/Ovarian causes – Torsion or fibroid degeneration/ovarian cyst
- Urinary Tract Disorders – UTI/Renal Colic
- GI Disorders –Gastric/Duodenal ulcer/Acute appendicitis/Acute pancreatitis/Acute Gastroenteritis/Intestinal obstruction or perforation

Abdominal Pain



Pregnancy unrelated conditions contd:

- Medical Causes – Sickle Cell Disease/Diabetic Ketoacidosis/Acute intermittent porphyria/Pneumonia (lower lobe)/Pulmonary Embolus/Malaria

Venous Thromboembolism (VTE)



- Most common cause of direct maternal deaths in UK with 6-10 fold increase in risk in pregnancy

Risk Factors include;

- Pre-existing – Maternal age >35 years/Thrombophilia/Obesity/

Previous history/Severe varicose veins/Smoking/Malignancy

Venous Thromboembolism (VTE)



- Pregnancy Specific – Multiple Gestation/Pre-eclampsia/Grand Multiparity/Caesarean Section (especially emergency)/Damage to pelvic veins/Sepsis/Prolonged bed rest

Venous Thromboembolism (VTE)



DVT Warning signs:

- Calf pain
- Redness/swelling
- NB Unilateral symptoms
- Tender to gentle touch

PE Warning signs:

- Breathlessness/Inspiratory Chest pain/Increased BP/Mild pyrexia

Treatment: Low Molecular weight heparin

Breech Presentations

- 3-4% pregnancies / > 36 weeks
- 3 Types – Extended / Flexed / Footling
- 3 Treatment Options
 1. External Cephalic Version
 2. Vaginal Breech Delivery
 3. Elective Caesarean Section

Variations in Presentation

Variaciones en presentación



Normal
Normal



**Shoulder/
Transverse**
Presentación de
hombros/
transversal



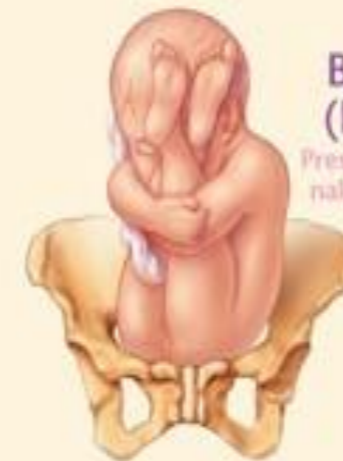
Face/Brow
Presentación de
cara/frente



**Breech
(Complete)**
Presentación de
nalgas (completas)



**Breech
(Footling)**
Presentación
podálica



**Breech
(Frank)**
Presentación de
nalgas (puras)



Inductions



- Indicated if;
- Decreased amniotic fluid
- Decreased Fetal Growth
- Decreased Fetal Movement
- CTG not perfect
- Mother hypertensive or existing medical condition

Rhesus Disease



- D Rhesus Negativity 15% prevalence
- Treated with intramuscular administration of Anti-D immunoglobulins within 72 hours of exposure to fetal red cells/Sensitising event possibly causing baby's blood to mix with yours

Itchiness

- Itchy palms or feet may be sign of Cholestasis late in pregnancy
- Intrahepatic Cholestasis of Pregnancy (ICP 1:140 pregnancies) – the normal flow of bile affected by pregnancy hormones
- Liver function/blood tests necessary

Medications



- Eltroxin
- Innohep
- Aspirin
- Antidepressants
- Progesterone

Take Home Message



- ? Ask the right questions
- ? Relevance of Hormone surges
- ? Always refer onwards if unsure