Guidance for Mothers-to-be and New Mothers

PREGNANCY-RELATED PELVIC GIRDLE PAIN

formerly known as
Symphysis Pubis Dysfunction (SPD)

POGP
PELVIC OBSTETRIC & GYNAECOLOGICAL PHYSIOTHERAPY

EXCELLENCE MATTERS

Contents

Your health carer has given you this leaflet that will explain and advise about pelvic girdle pain (PGP) related to your pregnancy. The term PGP is used to describe pain experienced in the front and back of your pelvis (you may have previously heard the term Symphysis Pubis Dysfunction [SPD] used, however, PGP is now the accepted name for this condition).

This leaflet has been written both by healthcare professionals who have cared for women with PGP and also by the women themselves. It will help you understand more about PGP, how you can adapt your lifestyle and how you can look after yourself.

There are sections relevant to your health during and after your pregnancy as well as advice on giving birth and breast or bottle feeding.

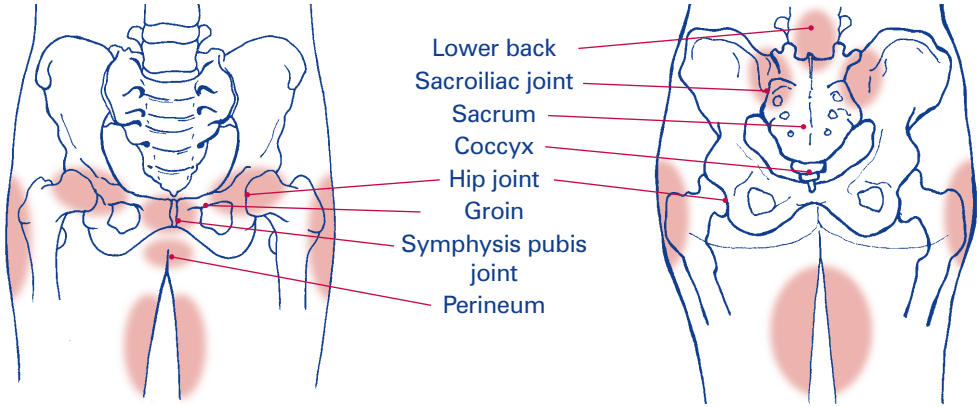
1. Introduction

Pregnancy-Related Pelvic Girdle Pain (PGP) is common.
The sooner it is identified and assessed the better it can be managed.

- Around 1 in 5 pregnant women experiences mild discomfort in the back or front of the pelvis during pregnancy. 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 and should ask for help from your midwife, GP, physiotherapist or other health carer.
- Women experience different symptoms and these are more severe in some women than others. If you understand how PGP may be caused, what treatment is available, and how you can help yourself, this may help to speed up your recovery, reducing the impact of PGP on your life.
- A range of management options is available to you, based on the type of PGP you are found to have.

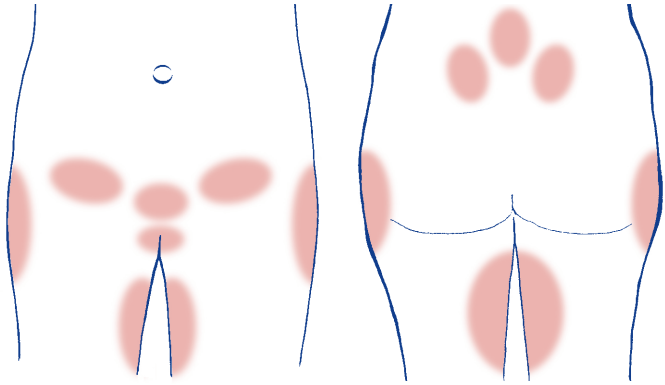
2. What is PGP and how is it diagnosed?

- PGP describes pain in 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 discomfort is often felt over the pubic bone at the front, below your tummy, or across one side of your lower back, or both sides.

- The diagnosis of PGP can be reached based on certain signs and symptoms which you may experience during the pregnancy or afterwards. Having one or more of them may indicate the need for **a physiotherapy assessment followed by advice on appropriate management**.
- You may experience pain in all or some of the areas shaded in the diagrams above.



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 eg. turning over in bed
- difficulty lying in some positions e.g. on your back or side
- pain during normal activities of daily life
- pain and difficulty during sexual intercourse

With PGP the degree of discomfort you are feeling may vary from being intermittent and irritating to being very wearing and upsetting.

Your doctor, midwife or physiotherapist should always listen to what you say in order to assess the cause of your symptoms and give you advice how to best mange your symptoms and decide if you need further referral to a physiotherapist. Your signs and symptoms should not be dismissed as just 'the normal aches and pains of pregnancy'.

3. How many women get PGP?

This is a common condition affecting about 1 in 5 pregnant women:

- there is a wide range of symptoms and in some women it is much worse than in others
- having some symptoms does not mean you are automatically going to get worse
- if you get the right advice and/or treatment early during pregnancy, it can usually be managed well: in some cases the symptoms will go completely
- however, in a small percentage of women, PGP may persist after the birth of your baby, particularly if not managed appropriately

4. What causes PGP?

Sometimes there is no obvious explanation for the cause of PGP.
Usually, there is a combination of factors causing PGP including:

- the pelvic girdle joints moving unevenly
- a change in the activity of the muscles of your tummy, pelvic girdle, hip and pelvic floor which can lead to the pelvic girdle becoming less stable and therefore painful
- a previous fall or accident that has damaged 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.

5. Risk factors

Not all women have any identifiable risk factors but for some the following physical risks may apply:

- a history of previous low-back and pelvic girdle pain
- previous injury to the pelvis

Other risk factors may include:

- more than one pregnancy
- a hard physical job or workload
- PGP in a previous pregnancy
- inappropriate or awkward working conditions/incorrectly adjusted workstation
- increased body weight and body mass index before and/or by the end of pregnancy
- increased mobility of other joints in the body

Factors not associated with PGP include:

- the contraceptive pill, time since last pregnancy, height, smoking and age
- breastfeeding

Even if you do not think you are at risk, you may still develop PGP.

Very rarely the front of the pelvis can separate slightly during pregnancy, birth, or post-natally. This is known as Diastasis Symphysis Pubis (DSP) and needs to be diagnosed by special x-rays or MRI scans after the baby is born. However there is no link between any separation and the amount of pain experienced.
Risk factors for DSP may include:

- a quick birth or babies with a large head circumference
- previous trauma to the pelvis
- PGP in a previous pregnancy
- forceful or excessive parting of the thighs during birth
- lying on your back and pushing with your feet on the midwives' hips during delivery

6. Management

To manage your PGP, you will need general advice (see Section 6a) and may need one or more of the following referrals:

- from a doctor (or midwife) to physiotherapy for assessment of your pelvic joints, followed by treatment and advice on how to manage your condition

- to other professions, such as occupational therapy, for equipment to help you to manage better at home
- to social services for advice on benefits, or a care package for help at home, if you have severe symptoms
- to the GP for medication for pain relief

Remember to;
- ask for help early
- ask whether you can have your hospital appointments on the same day, or whether your midwife is able to visit you at home. This will assist with day-to-day living, not necessarily with recovery

a. General advice

You should be given advice that is relevant to your current level of function in your daily life and your lifestyle. If your daily activities do not increase your pain, or if you have had some treatment and the pain is controlled, then some of the following advice may not apply.

During pregnancy DO:
- be as active as possible within pain limits and avoid activities that make the pain worse
- ask for and accept help with household chores and involve your partner, family and friends; ask for other help if needed
- rest when you can – you may need to rest and sit down more often
- sit down to get dressed and undressed; avoid standing on one leg
- wear flat supportive shoes
- avoid standing to do such tasks as ironing
- try to keep your knees together when moving in and out of the car; be ladylike! A plastic carrier bag on the seat may help you to swivel
- sleep in a comfortable position e.g. lie on your side with a pillow between your legs
- try different ways of turning in bed e.g. turning under or turning over with your knees together and squeezing your buttocks

- roll in and out of bed keeping your knees together
- take the stairs one at a time (try going upstairs leading with your less painful leg and downstairs lead with the more painful one [alternatively, you may find it easier to go downstairs leading with the less painful one]) or go upstairs backwards or on your bottom
- plan your day – bring everything you need downstairs in the morning and have everything to hand such as drinks, thermos flasks
- have a small rucksack to carry things in if using crutches

- consider alternative positions for sexual intercourse, e.g. lying on your side or kneeling on all fours

AVOID activities which make the pain worse which may include:
- standing on one leg
- bending and twisting to lift or carrying a toddler or baby on one hip
- crossing your legs
- sitting on the floor
- sitting twisted
- sitting or standing for long periods
- lifting heavy weights (shopping bags, wet washing, vacuum cleaners, toddlers)
- vacuuming
- pushing heavy objects like supermarket trolleys
- carrying anything in only one hand

This is not an exhaustive list. Further ideas for managing day-to-day activities are available from the Pelvic Partnership website (see Section 12).

b. Physiotherapy

It is important that if you pain does not become manageable with general advice (see Section 6a) you are referred to a physiotherapist. A physiotherapist assesses the effect PGP has on your whole body, your family and lifestyle and offers a range of treatment options and advice.

Assessment will include:
- careful examination of your pelvic, back and hip joints and the muscles around them, looking at how the joints move and whether the muscles are strong enough to support your pelvis and spine
- looking at how well you move and carry out everyday activities

Treatment

The physiotherapist will discuss the plan for treatment with you. Physiotherapy treatment aims to improve your spinal and pelvic joint position and stability, relieve pain and improve muscle function

Treatment may include:
- **manual therapy** to make sure your spinal, pelvic and hip joints are moving normally or to correct their movement. If you are unable to part your legs without pain (see Section 8) then physiotherapy can help.
- **exercises** to retrain and strengthen your stomach, back, pelvic floor and hip muscles
- **advice, including:**
  - back care
  - lifting
  - suggested positions for labour and birth
  - looking after your baby and any toddlers
  - positions for sexual intercourse
- **other types of pain relief** such as acupuncture or TENS
- **exercises in water**
- **provision of equipment** (if necessary after individual assessment) such as crutches, pelvic girdle support belts, wheelchairs

How often will you need treatment?
- Your physiotherapist will see you during the pregnancy as necessary. For some women, the pain gets completely better and no more treatment is needed.

- Not everybody responds completely to physiotherapy and you may need repeated visits for further reassessment and treatment of your joints to keep your pain under control.
- You should continue to heed any advice given to you by the physiotherapist and if you have been prescribed exercises as part of your treatment then these should be carried out regularly.
- Treatment should continue after you have had your baby if the pain persists. It is important to tell your physiotherapist if you feel you have not made a full recovery and discuss the options for further treatment.

During pregnancy:
- do take moderate exercise, which is good for you and your growing baby
- do walk with shorter strides than usual
- swimming may be of benefit but avoid breast stroke leg kicks
- don't take up new sporting activities
- don't indulge in intensive or extensive periods of exercise
- avoid high impact exercise such as running, racquet sports and aerobics

After your baby is born:
- continue to heed the previous advice until you are symptom free
- avoid high impact activity for a few months

If an NHS physiotherapist is not available quickly, you may wish to see a private physiotherapist (see Section 12) or other professional, (including osteopath, chiropractor, or acupuncturist) who has training and experience in treating PGP. You should check that your therapist is appropriately qualified to deal with pregnancy-related PGP and holds the relevant professional qualifications.

c. Exercise and Sport

Avoid any activity which increases your pelvic girdle pain.

7. Emotional effects of PGP

- You may find that with PGP you experience a range of emotional effects.
- If you find you are feeling low/tearful, do ask for help, as the sooner treatment begins, the sooner you will start to feel better.
- You may be frightened, and concerned about whether the birth can make the pain worse or affect future pregnancies.
- You may feel guilty if you are less able to fulfil your mothering role, or angry and frustrated if you need to depend on others for help to care for yourself or your family. As a result you may find your relationships with your partner or children may be affected as you all adjust.
- Whatever your circumstances, help and support is available from the medical team looking after you.
- For some women the emotional effects of PGP may lead to psychological problems before or after the birth. To ensure you receive appropriate and timely support you should discuss any changes in your emotional health with partner/family and your health carer as soon as you can.

- If you have had pain for a long time, this can affect the way your brain reacts to pain and make its effects more intense. It can also affect your mood and how you cope with the pain. It is therefore important to avoid this happening by treating PGP as early as possible.
- Postnatal chronic pain may be helped by using relaxation techniques, undergoing a graded fitness programme or if nothing else is helping, attending a specialist pain clinic.

8. Labour and 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 usually the case when good care is taken to protect the pelvic joints from further strain or trauma. You should be able to choose your place of birth as you wish, including birthing centre or home birth options.
- Most women with PGP manage to have a normal delivery and a caesarean section is not normally recommended. However, you should discuss this with your midwife or doctor.

Before labour:

- think about birthing positions that are comfortable for you
- record them in your birth plan
- consider a labour and birth in water – this allows you to move freely and change position

During labour:

- use gravity to help the baby to move downwards by staying as upright as possible:
  - kneeling
  - on all-fours
  - standing

These positions can help labour to progress and avoid further strain on your pelvis.

- try to avoid lying on your back or sitting propped up on the bed - these positions reduce the pelvic opening and may slow labour
- the squatting position and birthing stool may be uncomfortable positions for labour
- you should never place your feet on the midwife's or your partner's hips, when pushing to deliver your baby, as it may put too much strain on your pelvic joints and make your pain worse, and may also damage your helpers' backs
- you may be able to lie on your side for internal examinations – ask your midwife and doctor to consider this

Pain-free range of movement
You may find that following physiotherapy treatment you are able to open your legs further. However, if you still have some restriction whilst pregnant and/or after labour has started your physiotherapist, midwife or birthing partner should measure how far apart your knees can separate without pain (your pain free range) when lying on your back or sitting on the edge of a chair with your feet apart. You should take care to keep your legs within your painfree range of movement as much as possible during labour and birth to protect your joints, particularly if you have an epidural or spinal block. However in a minority of births it may be necessary to move your legs wider apart in order to deliver your baby safely. If the pain free range has to be exceeded, take extra care after your baby is born until you have been assessed by your physiotherapist.

Assisted deliveries (forceps and ventouse)
Where you need forceps, ventouse delivery or stitching, care should be taken by the midwives and doctors when placing you in the lithotomy position (i.e. in stirrups), to lift and part your legs both at the same time, and not exceed the pain-free range of movement.

9. After you have had your baby:

a. Move about or stay in bed?
If you are unable to move very well after the birth because of your PGP pain, you may need to stay in bed. You may be given medication to prevent the formation of blood clots and wear special socks/stockings. **You should move about as much as possible, within the limits of your pain**

Be aware that:
- medication to relieve pain may cover up the discomfort of your PGP so be very careful about doing things that were painful before you had your baby, until after you have stopped taking your painkillers
- you should be referred to a physiotherapist for early assessment and treatment if you still have PGP pain or are still needing to take painkillers

b. On the post-natal ward

You may:
- need extra support, so encourage your partner to stay to help to look after you and your baby
- find that specially allocated family rooms, or z-beds for your partner/helper, are provided for women with PGP or other disabilities
- have en-suite facilities to reduce the need to walk to the toilet. If not, make sure/ request that your bed is close to the toilet.
- need extra help with personal care and caring for your new baby. The baby may need to be lifted out of the cot for you for feeding, or you may need help with changing nappies.
- need to ask to have your drinks and meals brought to you in bed at first
- need to see an occupational therapist who may provide equipment to help when you go home

Not all the above arrangements are possible in every hospital but it is worth asking your midwife to see if any extra help is available.

c. Feeding

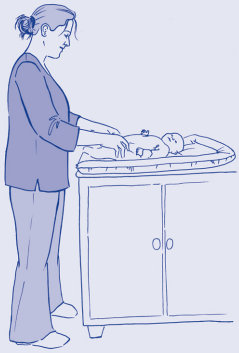
Breastfeeding

- Your midwife should help you to find a comfortable position to experience skin to skin contact with your baby as soon as possible after birth.
- You will be encouraged to breastfeed as soon as your baby is interested.
- Early breastfeeding will promote successful and long term breastfeeding.
- Your midwife will help you and your baby to find a comfortable position to achieve the best latch on to the breast.
- Breastfeeding is known to be the best form of nutrition for your baby. Stopping will not speed up your recovery from PGP.

- Your family and friends can make breastfeeding easier and more enjoyable for you if they can take on some of the other day to day tasks involved in caring for your baby.
- When possible, sit in a firm but comfortable chair to feed your baby.
- Make sure your back is well supported; placing a small, rolled towel behind your lower back helps.
- Ensure your feet are supported and flat on the floor.

If you are **bottle feeding** or **expressing milk**, make sure you follow the advice in the last four points.

d. Looking after your baby (this also applies if you have a toddler)



- Change nappies on a surface at waist height.
- Do not lift your baby too often.
- 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 your baby close to you when moving him/her in and out of a car seat.
- If you have to carry the baby in the car seat hold it in front of you, not on your hip, or put it on a wheeled frame/buggy.
- Do not lift your baby in and out of high shopping trolleys.
- Do your pelvic floor muscle exercises daily.

e. Emotional well-being

It is important that your partner, family, friends and hospital staff give you as much support as possible whilst you are in hospital and when you get home. This will speed up your recovery and hopefully prevent problems from developing.

Remember:

- if PGP persists after your baby is born it is important that you discuss its impact with your partner (and/or your family). In particular you should discuss how best to care for your baby/toddler, how much help you need and how it could affect sexual relations
- if you are feeling low it is important to ask for help from your GP, midwife or health visitor as they may help you to recover more quickly

f. Physiotherapy referral

You can:

- ask to resume physiotherapy as soon as you feel able to attend
- have a physiotherapy reassessment of your spine and pelvis and start treatment as needed

g. Sexual intercourse

- You may be able to avoid discomfort during sexual intercourse by considering alternative positions or other ways to be sexually intimate.
- There are sometimes other reasons for discomfort such as scarring from stitches, so if you are concerned, talk to your midwife, doctor, health visitor or physiotherapist. You may find that vaginal lubrication helps.
- Stitches should not be painful after the first few weeks, so if they are, do not hesitate to ask for help.

h. Menstruation

- A minority of women report a return of PGP symptoms when their monthly period returns. For some this may get better after a couple of months, but for others it continues. The degree of pain varies considerably.

If this happens to you, you should ask for another assessment of your pelvis.

You can take pain relief as necessary.

- Try to avoid activities that trigger the pain, such as pushing a supermarket trolley.

i. Exercise and sport

- keep doing your pelvic floor muscle exercises every day
- keep up the exercises given to you in hospital
- continue gentle abdominal/tummy (and hip) exercises given to you by your physiotherapist when you were pregnant
- after your baby is born, continue to be careful when exercising until you are symptom free
- avoid high impact activity, such as aerobics, for a few months
- avoid any activity which brings back the pain

10. Planning your next pregnancy

- Some women may experience PGP again during their next pregnancy. However, the symptoms may not be as severe, especially if it is well managed.
- Between pregnancies you should ensure that you continue with the exercises given to you by your physiotherapist, in particular, pelvic floor, abdominal/tummy and hip exercises.
- If you are considering a further pregnancy or if you are pregnant again it is worth asking the GP if a referral to a physiotherapist is available. If it is then the physiotherapist can check your pelvic joints and make sure you are as fit as possible for another pregnancy. They may be able to monitor you as much as they think necessary during the pregnancy.

There is no particular advantage in leaving a long gap between babies though some abdominal muscles may not have recovered fully 12 months after the birth of your baby.

- It is worth considering whether your toddler will be able to walk while you are pregnant, to reduce the strain on your joints if you do have pain during any future pregnancy.
- It might be worth becoming fully fit, losing excess weight and reducing the symptoms of PGP before considering another pregnancy.

11. Further investigations

Further investigations should be considered if your symptoms do not improve once the baby is born and after physiotherapy treatment. These may include 'stork' x-rays (special x-rays to show whether there is any movement at the pubic joint) or MRI or ultrasound imaging. There is no recommended time-scale for this but if you are concerned talk to your GP.

Remember that:

- it is common, but not normal, to have PGP in pregnancy
- every woman is different
- PGP is a treatable and manageable condition
- with a team of health workers giving you the information, advice and treatment you need, your discomfort may be less severe

Ask for help as early as possible.

12. Websites and contact details

- Pelvic Obstetric & Gynaecological Physiotherapy - pogp.csp.org.uk
- Pelvic Partnership - www.pelvicpartnership.org.uk; Tel 01235 820921
- Chartered Society of Physiotherapy (CSP) - www.csp.org.uk; Tel 0207 306 6666
- Manipulation Association of Chartered Physiotherapists (MACP) - www.macpweb.org
- Organisation of Chartered Physiotherapists in Private Practice (OCPPP) - www.physiofirst.org.uk
- Acupuncture Association of Chartered Physiotherapists (AACP) - www.aacp.uk.com
- British Medical Acupuncture Society - www.medical-acupuncture.co.uk

With help, you should not become disabled during pregnancy, but if you do, the following two websites offer practical advice and support:

Disabled Parents Network - disabledparentsnetwork.org.uk

Disability, Pregnancy and Parenthood International - dppi.org.uk

Appendix 1

Terms for PGP commonly used and misused

1a. Names which may be used
Some people use other medical words to describe the condition of PGP

SPD - this was the word commonly used to describe PGP but it now goes under the umbrella term of PGP
Symphysiolisis - sometimes used to describe pain around the pubic bone at the front of the pelvis
Osteitis pubis - this is inflammation of the pubic bone which needs to be diagnosed using X-rays
SIJ pain - pain felt over the SIJs (see picture on page 3) or in one or both buttocks
Pelvic girdle relaxation
Low back pain
Hip pain
Diastasis symphysis pubis (DSP) - rare and diagnosed with X-ray

1b. Incorrect names which may be used
You may hear some people using the following words to describe PGP but they are actually incorrect and therefore misleading

- gapping
- relaxed/split pelvis
- split or torn muscles
- separated or displaced joints

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