

# Pregnancy-related Pelvic Girdle Pain (PGP)

Formerly known as Symphysis Pubis Dysfunction (SPD)



manx care

Kiarail Vannin

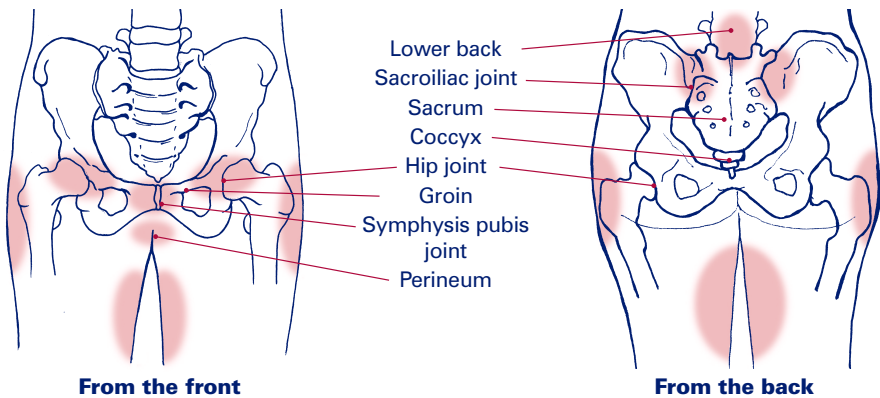
This leaflet is for women who are experiencing pain around their lower back and pelvis. It will help you understand more about PGP, how you adapt your lifestyle and how you can look after yourself.

## Introduction

- Pregnancy-related Pelvic Girdle Pain (PGP) is very common. Approximately 1 in 5 pregnant women suffer from PGP.
- Some women experience different symptoms and these may be more severe in some women than others.
- **The sooner it is identified and assessed, the better it can be managed.**
- If you have symptoms that do not improve within a week or two, or interfere with your normal day-to-day life, you may have PGP, it is therefore important that you ask for help from your midwife, GP or to be referred to a physiotherapist.
- With the right treatment early during pregnancy, PGP can usually be managed well. However, in a small percentage of women, PGP may continue after birth, particularly if left untreated.
- If you understand how PGP may be caused, what treatment is available and how you can help yourself, this may speed up your recovery, reducing the impact of PGP on your life.
- **Your midwife, GP or physiotherapist should always listen to what you say in order to assess the cause of your symptoms and give you the best advice on how to manage symptoms.**  
**Your signs and symptoms should not be dismissed as just 'the normal aches and pains of pregnancy'.**
- PGP is common but not normal in pregnancy.

## What is PGP?

1. PGP describes pain in the structures that make up your pelvic girdle – this includes the symphysis pubis joint at the front and/or the sacroiliac joint at the back.
2. Discomfort is often felt over the pubic bone at the front, below your tummy or across one side or both sides of your lower back.
3. A diagnosis of PGP can be reached based on certain signs and symptoms. Having one or more of them may indicate the need for a physiotherapy assessment followed by advice on appropriate management.
4. You may experience pain in all or some of the areas shaded in the image.



You may also have:

- Difficulty walking.
- Pain when standing on one leg, e.g. climbing stairs, dressing or getting in or out of the bath.
- Pain and/or difficulty moving your legs apart, e.g. getting in and out of the car.
- Clicking or grinding in the pelvic area - you may hear or feel this.
- Limited or painful hip movements, e.g. turning over in bed.
- Pain during normal activities of daily living.
- Pain and difficulty during sexual intercourse.
- Discomfort can range from being intermittent and irritating to being very wearing and upsetting.

## What causes PGP?

Usually a combination of factors cause PGP.

- Sometimes there is no obvious explanation for the cause of PGP.
- The pelvic girdle joints moving unevenly.
- A change in the activity of the muscles of your tummy, pelvic girdle, hips & pelvic floor, which can lead to a less stable and more painful pelvic girdle.
- A previous fall or accident or injury to your pelvis.
- A small number of women may have pain in the pelvic joints caused by hormones.
- Occasionally the position of the baby may produce symptoms related to PGP.

## Risk Factors

Not all women that develop PGP have identifiable risk factors, but for some, the following may apply:

- A history of previous low-back pain and pelvic girdle pain.
- Previous injury to pelvis.
- Number and frequency of pregnancies.
- A hard physical job or workload.
- PGP in previous pregnancy.
- Inappropriate or awkward working conditions / incorrectly adjusted work station.
- Increased body weight and body mass index before and or by the end of pregnancy.
- Increased mobility of the other joints in the body.

## Management of PGP

Follow the tips contained in this leaflet to see whether the general advice helps. If, after a few weeks of trying the advice, your symptoms or pain are not easing, then please request a physio referral from either your midwife or GP.

## Tips

- Be as active as possible within the pain limits.
- Avoid activities that make your pain worse: "stop before it hurts".
- Wear supportive footwear and use a rucksack rather than a handbag.
- Stand tall – try not to slouch, be ever mindful of your posture – imagine someone is making you taller by pulling a string attached to the top of your head. Tightening your pelvic floor muscles, your buttocks and your tummy muscles to help make this easier.
- Rest when you can – Pace yourself!
- Ask for and accept help with household chores – friends and family like to help!
- Sit down to get dressed and undressed
- Try sitting when ironing.
- Try to keep our knees together when doing tasks such as getting in and out of the car.
- Sleep in a supported position such as on your side with a pillow between your legs and under your waist.
- Try different ways of turning in bed, e.g. turning over with your knees together and squeezing your buttocks.
- Roll in and out of bed keeping your knees together. Try using your arms to push you up from a side lying position – especially when using the examination couch at your antenatal appointments.
- Take the stairs one at a time; try leading with your less painful leg and when going downstairs, lead with your more painful leg.
- Plan your day – bring everything you need downstairs in the morning so you have everything you need.
- Performing regular pelvic floor exercises is important during pregnancy and can help control the extra movement that leads to pelvic girdle pain. If you are unsure what these are or how to perform them, ask your midwife, GP or physiotherapist. (See page 13).
- When having sex, consider alternative positions, e.g. lying on your side or kneeling on all fours.

## As much as possible, try to avoid:

- Activities that make your pain worse.
- Bending or twisting to lift or carry a toddler or baby – take advantage of childcare facilities and any help at home.
- Standing on one leg.
- Sitting on the floor or with your body twisted.
- Sitting or standing for long periods.

## If unable to avoid, be careful when:

- Lifting heavy weights i.e. shopping bags (get shop staff to help), wet washing, vacuum cleaners, toddlers. If you have to lift or carry anything, hold it close to your body, bend your knees rather than your back (as if squatting) and try not to twist. If you have a toddler or small child to care for, see if they can climb onto a chair or sofa before you pick them up. Try to encourage older toddlers to climb into their car seats or high chairs themselves if possible.
- Vacuuming / sweeping
- Carrying things in only one hand.

## How about trying:

- Taking moderate exercise. (See the back of this leaflet for exercises).
- When walking, keep your gait as normal as possible: avoid "waddling".
- Swimming may be beneficial - avoid breaststroke leg kicks if this causes you pain.
- Attend an aquanatal course or exercise in water.  
(You can call NSC reception on **688588**)

## Physiotherapy

The advice and exercises in this booklet may help your symptoms effectively, but some women may need a one to one assessment with a physiotherapist. A physiotherapist assesses the effect PGP has on your whole body, family and lifestyle, and offers a range of options and advice. If you feel you need a physiotherapy assessment, please speak to your midwife or GP and they can arrange a referral as required.

## Emotional effects of PGP

- PGP can cause a range of emotional effects.
- The discomfort of PGP and difficulty with normal activities may make you feel low. If you find you are feeling low/tearful – **do ask for help**.  
The sooner treatment starts, the sooner you will start to feel better.
- Seeking help and advice as early as possible will help your pain, but if you are experiencing any emotional effects of PGP, it is very important to discuss your this with the medical team looking after you.
- Remember - A problem shared is a problem halved! You may need support – don't be frightened or worried about asking for it.

## Labour & Birth

- MOST women with PGP can have a normal vaginal birth. Many women worry that the pain will be worse if they have to go through labour. This is not the case when good care is taken to protect the pelvic joints from further strain or injury.

### **Good communication is essential.**

- Make sure you tell your midwife that you are suffering with PGP.
- Either you or your birth partner should discuss your preferences for birth with the midwife taking care of you and maintain good communication with them at all times. Remember, you are the one that knows your body, you must not assume others know your pain limits – tell them!

## Before Birth

- Discuss your preferences for birth with your birth partner, they will be able to advocate for you during labour and enable you to get on with birthing your baby.
- Think about and practice birthing positions that are likely to be comfortable for you. Record these in your preferences for birth.
- If you feel it is appropriate, discuss your preferences for birth with a supervisor of midwives prior to labour so that your condition is well documented in your notes.
- Labour and birth in water may be appropriate and comfortable - this allows you to move freely and change position..



## During Labour

- Try to avoid lying on your back or sitting propped up on the bed – these positions reduce the pelvic opening and may slow labour.
- A regular change of position can help you manage your symptoms.
- Use gravity to help the baby move downward by staying as upright as possible:
  - Standing
  - Kneeling
  - On all-fours
- These positions can allow labour to progress and avoid further strain on your pelvis.
- If you are exhausted and need to lie down or you have had an epidural and are unable to use the upright positions – lie on your side if you are able to do this.
- Squatting may be too uncomfortable for labour..
- For internal examinations you can lie on your side or with your feet flat on the bed if this is easier.
- The best position for giving birth may be:
  - Kneeling upright with support – i.e. holding onto the back of the bed
  - On all-fours lying over a bean bag
  - Lying on your side with support

## After the Birth

- If you have pain or difficulty moving after the birth of your baby, do tell your midwife.
- It is important to continue to follow the advice, even if the pain has reduced, in order to avoid straining the pelvis.
- Take prescribed pain relief.
- Listen to your body and move within your pain limits.
- Accept help with caring for your baby and family. Most family and friends want to help you at this time and it allows them bonding time with your new baby.
- Gradually increase your activity as you feel able.
- Physical pain alongside looking after your new baby and sleep deprivation can lead a new mother to feel overwhelmed – please talk to your midwife who can offer you support.

## Feeding your baby

- Your midwife will help you to find a comfortable position to experience skin to skin as soon as possible after the birth.
- If you are choosing to breastfeed your baby, skin to skin at birth will encourage the baby to find the breast and your midwife will be there to give you assistance.
- When possible, sit in a firm but comfortable chair to feed your baby.
- It is important that you are comfortable and your back is supported. Avoid leaning forward – use pillows to raise your baby to the correct level for you.
- Try side lying or recumbent positions whilst feeding your baby, especially during the night.
- If you are unsure about anything please ask for advice from your midwife.

## Looking after your baby (this also applies if you have toddlers)

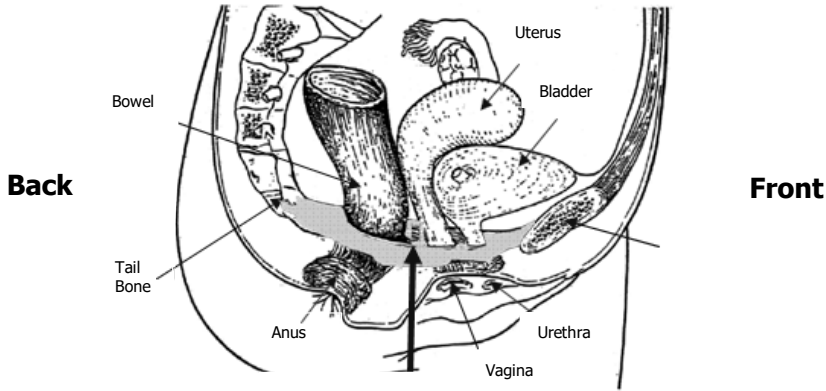
- Change nappies on a surface at waist height.
- Do not lift your toddler if you can possibly avoid it.
- Carry your baby in front of you.
- Don't carry your baby on one hip.
- Kneel at the bath side rather than leaning over.
- Keep the baby close to you when moving him/her in and out of a car seat.
- If you have to carry baby in a car seat, hold it in front of you, not on your hip.
- Do your pelvic floor exercises regularly. (See page 13).

## Pelvic Floor Muscles Exercises

Regardless of the type of delivery that you have had, it is important to carry out pelvic floor muscle exercises.

Pregnancy and delivery can cause weakening of the pelvic floor muscles so they will need to be strengthened. Even if you have had a caesarean section you will need to do these exercises. Start your exercises as soon as possible after you have had your baby (unless you have a urinary catheter, if so wait until it has been removed and you are passing urine normally).

## What is my pelvic floor?



## Pelvic Floor Muscles

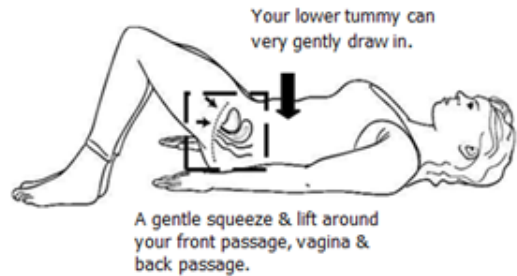
(Swash, 1990)

The pelvic floor is a sling of flat muscles that attach to the pubic bone at the front and to the tail bone at the back. These muscles form the floor of the pelvis, which is why it is called the 'pelvic floor'.

## How do I contract my Pelvic Floor?

When you contract your pelvic floor, it feels like trying to 'hold in your urine and wind'. You should feel a 'squeeze and lift' around your front passage, vagina and back passage.

The lower tummy will also very gently draw in as if pulling away from the zip of tight trousers.



## Avoid stopping urine mid-flow

It can be a helpful prompt to visualise yourself stopping urination over the toilet in order to contract your pelvic floor. However, it is **not advisable** to start and stop urination whilst over the toilet as a way of doing pelvic floor exercises. This is because your bladder may start to retain old urine. This can lead to **bladder and urinary tract infections**.

It may take time and concentration to learn to correctly contract your pelvic floor. Pelvic Floor exercises can be performed from easiest to hard with the use of different positions.

## Pelvic floor exercises can be performed in:



Crook-lying (easiest)



Side-lying (easiest)



4-point kneeling



Sitting (convenient)



Standing (hardest)

# What are the exercises I need to do?

Pelvic floor exercises should include long holds as well as short quick squeezes. You should aim to work the muscles until they tire, and do the exercises regularly to help your muscles become stronger and more effective.

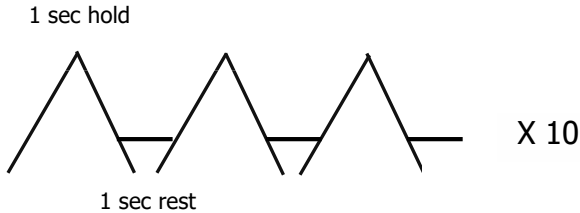
## 1. Long Holds for endurance:

Aim to contract your pelvic floor and hold it for up to 10 seconds; relax for 5 seconds. Repeat 10 times. If you can't achieve this, then just hold and repeat for as long/ many as you can before your muscles get tired. Your muscles may also need longer to rest.



## 2. Quick Flicks for resisting stress on bladder cause by coughing etc:

Contract your pelvic floor strongly for 1 second, and then relax it immediately. Repeat up to 10 times (rapidly) unless your muscles tire beforehand.

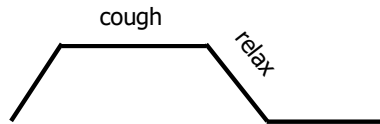


Complete one set of long holds (**exercise 1**) followed by a set of quick flicks (**exercise 2**) at least **3-4 times daily**.

It takes time for exercise to strengthen your pelvic floor. You won't notice things getting better for a few weeks, but keep going. **To improve your pelvic floor function, at least 3-6 months of regular pelvic floor exercises are required.**

### 3. Thw "Knack"

Contract your pelvic floor before you cough, sneeze or lift & keep your pelvic floor contracted until the event is over.



## Trouble remembering to do your exercises?

### Try:

1. Doing your pelvic floor exercises with a particular activity (eg. brushing your teeth, washing your face)
2. Make pelvic floor exercises part of your general exercise routine
3. Set a reminder on your phone or download the NHS 'Squeezy app' to your smart phone



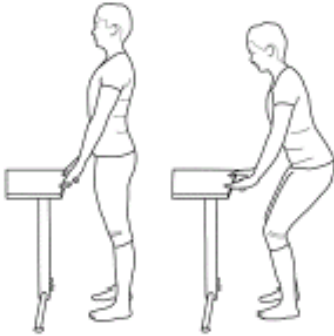
## Some exercises you could try:



### Bridge

Lying on your back with knees bent.

Squeeze your buttocks together and lift your bottom off the floor as far as comfortable. Return to starting position.



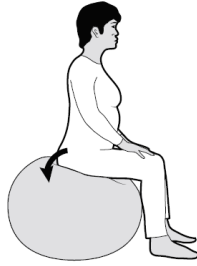
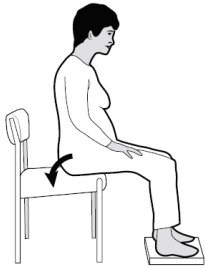
### Mini-squat

Stand tall with feet hip width apart. Take support if needed.

Squat down by sitting back. Return to the starting position.

Keep knees in line with toes and squeeze your buttocks.

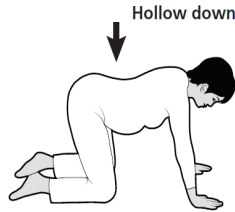
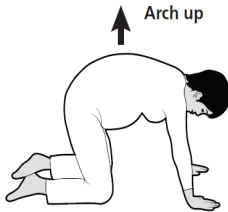




## Pelvic Tilts

Sit comfortably at the front of the chair. Rock your pelvis backwards as if you are slumping in the chairs. Then roll your pelvis forwards to gently arch your lower back.

This movement helps to ease the stiffness in your lower back. Pelvic tilting can also be done whilst sitting, standing, lying on your side of on a gym ball.



## Cat Stretches

Arch your back up like a cat and hold for a few seconds. You should feel your lower abdominal muscles gently working and your back muscles stretch.

Then allow your back to move in the opposite direction and hollow your back down.

## Links to help you manage your pelvic girdle pain:

Please see our Nobles Pelvic Girdle Pain leaflet:

**<https://www.gov.im/media/1369130/pelvic-girdle-pain-nh892.pdf>**

Exercise can help you manage pain; the below links include some useful exercises that are safe in pregnancy.

For advice on exercises to help your SPD please also see the exercise section of this NHS leaflet:-

**<https://publicdocuments.sth.nhs.uk/pil40.pdf>**

Other sites that you may find helpful to explain how to do your exercises are:

UCL NHS – pregnancy Fit Tips – Ball Exercises – Gentle exercises on the gym ball to help ease pain and stretch and strengthen muscles.

**<https://www.uclh.nhs.uk/our-services/find-service/womens-health-1/maternity-services/your-pregnancy/pregnancy-fit-tips>**

St Mary's Physiotherapy – Techniques to help you; including walking, standing and getting in and out of bed.

**[https://www.youtube.com/watch?v=RreRkLfDymQ&feature=emb\\_logo](https://www.youtube.com/watch?v=RreRkLfDymQ&feature=emb_logo)**

Six Physio – Chair Exercises – Pelvic Tilts and glute stretch.

**<https://www.youtube.com/watch?v=PQvrWAbGSs0>**

**Notes:**

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Printed: September 2023

Review: October 2020

Origination: Women & Children