



A REVIEW: THE PREVALENCE OF ANTENATAL LOWER BACK PAIN IN PREGNANT WOMEN

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Abstract

The purpose of this research was to look at a fairly common occurrence of back discomfort or backache during pregnancy, especially in the early stages. The ligaments in your body stretch and grow softer throughout pregnancy to prepare you for labor. This can place a pressure on your pelvic and lower back joints, causing back discomfort. The purpose of this study was to determine what factors influence (LBP) and (PGP) in pregnant women, as well as to assess the prevalence and severity of (LBP) and (PGP) during the pregnancy.

Keywords: Pain- pregnancy, risk factors, back pain and depression.

Introduction

Low back pain (L.B.P) was a symptom of various illnesses involving the spine, according to the World Health Organization (WHO) criteria. Continuous or recurring discomfort Pelvic discomfort was defined as pain in the lumbar spine or pelvis during actual pregnancy (LBPP). They were vague in their diagnosis of many instances in the face of contemporary diagnostic procedures. In 2013, the (WHO) classified (L. B. P) as follows: 6–12 weeks, subacute Acute is defined as a period of less than six weeks, whereas chronic is defined as a period of between seven and twelve weeks ^[1]. Lower back pain (LBP) and pelvic girdle pain (PGP) are frequent pregnancy ailments, with an estimated frequency of 4–84 percent. The uncertainty in definitions and diagnostic criteria ^[2] is to blame for the wide range of occurrence. Back pain (BP) was a common complaint in clinical practice around the world. Although back discomfort was a





symptom of a range of muscle-skeletal and neurological diseases, not a diagnosis. Medical back pain was once assumed to be a sign of a number of problems affecting the lumbar spine, pelvis, and sacra-coccyx, but it might also be an indication of disorders affecting the organs nearby [3].

Pelvic Girdle Discomfort (PPGP) is a kind of pelvic discomfort that develops during pregnancy. Pain between the gluteal fold and the posterior iliac crest, mainly in the sacroiliac joint (SIJ), that can radiate to the hips and thighs was labeled as sciatica (PPGP). Pubic symphysis discomfort can occur with or independently of pubic symphysis pain [4,5,6].

The (PGP) usually begins towards It normally peaks between 36 and 24 weeks of pregnancy and declines spontaneously within six months of birth. However, the agony lasts one to two years for 8% to 10% of women after giving child [7,8,9]. During pregnancy, two primary kinds of back pain occur: (pelvic and pain) positioned above the waist in the middle of the back, and lumbar pain. Then there's posterior pelvic pain, which is (5) times more prevalent than discomfort below the west on both sides and lumbar pain [10].

Back discomfort can afflict women of childbearing age, whether or not they are pregnant. Around 70% of women will have low back discomfort at some point during their lives. Back discomfort was experienced by (50–80 percent) of women during pregnancy alone. This might be caused by circulatory, psychological, mechanical, or hormonal reasons [11]. Pregnancy has tremendous physiological impacts not only does it affect a woman's cardiovascular, renal, and endocrine systems, but it also affects her musculoskeletal system, specifically her axial skeleton. Hormonal shifts, along with the presence of the gravid uterus becomes more prominent and body mass, produce dynamic and static forces on the axial skeleton due to a movement in the center of gravity [12].

Women with PPGP are more prone than women without PPGP to experience sadness, take more sick days from work and avoid social isolation [13,14]. Thus, the goal of this study was to figure out what factors affect (LBP) and (PGP) in pregnant women, as well as to analyze Throughout pregnancy, the prevalence and severity of (LBP) and (PGP).

During pregnancy, low back pain (LBP) was a common musculoskeletal issue have a negative influence on the quality of life of women. There were basically no statistics on (L.B.P) among pregnant women in (Malawi) that looked at the risk factors and prevalence of its association with (L.B.P) in pregnant women with functional activities (Malawi) [15].



Pregnant Women's Risk Factors and Their Links to Daily Activities

They were commonly reported throughout pregnancy and had a positive impact on the mother's well-being. These situations were typically painful to be a part of pregnancy since they were motionless [16].

Nearly risk factors connected to Low Back Pain (L.B.P) during pregnancy had been reported, including (L.B.P) during the previous history and menstrual period of (L.B.P) [17,18]. Concerning age, it was known that the younger the patient, the grander the accidental of developing pregnancy-related (L.B.P). Added factor linked to (L.B.P) was the Increased Weight(IW), which results in sacroiliac joint variability, furthermore to increased worsening and spinal flexibility or consequent onset of low back pain [19].

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