Is Chronic Pain After Childbirth Rare, and if so, Why Do We Care?

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Objective: Upon completion of this presentation, participants will be able to discuss the reasons for the variability in reported incidences of chronic pain after childbirth and explain the new research being conducted in this field.

Summary: Obstetric anesthesiologists, like our generalist colleagues, are beginning to look beyond the time of immediate contact with patients and how our care may impact long term outcomes. An emerging problem following tissue injury, including that from trauma and from surgery, is chronic pain. Since many studies have shown a correlation between sensitivity to experimental pain or degree of pain following injury and the incidence of chronic pain, research focuses on methods to identify individuals who are likely to have severe pain after surgery and to interventions to test whether reducing acute pain can reduce the incidence of chronic pain.

Vaginal delivery involves micro- and macroscopic injury to the cervix and perineum, often accompanied by inflammation or infection, which are suggested to increase the risk of chronic pain after injury. Cesarean delivery represents major abdominal surgery. As such, several studies have recently examined the incidence of chronic pain after childbirth. A group of SOAP investigators (James Eisenach, Patricia Lavand'homme, Ruth Landau, Peter Pan, Richard Smiley) reported in 2008 that the incidence of pain 2 months after childbirth was similar between vaginal and cesarean delivery and was approximately 10%. A followup of that patient population revealed an incidence of pain of approximately 2% at 6 months and 0.3% at 12 months. This agrees with the impression of most obstetricians that chronic pain after childbirth is rare. Others have reported an incidence of chronic pain 2 years after cesarean section as high as 32%!

Importantly, the question asked in that study was, “Do you have pain now which began at the time of delivery?” The incidence of pain following childbirth clearly varies with the question asked. Surveys during pregnancy indicate that a majority of women experience moderate back pain, pelvic pain, or headache, and for many of these women these pains are not alleviated by delivery. A recent Canadian survey, for example, reported that over 12% of women have back pain, 5% have pelvic pain, and 8% have headache 2 years after delivery. Whereas this is an important public health problem, it is unclear that we can intervene to affect it during the labor process itself.

I will present the results of several studies indicating our uncertainty regarding the incidence of chronic pain from childbirth and ongoing studies by SOAP members and others to further answer this important question. We should care whether chronic pain after delivery is common or extremely rare, since childbirth is the 3rd most common cause of major tissue injury globally. If it is common, then we should lead research to understand its risk factors, causes, and prevention.

Key Points:
1. Tissue trauma including surgical trauma can cause chronic pain
2. Pain during pregnancy is common, especially back and pelvic pain and headache, and these do not universally resolve with delivery
3. The incidence of chronic pain after childbirth appears to be less than other major abdominal procedures, but estimates of its incidence vary widely

Key References: