

## Physiotherapy Outpatient Department

# Patient Information

## Pelvic Girdle Pain

### What is pelvic Girdle Pain?

Pelvic girdle pain (previously known as SPD, PSD or pubic symphysis dysfunction) is a term that is used to describe pain in the front or back of the pelvis. It is thought that between 1 and 5 women will experience some Pelvic Girdle Pain (PGP) during their pregnancy. Some will have mild transient symptoms and others may have symptoms that are more severe. For some, but not all women, pain may become significant, upsetting and have an impact on daily life.

### What causes Pelvic Girdle Pain?

During pregnancy many factors can contribute to P.G.P. Hormonal changes occur that affect ligaments and muscles- these changes can affect the joints making them more flexible. It is believed that on occasion, flexibility caused by these pregnancy hormones can allow increased movement on one side of the pelvis more than the other and it is this asymmetry that may make pain or discomfort worse. Contributing factors may include posture changes that occur during pregnancy to accommodate the growing baby and weight gain. All of these factors may increase the risk of stress and/or injury to your joints, particularly in the lower back and pelvis. It is understood that women who have a pre-existing back condition may also experience an increase in their symptoms.

### The good news

If you have Pelvic Girdle Pain early during your pregnancy it does not necessarily mean that pain will become worse as your pregnancy progresses.

If you have experienced P.G.P with a previous pregnancy it does not necessarily mean that it will re-occur in subsequent pregnancies



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# Information

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)

If you wish to obtain a list of the sources used to develop this information leaflet please call 0800 7838058 or e-mail [patient.info@dchft.nhs.uk](mailto:patient.info@dchft.nhs.uk)

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# There are many things that you can do to look after yourself and minimise symptoms

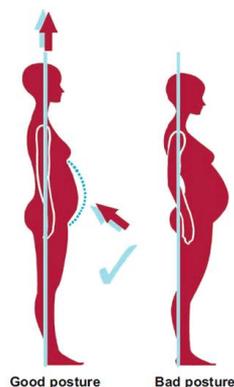
## Sitting

The contours of your chair should match and support your spinal curves in a good sitting posture. Your bottom should be set right back on the seat and a firm support placed in the lumbar region (small of the back) can be used to prevent and relieve back pain. Avoid sitting crossed legged or with one leg tucked underneath you.

Some women find that using a gym ball to sit on can be helpful in alleviating back pain because they are able to gently keep the pelvis moving.

## Standing and Walking

- Check your posture - stand and walk 'tall'
- Check your work surfaces at home and work so that you stand upright or sit in a good position
- If you need to stand for a long time, place your front foot on a raised support to help ease any discomfort



## Bending Down and Lifting

From early pregnancy it is important to lift correctly:

- Bend your knees, keep your back straight, pull your abdominal muscles in and tighten the pelvic floor
- Hold the object close to you
- Lift by straightening your knees and keeping your back straight
- As your pregnancy progresses, heavy lifting should be avoided. Weight of shopping should be distributed equally between both hands. You may find it helpful to carry a backpack over both shoulders rather than carrying a heavy handbag over one shoulder



## Lying in bed

It is recommended that you do not lie flat on your back, particularly after 16 weeks, because the weight of your 'bump' may press on the major blood vessels in your abdomen. To achieve a comfortable resting and sleeping position:

- Lie on your side with your knees bent up
- Put a pillow under your head, under your tummy and between your knees
- When turning in bed, keep your knees bent up and together. You may want to try rolling 'under' rather than 'over' as an alternative
- If you experience pelvic or back pain during intercourse consider an alternative position such as side-lying or on all fours

## Getting out of bed

- As you lie on your back, bend your knees up
- Roll onto your side keeping your knees together
- Push to sit up sideways by pushing with your arms, while
- Dropping your lower legs over the side of the bed
- To return to bed reverse this process



## Getting in the car

- When getting in the car sit your bottom on the car seat first
- Keeping your knees together swing both legs into the car at the same time
- Reverse the process when exiting the car

Turn tables / discs specifically designed to help people to get in or out of the car are commercially available to purchase. A plastic bag on the seat to help you swivel may be an alternative.

Whilst carrying out your daily activities it is vital that you maintain a symmetrical pelvis as much as possible by minimising standing on one leg. Remember to sit down when putting on underwear trousers, socks and shoes.

When climbing stairs go up one foot at a time, the least painful side first. Bring the other foot up to join the first on the step. Where possible avoid climbing stairs any more than necessary. To minimise going up and down stairs use a downstairs toilet, if you have one, and try to plan your day, bringing anything down stairs at the beginning of that day that you may need later.

## Physiotherapy

For those women whose pain is persistent and limiting daily activities, physiotherapy can be of benefit. The physiotherapist will assess your back and pelvis and will offer treatment if needed. The physiotherapist will also advise on exercises to help reduce pain and improve posture. They may also offer tubigrip or a maternity corset for you to wear if appropriate and if symptoms are severe you may be offered some crutches to help you to get around.

## Labour

In the majority of cases women with P.G.P will have a natural delivery. It is important to remember that there is no right or wrong way to give birth but what is vital is that you are able to make the right choice for you. Because of the anatomy of the pelvis it is recommended that you try to deliver your baby in the most upright position that you can. Kneeling up, with the end of the bed or birthing partner for support, or kneeling on all fours are recommended positions.

If you are experiencing pain in your pubic symphysis (joint at the front of your pelvis) or groin it may be a good idea to measure 'your pain free gap':

In the last few weeks of your pregnancy lie on your back with your knees bent up and feet together. Gently, keeping your feet together, open your knees until you begin to feel your pain. Ask your birthing partner to measure this gap using a tape measure, measuring from the middle of one knee cap to the other. Record this figure on your birth plan so that those involved with your care are aware of how much movement you would have prior to labour and help to move and position you accordingly.

## After delivery

For most women P.G.P settles down quickly after delivery. For some, pain relief will be felt in the first few hours and days after baby is born. For others it may take a few weeks for your P.G.P to resolve. In either case remember that the pregnancy hormones will still be in the body for a number of months and therefore your joints will still be at risk of injury. It is therefore important to follow the advice given in the postnatal booklet and remember to continue with the advice above until you are able to do your normal activities with no pain.

Unfortunately, for a minority of women, pain can persist longer and it is vital that if this is the case you seek advice from a physiotherapist so that you can start on a treatment and exercise programme in order to stop things from getting worse.

## Further Information

Physiotherapy Outpatient Department telephone number: 01305 255314