

Back pain during pregnancy is often dismissed as a passing discomfort – a nurse explains why it should be taken seriously and treated

Julie Vignato, Assistant Professor of Nursing, University of Iowa

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Serious and even debilitating back pain during pregnancy is extremely common.

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About half to three-quarters of expectant mothers experience pain during pregnancy that is largely untreated, contributing to preventable suffering and harm. Many mothers avoid medications and treatments during pregnancy for fear that they may cause harm to their unborn baby. Yet, most are unaware of the harms that untreated pain in pregnancy may cause.

Like many women, I experienced severe pain in pregnancy. As a nurse researcher, I listen to women's stories and analyze data from across the United States. I share these findings through publications, presentations and the media to raise awareness and reduce the suffering of untreated pregnancy pain.

Not just minor ‘discomfort’

Mothers are often told that the pain that comes with pregnancy is a temporary discomfort that comes with the territory – and ends as soon as the baby is born.

But when pain and discomfort persist to the point that mothers cannot sleep, work and care for their other children, mothers are experiencing pain that needs to be addressed. And for some mothers, the pain does not just eventually fade. Back pain and headaches, for example, can last longer than three months, becoming a chronic condition that affects overall health.

Normal changes that occur during pregnancy often lead to pain. Pregnancy pain normally occurs from hormonal changes that can cause headaches and loosening of pelvic joints. The loosening of joints and the weight of the unborn baby contribute to back pelvic pain. The weight of the developing baby also causes the spine to abnormally curve, a condition called lordosis.

Back and pelvic pain increase in the third trimester of pregnancy when the weight of the baby is at its greatest. This is why it’s incredibly important for doctors and loved ones to believe mothers when they report pain. However, one meta-analysis, meaning an in-depth review of existing research, found that more than 50% of mothers who reported their pain received little to no treatment from their doctors.

Inadequacy of current treatments

Current treatments for pain during pregnancy are highly limited.

Tylenol, though safe – despite the current controversy – treats only mild pain and is ineffective for moderate to severe muscle pain.

Alternative treatments that are also recommended and can be effective, such as heat or cold applications, massage, chiropractic adjustments, exercise and physical therapy, may need to be used in unison and on an ongoing basis. These treatments are not always covered by insurance.

The most effective approach combines several treatments, including exercise that may be provided through physical therapy. Unfortunately, this care may be costly for mothers without adequate insurance, and awareness of these options varies among providers.



A supportive belt or band can sometimes help with back pain.

Anna Reshetnikova/iStock via Getty Images Plus

The harms of untreated pregnancy pain

My team's research reveals that when mothers report pain during pregnancy to their health care providers and loved ones, mothers are typically instructed to go home, rest, take Tylenol, go on maternity leave or a combination of these. However, this does not meet the needs of mothers who must work or care for other children. In addition, going on leave early is not an option for many mothers who desire to save their limited maternity leave for after the baby is born.

Mothers will almost always continue to take care of their children or work at the expense of their health if they feel there are no other choices. However, when expectations from their work, family or themselves are not met, mothers may feel guilty about not being a good enough mother or employee. This cycle can contribute to mental health challenges.

When pain is left untreated, mothers may feel minimized, unheard and overwhelmed. In turn, they can start to feel helpless and hopeless, which are symptoms of depression. My colleagues and I found that approximately 44% of women with severe pain report moderate to severe depressive symptoms during the third trimester of pregnancy.

Untreated depression can also lead to suicide, which is responsible for 5% to 20% of maternal deaths in the U.S.

Equally important, opioid or narcotic pain relievers may be prescribed for pregnant mothers experiencing severe pain. Yet, 1 in 5 women with pain report misusing these prescribed medications during pregnancy to relieve pain. In turn, this increases the risk of newborns experiencing withdrawal from these medications after birth, causing significant suffering. Sadly, neonatal opioid withdrawal syndrome is becoming more common, costing the country over US\$462 million annually.

With suicide and drug overdoses now the leading causes of death in the year after childbirth, effective pain management in pregnancy is urgently needed.



Pregnant mothers who have younger children may often push through pain and discomfort, which can contribute to greater distress.

Stephen Simpson/Stone via Getty Images

Being assertive about pregnancy pain

Managing pregnancy pain starts with open communication between the mother and their health care provider. Our studies reveal that by gently adjusting expectations, sharing how they feel and asking about available treatments, mothers can take an active role in ensuring their pain is understood and addressed.

Pregnant mothers are strong, but it's natural to slow down. Pregnancy is a time to listen to your body and adjust expectations. I believe that balance matters. If pain prevents you from lifting your toddler, that's OK. What your child will remember the most are the moments you snuggled with them on the couch.

My team's studies reveal that talking to loved ones about pain may be a challenge. So choose a calm, quiet time without distractions – when everyone can listen and respond thoughtfully. Be open about how you feel and clear about the help you need. Using “I” statements such as “I feel ...” also helps. Allow for questions.

Share reliable articles or invite loved ones to a medical appointment so they can better understand what you are experiencing. If someone dismisses your pain, reach out to others who are more supportive.

It is also important to start the conversation with your doctor, midwife or nurse practitioner. Before your appointment, jot down your main concerns and any questions you would like to ask.

Be honest about your pain, especially if it is preventing you from sleeping or doing your usual activities. Tell your provider whether the pain is constant or comes and goes, and describe what it feels like – achy, throbbing, sharp or dull. Even mild ongoing pain that disrupts rest or daily life is important.

Share what you've already tried and how well those treatments have worked. If your pain is not improving, reach out to discuss other options, such as prescription medications or a referral to physical therapy. Sometimes, it takes more than one conversation to find relief.

If your pain continues, ask about consulting with a specialist or another health care provider for a different perspective. If your pain improves with treatment but your insurance requests you stop, ask your provider to help appeal the decision. Ongoing treatment throughout pregnancy may be necessary to control your pain.

Relief is possible when pain is taken seriously, not dismissed as an unavoidable harm of pregnancy.

Julie Vignato received funding from the National Institutes of Health. She is a member and Leadership Scholar with the United States Association for the Study of Pain.

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