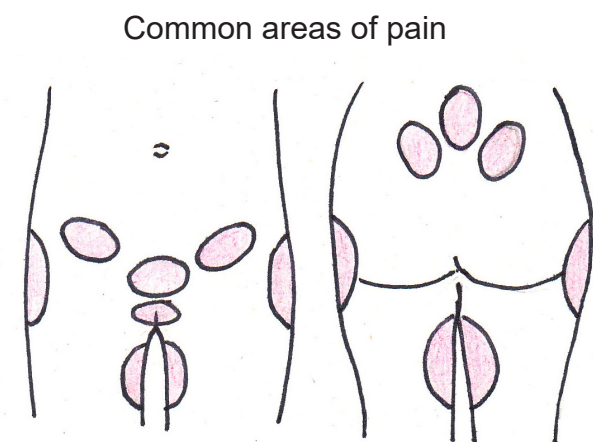
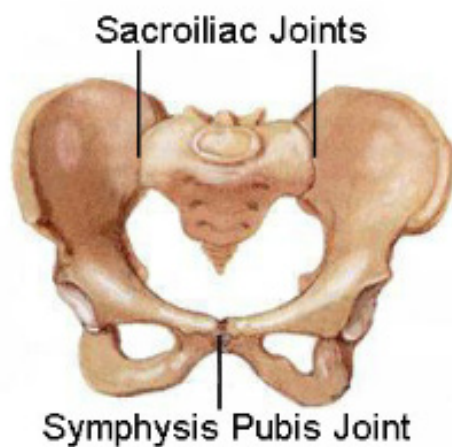


Women's Health Physiotherapy

Pelvic Girdle Pain in Pregnancy

PGP describes pain from the joints that make up your pelvic girdle. This includes the symphysis pubis joint (SPJ) at the front and/or the sacroiliac joints (SIJ) at the back. The pain may be low in your back, hips, buttock, groin or pubic bone. You may have pain in just one place or all around your pelvis. Sometimes you may have pain down one or both legs as far as the knee.



What are the symptoms of PGP?

- Difficulty walking.
- Pain when standing up from sitting.
- Pain when standing on one leg.
- Pain when negotiating stairs.
- Pain sitting/standing for long periods.
- Pain/difficulty moving your legs apart.
- Difficulty lying in some positions.
- Pain during normal activities of daily living.
- Clicking or grinding in pelvic area.
- Painful sexual intercourse.

What causes PGP?

- Changes in the activity of the muscles of your tummy, pelvic girdle, hip and pelvic floor can lead to the pelvic girdle becoming less supported and therefore painful.
- The pelvic girdle may compensate for changes to your posture as your baby bump grows.
- Position of baby eg. transverse, low or high.
- Uneven movement of the joints of the lower back or pelvis.
- A previous accident or fall that has damaged your pelvis.
- Hormonal changes in pregnancy can make you more likely to develop pain.

What can I do to help pelvic girdle pain?

1. Avoiding, or reducing, any activity where you are taking one leg away from another e.g. side stepping, separating legs when getting in and out of bed, when turning in bed and when getting in and out of the car (see the guides below).
 - a. **Getting in and out of bed** – Try to turn onto your side with your knees bent, keep knees together, let your feet and ankles go over the edge of the bed and use your arms to push you up into sitting. This is called log rolling.



- b. **Turning in bed** – With a pillow between your legs and keeping your knees together, contract your pelvic floor muscles and tummy muscles when turning.
- c. **Or** try turning onto all fours with the bump down towards the bed and lower onto opposite side.
- d. **Or** log roll into sitting as in diagram above and lay down again with head at the foot end of the bed.

Top Tip: Make it easier to turn in bed by lying on a silky scarf or use non-iron sheets. It helps by reducing friction from nightwear and bed sheets.

- e. **Getting in and out of a car** – try to swivel in/out of the car with your knees together. Sitting on a plastic bag may make it easier to swivel. Don't forget to remove the bag when driving but keep it handy to use again when required. Also try to engage pelvic floor and /or squeeze a pillow between your knees, as this may reduce your pain on moving.
2. **Sexual intercourse** – Try different positions e.g. lying on your side or kneeling on all fours.
 3. **Crossing legs should be avoided** when you have pelvic girdle pain. Try asking others to remind you when they notice you doing it.
 4. **Avoid, or reduce lifting** e.g. shopping bags (split shopping into more bags so you carry less), wet washing (take a few items from the washing machine at a time rather than lifting the full load), children (as much as possible squat down or kneel down for cuddles or encourage them to climb onto the sofa to reach you).
 5. **Try to keep your weight equally over both legs** - reduce/avoid activities that often involve putting more of your weight on one side are:
 - **Dressing** – sit down to get dressed and undressed. Wear flat supportive shoes.
 - **Carrying** – avoid carrying anything in one hand or carrying a toddler on one hip.

6. Household chores - ask for and accept help from your partner, friends and relatives.

7. Stairs - Avoid or reduce, as possible. Try to go upstairs one step at a time with the most pain free leg first and the other leg joining it on the same step. Go downstairs with the most painful leg first, then the other leg joining it. Try and limit the number of times you must go up/down stairs.

8. Walking - Remain active within the limits of your pain. Listen to your body to guide how far you can walk. Avoid taking long strides when walking and try to slow your pace. Choose to walk on flat ground to reduce the load through pelvis while still getting the benefits from walking.

Exercise

- Swimming is excellent during pregnancy, but breaststroke legs may increase your pain. Try doing backstroke or front crawl instead or use round breaststroke arms with kicking front crawl legs.
- Try low impact exercise alongside the exercises in this leaflet. It is not advised to take up any exercises which you would not normally do. If you feel any exercises, make your pain worse it is advisable to stop.

Posture

Changing position and posture regularly is important, especially in pregnancy.

It is helpful to avoid getting into asymmetrical positions, such as:

- **Standing** - avoid standing on one leg and avoid standing for long periods
- **Sitting** - avoid sitting on the floor, sitting twisted and sitting for long periods, avoid slouching
- **Sleeping** - sleep in a neutral position, pillows are useful to support you e.g. a pillow between your legs and one under belly.



Pain Relief

- **Heat** can be beneficial, either by way of a warm shower/bath or by applying a wheat bag/hot water bottle to the low back. Always ensure that a hot water bottle is wrapped in a few layers of towel and do not exceed 20 minutes at a time, to minimise the risk of burns. Do not apply heat to the symphysis pubis or abdomen in pregnancy.
- **Ice** can be helpful if you are experiencing pain around the symphysis pubis. Wrap a small bag of frozen peas in two layers of towel and apply to the painful area. Do not worry, although this is a sensitive area the effect is a gentle cooling. Again, do not exceed 20 minutes to minimise the risk of ice burns.

N.B. If you have circulatory problems do not use heat or ice. If in doubt discuss this with your physiotherapist or midwife.

Additional aids

- **Maternity support belts** - Some women find maternity belts to support the pelvis useful. It is important to remember that your abdominal muscles need strengthening, so any use of belts need to be coupled with the exercises given in this leaflet, or the muscles may weaken further. It should not be worn when resting but can reduce pain when worn whilst carrying out essential daily activity.

There are all sorts of maternity belts available – some local areas have maternity belt try on sessions (ask your Midwife about this). Belts can be purchased from several on-line retailers.

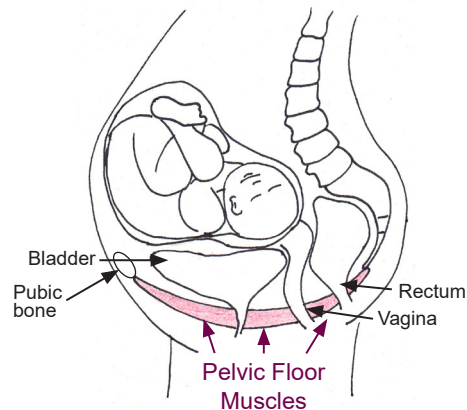
- **Elbow crutches** - If you are really struggling with walking and mobilising in daily function, using elbow crutches can help as some of your body weight is taken through your arms and away from the pelvis. This can be particularly helpful during the night and in the morning.

Please contact the Physiotherapy Department if you feel these would help you.

Exercises

Pelvic floor exercises

Diagram to show location of pelvic floor muscles in pregnancy



Your pelvic floor muscles:

- Stabilise your pelvic joints
- Support your pelvic organs preventing prolapse
- Wrap around your bladder and bowel to prevent incontinence
- Have an important role in sexual function

During pregnancy these muscles naturally lengthen and weaken putting you at risk of future problems. Exercises will help to retrain and strengthen the muscles and improve the control of the pelvic girdle and in turn reduce/prevent pelvic girdle pain.

There are 2 types of muscle fibre which need exercising:

- **Slow pelvic floor muscle fibre exercises**
 - o First tighten the muscles around your back passage, then tighten the muscles around your front passage.
 - o Imagine you are trying to stop yourself passing wind (back passage) and trying to stop yourself passing urine (front passage).
 - o Draw these muscles upwards and inwards towards your tummy.
 - o Hold for up to 10 seconds, repeat up to 10 times.

- **Fast pelvic floor muscle fibre exercises**

- o Tighten and relax the muscles quickly, up to 10 times.

You can carry out the exercises in lying, sitting or standing.

The pelvic floor muscle contractions can also be done functionally whilst completing activities such as bending, getting in/out of bed or the car, when doing any lifting you feel you are able to do safely.

Contracting the muscle quickly before coughing or sneezing will help to prevent any urine leakage you may experience.

Pelvic Tilt

Pelvic tilt is an exercise than can ease back and hip pain

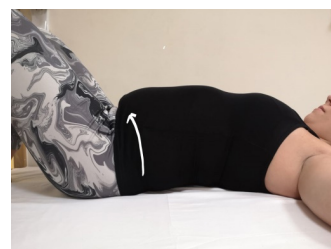
1. Sitting

Start by sitting up tall and then tilt your pelvis forwards and backwards. **Think tuck your bottom under then stick your bottom out behind you.**



2. Lying with knees bent

Tilt your pelvis under, flattening your back to the bed. Lift your back away from the bed by tilting your pelvis.



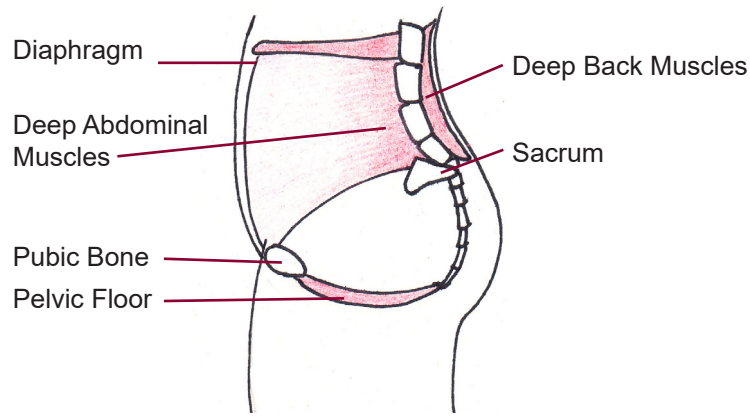
3. Hands and knees

Squeeze your abdominal and bottom muscles to tuck your tailbone under and hunch your back upwards. Then stick your tailbone out and allow your back to arch



As your baby grows you may find your lower back curves more. This change in posture is necessary to maintain your balance as your centre of gravity changes with your growing baby bump. Pelvic tilting eases the strain from this posture and should ease pain in the lower back.

Deep abdominal muscle exercise



This exercise strengthens the muscles that help to stabilize your back and pelvis. You should do this exercise in a position that you find comfortable, initially this may be on your back with your knees bent up or on your side.

1. Let your tummy sag. Breathe gently.
2. When you breathe out draw in your lower tummy as if you are trying to zip up a tight pair of jeans. You should be relaxed from above your belly button and be able to breathe normally.
3. Hold the contraction for 3 breaths in and out and repeat 4-5 times. Practice 4 times a day. Build up to 10 contractions holding for 10 seconds.

When you get better at this, start to use it in different positions and during different activities e.g. as you stand, as you lift and as you turn over in bed.

These abdominal muscles work with your pelvic floor muscles.

Remember the 3 P's :-

- **PACE** your activity
- Practice your **PELVIC FLOOR EXERCISES**
- Maintain a good **POSTURE** and change posture regularly

Can I still have a normal labour?

Most women with PGP can have a normal vaginal birth. Advise your Midwife that you have PGP. During labour use gravity to help the baby move downwards by staying as upright as possible: -

- Kneeling
- On all fours
- Standing

Try to avoid lying on your back or sitting propped up on the bed as these positions reduce the pelvic opening and may slow labour. Using a birthing stool or squatting may be less well tolerated if you have PGP. Being in water may help you to change positions more easily. You may be able to lie on your side for internal examinations.

What if the PGP continues after baby is delivered?

Most women find the pain resolves within the first 6 weeks after birth. However, if this is not the case, please ask your Midwife or GP to refer you into the Women's Health physiotherapy team or if you have been referred to this team during pregnancy just phone to make an appointment.

Additional Information:

Scan the QR code below to take you to Women's Health Physiotherapy website



<http://www.cht.nhs.uk/services/clinical-services/physiotherapy-outpatients/patient-careinformation/>

Pelvic, Obstetric, Gynaecological Physiotherapy (POGP) www.pogp.csp.org.uk

If you have any comments about this leaflet or the service you have received you can contact :

Physiotherapy Department
Huddersfield Royal Infirmary
Telephone No: 01484 342434

MSK Physiotherapy Admin Office
Telephone No: 01484 905380

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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