

# Peripartum pelvic pain during pregnancy and after delivery. A cohort and intervention study

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|--------------------------|-----------------------------|--|
| <b>Submission date</b>   | <b>Recruitment status</b>   | <input type="checkbox"/> Prospectively registered    |
| 18/11/2004               | No longer recruiting        | <input checked="" type="checkbox"/> Protocol         |
| <b>Registration date</b> | <b>Overall study status</b> | <input type="checkbox"/> Statistical analysis plan   |
| 20/12/2004               | Completed                   | <input checked="" type="checkbox"/> Results          |
| <b>Last Edited</b>       | <b>Condition category</b>   | <input type="checkbox"/> Individual participant data |
| 06/06/2008               | Pregnancy and Childbirth    |  |

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

### Protocol serial number

PPBS-study

## Study information

### Scientific Title

### Acronym

## PPGP - Peri-partial Pelvic Girdle Pain (PPBS - Peri Partaal Bekkenpijn Syndroom)

### Study objectives

Pregnancy-related pelvic girdle and/or low back pain is a syndrome with an onset during pregnancy, characterized by pain in the lumbar-pelvic region and feelings of instability when standing and walking. After delivery most symptoms subside, but some women report persisting pain and a small group do not develop complaints until after delivery. Often symptoms have an impact on activities of daily life, participation in society and sometimes lead to a chronic disabling condition with considerable work absenteeism in the future.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Not provided at time of registration

### Study design

Randomised controlled trial

### Primary study design

Interventional

### Study type(s)

Treatment

### Health condition(s) or problem(s) studied

Peripartum pelvic pain

### Interventions

Experimental intervention: Theoretical concepts of self-management and fear-avoidance were integrated in the treatment protocol. It is an individualized approach of 7-9 sessions with a frequency of once a week. Standardized information is presented through a treatment protocol for the therapists and booklets for the patients. Generally, a time contingent policy is followed in which women set the pace.

Usual care: A pain contingent regimen of relative (bed) rest and avoiding and limiting several day-to-day activities. Goal setting focused on disease management with an accent on biomedical factors.

### Intervention Type

Other

### Phase

Not Specified

### Primary outcome(s)

Primary domain for improvement of the intervention was limitations in activities. Other important domains were the severity of the main complaint and global feeling of recovery.

### Key secondary outcome(s)

Pain was measured with two Visual Analog rating Scales (VAS) of the McGill Pain Questionnaire (MPQ-DLV) to record the intensity of pain the last week and day.

The impact on participation and autonomy (IPA) measured person-perceived restriction in participation and autonomy. The used subscales were self-care and appearance, mobility, leisure, social relationships and family role. Perceived participation is graded on a 5-point rating scale ranging from 0 (very good) to 4 (very poor).

Fear of movement was measured by the Dutch translation of the Tampa Scale for Kinesiophobia (TSK). We used the TSK and the both subscales 'fear avoidance' and 'harm'.

The Short-Form 36 (SF-36) evaluated health status. We used the subscale 'general health'.

#### **Completion date**

30/06/2005

## **Eligibility**

#### **Key inclusion criteria**

The trial is embedded in a cohort study (n = 7526) that is designed as a longitudinal, prospective study which studies the prevalence, etiology, severity and prognosis during pregnancy until 1 year after delivery. Participants are included in the cohort when they are at least 18 years old, pregnant (about 14 weeks) and well versed in the Dutch language. Women are included in the intervention study out of the cohort at the time of three weeks after delivery.

Inclusion criteria are: pain in the pelvic girdle and/or low back pain with an onset during pregnancy and a delay in recuperation. The frame of reference for the inclusion criteria is a random sample of 100 women out of the cohort without complaints, examined with the same protocol three weeks after delivery.

#### **Participant type(s)**

Patient

#### **Healthy volunteers allowed**

No

#### **Age group**

Adult

#### **Lower age limit**

18 years

#### **Sex**

Female

#### **Key exclusion criteria**

Women diagnosed with a relevant specific pathology are excluded.

#### **Date of first enrolment**

01/01/2001

**Date of final enrolment**

30/06/2005

## Locations

**Countries of recruitment**

Netherlands

**Study participating centre**

**Department of Epidemiology**

Maastricht

Netherlands

6200 MD

## Sponsor information

**Organisation**

Dutch Health Care Insurance Board (College Voor Zorgverzekeringen) (The Netherlands)

## Funder(s)

**Funder type**

Government

**Funder Name**

Dutch Health Care Insurance Board (College voor Zorgverzekeringen) (PPBS-study)

## Results and Publications

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration

## Study outputs

| Output type                     | Details            | Date created | Date added | Peer reviewed? | Patient-facing? |
|---------------------------------|--------------------|--------------|------------|----------------|-----------------|
| <a href="#">Results article</a> | Short-term results | 27/02/2006   |            | Yes            | No              |
| <a href="#">Results article</a> | Long-term results  | 30/05/2008   |            | Yes            | No              |

[Protocol article](#)

Protocol

24/12/2004

Yes

No