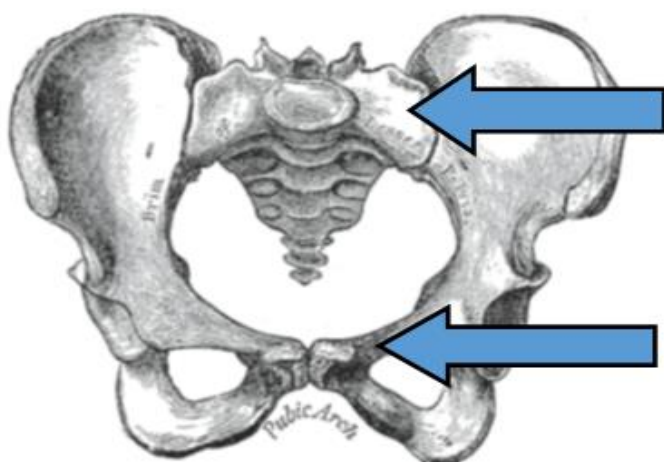


# Pelvic Girdle Pain

This leaflet provides information about pregnancy related pelvic girdle pain. 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 the pelvic area or lower back.



Sacrum

Pubic bone

Pelvic girdle pain (PGP) is very common during pregnancy. It is experienced by approximately 1 in 5 pregnant women. It is not dangerous and will not affect your baby. In a small percentage of women, PGP may persist initially after the birth of the baby, particularly when not managed appropriately. However, 93% of women report PGP symptoms improved postnatally.

A physiotherapist, doctor or midwife should be able to identify your symptoms and give you advice and treatment. The exact cause of PGP is multifactorial but the following factors are likely to affect it:

- Emotional – emotional factors such as stress, depression, anxiety and work life. Negative emotion can affect your nervous system and increase the pain level that you are experiencing. Also, symptoms like morning sickness, lack of sleep and fatigue can also contribute to PGP.
- Previous experience: if you have had back pain or PGP in the past this can increase sensitivity in the pelvis.
- Hormonal changes: during pregnancy your body produces a hormone called relaxin which makes the ligaments supporting your pelvic joints more flexible in preparation

for labour. This can contribute to your symptoms especially during the first and last trimester.

- Nerve sensitivity: during pregnancy your nerves can become more sensitive, potentially as a protective mechanism and this can increase experiences of pain.
- Weight gain: your weight naturally increases as you progress throughout your pregnancy which increases the load through the front of your pelvis.
- Muscle activity: the muscles around your pelvis work harder to support the weight of the baby. If you do not have the required strength, this can add to your symptoms.
- Posture: as you progress through your pregnancy, the position of your pelvis can change due to the growing baby. This changes the load through your pelvic joints and lower back, which can cause the muscles that attach on to your pelvis to become tighter and weaker.

## 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, pubic bone, inner thighs and hips.

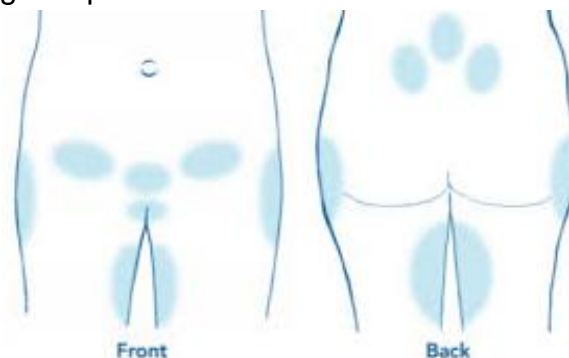
Other symptoms may include:

- 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
- standing on one leg when getting dressed or putting on your shoes and socks
- getting in and out of a car or on and off a bed
- sex.

Common areas of pelvic girdle pain:



## Do I need any tests to confirm the diagnosis?

Pelvic girdle pain can be assessed and diagnosed by your physiotherapist, GP or midwife.

Experiencing PGP can be frustrating as it impacts mobility and activities of daily living. However, it is important to remember your pelvis is strong and well supported with all the surrounding muscles and ligaments.

## What treatments are available?

Treatment may include:

**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. Also, try to take the weight of your baby off your pelvis by resting once or twice a day for at least half an hour. In more severe cases, your physiotherapist may recommend a longer time.

**Activity modification** – keeping knees together when rolling or getting in and out of bed. Sitting down to get dressed and taking one step at a time when using the stairs.

**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 throughout the day as required.

**Heat** – a hot water bottle or wheat pack applied over the lower back or 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 pregnancy bump or pubic bone at the front.

**Exercises** – try to stay active as movement increases blood flow and reduces pain. Try gentle exercise like swimming, antenatal yoga or Pilates or your physiotherapist can give you more specific exercises. Also remember to complete some pelvic floor muscle exercises (see out pelvic floor muscle exercise leaflet).

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

**Medication** – if your pain is severe, pain medications can be useful - seek advice from your pharmacist or 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 as this may not be appropriate for everyone.

**Mental health** – you can self-refer to talking therapies under Talk Wandsworth or speak to your GP or midwife for additional emotional support. If available, ask for help from friends and family around you when you need it – pregnancy isn't easy.

## Useful sources of information

Pelvic Obstetric and Gynaecological Physiotherapy – Pregnancy Related Pelvic Girdle Pain for new mothers and mothers [Pregnancy PGP & LBP | POGP](#)

South West London and St Georges Mental Health - Talking therapies in Talk Wandsworth  
Pelvic Health physiotherapy resources page:



Also accessible via

[Patient Resources - St George's University Hospitals NHS Foundation Trust](#)

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

## Was this information helpful? Yes / No

Please let us know, contact [patient.information@stgeorges.nhs.uk](mailto:patient.information@stgeorges.nhs.uk) and include the leaflet title.

Thank you.

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## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### **NHS UK**

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

**Web:** [www.nhs.uk](http://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

### **AccessAble**

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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