Chronic pelvic pain diagnosed in pregnancy: A comprehensive management proposal

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1: Bienestar Pelvico

Introduction

An algorithm for the diagnosis and management of chronic pelvic pain in pregnancy is proposed according to the expertise of researchers since there are no guidelines in this regard due to the risk of adverse effects on the fetus and risk of pregnancy.

Aim

To present the proposal for an algorithm for the diagnosis and management of chronic pelvic pain during pregnancy to offer the different tools to health professionals improving the quality of life of pregnant women and their families.

Method

We present 2 pregnant patients who were diagnosed with chronic pelvic pain (pregestational) and according to the literature search for guidelines, consensus or recommendations from March 2018 to December 2024, search terms: "pregnancy" AND "Chronic pelvic pain" AND "pregnancy risk", a management was proposed to the patients (who gave their consent) and therefore, An algorithm for the diagnosis and management of chronic pelvic pain in pregnancy is proposed

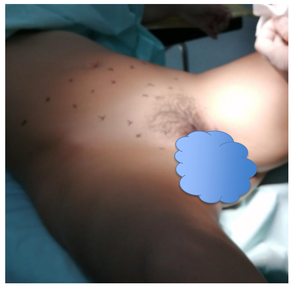

Figure 1. Pregnant patien in operating room with marked trigger points

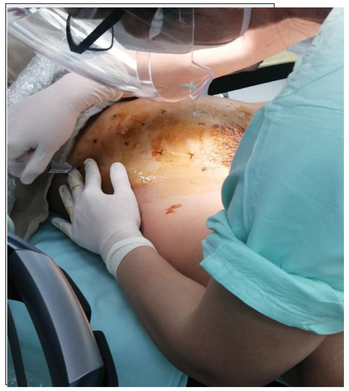

Figure 2. The physician is infiltrating the trigger points.

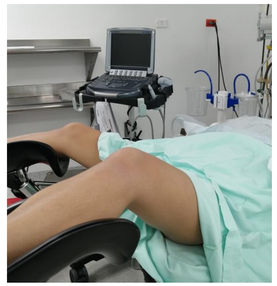

Figure 3. At the end we did the perineural injection with ultrasound guide.

Results

An article was found that met the requirements and the explanation for not finding more is the bioethical implications in this regard since the risk in the fetus and in the course of pregnancy does not allow experimental studies. According to the expertise of the researchers, the diagnosis of chronic pregestational pelvic pain was made, the following algorithms were proposed: 1. Fill out the 2004 IPPS pain questionnaire (focused on pregestational symptoms), 2. Pelvic pain mapping (with prior consent of the patient), 3. Establish the Pain Syndromes that constitute pelvic pain, including diagnosis of mental illness (depression and/or anxiety),

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4. Interdisciplinary Management 5.Non-pharmacological management initially: physiotherapy (manual), psychotherapy, mind fullness, yoga, postural health 6. Medical management: use according to FDA recommendation of the drugs to be used, ask the patient about the use of opioids (prevention of withdrawal syndrome in the fetus and the mother) 7. Trigger Point Infiltrations and Nerve Blocks, 8. Evaluate other alternative treatments, always according to FDA recommendations for drugs in pregnancy and always interdisciplinary management involving the patient's support network

Conclusion

Although pregnancy can lower the pain threshold of patients, it should always be evaluated if the patient has chronic pregestational pelvic pain since the management of acute vs. chronic pain is very different and consensus should always be reached with the patient, obtaining consent for the management to be initiated, especially with medication following FDA recommendations regarding adverse effects on the fetus

Disclosures

The authors do not have disclosures