International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor 2024: 7.101

Bridging the Divide: Insight into Postpartum Pubic Diastasis

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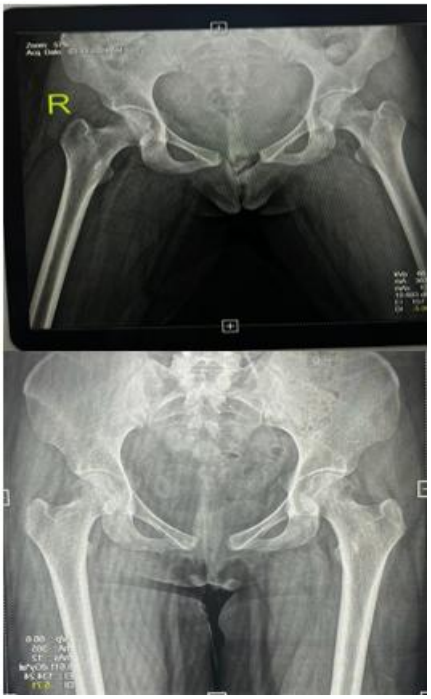
Abstract: ***Pubic diastasis is a rare but important condition characterized by the separation of the pubic symphysis beyond the normal physiological range, typically more than 10 mm. It can result from traumatic injuries, obstetric complications, or underlying pathological conditions affecting pelvic stability. While commonly associated with high-impact trauma, such as motor vehicle accidents, pubic diastasis can also occur during childbirth due to excessive strain on the pelvic ligaments. This case report presents a rare instance of pubic diastasis, detailing the patient's clinical presentation, diagnostic evaluation, and management approach. Through this report, we aim to highlight the importance of early diagnosis, appropriate imaging, and a multidisciplinary approach to treatment, ensuring optimal recovery and functional outcome.***

Keywords: pubic diastasis, pelvic instability, obstetric trauma, multidisciplinary treatment, early diagnosis

1. Case Report

A 27year old P1D1 with PNC day 4 came to GMCH Chhatrapati sambhajinagar with difficulty in getting up from bed & dribbling of urine postdelivery. She had a full-term vaginal delivery 4 days back at primary health centre where she gave birth to a stillborn male child of 3.5 kg, delivered by applying uterine fundal pressure as narrated by patient and her relatives. Patient was then referred orally to GMCH Chhatrapati sambhajinagar on PNC day 2, but Patient went home and reported to GMCH Chhatrapati sambhajinagar on PNC day 4. On receiving her vitals were pulse - 88/min, blood pressure of 116/78 mmHg, Physical examination revealed tenderness over the pubic region and restricted lower limb movements due to pain, on local perineal examination there was evidence of paraurethral tear of size approximately 3cm*2cm*0.5cm. An X-ray of the pelvis confirmed significant pubic diastasis which was suggestive of separated pubic bones [gap 3.78cm] which leads us to a diagnosis of P1D1 at PNC day 4 with pubic diastasis was made. Multidisciplinary approach, including orthopaedic consultation, urosurgeon opinion was initiated. The patient was managed conservatively with strict bed rest, pelvic binders, broad spectrum injectable antibiotics and pain relief. Her urinary symptoms were managed with catheterization and close monitoring. She demonstrated gradual improvement over the following weeks. Patient responded well, was able to walk after 4weeks of conservative management, significant reduction in pain at 6 weeks & urinary complaints subsided in 8 weeks.



X ray of the pelvis including both hip Joints showing a gap in pubic area of 3.78cm

Conservative management using pelvic binder

2. Discussion

Pubic symphysis diastasis following a normal vaginal delivery is an uncommon but impactful postpartum condition. Reported incidence rates vary widely, from 1 in 300 to 1 in 30,000 births, though more recent studies suggest it may be more frequent, occurring in approximately 1 in 385 to 1 in 500 deliveries. Despite its rarity, the condition can cause significant discomfort and functional impairment, making early recognition and intervention crucial.

The hallmark symptom is pain in the pubic symphysis and sacroiliac joints, often accompanied by difficulty in walking or a characteristic waddling gait. If left undiagnosed or inadequately managed, this condition can lead to prolonged pain and mobility issues. Thus, timely diagnosis is essential to ensure optimal treatment and prevent long-term complications.

The choice between conservative and surgical management plays a pivotal role in recovery. While mild cases are typically managed non-surgically with pain relief, pelvic support, and physical therapy, more severe cases—particularly those with a symphyseal separation greater than 4 cm—may require surgical intervention. Studies suggest that early surgical stabilization in such cases can lead to shorter hospital stays, faster pain resolution, and a quicker return to normal activities, including infant care. Surgical options include anterior cerclage wiring, anterior plating, and external fixation.

Pauwels et al. suggested surgical intervention for pubic diastasis with widening more than 2.5 cm (7). Kharrazi et al. suggest that conservative management has good outcomes and can be efficient in cases with wider separations (6). Therefore, surgery is now indicated only in cases where the diastasis is more than 4 cm. Hou et al. favoured for open reduction and internal fixation in symptomatic wide disruption cases that does not decrease significantly. Zhiyong H et al. also suggested open reduction and internal fixation for pubic diastasis of more than 2.5 cm and not responding to conservative management after 6 weeks (8).

For the majority of patients, conservative management remains the mainstay. Various non-surgical approaches, including pelvic binders, physiotherapy, and analgesics (such as NSAIDs and acetaminophen), have been explored, with ongoing research into newer, non-invasive treatment strategies.

3. Conclusion

Though rare, pubic symphysis diastasis is a significant postpartum complication that should be considered in any peripartum patient presenting with suprapubic pain, sacroiliac discomfort, thigh pain, or difficulty in walking. This case highlights the complexities of diagnosing and managing non-traumatic symphyseal rupture, emphasizing the need for greater awareness among healthcare providers.

Respectful maternity care reduces risk by promoting physiologic birth and minimizing trauma, for example Forced or Prolonged Lithotomy Position (legs hyperextended in stirrups) can overstretch the pubic symphysis, worsening diastasis. RMC promotes maternal autonomy in choosing comfortable, physiologic birthing positions (e.g., side-lying, squatting, hands-and-knees), which reduce strain on the pelvis.

Excessive Fundal Pressure (manual pressure on the uterus to hasten delivery) increases shear forces on the pubic symphysis, RMC discourages this practice, favouring patience and spontaneous pushing.

Prompt recognition and appropriate treatment significantly influence patient outcomes, helping to alleviate pain, restore mobility, and reduce the likelihood of recurrence in future pregnancies. By increasing clinical vigilance and optimizing management strategies, we can improve both short- and long-term recovery for affected individuals.

References

[1] Oboirien M, Agbo P, Oboirien B. Severe postpartum pubic symphysis diastasis: a case report and review of the literature. Am J Clin Med Res. 2023;11(2):1–4. Available from: https://pubs.sciepub.com/ajcmr/11/2/1/
[2] Sharma R, Mahajan K, Bhatia P, Kaur A. Pubic symphysis diastasis: an uncommon peripartum complication. World J Clin Cases. 2020;8(1):110–5. Available from: https://www.wjgnet.com/2307-8960/full/v8/i1/110.htm
[3] Goyal M, Verma A, Jindal A. Symphysis pubis diastasis: a case series and review of literature. J Obstet Gynaecol India. 2021;71(Suppl 1):88–92. Available from: https://link.springer.com/article/10.1007/s13224-021-01590-y
[4] Diwan R, Dhamangaonkar G, Nandanwar Y. Intrapartum pubic diastasis: a case report and review. J Postgrad Gynecol Obstet. 2016;3(3). Available from: https://www.jpgo.org/2016/03/intrapartum-pubic-diastasis.html
[5] Butkevičienė R, Vitkauskienė A, Andrejaitienė J. Diastasis of the pubic symphysis after delivery: a case report and review of the literature. Acta Med Litu. 2021;28(4):1–5. Available from: https://epublications.vu.lt/object/elaba%3A59621031/59621031.pdf
[6] Kharrazi FD, Rodgers WB, Kennedy JG, Lhowe DW. Parturition-induced pelvic dislocation: a report of four cases. J Orthop Trauma. 1997;11(4):277–81.
[7] Pauwels F. Contribution to clarifying the stress on the pelvis, in particular the pelvic joints. In: Pauwels F.

Collected Treatises on Functional Anatomy of the Musculoskeletal System. Berlin: Springer; 1965. p. 183–96.

[8] Hou Z, Riehl JT, Smith WR, Strohecker KA, Maloney PJ. Severe postpartum disruption of the pelvic ring: report of two cases and review of the literature. Patient Saf Surg. 2011; 5:2.