

## Do you need further help?

If you have any concerns or would like to ask further questions then please do contact your women's health physiotherapist for further advice and treatment:

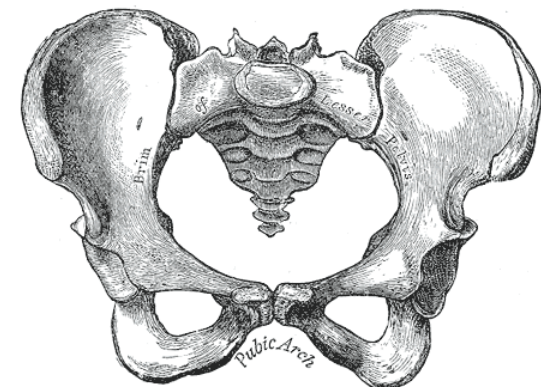
Our phone number  
020 8487 6022  
9am - 4pm

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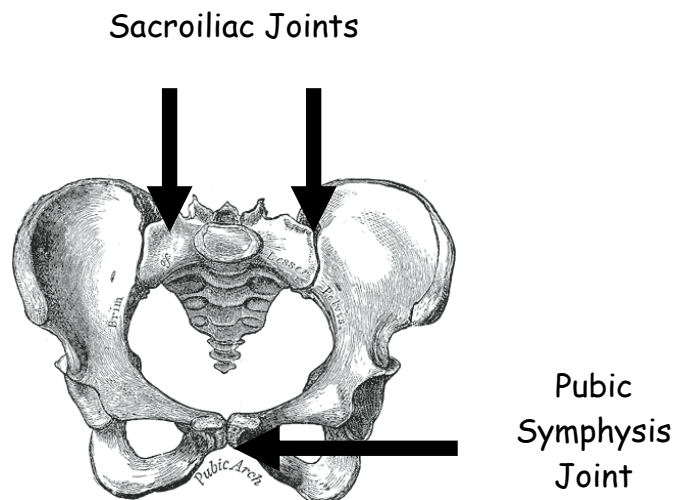
# Pelvic Girdle Pain



## What is pelvic girdle pain?

Pelvic girdle pain is the name given to pain, increased movement and/or movement dysfunction in any of the three pelvic joints. It may also cause low back, hip and abdomen pain.

The three pelvic joints commonly affected are:

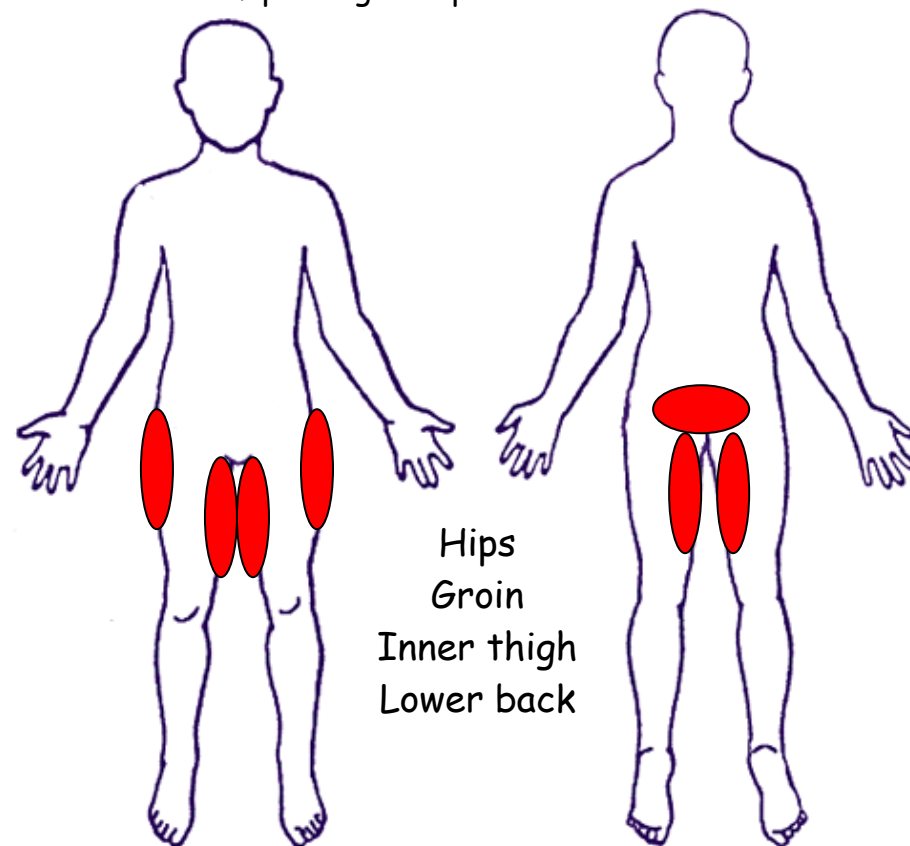


The symptoms of PGP can be present during pregnancy and/or post birth. A specialist physiotherapist, doctor or midwife should be able to identify these symptoms and provide you with appropriate advice and treatment. The sooner PGP is identified and assessed, the better it can be managed. PGP is not a dangerous condition and it will not affect your baby.

## What are the symptoms?

Pain is the most common symptom; it can be mild, moderate or severe. Most pain and discomfort is often felt over the lower back, bottom, groin (sometimes called SPD), inner thighs and hips. It can start at any point during your pregnancy.

Common sites of pelvic girdle pain:



Other symptoms may include:

- Clicking/locking and grinding - you may hear or feel this.
- A feeling that the pelvic joints are more mobile.
- Pain in hips when sleeping and with movement.

You may have difficulty with activities such as:

- Walking, especially for prolonged periods
- climbing stairs
- turning in bed or maintaining a comfortable position
- getting dressed e.g. putting socks and shoes on
- lifting your leg to get in and out of the car or on/off bed
- standing on one leg e.g. putting trousers on
- sexual intercourse

### **Who gets pelvic girdle pain?**

Research suggests that approximately 45% of pregnant women and 25% of women post birth suffer from some degree of pelvic girdle pain.

### **What causes PGP?**

Although the exact cause is not fully understood, the following factors seem to influence PGP:

- Hormonal Changes - during pregnancy a hormone (relaxin) causes a natural increase in the flexibility of the ligaments supporting the pelvic joints. This is an important process so the pelvis can widen enough during the delivery of your baby. Sometimes this increased laxity can increase the mobility of the pelvic joints thereby causing pain but reduces significantly after your baby is born. Relaxin secretions rise during the first and last trimester.

- Change in the strength of your muscles - during pregnancy your abdominal muscles naturally stretch to accommodate for the increasing size of your baby. Your pelvic floor muscles which are located at the bottom of your pelvis may also become lengthened and stretched due to the weight of the baby. As the muscles become longer and weaker, the pelvis becomes less supported which may also encourage more movement and pain in the pelvic region.
- Posture - as your baby becomes heavier, the body adapts its posture in order to stay balanced. During pregnancy, if you lean back too much, 'waddle' during walking or slump in sitting, this can add stress to the pelvic joints and increase pain.
- Your baby - sometimes the position and weight of your baby can increase pressure on some of the pelvic joints and lower back.
- A previous fall or accident - sometimes PGP may start following a stumble/fall which will suddenly apply a large amount of stress through the hips, pelvis, or back.
- Strenuous work - Prolonged standing, walking, lifting, or excessive activity during the day may cause your supporting muscles to fatigue and reduce the amount of support they provide for your pelvic region. Muscle fatigue alongside pelvic joint mobility may increase PGP.
- Previous PGP during pregnancy - research has shown that if you have had PGP in a previous pregnancy it is more likely to recur with further pregnancies. However, the severity of PGP may not necessarily be as great if it is well managed. It is advisable to let PGP settle before becoming pregnant again.

## What helps?

**Rest** - Lying down takes the weight of your baby off your pelvis. Try and do this every afternoon for at least half an hour. In more severe cases, your physiotherapist may recommend this time is extended.

**Pacing** - Try and plan your diary/daily activities so that you are not doing too much or too little on one day.

**Ice** - An ice pack in a damp towel lightly applied over the painful joint may help. Ensure you have full skin sensation prior to application and do not leave on any longer than 10 minutes. Repeat 2 hourly.

**Heat** - A hot water bottle or wheat pack applied over the buttock area will help to relax the muscles. Ensure you have full skin sensation prior to application and do not leave on any longer than 10 minutes. Repeat as often as required.

**Exercises** - Pelvic floor, gentle stomach (abdominal), and buttock (gluteal) exercises will help to strengthen the muscles supporting your pelvic region. Your physiotherapist will be able to give you specific exercises.

**Massage** - Gentle massage over the buttocks and low back may help to ease muscular ache and reduce pain.

**Medication** - In severe cases, pain medications can be useful to take the edge off the pain. Seek advice from your GP about this.

**Pelvic support belt** - If the pain is affecting your mobility a pelvic support belt or large tubigrip may help. Ask your physiotherapist for guidance to which belt you should use and advice about wearing it.

**Physiotherapy** - Following a full assessment of your pelvis and spine, a physiotherapist will be able to guide you on the best course of treatment for your PGP. Treatment may include; advice and education, 'hands-on' therapy, provision of pelvic and abdominal supports, exercises, massage, stretches and acupuncture. In more severe cases where mobility is affected, walking aids such as crutches may be provided to offload the pelvis.

## Helpful Tips

### TRY NOT TO:

- Widely separate your legs, especially in an asymmetrical position
- Sit on the floor for prolonged periods
- Go up and down stairs more than is necessary
- Twist - avoid twisting movements like vacuuming or pushing heavy supermarket trolleys
- Lift heavy weights - if you already have a small child, minimise lifting where you can
- Perform breaststroke kick during swimming - although swimming is an excellent form of exercise, breaststroke kick is a strong outwards movement for the legs and hips
- Stand if you are able to sit - for activities like cooking use a perching stool, or sit when getting dressed

## DO TRY TO:

- Avoid activities which make your pain worse
- Take frequent rest breaks during the day, preferably lying down
- Avoid prolonged standing or sitting - try and change position every half an hour
- Avoid prolonged walking - this depends on individuals, so know what your limits are
- Keep your legs together getting in and out of the car and bed
- Reduce the amount of time spent driving, especially if you have a manual car
- Gently squeeze your buttocks, draw in lower stomach and pelvic floor muscles when sitting down, standing up or turning
- Tighten your tummy, buttocks and pelvic floor muscles when doing painful movements e.g. rolling in bed
- Place a pillow between your knees when lying on your side
- DO YOUR PELVIC FLOOR EXERCISES (ask your physiotherapist about these)

## Exercise and sport

It is recommended that pregnant women do 30 minutes or more of moderate exercise on most, if not all, days of the week. This is to maintain cardiovascular fitness and muscle strength. If you have PGP, you can still achieve this but you might need to make some modifications to your exercise regime, follow these tips to help:

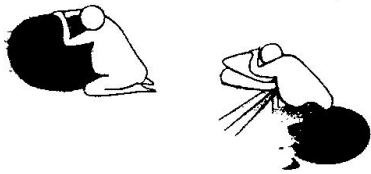
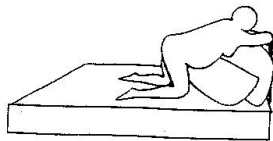
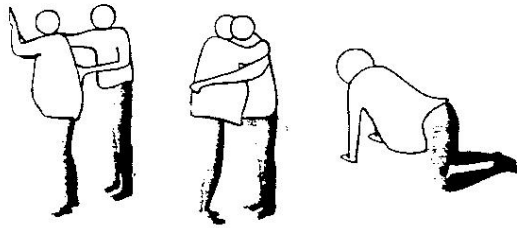
- Try to avoid exercise that involves impact, such as running

- Walking can be a convenient and inexpensive form of exercise but don't overdo it
- Swimming can be a great form of exercise but take care with doing too much kicking (as above) - you might need to hold a buoy between your legs and get the workout from your arms
- Pregnancy exercise classes (pilates, low-impact fitness, yoga) can be a great way of keeping active and meeting other pregnant women - tell your instructor that you have PGP before starting
- Always pace yourself and listen to your body

## Advice and implications for labour

- Inform your midwife about your condition so they can consider it in your birth plan and during your labour. Do not be afraid to re-emphasise your wishes to the midwifery team. Make sure your birth partner(s) are aware of your condition too.
- Talk to your midwife or physiotherapist about suitable labour positions to minimise the strain on the pelvis during labour. The main point to remember is to keep your legs supported. If you are tired, you could lie on your side or sit upright with a beanbag/person to support your back. If you are sitting to push DO NOT put your feet up on your midwife's or partners hips or allow anyone to pull your legs in any direction.

## Examples of recommended labour positions



- Ensure that when you have your legs separated (for example, during labour or vaginal examinations) that they are symmetrical and comfortable - you may need some help from people or pillows to do this.
- If you need an assisted delivery (forceps or ventouse) or stitching, try to ensure that both legs are brought up together when you are placed in the lithotomy position (stirrups).
- If you have an epidural make sure your legs are moved carefully and are kept supported.
- If you have significant pain following delivery request to see the ward physiotherapist. Bed rest may be recommended for a short period of time.

## Will it go away after birth?

93% of ladies with PGP improve immediately post-partum. This is thought to be because the weight of the baby is no longer stressing the pelvic joints. Pelvic girdle pain may take some time to completely resolve so it is important to allow your body to recover from both the pregnancy and the birth. Here are some tips:

- Rest - as much as possible for the first 2 days
- Make sure you have adequate medication for pain relief - discuss with your doctor or midwife
- Arrange for some help at home if you need it
- Continue with the advice given to you during your pregnancy until the pain has resolved
- Gradually increase your level of activity within your pain free limit - ask your physiotherapist for specific advice about returning to exercise
- If your pain is not resolving within the first 2 weeks, contact your women's health physiotherapist for review
- Continue with your pelvic floor exercises

Although the majority of women make a full recovery, you may notice that:

- Over-activity causes your symptoms to re-emerge
- Your symptoms occur pre-menstrually or with subsequent pregnancies
- Your symptoms improve when you finish breastfeeding