Simfizioliza po porodu: prevalenca in dejavniki tveganja

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Uvod: Simfizioliza je definirana kot bolečina okrog sramnične zrasti med nosečnostjo in po porodu, s prisotnostjo diastaze ali brez nje (1). Pregled literature je pokazal velik razpon v pogostosti simfiziolize, in sicer od 1 : 300 do 1 : 30.000 (2, 3). Dokazi o možnih dejavnikih tveganja za pojav simfiziolize so neprepričljivi in nekateri tudi nasprotujoči si (4). Namen raziskave je bil oceniti prevalenco simfiziolize po porodu in ugotoviti možne dejavnike tveganja. **Metode:** V retrospektivno raziskavo so bile vključene vse ženske, ki so rodile v slovenskih porodnišnicah v obdobju od januarja 2002 do decembra 2008. V tem obdobju je rodilo 129.557 žensk. Uporabljeni so bili podatki iz Nacionalnega perinatalnega informacijskega sistema Republike Slovenije, ki vsebuje podatke iz porodnega zapisnika. Uporabljene so bile statistične metode Hi-kvadrat za preizkušanje povezanosti opisnih spremenljivk in T-test za preizkušanje razlike med dvema aritmetičnima sredinama. Za oceno neodvisnih dejavnikov tveganja je bila uporabljena multivariatna logistična regresija. **Rezultati:** Prevalenca simfiziolize po porodu, v obdobju do odpusta iz porodnišnice, je bila 0,08 odstotka. Univariatna analiza je pokazala, da so bile ženske s simfiziolizo po porodu statistično pomembno starejše (p = 0,013), večkrat noseče (p = 0,031) in so večkrat rodile (p = 0,006), so imele gestacijski diabetes (p = 0,001), plod v glavični vstavi (p = 0,034) in instrumentalni vaginalni porod (p < 0,001), so dobile analgetična sredstva med porodom (p < 0,001), rodile večje novorojence (porodna teža (p < 0,001), obseg glavice (p < 0,001), dolžina (p = 0,001)) in imele velike novorojence glede na gestacijsko starost (p = 0,032). Kot statistično pomembni neodvisni dejavniki tveganja za pojav simfiziolize po porodu so se pokazali porodna teža novorojenca > 3500 g (95 % IZ za RO 1,9: 1,1–3,2), obseg glavice novorojenca > 35 cm (95 % IZ za RO 2,1: 1,3–3,6), analgetična sredstva med porodom (95 % IZ za RO 2,2: 1,3–3,7) in gestacijski diabetes (95 % IZ za RO 3,7: 1,7–7,9). **Zaključki:** Simfiziolizo po porodu ima manj kot en odstotek otročnic. Porodna teža in obseg glavice novorojenca, analgetična sredstva med porodom in gestacijski diabetes so se pokazali kot najpomembnejši dejavniki tveganja za pojav simfiziolize po porodu. Rezultati prevalence simfiziolize po porodu nakazujejo potrebo po večji ozaveščenosti zdravstvenih delavcev in večjem strokovnem znanju, ki bi pripomogla k odkrivanju večjega števila žensk s to težavo, k uspešnemu zdravljenju in izboljšanju kakovosti življenja teh žensk.

Ključne besede: simfizioliza, po porodu, prevalenca, dejavniki tveganja, Slovenija.

Symphysiolysis after labour: prevalence and risk factors

Background: Symphysiolysis is defined as pain around the symphysis pubis joint, during pregnancy and after delivery with or without the evidence of pubic separation (1). The reported incidence of symphysiolysis varies from 1 in 300 to 1 in 30.000 deliveries (2, 3). Several risk factors were found to be associated with symphysiolysis (4). The purpose of the study was to assess the prevalence of symphysiolysis after labour and its possible risk factors. **Methods:** A retrospective population-based analysis of all women, who delivered in Slovenian maternity hospitals from January 2002 to December 2008, was performed (n = 129.557). The data were extracted from the computerized national perinatal database which consists of obstetrics and perinatal information, recorded within the period from delivery to discharge from the hospital by an obstetrician. Statistical significance was calculated using x^2 test for difference in qualitative variables and t-test for difference in continuous variables. To evaluate the best independent predictors of symphysiolysis the multivariate logistic regression was used. **Results:** The prevalence of symphysiolysis after labour was 0.08%. Based on univariable analysis, a woman with symphysiolysis is more likely to be an older (p = 0.013), multigravida (p = 0.031) and multipara (p = 0.006), has gestational diabetes (p = 0.001), has an infant who was in the vertex presentation (p = 0.034) or has had an instrumental delivery (p < 0.001), receives analgesics during labour (p < 0.001), has a larger infant (birth weight (p < 0.001), length (p = 0.001), head circumference (p < 0.001)) or has a LGA baby (large for gestational age) (p = 0.032). Multivariate logistic regression showed the infant birth weight > 3500 g (OR=1.9, 95% CI 1.1-3.2), infant head circumference > 35 cm (OR=2.1, 95% CI 1.3-3.6), analgesics during delivery (OR=2.2, 95% CI 1.3-3.7) and gestational diabetes (OR=3.7, 95% CI 1.7-7.9) are the only statistically significant independent risk factors for symphysiolysis. **Conclusions:** Symphysiolysis after labour is present at less than one percent of women. Infant birth weight, head circumference, analgesics during labour and gestational diabetes are concluded to be the most important risk factors for the symphysiolysis. The results of the prevalence for symphysiolysis after labour showed the need for higher awareness of the health workers and higher professional knowledge, which would help to diagnose a bigger number of women with that problem, to more successful treatment and higher quality of life.

Keywords: symphysiolysis, after labour, prevalence, risk factors, Slovenia.

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