

Managing back pain during pregnancy

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Back pain is a widespread problem experienced by women during pregnancy. It can be present from the early stage of pregnancy or in the later stage. The prevalence varies with reports showing between 50% to 70% of pregnant women experiencing back pain. The pain in the lower back area can be localised or can spread upwards or downwards from the legs. Back pain can disrupt the daily routine or interfere with good night sleep.

CAUSES OF LOW BACK PAIN DURING PREGNANCY

Change in posture: As the foetus grows, the inward lordotic curvature of the spine (lumbar area) increases. Due to this change in posture, the back muscle, adjacent joints, ligaments have to work more for compensation, and thus pain develops.

Weak abdominal muscles: Muscles of the back support our spine. Weak abdominal muscles put extra stress on our spine; thus, back muscles have to work more to hold the spine correctly. With the growing foetus, the abdominal muscles become weaker, putting extra strain on the muscles, joints and ligaments



of the back.

Joint laxity: During pregnancy, relaxin hormone is released to soften the ligaments and loosening of the joint structure for the accumulation of the growing uterus. This ligament laxity is responsible for pain.

Stretching: Stretching of the abdominal muscles and hip muscles also cause pain in the lower back.

Centre of gravity: The centre of gravity gradually shifts forward when the foetus grows within the uterus, which can lead to falling. To prevent slipping, the spine and other parts of the body try to adjust. This change in body posture puts extra pressure on the back and other areas, thus leading to pain.

Poor posture: Poor posture, standing or sitting for a long time

and lying down incorrectly may also develop pain.

Excess weight: Women with more weight are likely to develop back pain as the weight of the foetus also adds up, putting extra pressure on the spine.

Pregnant women can consider the following ways to control back pain

- Try practising good posture by keeping the body straight,

holding the shoulder back and not locking the knees. The body should be relaxed.

- Always try to stand with both feet a little apart so that you can get a wide base of support.

- Avoid standing or sitting for long. Put a pillow on the lower back curvature of the spine while sitting, and while standing, put one foot on a low stool.

- Lie on your sides with a pillow between legs.

- Wear a supportive or a maternity belt.

- Avoid wearing high heels.

- Avoid forward bending.

Always lift objects by squatting.

- Try doing physical activity like walking, freehand exercise, mild stretching and easy household activities.

- Warm compress or massage can be helpful.

- Sleep on a firm mattress.

If a pregnant woman experiences severe back pain that lasts more than two weeks, or if the back pain is associated with fever, vaginal bleeding and burning micturition, then it can be a sign of urinary tract infection or preterm labour. In these cases, you should not delay and consult with your doctor immediately.

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CHOLESTEROL



The optimal cholesterol level after stroke or TIA

Use of statins after ischaemic stroke or transient ischaemic attack (TIA) has been recommended in guidelines for more than a decade. However, some epidemiologic studies (Stroke 2013; 44:1833) have raised the issue of whether excessive LDL cholesterol-lowering increases the risk for brain haemorrhage.

The investigators enrolled 2,860 patients (mean age, 67; 68% male), 86% with a recent ischaemic stroke (within three months) and 14% with a TIA (within 15 days). Participants were randomised to a lower target of LDL ((70 mg/dL) or a higher target of LDL (90–110 mg/dL).

Stroke patients were enrolled an average of 6 days after the event. All patients had to have a cerebral atherosclerotic disease, aortic plaques, or coronary artery disease. Local physicians could prescribe any statin with or without ezetimibe. The composite primary endpoint was a stroke, myocardial infarction, symptoms leading to coronary or carotid revascularisation, or cardiovascular death.

This study supports the use of intensive medical therapy for patients with a recent stroke or TIA. Although the premature termination of the trial reduced its statistical power, the results are consistent with meta-analyses of previous ischaemic stroke or TIA, an LDL target of (70 mg/dL) should be the goal.

HEALTH bulletin



Preterm birth linked to increased rates of diabetes in children and young adults

New research shows that preterm birth is linked to increased rates of type 1 and type 2 diabetes in children and young adults, with particular effects stronger in females.

People who have been born preterm may need more intensive monitoring and prevention efforts to lower their risk of diabetes, concludes the study, published in Diabetologia (the journal of the European Association for the Study of Diabetes [EASD]).

Because of significant advances in treatment, most preterm infants now survive into adulthood. As a result, clinicians will increasingly encounter adult patients who were born prematurely.

Preterm birth should now be recognised as a chronic condition that predisposes to the development of diabetes across the life course.

Mother's medication and breastfeeding

DR AHAD ADNAN

It is obvious that a mother taking medication for her illness is concerned about the possible side effect of these drugs upon her child through breast milk. She seeks information from doctors and health workers. The main issue is whether the medication she is taking could harm her baby with toxic components transmitted through breast milk. The national breastfeeding guideline of Bangladesh states to continue or encourage breastfeeding rather than withdrawing it in 'almost every' condition.

There are certain medications which can be transmitted through breast milk. Again, some organisms responsible for disease causation could transmit disease through breast milk. Drugs which can be excreted via breast milk are mainly anti-cancer drugs, anti-thyroid drugs, some psychiatric drugs, some antibiotics and some hormone replacement therapies etc.

Breastfeeding is contraindicated if a mother is taking anti-cancer drugs, anti-thyroid drugs and any medications containing radioactive components. Even in these conditions, emphasis should be given in collecting another mother's milk rather than starting formula or cow's milk. If a mother is taking anti-psychotic or even anti-convulsant drugs she must continue her breastfeeding. Some health workers and even doctors fail to deliver the information that very negligible amount of drug product is transmitted to breast milk, and



withdrawing breastfeeding could also be more harmful.

The same is applicable for some antibiotics like sulphonamides, cotrimoxazole, fansidar (anti-malarial drug) and dapsone (used in leprosy and lupus). Possible side effect in a baby is jaundice which should be observed. The mother must consult with her physician for taking alternative drugs (as there might be the scope of another safer drug) if she is taking antibiotics like chloramphenicol, tetracycline, metronidazole, quinolones etc. Oestrogen containing contraceptive and thiazide diuretics (used in hypertension) decrease breast milk

supply. Alternative drugs should be prescribed in these conditions.

Counselling and support might help in motivating a diseased mother to continue breastfeeding even while under medication. Nothing is a substitute or better than breast milk. Bangladesh's national agenda is to promote breastfeeding and improve exclusive breastfeeding rate so that we can decrease morbidity and mortality in infants and children stepping toward a healthier and better future.

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Young journalists awarded for reporting on YFS and SRHR

"SERAC Bangladesh" and "Right Here Right Now Bangladesh" have awarded six young journalists and photographers to encourage reporting on youth-friendly services (YFS) and ensure sexual and reproductive health and rights (SRHR) of the youth. The prize-giving ceremony was held at the National Press Club in the capital recently, says a press release.

Honourable State Minister for Information Dr Murad Hasan, MP was the Chief Guest at the event.

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Common Cold vs. Flu

First, we need to distinguish between the common cold and the flu, because the viruses that cause these do not necessarily behave in the same way. **Cold air cools the nasal passage and slows down mucus clearance. Viruses can now stick around for longer, trying to dig through the snot to break into our body.** Most of the time, the common cold manifests with a trilogy of symptoms: sore throat, blocked nose and cough. There are more than 200 viruses that can cause the common cold, but rhinoviruses are by the far the most common culprits. Interestingly, around a quarter of people infected with a common cold virus are lucky enough not to experience any symptoms at all.

The flu is caused by the influenza virus, of which there are three types: influenza A, influenza B and influenza C. Common colds and flu share many symptoms, but an infection with influenza often also manifests with a high temperature, aching and cold sweats or shivers — a good way to tell the two apart. **However, many of us live our lives in crowded spaces all year round and in isolation, this theory cannot explain flu rates. Instead, some scientists believe that temperature, humidity, travel and crowding all contribute to the overall risk of virus transmission.**

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