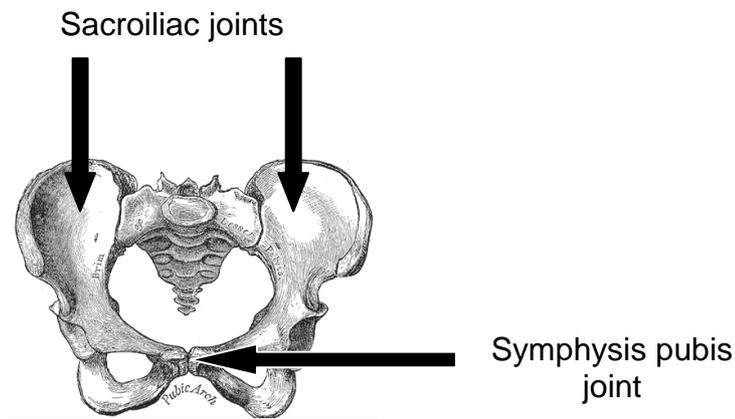


Pelvic girdle pain

This leaflet offers more information about pelvic girdle pain (PGP). If you have any further questions or concerns, please speak to the staff member in charge of your care.

What is pelvic girdle pain and why have I got it?

Pelvic girdle pain is the name given to pain in any of the three pelvic joints (see below), lumbar spine and into the thighs.



Pelvic girdle pain is very common in pregnancy and /or after giving birth – it is experienced by about 45% of pregnant women and 25% of women who have given birth.

A physiotherapist, doctor or midwife should be able to identify your symptoms and give you advice and treatment.

Pelvic girdle pain is not dangerous and won't affect your baby.

We don't know the exact cause of pelvic girdle pain, but the following things seem to affect it:

- Hormonal changes – during pregnancy a hormone called relaxin makes the ligaments supporting your pelvic joints more flexible, so your pelvis can widen enough for you to deliver your baby. This can increase the mobility of your pelvic joints and cause pain, especially during the first and last trimester when relaxin levels rise the most.
- Changes in the strength of your muscles – during pregnancy your abdominal muscles naturally stretch to make room for your baby. Your pelvic floor muscles at the bottom of your pelvis may also stretch from the weight of the baby. As the muscles become longer and weaker, your pelvis may move more and cause you pain.
- Posture – as your baby becomes heavier, your posture changes so you stay balanced. Leaning back too much, 'waddling' during walking or slumping while sitting can add stress to your pelvic joints and increase pain.
- Your baby - sometimes the position and weight of your baby can increase pressure on some of your pelvic joints and your lower back.
- A previous fall or accident – sometimes pelvic girdle pain may start following a stumble or fall which suddenly puts a lot of stress on your hips, pelvis or back.

- Strenuous work – standing, walking or lifting for a long time, or other excessive activity may tire your supporting muscles and leave your pelvis with less support. Tired muscles and more movement of your pelvic joint may increase pain.
- Previous pelvic girdle pain during pregnancy – research shows that if you had PGP in a previous pregnancy you are more likely to get it again in future pregnancies, although it shouldn't be as bad if it is well managed. You should try to wait until your pain has settled down before getting pregnant again.

What are the signs and symptoms?

Pain is the most common symptom, and can be mild, moderate or severe. It can start at any point during your pregnancy or in the weeks after giving birth and is most often felt across your lower back, bottom, groin, inner thighs and hips.

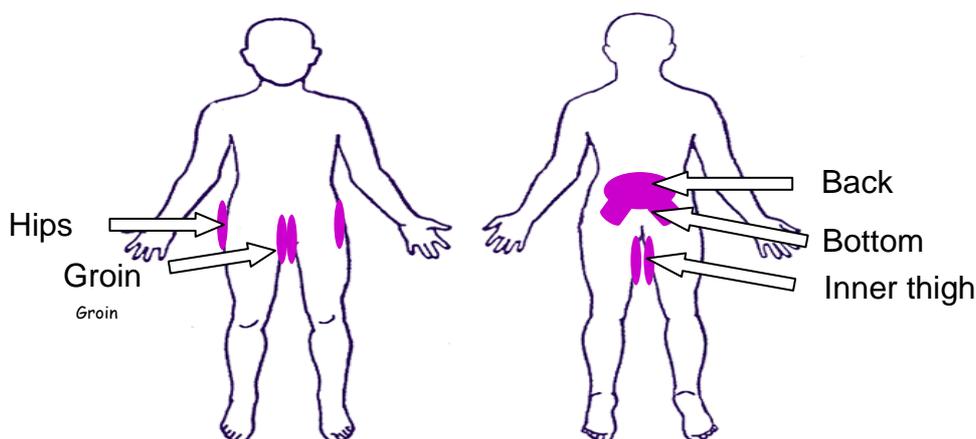
Other symptoms may include:

- clicking, locking and grinding
- feeling that your pelvic joints are more mobile
- pain in your hips when sleeping or moving.

You may have difficulty with some activities, such as:

- walking, especially for long periods
- climbing stairs
- turning over in bed or sleeping comfortably
- getting dressed or putting on your shoes and socks
- getting in and out of a car or on and off a bed
- standing on one leg to put on your trousers
- sex.

Common areas of PGP pain



Do I need any tests to confirm the diagnosis?

Pelvic girdle pain can be assessed and diagnosed by your physiotherapist

What treatments are available?

You will need a full assessment of your pelvis and spine and then a physiotherapist will be able to let you know the best treatment for your pelvic girdle pain.

Treatment may include:

Rest – to take the weight of your baby off your pelvis. Try to rest every afternoon for at least half an hour. In more severe cases, your physiotherapist may recommend a longer time.

Pacing your day – try to plan your diary and 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. Make sure you have full skin sensation before putting the ice on and don't leave it on for more than 10 minutes. Repeat every two hours.

Heat – a hot water bottle or wheat pack applied over the buttock area will help to relax the muscles. Make sure you have full skin sensation before putting the pack or water bottle on and don't leave it on for more than 10 minutes. Repeat as often as required. Don't put heat directly onto your pelvis at the front (symphysis pubis joint).

Exercises – pelvic floor, gentle abdominal and buttock exercises will help strengthen the muscles supporting your pelvis. Your physiotherapist will be able to give you specific exercises.

Massage – gentle massage over the buttocks, inner thighs and lower back may help to ease muscular ache and reduce pain.

Medication – if your pain is severe, pain medications can be useful - seek advice from your GP about this.

Pelvic support belt – if the pain stops you from moving a pelvic support belt may help. Ask your physiotherapist for guidance and advice.

Is there anything I can do to help myself?

Try to:

- take frequent rest breaks during the day, lying down if possible
- place a pillow between your knees when lying on your side and getting out of bed
- keep your legs together when getting in and out of a car
- tighten your tummy, buttocks and pelvic floor muscles when doing something painful, such as standing up after sitting down or rolling in bed
- take shorter strides when you walk
- **do your pelvic floor exercises** (ask your physiotherapist about these).

Try not to:

- do any activities which make your pain worse
- stand or sit for too long - try to change position every half an hour
- walk for too long or
- open your legs wide, especially not symmetrically
- sit on the floor for long
- go up and down stairs more than you need to
- do activities where you twist, such as hoovering or pushing a heavy supermarket trolley
- lift heavy weights – including toddlers
- do breaststroke or kick during swimming – a breaststroke kick is a strong outwards movement for your legs and hips
- stand if you can sit, such as when getting dressed or using a perching stool while cooking.

Exercise and sport

Pregnant women should try to do 30 minutes or more moderate exercise every day, for cardiovascular fitness and muscle strength.

You can still do this even with PGP, but you should think about what exercise is best for you to do and try to avoid exercise involving impact, such as running.

Remember:

- walking is cheap and easy exercise but try not to overdo it
- to take care not to kick too much while swimming. You might need to hold a float between your legs and swim just using your arms
- to always pace yourself and listen to your body.

Pregnancy exercise classes such as pilates, low-impact fitness and yoga can be a great way of keeping active and meeting other pregnant women – tell your instructor that you have pelvic girdle pain before you start exercising.

Will my pelvic girdle pain affect my labour?

Tell your midwife about your PGP so they think about it as part of your birth plan and during your labour.

Don't be afraid to re-state your wishes to the midwifery team and make sure your birth partner(s) also know about your PGP.

Talk to your midwife or physiotherapist in advance about labour positions that don't put too much strain on your pelvis.

Make sure you keep your legs supported - if tired, lie on your side or sit upright with a beanbag or someone supporting your back. If you are sitting to push, **do not** put your feet up on your midwife's or partner's hips or allow anyone to pull your legs in any direction.

Examples of labour positions:



Rocking



Squatting with partner



Squatting



Leaning forward



Kneeling with birthing ball



On hands and knees



Semi-sitting with partner



Lying on your side

Make sure when your legs are open they are symmetrical and comfortable – you may need some help from people or pillows.

If you need an assisted delivery with forceps or ventouse, or stitching, try to make sure both your legs are brought up together when you are placed in stirrups.

If you have an epidural make sure your legs are moved carefully and kept supported.

If you have a lot of pain after delivery, ask to see the ward physiotherapist – they may suggest bed rest for a short time.

Will my pelvic girdle pain go away after I give birth?

93% of women with pelvic girdle pain have less pain straightaway after giving birth, probably as the weight of the baby is no longer stressing the pelvic joints.

Your PGP may take some time to go away completely. Use these tips to help your body recover properly from your pregnancy and the birth:

- rest as much as possible for the first two days
- make sure you have enough pain relief medication – discuss with your doctor or midwife
- arrange for some help at home if you need it
- carry on following the advice given during your pregnancy until your pain has gone
- gradually increase your level of activity – ask your physiotherapist for advice about returning to exercise
- if your pain hasn't gone within the first two weeks, contact your physiotherapist for help
- carry on with your pelvic floor exercises.

Most women make a full recovery from PGP, but you may notice that your symptoms:

- come back if you do too much activity
- come back pre-menstrually or during future pregnancies
- improve when you finish breastfeeding.

Useful sources of information

<http://pogp.csp.org.uk/information-patients>

Contact us

If you have any questions or concerns about your pelvic girdle pain, please contact your physiotherapist on 020 8487 6022 (Monday to Friday, 9am to 4pm). Alternatively contact us by email: WACCG.physiotherapyoutpatients@nhs.net

We are also on Twitter: @QMHMSKphysio

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111



Reference: PHY_PGP_01 **Published:** November 2017 **Review date:** November 2019