



Antenatal Pregnancy Advice Class

What type of pain is common in pregnancy?

It is quite common to have some discomfort during pregnancy. Below are common symptoms that patients report during pregnancy:



What changes happen to my body that contribute to my symptoms?

Hormones

During pregnancy there are many different hormones released in your body and these will have many effects. Two hormones released during pregnancy are relaxin and progesterone. Both of these hormones cause laxity in your ligaments and joints to allow for

the birthing process and your growing baby. It doesn't just affect the ligaments and joints around the pelvis, it can have an effect throughout the body. This is completely normal and a natural process during pregnancy.

Posture

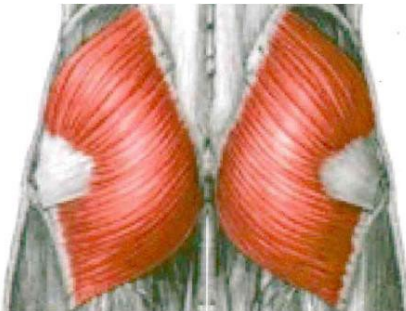
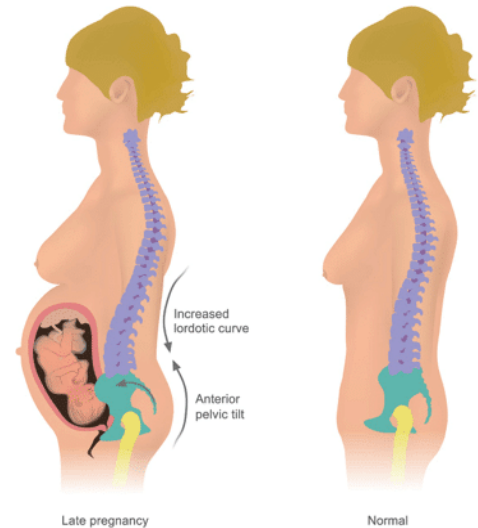
Due to your growing bump your centre of gravity will change, and this will affect your posture, causing a forward tilt of your pelvis, increasing the natural curves of your back. This posture can increase the load going through your joints of your lower back and pubic symphysis resulting in pain and stiffness for some women.

Weight gain

A weight gain of 10-12Kg is normal in pregnancy. This additional weight will increase the load through your joints and ligaments as explained above.

Muscular Changes

Muscular adaptations occur to compensate for the postural changes, weight gain and ligament changes. Below are the muscles mainly affected.

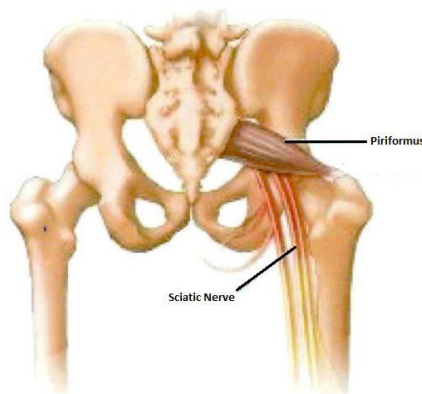


Gluteus Muscles:

Important stabilisers of the pelvis.

Used in almost all movements of the body such as walking.

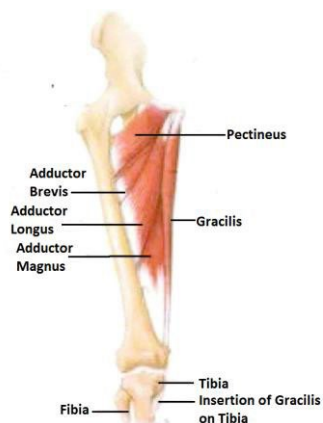
Often weak and lengthened.



Piriformis:

Sits under the glutes and often becomes tight when gluteus muscles are weak.

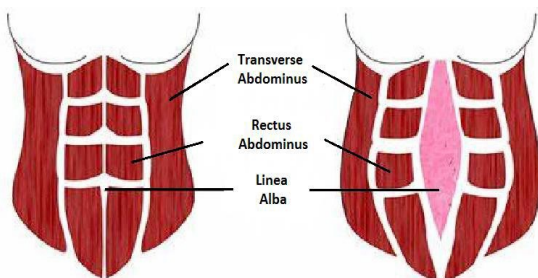
When piriformis is tight this can irritate the sciatic nerve causing symptoms in the back of the leg.



The Adductors:

Often become tight during pregnancy

Due to their attachment to the pubic bone this can cause symptoms in the groin area and down the inside of your thigh.

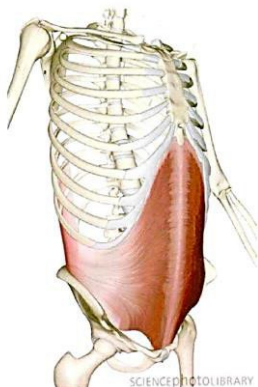


Rectus Abdominus:

Become weaker as your pregnancy progresses.

They become more stretched as your baby grows.

This is completely natural and normal.

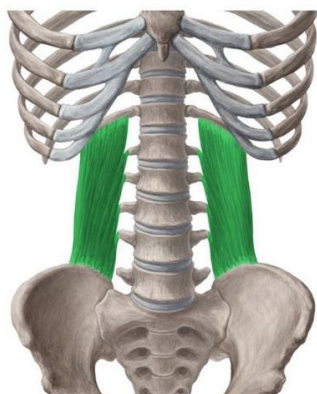


Transverse Abdominus

This is a deep abdominal muscle.

Keeping this muscle strong during pregnancy helps to support your body through pregnancy changes and may help prevent diastasis recti abdominis.

It helps to support the bump and stabilise the supine.



Quadratus Lumborum

This is a lower back muscle.

This tends to become tighter in pregnancy due to changes mentioned above.

Psychosocial factors

- Stress
- Anxiety and Depression
- Lack of sleep
- Work life
- Family circumstances
- Peer support
- Socioeconomic status

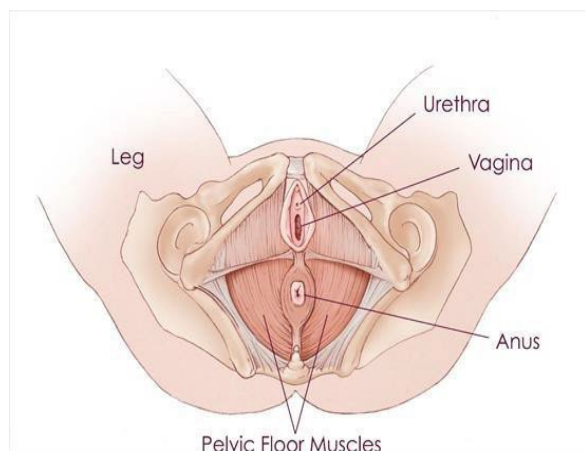
What can I do to help myself?

Management Strategies

- Ice and heat – not on bump
- Well- fitting bra
- Pacing your activity
- Pillow support
- Adequate cushions/ seating
- Belt
- Modifying your activity



Pelvic floor muscles



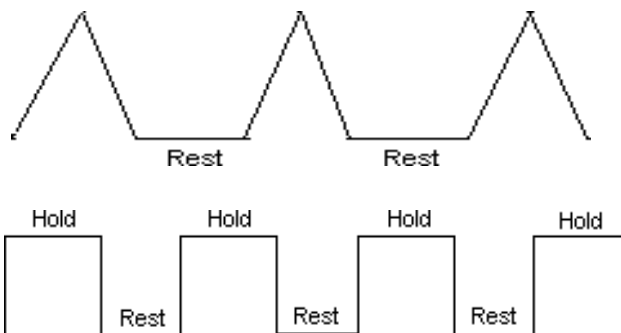
These are a group of muscles that run from the tailbone to your pubic bone and in between your sitting bone.

They help support your pelvic organs, maintain faecal and urinary continence, increase sexual satisfaction, help in PGP, support weight of baby. Whilst you're pregnant these muscles are carrying more weight and therefore get weaker if they are not strengthened regularly.

Weak pelvic floor muscles can lead to faecal and / or urinary incontinence and / or vaginal prolapse and slower recovery post-natally

Short Squeezes x20

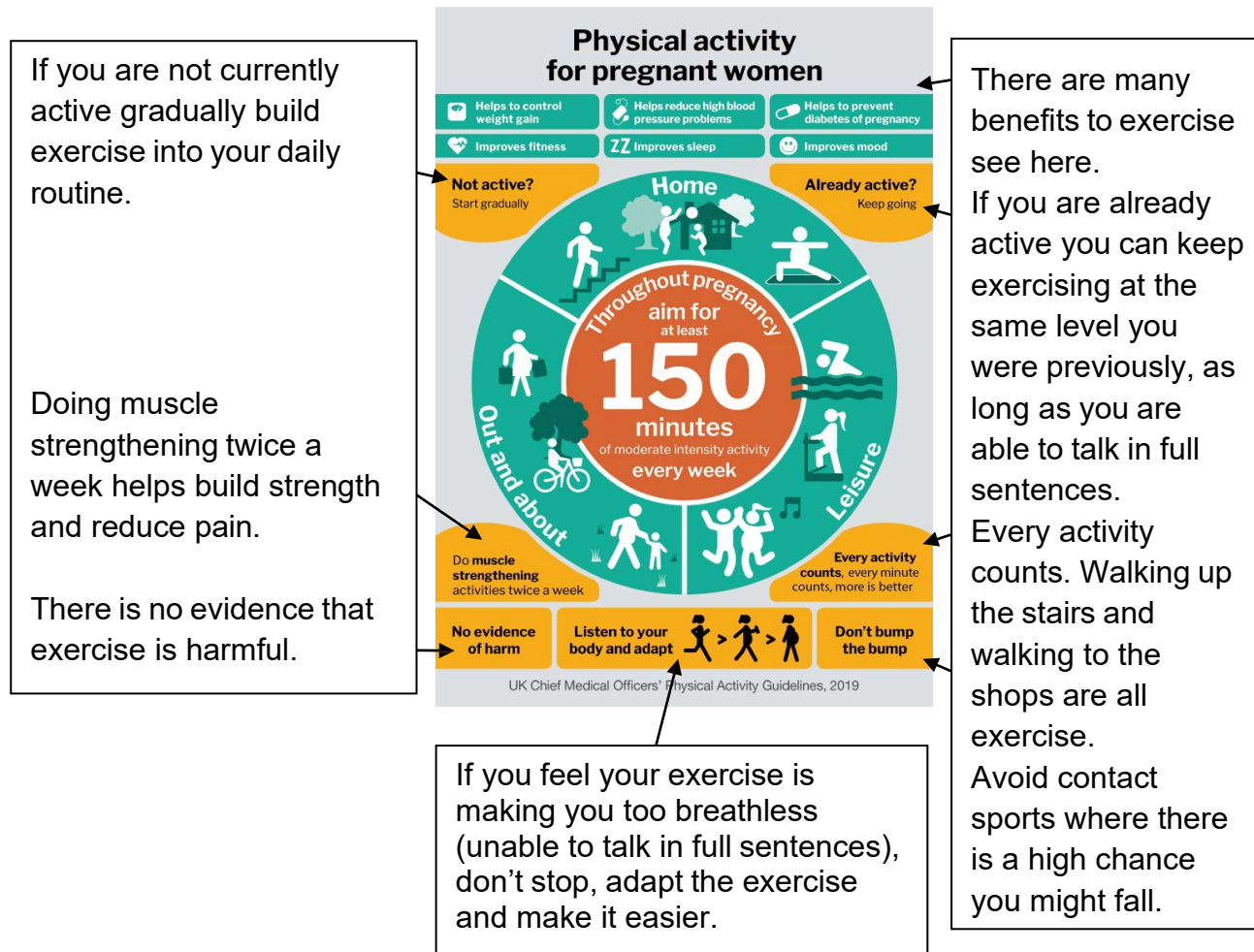
Long holds x10 (aim for 10sec)



Exercise

Exercise is really important for you and your baby: *see exercise programme below.*

Every activity counts. Walking up the stairs and walking to the shops are all exercise.



Pacing

Pacing is really important during pregnancy. If you constantly aggravate your pain by doing too much, your pain will be very hard to settle. Pacing yourself does not mean doing no activity; in fact, you also need to pace for how long you sit / lie down. A good mix of activity and rest is the best thing you can do for yourself. For example, if you know that walking for 30 minutes will aggravate your pain then try walking for 15 minutes, having a rest and then completing the other 15 minutes.

Activity modification

Activity	Management
Turning in bed	Knees together, squeeze buttocks, keep symmetrical
Sit to stand	Squeeze buttocks and engage core
Bending / lifting / carrying	Bend knees and squat down, keep weight / object close to body
Getting in and out of car / bath	Keep knees together

Mental health during pregnancy and post-partum

1 in 5 women develop mental health illness during pregnancy or in the first year after birth

Antenatally

Talk Wandsworth and other Boroughs
(self-refer)
GP
Perinatal midwife

Postpartum

Cedar house (GP or midwife referral)



Cedar House

embracing support for postnatal depression

Guidance for Medical, Health & Fitness Professionals to Support Women in Returning to Running Postnatally

Weeks Postnatal	Examples of Exercise Progression				
Weeks 0-2		Pelvic floor muscle strength & endurance		Basic core exercises e.g. pelvic tilt	Walking for Cardiovascular exercise
Weeks 2-4		Progress walking, pelvic floor muscle/core rehab		Introduce squats, lunges & bridging in line with day-to-day requirements	
Weeks 4-6		Low impact exercise - static cycling		Low impact - cross trainer	Individualise according to postnatal recovery, mode of delivery, perineal trauma & saddle comfort
Weeks 6-8		Scar mobilisation		Power walking	Increase low impact exercise
Weeks 8-12		Introduce swimming		Add dead lift	Add resistance to lower limb & core
		Dependent if lochia stopped & wound healing satisfactory		Spinning if comfortable sitting on a spinning saddle	

What about after I've given birth?

Exercise

After giving birth it is important to give yourself time to recover, so we recommend returning to certain exercises more slowly than others:

0-6 weeks: We advise doing pelvic floor exercises from day 1 after giving birth and gently progressing them as you get stronger. Please see our Women's Pelvic Floor video for advice on how to do the exercises. The link is listed below. Gradually progress walking.

6-12 weeks: We advise doing gentle low impact exercise (cycling, swimming, walking and gentle low impact strengthening). (8 weeks if you have had a c-section).

After 12 weeks: you can start to do higher impact exercises. Gradually restart these exercises as it's been a while since you have done anything like this. (14 if you have had a c-section)

Whenever you start a new exercise be mindful of how your body is feeling. If you are having feelings of heaviness or dragging in the vagina, any pain or excessive doming in the abdomen these are sign that the exercises may a little too hard. You do not need to stop the exercise completely but you do need to modify it to make a bit easier

Looking after your back

You might find that you have some back pain after giving birth, it should settle in the weeks that follow. Try to:

- Use pillows in the small of the lower back and to support your arm when feeding and holding your baby
- Changing your baby's nappy at waist height or kneeling on a pillow if using the bed / sofa.
- Delegate the carrying of portable car seats where possible. If not, transfer baby to the pram as soon as able.

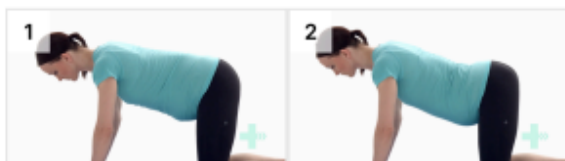
If your back pain does not settle within a few weeks, then your midwife or GP can refer you to physiotherapy outpatients for further advice.

What now?

Try all advice for at least two weeks

If there is no improvement by two weeks, please call and book an individual appointment if necessary, within six weeks of the class.

Sets: 1 • Reps: 10



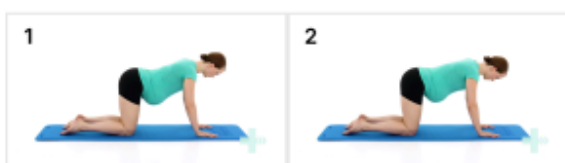
1. Pregnancy pelvic tilt in 4 point kneeling

Start on your hands and knees, with your hands under your shoulders, and your knees under your hips.

Start by arching your lower back and allowing your buttocks to tilt upwards. Keep your neck and upper back in the same position.

Then flatten your back and allow your buttocks to tuck in underneath, ensuring you keep your neck and upper back in the same position. Repeat.

Sets: 1 • Reps: 10



2. Pregnancy core activation in 4-point kneeling

Additional instructions:

With alternate arm raise on exhale has practised

Instructions:

Start on your hands and knees with your hands under your shoulders and knees under your hips.

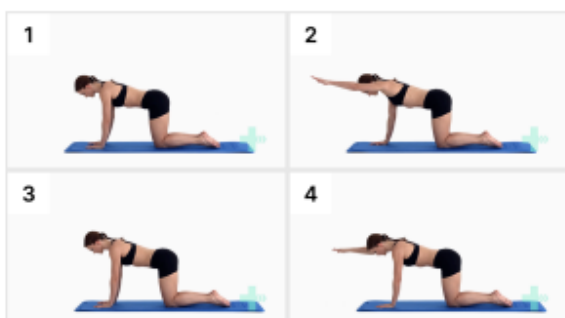
Focus your gaze between your hands and inhale.

As you exhale, tighten your abdominal and pelvic floor muscles, pulling your belly button in towards your spine.

Hold this position as you continue to breathe.

Control the movement as you relax your abdominal muscles as you exhale again.

Sets: 1 • Reps: 10



3. 4 point kneeling - UL raise (elevated)

Start on your hands and knees, with your hands under your shoulders, and knees under your hips.

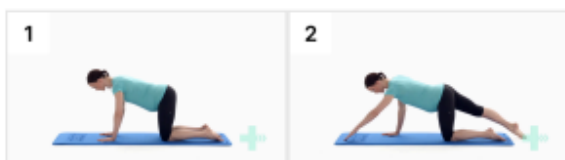
Keep your back straight and your hips in a neutral position.

Lift one arm up and keep your elbow straight.

Ensure your body and hips do not move throughout this movement.

Lower the arm and repeat.

Sets: 1 • Reps: 10



4. Pregnancy arm and leg lift in 4 point kneeling closed chain

Additional instructions:

Arm lift only

Instructions:

Start on your hands and knees, with your hands under your shoulders, and your knees under your hips.

Make sure your back is flat.

Gently tighten your pelvic floor and stomach muscles.

Keeping in contact with the floor, slowly slide one arm out in front of you while at the same time stretching your opposite leg out behind you. Slide your arm and leg back in to the starting position and then repeat on the other side.

Sets: 1 • Reps: 10



8. Pregnancy hip abduction in side lying

Additional instructions:

Leg out behind you with toes pointing to the ceiling - don't lift your leg high+ if aggravating - stop in the middle

Instructions:

Lie on your side with a pillow between your knees and your bottom arm outstretched.

Bend your lower leg and straighten out your top leg out in line with your body.

Tighten your pelvic floor and lower stomach muscles.

Slowly lift your top leg up into the air as far as you can manage comfortably.

Ensure your leg stays in a straight line with your body.

If there is any pain in the front of your pelvis do not lift your leg as high.

Control the movement as you lower your leg back down to the starting position.

Sets: 1 • Reps: 10

9. Sit to stand - no arms

Additional instructions:

w/3 pillows

*repeat 10x, 3sets, 1x per day

*hold for 2 seconds

*do not go passed 3/10 on NPRS

Instructions:

Sit in a chair with your feet flat on the floor.

Cross your arms in front of your chest so you are not tempted to push off of your thighs for momentum.

Stand up, then slowly sit back down and repeat a number of times.



Sets: 1 • Reps: 10

10. Pregnancy half squat - holding table

Additional instructions:

Half squat and tap leg out to the side into abduction and out behind you into extension x8

Repeated on the other side x8

3 sets

If aggravating reduce the distance you take your leg out to the side/behind you

Instructions:

Stand up straight with a solid surface to your side.

Place your feet just wider than hip width.

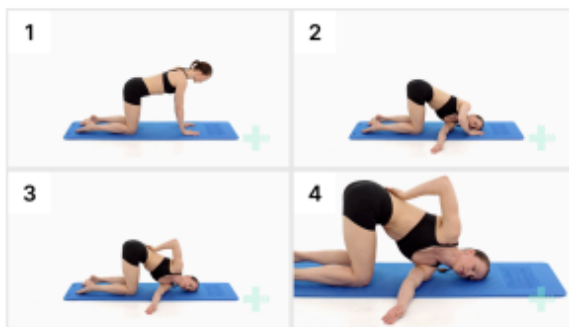
Keeping your gaze directly ahead, bend your knees, pushing your hips back behind you.

Hold this position, then push through the balls of your feet, tightening your buttock muscles, to return to the standing position.

Do not allow your body to lean forwards.



Sets: 1 • Reps: 10 • Hold: 3s



11. "Thread the needle" - level 2

Start on your hands and knees, with your hands under your shoulders and knees under your hips.

Take one hand off the floor and reach in and through between your other arm and your legs.

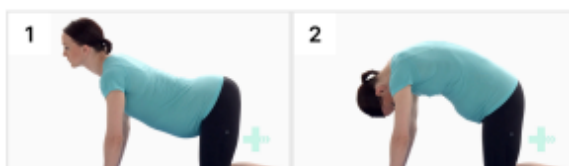
Allow your body and head to follow, moving your shoulder down towards the floor as your hand reaches through.

You should feel a stretch down your side, your shoulder blade and neck.

Take your upper arm and place it behind the small of your back.

Hold this position, before reversing the steps to come out of this stretch.

Sets: 1 • Reps: 5 • Hold: 5s



12. Pregnancy cat and camel stretch

Start on your hands and knees, with your hands under your shoulders, and knees under your hips.

Start by allowing your stomach to slowly drop down, lifting your head up and pushing your tail bone out.

Hold this position.

Next, arch your back up by tucking your head and tail bone in, and pulling your belly button in towards your spine.

Hold this position, and then repeat.

Sets: 1 • Reps: 5 • Hold: 5s



13. Pregnancy child's pose

Start on your hands and knees, with your hands under your shoulders, and knees under your hips.

Turn both knees out slightly to allow space for your pregnancy bump.

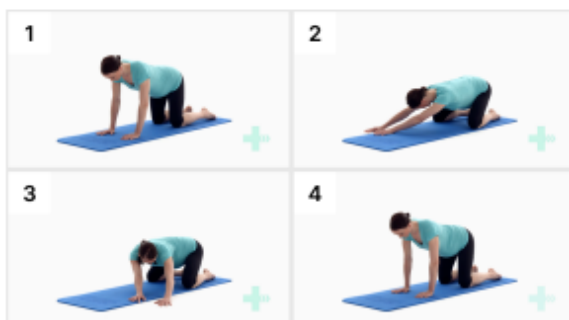
Slowly lower your buttocks back onto your heels or as far as you can go comfortably.

Stretch your arms out in front of you at the same time.

Hold this position.

Slowly bring your body back up to the starting position.

Sets: 1 • Reps: 5 • Hold: 5s



14. Pregnancy child's pose side flexion stretch

Additional instructions:

You did this in standing

Instructions:

Start on your hands and knees, with your hands under your shoulders, and knees under your hips.

Turn both knees out slightly to allow space for your pregnancy bump.

Take both of your hands to one side.

Slowly sit your buttocks back onto your heels or as far as you can go comfortably, while at the same time stretch your arms out in front of you.

Hold this position, and then repeat on the other side.

Sets: 1 • Reps: 5 • Hold: 10s



15. Sitting glute stretch

Sit on a chair and move forwards, bringing your sitting bones to the edge of the chair.

Straighten both legs out in front of you.

To stretch your right glute, cross your right ankle on top of your left.

Slide your right ankle up along your shin, bending your knee until your right ankle sits on top your knee.

Let your right knee drop towards the floor.

If this is enough of a stretch for you, stay in this position.

Inhale and emphasise the stretch as you exhale.

If you can stretch more, keep your back straight and bend your left knee, sliding your foot along the floor.

If you would like to extend the stretch even further, gently press down with your right forearm onto your right knee.

Make sure you keep your back straight.

To come out of this position, straighten your left leg.

Slide your right leg down your left, and bring your feet together.

Slide both legs in by lifting your knees and push yourself back to a neutral seated position.

Sets: 1 • Reps: 5 • Hold: 10s



16. Quadratus lumborum side stretch

Stand up straight.

Keeping your knees straight, cross the leg of your affected side in front of the other.

Reach over your head with the arm on your affected side whilst simultaneously using your other arm to push sideways on your hip.

Hold this position and feel the stretch into your side.

Exercise

[This Mum Moves - Uk Lifestyle and Parenting Blog](#)
[Exercise in pregnancy - NHS](#)

Diet

[Healthy eating in pregnancy - Start for Life - NHS](#)
[The Eatwell Guide - NHS](#)

Pelvic Health

Class Video: [Antenatal Physiotherapy Advice Class](#)
Female pelvic floor educational video: [Female pelvic floor educational video - YouTube](#)
Healthy bladder and bowel habits video: [Healthy bladder and bowel habits - YouTube](#)
Pelvic organ prolapse video: [Prolapse Management - YouTube](#)
Bladder retraining: [Bladder Retraining](#)

Pelvic Health Physiotherapy resources page:



Also accessible via

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

Other helpful resources

[SLaM – SLaM: Improving Access to Psychological Therapies](#)
[Wandsworth Talking Therapies - Website](#)

Contact us

If you have any questions or feel that you need a one-to-one appointment, please email Pelvic Health Physiotherapy: pelvic-health-physiotherapy@stgeorges.nhs.uk

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

Was this information helpful? Yes / No

Please let us know, contact patient.information@stgeorges.nhs.uk and include the leaflet title.

Thank you.

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

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

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). 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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