

A Summary of Study Results:

Prevalence and Predictors of Genito-Pelvic Pain in Pregnancy and Postpartum:
The Prospective Impact of Fear Avoidance

Thank you to our participants for taking part in this research!



Please contact us if you have questions and/or would like to participate in our new projects



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What was the purpose of this study?

Pain problems involving the female reproductive system are major health concerns in women. One such condition is genital and pelvic (“genito-pelvic”) pain that develops during pregnancy or after childbirth. The prevalence of genito-pelvic pain in pregnancy is estimated to be 22%. The majority of women resume regular intercourse by three months postpartum and the prevalence of women experiencing it is as painful is approximately 25-65%. Genito-pelvic pain may limit both the recovery and function of women during the postpartum period. It is important to understand the symptom profile (i.e., prevalence, onset, location) and predictors of genito-pelvic pain in pregnancy and postpartum to improve interventions for affected women.

The **first goal of this study** was to describe the prevalence, onset, and location of genito-pelvic pain at 30-36 weeks gestation and at three months postpartum.

Several studies have tried to identify factors that might predict genito-pelvic pain postpartum.

- Some studies have reported that childbirth-related factors (i.e., vaginal delivery, tears to the perineum, episiotomy, delivery with forceps/vacuum) and breastfeeding increased the risk of postpartum genito-pelvic pain, while others did not find this association.

- Chronic or acute pain prior to childbirth increased the risk of postpartum genito-pelvic pain.
- Greater pain-related anxiety and avoidance of pain are linked to greater genito-pelvic pain (not necessarily related to childbirth).

The **second goal of this study** was to examine the impact of childbirth-related risk factors, breastfeeding, recurrent pain (not genito-pelvic) prior to pregnancy, and pain-related thoughts and emotions [including fear of pain, anxiety, avoidance, catastrophizing, and attention to pain] in pregnancy on genito-pelvic pain intensity at three months postpartum.

What did we do in the study?

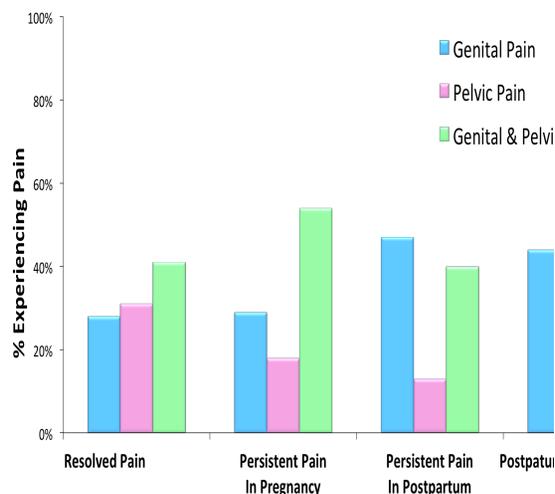
First-time mothers who were 30-36 weeks pregnant with a single child were approached at the IWK Health Centre. Those women who consented to participate in the study completed online validated self-report questionnaires during pregnancy and at two weeks and three months postpartum.

What did we find?

A total of 215 women completed questionnaires at 30-36 weeks gestation and 150 of these women completed the follow-up questionnaire at 3 months postpartum. Below is a summary of the findings for the 150 women who completed all of the surveys in this study.

First Goal: Describe genito-pelvic pain:

- Of 150 women, almost half reported genito-pelvic pain in pregnancy.
- The vast majority (89%) of these women indicated that the pain began during their pregnancy.
- However, this pain resolved for a majority (59%), persisted for 41% of women, and 7% of women newly developed pain after childbirth.
- Location of genito-pelvic pain based on onset and course of the pain:



Second Goal: Predictors of Pain

- Childbirth-related risk factors (i.e., vaginal delivery, tears to the perineum, episiotomy, delivery with forceps/vacuum) and breastfeeding **were not associated** with the presence or intensity of genito-pelvic pain at 3 months postpartum.
- Recurrent pain (non genito-pelvic) prior to pregnancy was associated

with an increased likelihood of a postpartum onset of genito-pelvic pain.

- Greater pain-related anxiety (which includes fear of pain, anxiety, and avoidance) during pregnancy was associated with greater postpartum genito-pelvic pain intensity at 3 months postpartum.

What do the results mean?

- Most women who experienced postpartum genito-pelvic pain reported that the pain started in pregnancy. Previous reports of postpartum-onset pain may be overestimates given that for many women the pain may have developed during pregnancy.
- We also found that pain location differed among women. Increased knowledge of the variability of pain locations may encourage health providers to ask about the location of pain to determine what recommendations are most appropriate.
- It is important for women to know that genito-pelvic pain could be present in both pregnancy and postpartum so that they may have more accurate expectations and can prepare for this pain and develop coping strategies.
- Prior non genito-pelvic pain may increase the risk of developing

genito-pelvic pain postpartum. This suggests that women with pre-pregnancy pain should be informed of the possibility of genito-pelvic pain after childbirth and urged to develop coping strategies.

- Finally, our results suggest that pain-related anxiety in pregnancy may increase the risk for greater postpartum genito-pelvic pain. This knowledge may help health care providers identify and offer early intervention to women that are at risk for experiencing this pain postpartum.
- Interventions aimed at decreasing pain-related anxiety may lower pain intensity, facilitate the speed of recovery, and reduce the risk of developing a chronic pain problem.

How will the findings be used?

These findings informed the development of a large study that will examine genito-pelvic pain in first-time mothers throughout pregnancy and up to two years postpartum. Findings of this study will help healthcare providers to better assess and treat genito-pelvic pain in pregnancy and after childbirth. Targeting symptoms could improve the quality of life of many women, since genito-pelvic pain is a highly common, but often neglected, women's health problem.