Pregnancy-related Pelvic Girdle Pain (PGP)
Formerly known as Symphysis Pubis Dysfunction (SPD)
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 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?

• PGP can be caused by the changing postural stresses on the pelvis. This can cause irritation or inflammation of the joints of the pelvis or stiffness of one side of the pelvis.
• 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.

• 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.

From the front

![Diagram of pelvic area from the front]

From the back

![Diagram of pelvic area from the back]

You may also have:

• Difficulty walking

• Pain when standing on one leg, eg climbing stairs, dressing or getting in or out of the bath

• Pain and/or difficulty moving your legs apart, eg getting in and out of the car

• Clicking or grinding in the pelvic area

• Limited or painful hip movements, eg 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.

- 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.
- The hormonal changes in pregnancy may affect the stability of the joints.
- 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 flat, supportive shoes.
• 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, eg 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.

• Use a small rucksack to carry things in so that you can stand and walk evenly.

• When having sex, consider alternative positions, eg lying on your side or kneeling on all fours.

As much as possible, try to avoid:

• Activities that make your pain worse – stop before it hurts! Too many stressful movements over the day are likely to cause pain in the evening.

• Bending or twisting to lift or carry a toddler or baby – take advantage of childcare facilities and any help at home.

• 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 ie 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.
- 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.

Emotional effects of PGP

- PGP can cause a range of emotional effects.
- If you find you are feeling low/tearful – do ask for help. The sooner treatment starts, the sooner you will start to feel better.
- You may be frightened and/or concerned about the birth eg, will the pain be worse?
- Feelings of guilt, ie asking for help from others, less able to fulfill your role as a mother.
- It is always very important to discuss your emotional health with your health professional – 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.
- Make sure you tell your midwife that you have suffered from PGP. Good communication is crucial to a satisfying experience.
- If you ask us, we can keep your pelvis in a good position even if you have had an epidural and cannot feel the PGP.
- If you require an assisted birth (forceps or ventouse), it may be difficult to follow PGP guidelines, but everyone involved in your birth will do their best to try not to abduct your legs too far and maintain symmetry.
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.

- Consider a labour and/or birth in water – this allows you to move freely and change position.

During Labour

- **Good communication is essential.**

- 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!

- 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.

- A regular change of position can help you manage your symptoms. You can ask for the bed to be moved to a more upright “sitting” position if needed.
• 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 – ie holding onto the back of the bed
  ○ On all-fours lying over a bean bag
  ○ Lying on your side with support

After the Birth

• 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.
• 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.

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.

• Do not carry your baby on one hip.

• Kneel at the bath side rather than leaning over.

• Lower the cot side when lifting or lowering your baby.

• 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.
Websites and contact details

Association of Chartered Physiotherapists in Women’s Health – http://www.acpwh.org.uk

Pelvic Partnership – http://www.pelvicpartnership.org.uk, Tel 01235 820921

Chartered Society of Physiotherapy (CSP) – http://www.csp.org.uk; tel 0207 366 6666

Manipulation Association of Chartered Physiotherapists (MACP) – http://macpweb.org

Organisation of Chartered Physiotherapists in Private Practice (OCPPP) – http://physiofirst.org.uk

Acupuncture Association of Chartered Physiotherapists (AACP) – http://ww.aacp.uk.com

British Medical Acupuncture Society – http://www.medical-acupuncture.co.uk

What now?

After reading this leaflet, TRY changing the following areas to see whether this helps ease your pain and allows you to manage your symptoms.

• Posture
• Muscle support
• Activity/rest

If, after a few weeks of trying the advice in this leaflet, your symptoms or pain are not easing, then please request a physio referral from either your midwife or GP.
The Information in this booklet can be provided in large print or in audio format on request.

If you have any queries about what personal data is held about you or what processing of the data is being undertaken in relation to this service then please contact Noble’s Hospital.

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