

A Qualitative Study of the Experiences of Pregnant Women with the Low Back Pain

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Abstract: *Pregnancy related low back pain is a common complaint among pregnant women. It can potentially have a negative impact on their quality of life as well as their future prospects of pregnancy. The cause and risk factor of pain should be diagnose and differentiated at the earlier stages. Care takers as well as the medical professionals should be sensitized towards the issue.*

Keywords: Qualitative study, low back pain, pregnancy

1. Introduction

Low back pain is a significant health issue that is typically managed in primary care settings. Typically, it is described as discomfort, stiffness, or muscle tension below the costal border and above the inferior gluteal folds, with or without leg pain (sciatica). Whether or not they are pregnant, women of childbearing age can experience low back pain. Almost 70% of women will at some point in their life report having low back discomfort. (1) The occurrence of back discomfort, however, is reported by 50–80% of women just during pregnancy. (2) Low back discomfort is cited as a major issue by one - third of pregnant women [3]. In a research by Stapleton et al., 9% of pregnant women who reported low back pain said the discomfort was entirely incapacitating, while 61.8% said the pain was at least moderately bad. (4) Pregnancy - related back pain occurs twice as frequently in women with past lumbar issues or chronic back pain symptoms than in women without such concerns. Moreover, they are more prone to experience severe and on - going pain [5]. In keeping with this, women who have back discomfort during one pregnancy have an 85% likelihood of having it again during the next [6]. More than 80% of women state that it has an impact on their daily routine, including housekeeping, childrearing, and job performance [7], and almost 10% of them claim that it has prevented them from working [11]. According to Norén et al., back discomfort accounted for the majority of sick days taken by pregnant women in Scandinavian nations in 1990, costing an estimated \$2.5 billion [8, 9]. Although LBP greatly impairs quality of life and causes significant agony, such as impairments in daily tasks such as walking, lifting, ascending stairs, lying flat on one's back, turning in bed, housekeeping, exercising, and working, as well as in leisure and hobbies; it has usually been dismissed as unimportant and inevitable. (5) (10) LBP - pregnant women are frequently unprepared for these changes, which are uncomfortable and interfere with their daily routines. People frequently turn to nurses and midwives for trustworthy advice. In order to provide comprehensive antenatal care, it is necessary to effectively address their concerns and incorporate strategies to alleviate these symptoms. (11) (12) (13)

2. Materials and Methods

Study Period: Study was conducted over a period of 3 months, from December 2021 to February 2022

Research design: To describe pregnant women's experiences of daily life with LBP, a qualitative study was carried out.

Study area: The study was conducted at NTPHC Shahanpora, Block Hazratbal which serves as a field practice area of Department of SPM, Government Medical College, Srinagar.

Study Population: All of the involved women had distinct PGP. They also included a wide variety of traits, such as age, parity, socioeconomic status, family structure, religion, employment, and educational level.

Method of Data collection: In - depth - Interviews were conducted at the antenatal clinic of NTPHC Shahanpora.

Data Analysis: The audio recordings and handwritten notes were used to create transcripts, which were subsequently translated from Kashmiri/Urdu to English. Every information that may be used to identify a person was hidden. Using inductive thematic analysis, the data was examined. To familiarise oneself with the data and create draught codes, the transcript was first read line by line. After then, these codes were divided into possible themes and sub - themes. There were several procedures and stages involved in the topic recognition and evolution process.

3. Results

Four main categories emerged:

1) Affects self - care and social life

Women acknowledged a lack of ability to perform self - care tasks. LBP impairs one's ability to stand, sit, and walk. Women described feeling helpless while engaging in self - care activities. Ladies expressed their regret at not being able to socialise and meet new people as much as they could before developing LBP. "It felt like everything in your life had halted, and you had to work hard to do anything."

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2) Coping with motherhood

The ladies admitted to having a harder time managing and caring for their older children. Even getting the child dressed, carrying it, and putting it to bed at night was difficult, especially if the youngster was ill.

“Not able to take of my elder child”

“It is miserable feeling, when I can’t cook for my family and children.

3) Not looking forward to another pregnancy

Women claimed, although they would love to have more children, they weren't anticipating becoming pregnant again; not without receiving effective treatment for LBP

“This appears trivial, but it causes so much pain, that I dread to be pregnant again”

4) Stagnation in professional growth

Women reported having trouble acknowledging their reduced ability to work or their need for sick leave. They claimed that their profession was an important part of their lives and that they really wanted to peruse it

“Feel ashamed asking my boss for sick leaves”

“Not able to give my cent percent to the work”

5) Help from medical professionals:

Women have complained that their obstetricians don't fully comprehend their situation. The ASHAs also appeared indifferent to their pain.

“Doctors I visit, usually underplay my condition”

“Mostly I am told that this is common during pregnancy”

4. Discussion

This study demonstrated how LBP has an impact on women's daily life, motherhood adjustment, marital relationships, and professional job. These findings highlight the complexity of PGP and how it affects every facet of daily and social life. While working with pregnant patients who have PGP, medical practitioners need to be aware of the women's unique circumstances and offer appropriate support. Strong amounts of support are crucial for pregnant women's health. According to prior studies, inadequate social support is a significant risk factor for depressed symptoms, lower quality of life, and poor pregnancy outcomes (14) There appears to be a dearth of understanding and expertise of LBP, how to support pregnant women with LBP in general, and how to do so specifically among carers and employers. For instance, overworked pregnant women are advised to take care of their bodies by their care givers but are unable to receive any genuine support. This creates anxiety as highlighted by Haukland Fredriksen et al. who have problematized this contradictory discourse surrounding pregnant women. (15) Caretakers can aid these women by providing them with the proper support to reduce challenges at this crucial and uncommon moment in their life by being aware of how women with PGP attempt to manage and adjust to their daily lives, parenthood, partnerships, and professional job.

5. Conclusion

LBP has a significant impact on daily life for pregnant women. Both the general public and caretakers and medical

professionals appear to be uninformed about LBP and how to support pregnant women who have it.

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