

# Patient Information Leaflet Pelvic Girdle Pain

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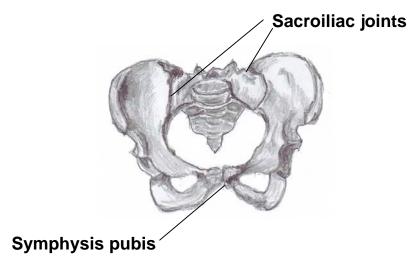
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#### Introduction

Pain in the pelvic region is common during pregnancy, sometimes significant enough to upset your normal routine and cause distress. Pelvic Girdle Pain is a commonly recognised condition that can be safely treated at any stage during or after the pregnancy.



# What is Pelvic Girdle Pain (PGP)?

Pelvic Girdle Pain is pain in any of the joints of the pelvis (the two sacroiliac joints at the back, and the symphysis pubis at the front). Pain may also be felt in the hips, groin and radiate into the inner thighs.

PGP is caused by misalignment or stiffness of one of your pelvic joints. This in turn causes the pelvis to move asymmetrically, resulting in pain. It can develop at any time during pregnancy. Postural changes, changes in muscle strength, previous slips or falls, poor lifting technique and some hormonal influences can also contribute to your symptoms.

PGP is a common problem during pregnancy; however, it does not occur in every woman and should not be dismissed as a 'normal' part of pregnancy. Consult your midwife early on so you can be directed to the correct course of treatment without delay.

## **Signs and Symptoms**

The change in symmetrical mobility of the pelvis will stress the joints and result in pain. Pain worsens with walking and all weight-bearing activities, especially those where the legs are parted, for example, climbing the stairs and getting dressed, as well as rolling over in bed. Clicking or grinding may be heard or felt. You may feel the sensation of your pelvis giving way.

## Physiotherapy may offer:

- 'Hands on' manual treatment, to make sure the joints of your pelvis are moving normally
- Exercises to train and strengthen your stomach, back, hip and pelvic floor muscles
- Pelvic support belt, if tolerated, fitted by a physiotherapist.
- Elbow crutches if there is a clinical indication

Treatment will be tailored individually to your clinical examination findings.

#### **Exercises**

It is important that you train and strengthen your support muscles. The following are some basic exercises which can be done little and often throughout the day. Try to do 10 of each exercise, holding for a count of 10 seconds, as often as you can.

These exercises will provide stability for your pelvis. Whilst you are pregnant, they can be done in any position (lying, sitting, standing or on all-fours).

Your physiotherapist will be able to show you some more advanced exercises if these are required.

## Pelvic floor exercises

- Tighten the muscles around your back passage, and draw them forwards and in. Aim to hold this for a count of 10 seconds, without holding your breath. Avoid tightening your thigh and buttock muscles.
- Also try pulling your pelvic floor muscles in quickly and letting go, repeatedly in quick succession

### Transversus abdominus exercise

• Draw in your lower stomach muscles (these muscles are located below the belt line). Pull them gently towards your spine and hold in for 10 breaths. Engage these muscles whenever changing position, for example, rolling over in bed.

#### Pelvic tilt exercise

• When lying down, flatten the hollow of your back into the bed to tilt your pelvis. Now practise this in a standing position.

## **Practical suggestions**

- Keep as active as possible within your pain limits
- Avoid activities that aggravate your symptoms
- Listen to your body, rest when you can; it will only get worse if you push through the pain
- Reduce non-essential weight bearing activities such as shopping and unnecessary climbing of stairs
- Accept offers of help from family and friends
- Avoid straddle positions and try to keep knees together, for example, getting in/out of bed, car and turning over in bed. Climb stairs one at a time, having both feet on the same step
- Avoid pulling yourself up from lying on your back; roll onto your side first instead
- Avoid sofas that are too low or soft
- Keep your body symmetrical when you move, sit, stand or lie down. Carry shopping equally in each hand, and carry older children in front of you, not on your hip
- Avoid standing on one leg sit to put trousers and socks on
- Avoid breast-stroke if swimming
- Avoid bending and twisting to lift and avoid heavy lifting

- •Tighten your tummy and pelvic floor muscles before changing position or performing activities
- Sit with a rolled up towel to support your lumbar curve
- •If lying on your side, put a pillow between your knees so they remain in line with your hips
- Discuss pain relief with your GP

## **Management during labour**

- Plan ahead and consider positions for delivery, for example, all-fours
- Inform your midwife of your PGP and write it in your birth plan
- Consider your most comfortable positions and try to adopt these during your delivery or when being examined
- Be aware of the position of your legs, especially when using pain relief /epidural

## Pain free range of movement

Prior to delivery, measure your 'pain free range of movement'. To do this:

- lie on your back or sit in a chair
- separate your legs as far as you can, without pain
- get your partner or midwife to measure the distance between your knees with a tape measure
- record this, and try not to exceed this during delivery

## Will it get better?

You should find you are much more comfortable after delivery. If you are still experiencing symptoms after delivery, ask your GP to refer you to physiotherapy.

#### Will it come back?

There is a possibility of a recurrence in future pregnancies. The important thing is to be aware of your symptoms and to seek advice early on. Ideally, the symptoms of one pregnancy should be resolved before considering another pregnancy.

### **Useful links**

- http://www.plymouthhospitals.nhs.uk/ourservices/clinicaldepartments/physiotherapy/Pages/Home.aspx
- www.youtube.com/user/plymouthnhsphysio
- http://acpwh.csp.org.uk/publications/pregnancyrelated-pelvic-girdle-pain-mothers-be-new-mothers
- www.csp.org.uk/your-health/healthy-living
- www.pelvicpartnership.org.uk

# This leaflet is available in large print and other formats and languages.

Please contact the Physiotherapy Department Telephone: 0845 155 8208

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