

Advice for pregnancy related Pelvic Girdle Pain (PGP)

This leaflet is for patients suffering with pelvic girdle pain and provides advice on how to manage your symptoms.

What is PGP and how is it caused?

PGP (previously known as symphysis pubis dysfunction) describes pain in the joints that make up your pelvic girdle. You may therefore experience pain and discomfort in your pubic bone and the sacro-iliac joints at the back of your pelvis. You may also feel pain in your hips, below the stomach, the groin area and in your lower back. Your symptoms may be made worse by the weight-bearing activities of walking, lifting, using stairs, turning over in bed and by household chores.



There are thought to be a number of contributing factors that can cause PGP including

- pregnancy causing a change in the activity of your muscles surrounding the pelvis, stomach, hip and pelvic floor. These can lead to instability and pain
- the pelvic girdle joints moving unevenly
- a history of previous trauma to the pelvis
- a minority of women may have pain in the pelvic area due to hormonal changes in pregnancy.

Management

During Pregnancy

DO

- Remain as active as possible, within pain limits.
- Ask for and accept help with household chores.
- Rest when you can, you may need to rest and sit down more often.
- Sit down to get dressed.
- Wear flat supportive shoes.
- Try to keep your legs together e.g. when moving in/out of a car, during sexual intercourse and when swimming.
- Sleep in a comfortable position e.g. side lying with a pillow in-between your legs.
- Turn over in bed as demonstrated/ practiced with your physiotherapist.
- Take stairs one at a time, try not to rush.
- Do take moderate exercise, to be discussed with your physiotherapist.

AVOID

- Activities that make the pain worse. Do not work through pain.
- Standing on one leg e.g. when getting dressed.
- Prolonged standing and sitting e.g. ironing, sitting at a computer.
- Using the stairs excessively- plan your day.
- Bending or twisting to lift or carry a toddler or baby on one hip.
- Crossing your legs.
- Sitting on the floor.
- Sitting twisted.
- Lifting heavy weights e.g. shopping bags, wet washing, vacuum cleaner, toddlers.
- Pushing heavy objects e.g. shopping trolley.
- Walking through pain.

Treatment

Physiotherapy treatment aims to improve the position and stability of your joints, relieve pain and improve muscle function. Treatment may include

- manual therapy to make sure your joints are moving normally or to correct their movement
- exercises to retrain and strengthen key muscles
- advice e.g. back care, lifting, positions for labour and birth, sexual positions, pain relief
- provision of equipment (if appropriate) e.g. crutches, support belts.

Before Labour

At around 36 weeks, measure how far apart your knees will open before your symptoms are experienced. Write this in your hand held notes under a heading of hip abduction or pain-free gap. Think about birthing positions that are comfortable for you. Discuss and/or practice these positions with your physiotherapist. Consider a water birth. This allows you to move more freely and change position.

Labour & Birth

Most women with PGP can have a normal vaginal delivery and a caesarean section is not normally recommended. However this should be discussed with your midwife or doctor.

During labour use gravity to help the baby to move downwards by staying as upright as possible e.g. kneeling, standing, walking, utilising the birthing ball. Avoid lying on your back or sitting propped up on the bed as these positions reduce the pelvic opening and may slow labour. You may be able to lie on your side for internal examinations. Ask your doctor or midwife to consider this. Take care to keep your legs within the pain free range of movement to protect your joints, especially if you have had a spinal block or epidural.

In a small minority of births it may be necessary to move your legs wider apart in order to deliver your baby safely. If the pain-free range of movement has been exceeded, take extra care after your baby is born until you have been assessed by a physiotherapist.

After the Birth

You may experience pain or discomfort for a few days following the birth because of your PGP. As a result you may need to rest in bed until the initial pain or discomfort subsides (24 - 48 hours). You may be supplied with pain relief to make you more comfortable. You may be given medication to prevent blood clots and wear special stockings.

Ideally, you should try to move about as much as possible, within the limits of your pain. You may need extra support so encourage your partner to be involved in looking after you and the baby. You should be referred to a physiotherapist for early assessment and treatment if you still have PGP or need to take painkillers.

It is likely that your discomfort will gradually ease over the next few days. Some discomfort may be felt six to eight weeks afterwards, depending on the activity. Make sure that you rest as much as possible and follow the advice, exercises and techniques you were shown in pregnancy until the discomfort has subsided. Avoid high impact activity for a few months e.g. running, jumping.

Following the above advice should minimise your symptoms. If necessary, ask to resume physiotherapy as soon as you feel able to.

If after following some of all of the advice, your pain is not improving, please telephone the women's health physiotherapy department on 0161 291 2178 to book an appointment. Please allow 3 days to enable us to process your referral.

Further Information

If you have access to the internet, more information about pelvic girdle pain may be found on: www.pelvicpartnership.org.uk

Provided by: Women's Health Physiotherapy
Wythenshawe Hospital
Physiotherapy Department
Southmoor Road
Wythenshawe M23 9LT
Tel 0161 291 2178

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