PREGNANCY-RELATED PELVIC GIRDLE PAIN (PGP)

Information for Patients
PELVIC GIRDLE PAIN

There are a number of things that can cause pelvic girdle pain (PGP). These include:

- The pelvic girdle joints moving unevenly
- Weakness of the pelvic floor and tummy muscles prior to and during pregnancy
- Previous fall or accident
- Hormone changes during pregnancy

This can cause pain in the back, pubic joint, groins, thighs or lower abdomen.

Sometimes if you have a previous history of back pain or pelvic injury this can be a risk factor for developing PGP. Other factors include more than one pregnancy, a hard physical job or awkward working conditions, PGP in a previous pregnancy, being overweight and increased general mobility in your joints.

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If you have followed the information and advice from your midwife and this leaflet and are still struggling you can SELF-REFER to Physiotherapy for Pregnancy-Related Pelvic Girdle Pain/Back Pain

Please ring the telephone number above (weekday mornings only) and have your hospital number (RXR) to hand.
FOLLOWING THE BIRTH

Many people feel much better straight away but some find that the pain may not resolve immediately after delivery. Allow yourself time for things to settle, following the advice previously given. If you have had no improvement four to six weeks post-natal you may wish to seek a referral from your GP for physiotherapy or telephone the number on this leaflet if you have seen the physiotherapist during the pregnancy.

- Do not be afraid to ask for help. You should get as much rest as possible – recruit partner, relatives or friends!
- If you are still in pain while in hospital ask the doctor for some anti-inflammatory medication and analgesics before going home.
- Start doing your stabilising exercises again as soon as possible.
- Avoid heavy lifting and twisting for the first few months.
- You may experience mild recurrence around the time of your period.

You can get further information from:
Pelvic, Obstetric & Gynaecological Physiotherapy  
www.csp pogp.org.uk
Pelvic Partnership www.pelvicpartnership.org.uk Tel 01235 820921

ADVICE
Rest
You may need to REST more often but be as active as the pain allows. Tell EVERYBODY who deals with you about your condition e.g. midwife, GP.

DURING PREGNANCY

- You may feel better wearing clothes that gently compress and support your low back and abdomen. If so, a pelvic support of some kind may help.
- Minimise non-essential weight bearing activities e.g. shopping, lifting and carrying. Be particularly careful if you have a younger child – you should avoid carrying them on one hip.
- To lift correctly bend your knees keep your weight evenly distributed through both legs and your back fairly straight. Try to keep the load close to your body.
- Sit with your weight equally through both buttocks, ideally with support at your lower back, and stand with both feet flat on the floor. Avoid standing on one leg e.g. to get dressed.
- Avoid straddle movements e.g. in and out of bath/car and low squatting.
- Sleeping on top of an inside out sleeping bag or wearing a silky nightdress may make it easier to turn over in bed and sleeping on your side with a pillow between your knees can keep your pelvis level.
- It is fine to use a hot water bottle or wheat bag on your back/buttocks
- Consider alternative positions for intercourse e.g. lying on your side or kneeling on all fours.
- Gentle exercise in water can help. If swimming avoid breast stroke leg kick (breast stroke arms with a paddle kick should be fine.)
- If necessary you may self-refer to a specialist physiotherapist for assessment and treatment.
**STRENGTHENING EXERCISES**

In any position, tighten your pelvic floor muscles (like you are holding wind in) and your lower tummy muscles (like you are trying to fasten jeans that are too tight). Make sure you do not hold your breath whilst you keep the muscles tightened for 5 seconds. Relax and repeat 5 times. Aim to practice these exercises at regular points through the day. If it helps, associate the exercise with a particular part of your day, for example, after finishing passing urine or whenever you make a drink.

To make these muscles work harder, lying on your side tighten the same muscles and keeping your ankles together try to slowly open your upper knee. Only move a short distance and only as far as it is comfortable. You can repeat this a few times on each side.

You can try to squeeze these muscles before you stand up from the bed or a chair to support your back and pelvis.

**MOBILISING EXERCISES**

In sitting: practice gently rolling on and off your tailbone (moving between a slumped upright sitting and an upright position). This can feel even easier and more comfortable if you try it sitting on a gym ball.

In standing: soften your knees so that they are not locked and try to tuck your bottom under (you should feel your lower tummy muscles working).

On hands and knees: practice arching and hollowing your back. If you have a gym ball you can kneel in front of it and lean forward, resting your arms and chest onto the ball. You can then practice this same arching and hollowing exercise. This forward-leaning position is also helpful to encourage your baby not to lie in a back-to-back position.

**DURING LABOUR AND DELIVERY**

- Make sure that everybody who deals with you knows about your condition.
- Try to keep separation of the legs to a minimum.
- Adopt a comfortable position in all stages of labour e.g. lying on the left or right side, kneeling upright with support from cushions or a partner, or standing leaning onto a high bed. You can also use the birthing ball during the first stage.
- DO NOT place your feet on your midwife/partner’s hips or shoulders to push as this puts excessive strain on the pelvis.
- If your legs need to go into stirrups it is important that someone lifts and lowers them TOGETHER. You should be in this position for as short a time as possible.
- It is important to remember these points even if you have an epidural and are not aware of any pain.
- You should monitor your pain-free gap as you approach labour. Lying on your back with your knees bent and feet flat allow your legs to fall outwards. Measure the maximum comfortable distance you are able to let your knees move apart. Record this in your hand held notes and make sure the midwife in the labour suite is aware of your condition.