HypermobilO-T

Occupational Therapy Services for Hypermobility Conditions

Hypermobility & Pregnancy
For Health Professionals

WHAT is Hypermobility?

Our joints were designed to have varying amounts of movement so that we can achieve activities such as bending over to pick something up off the ground, or reaching above our heads to get something out of a high cupboard. However, some people have extra movement in their joints which can become problematic. When a joint has more movement than is ideal, stress and strain are placed on the joint, causing micro-trauma to the joint, and this can result in pain.

The most commonly effected joints are:

- Shoulders
- Knees
- Lower back
- Fingers & thumbs
- Wrists
- Elbows
- Hips

However, a person with generalised hypermobility may experience more movement in the smaller joints of the body also.

There are a number of conditions which involve hypermobility, including

- Ehlers Danlos Syndrome
- Marfans Syndrome
- 'Floppy Baby' Syndrome (hypotonicity)
- Hypermobility Syndrome (also known as Benign Joint Hypermobility Syndrome or Joint Hypermobility Syndrome)

Researchers and physicians are beginning to indicate that Ehlers Danlos Syndrome (Hypermobility Type/Type III) and Benign Joint Hypermobility are variants of the same condition.

As such care must be taken with patients displaying severe widespread hypermobility, as they may be at risk of complications often only associated with Ehlers Danlos Syndrome.

PREGNANCY in the general population

Pregnancy is a time of many changes in the body of a woman. Most of these changes are completely natural and are necessary for the growth, birth & sustenance of the baby.

In the general population we see the following changes during pregnancy:

- Hormonal changes
  - *Increasing levels of progesterone*
  - *Delayed intestinal transit*
- Hematologic changes (blood)
  - *Increasing plasma volume*
- Cardiovascular changes
  - *Increasing cardiac output*
- Genitourinary changes
  - *Enlarging uterus with increasing blood flow*

PREGNANCY and Hypermobility

How pregnancy may be impacted by hypermobility/EDS.

- Joint instability and/or dislocation
- Increased joint pain
- Mitral valve prolapse/tricuspid insufficiency (mainly risk in EDS)
- Aortic root dilation (mainly risk in EDS)
  - Recommendation: Consider echocardiogram prior to pregnancy for all patients with EDS at risk of aortic dilation

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- Thoracolumbar kyphoscoliosis (increasing lordosis as pregnancy progresses); should not affect delivery
  - Recommendation: pre-labour anesthesia consult to discuss epidural
- Cervical dysfunction
  - May lead to preterm birth
  - Recommendation: Consider baseline ultrasonic cervical length at 16-20 weeks gestation
- Premature rupture of membranes
  - May result in intrauterine/fetal infections
  - Recommendations: treat vaginal infections aggressively; carefully evaluate signs of premature rupture of membranes
- Preterm birth
- Extension of episiotomy/perineal laceration
  - Recommendation: no routine episiotomy
- Slowly healing cesarean section incision
  - Recommendation: cesarean only for usual obstetrical reasons; delay suture removal (6+ days)
- Prolapse of uterus or bladder
  - Recommendation: avoid excessive traction on umbilical cord at time of delivery
- Postpartum hemorrhage more likely
  - Recommendation: DDAVP (vasopressin) may be useful
- Neonatal complications
  - Prematurity
  - Breech presentation
  - Hypotonic, floppy baby with articular hyperextensibility
  - Recommendation: avoid operative vaginal delivery (forceps or vacuum extractor) if fetus is likely to be affected

Reference: Dr. J.M Ernest, 2010, Pregnancy & Ehlers Danlos Syndrome; Ehlers Danlos National Foundation Learning Conference, Baltimore, USA

Local Anesthesia

Cutaneous and deep analgesia was measured in EDS patients and controls (Arendt-Nielsen, 1990). The analgesic effect was more short lived in EDS patients than controls which is likely due to faster absorption of the medication[1].

Functional impacts

Whilst pregnant take care with:

- Exercise
- Lifting & carrying
- Turning around in a chair, or turning over in bed (keep knees together)

After delivery:

- Exercise care with lifting baby
- Be aware of your posture while breastfeeding
- Be aware of your posture while holding/ soothing baby
- Consider seeing a Women's Health physiotherapist to assess and provide specific exercises for pelvic floor & core stability, prior to heading back to your usual exercise regime.

Reference: (1) Tinkle, B. (2010). Joint Hypermobility Handbook, Left Paw Press, USA

OCCUPATIONAL THERAPY, pregnancy & hypermobility

If you are experiencing difficulties throughout pregnancy, you may benefit from an Occupational Therapy home assessment to look at ways of making day to day activities more functional.

Likewise, if you are anticipating mobility and difficulties with pain post-birth, a home assessment prior to the birth or shortly after you return home may help to organise your home & nursery in such a way that will minimise extra stress & strain on your body.

To discuss home assessment options, please contact:

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