



Back Pain During Pregnancy

- **What causes back pain during pregnancy?**
- **How do my back muscles become strained during pregnancy?**
- **How can weakened abdominal muscles affect my back during pregnancy?**
- **How can pregnancy hormones contribute to back pain?**
- **What can I do to prevent back pain during pregnancy?**
- **What can I do to ease back pain?**
- **When should I contact my health care professional about back pain during pregnancy?**
- **Glossary**

What causes back pain during pregnancy?

The following changes during pregnancy can lead to back pain:

- Strain on your back muscles
- Abdominal muscle weakness
- Pregnancy **hormones**

How do my back muscles become strained during pregnancy?

The main cause of back pain during pregnancy is strain on your back muscles. As your pregnancy progresses, your **uterus** becomes heavier. Because this increased weight is carried in the front of your body, you naturally bend forward. To keep your balance, your posture changes. You may find yourself leaning backward, which can make the back muscles work harder. This extra strain can lead to pain, soreness, and stiffness.

How can weakened abdominal muscles affect my back during pregnancy?

Your abdominal muscles support the spine and play an important role in the health of the back. During pregnancy, these muscles become stretched and may weaken. These changes also can increase your risk of hurting your back when you exercise.

How can pregnancy hormones contribute to back pain?

To prepare for the passage of the baby through the birth canal, a hormone relaxes the **ligaments** in the joints of your pelvis. This loosening allows the joints to become more flexible, but it also can cause back pain if the joints become too mobile.

What can I do to prevent back pain during pregnancy?

To help prevent back pain, be aware of how you stand, sit, and move. Here are some tips that may help:

- Wear shoes with good arch support. Flat shoes usually provide little support unless they have arch supports built in. High heels can further shift your balance forward and make you more likely to fall.
- Consider investing in a firm mattress. A firm mattress may provide more support for your back during pregnancy.
- Do not bend over from the waist to pick things up—squat down, bend your knees, and keep your back straight.

- Sit in chairs with good back support, or use a small pillow behind the low part of your back. Special devices called lumbar supports are available at office- and medical-supply stores.
- Try to sleep on your side with one or two pillows between your legs or under your abdomen for support.

What can I do to ease back pain?

Get regular exercise. Exercises for the back strengthen and stretch muscles that support your back and legs and promote good posture. They not only ease back pain but also help prepare you for labor and childbirth (see FAQ119 “Exercise During Pregnancy”). You also can try applying heat or cold to the painful area.

When should I contact my health care professional about back pain during pregnancy?

If you have severe pain, or if pain persists for more than 2 weeks, you should contact your obstetrician or other member of your health care team. Back pain is a symptom of preterm labor, and it also can be a sign of a urinary tract infection. Contact your health care professional right away if you have a fever, burning during urination, or vaginal bleeding in addition to back pain.

Glossary

Hormones: Substances made in the body by cells or organs that control the function of cells or organs. An example is estrogen, which controls the function of female reproductive organs.

Ligaments: Bands of tissue that connect bones or support large internal organs.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ115: Designed as an aid to patients, this document sets forth current information and opinions related to women’s health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

Copyright January 2016 by the American College of Obstetricians and Gynecologists