

# Childbirth an athletic event? Sports medicine used to diagnose injuries caused by deliveries

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Childbirth is arguably the most traumatic event the human body can undergo, and new imaging techniques show that up to 15 percent of women sustain pelvic injuries that don't heal.

Researchers from the University of Michigan reasoned that using MRI to diagnose childbirth injuries—a technique usually reserved for sports medicine—makes sense because childbirth is as traumatic as many endurance sports.

"If an athlete sustained a similar injury in the field, she'd be in an MRI machine in an instant," said Janis Miller, associate professor at the U-M School of Nursing. "We have this thing where we tell [women](#), 'Well, you're six weeks postpartum and now we don't need to see you—you'll be fine.' But not all women feel fine after six weeks nor are ready to go back to work, and they aren't crazy."

Researchers found that women can take eight months or longer to heal from pelvic injuries sustained during childbirth, and in some cases the Kegel exercises commonly prescribed don't work at all.

"Women with pelvic injuries often feel like something isn't right, but they don't understand why and can't get answers from physicians," Miller said. "A woman may have bladder problems, and in some cases prolapse of organs if the pelvic muscles are not functioning well enough to hold them in place."

How could Miller give her patients a better explanation? She and a team of midwives, radiologists and obstetricians studied a group of pregnant women at high risk for pelvic muscle tears, and used MRI to diagnose injury and track healing time.

What the MRI scans showed turned prevailing wisdom upside-down. Previously, experts thought that postpartum pelvic injuries were primarily nerve-to-muscle related.

But the images in Miller's study showed that one-quarter of women showed fluid in the pubic bone marrow or sustained fractures similar to a sports-related stress fracture, and two-thirds showed excess fluid in the muscle, which indicates injury similar to a severe muscle strain. Forty-one percent sustained pelvic muscle tears, with the muscle detaching partially or fully from the pubic bone.

Kegels are the most commonly prescribed exercise, but they can't reattach pelvic muscles to the pubic bone—nothing can. Many women do these exercises religiously but don't heal as they've been told they would, Miller said.

She stressed that the study group was selected for high-risk factors of muscle tear, and isn't representative of the population of expectant mothers. Most injuries including all fractures healed by the eight-month return visit time.

Miller hopes the study derails the one-size-fits-all approach to treating postpartum injuries so women will stop blaming themselves if problems linger.

She recalls one patient who made her particularly sad.

"I walked into my office, and before she even said 'Hi,' the woman told

me, 'I know it's all my fault because I didn't do enough Kegel exercises,'" Miller said.

"We're not saying that every woman who gives birth needs an MRI nor that women should not do Kegel exercises. A key point is that if a woman is sensing that she has delayed recovery or unusual symptoms of discomfort or feels she just can't Kegel anymore, she should see a specialist."

The team will follow the women through subsequent births to determine how the pelvic floor injuries impact childbirth and overall health and well-being.

At U-M, a Healthy Healing Clinic helps women who have experienced a more complex birth, a weakened pelvic floor, or have delayed recovery postpartum. The clinic is the first of its kind in the country and relies on the findings from Miller's studies.

Provided by University of Michigan

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