Answer to the Letter to the Editor of J. Rani et al. concerning “Subjective recovery from pregnancy-related pelvic girdle pain the first 6 weeks after delivery: a prospective longitudinal cohort study” by Gausel AM, et al. (Eur Spine J; [2020]: doi:10.1007/ s00586-020-06288-9)

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Dear Editor,

We would like to thank the authors of this letter for the interest in our study and appreciate the questions raised.

1. We acknowledge the limitations of a weekly SMS question and agree that an interview or clinical examination would provide more information about pregnancy-related pelvic girdle pain (PGP). However, the method of SMS tracking enables researchers to collect frequent information about the women's experience of bothersome PGP. We believe this is especially useful when studying recovery the first 6 weeks after delivery. The women are in an exposed situation with a newborn, and we hypothesize that a weekly appointment for interview or clinical examination in this period would result in a considerable dropout. We are not proposing that the SMS question should replace a consultation in clinical practice. Counselling the women for a positive outcome was beyond the scope of our study.
2. Unfortunately, the SMS question is not yet validated. However, previous research has found a single bothersomeness question to correlate with pain, disability, and psychosocial health [1]. In addition, the method has been used in several studies on low back pain [2, 3].
3. In the Norwegian school system, more than 12 years of education often implies higher education and could indicate a higher socioeconomic status.

4. We have not examined PGP patterns during pregnancy in this study. We found multiparity to be a risk factor for either no, transitory, or incomplete recovery from PGP 6 weeks after delivery. However, we did not find BMI to influence the recovery of PGP after delivery.

We hope this clarifies the issues raised.

Compliance with ethical standards

Conflict of interest The author declare that there is no conflict of interest.

References

1. Dunn M, Croft PR (2005) Classification of low back pain in primary care: using “bothersomeness” to identify the most severe cases. *Spine (Phila Pa 1976)* 30(16):1887–1892
2. Axen I et al (2011) Clustering patients on the basis of their individual course of low back pain over a 6-month period. *BMC Musculoskelet Disord* 12:99
3. Eklund A et al (2014) Prevention of low back pain: effect, cost-effectiveness, and cost-utility of maintenance care—study protocol for a randomized clinical trial. *Trials* 15:102

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