

PELVIC GIRDLE PAIN IN PREGNANCY

Patient Information Leaflet
Women's Health Department



Options available

If you'd like a large print, audio, Braille or a translated version of this leaflet then please call:

01253 955588

Our Four Values:

People Centred

Positive

Compassion

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What is Pelvic Girdle Pain ?

In pregnancy the body experiences massive changes, especially in body weight and joints, the production of hormones allows this to happen.

If pain is experienced in the groin, hips, inner thighs and around the pelvis it could be Pelvic Girdle Pain (PGP).

Pain is usually worse with activities that require weight being taken on one leg i.e. using the stairs, in and out of the bath or car.

Pelvic Girdle Pain can cause significant pain and disability in daily life.

Previous back problems, hypermobility syndrome and other factors can increase the risk.

This condition was previously called Pubic Symphysis Dysfunction (SPD).

The midwife can perform a quick checklist to see what help you may need, this is called the Oswestry

Advice

Pelvic Girdle pain can be managed but significant changes will need to be put in place. It is always difficult to do this but essential if you want to manage the pain.

WORK

- Assess your day.
- How do you get to work ?
- Where do you park?
- Can you use the lift?
- Do you lift and carry?
- Do you rest at lunchtime?
- Can you work in a different way?

HOME

- Assess your day.
- Housework, shopping, carrying other children, can all affect the condition.

Ladies often report that sitting seems to increase the pain, it isn't the resting that causes this but the activities that have aggravated the condition during the day.

Any changes that you make will help.

REMEMBER

- Plan you day and week.
- Organise your necessary jobs.
- Keep mobile.
- Rest as able.

What else can you do?

- Pelvic floor exercises, these must be done several times a day to aid stability and can reduce pain as the area strengthens.
- Aquanatal Classes, these are run by a midwife, please see your antenatal notes.
- Pilates in pregnancy is good to aid core strength and improve posture.
- Sit with knees and hips level, don't sit sideways on the sofa.



- Keep knees together when getting in/out of bed or the car.
- Use pillows in bed to aid comfort.
- Swimming is good exercise but avoid breaststroke.
- Use a warm hot water bottle or heat pack on your lower back, this will provide pain relief even if the pain is at the front of the pelvis.
- Avoid constipation as this can increase pelvic pain.



During Labour

- Most women with PGP have a normal vaginal birth.
- Inform your midwife that you have PGP.
- Ask them to measure the "**painfree gap**" between your knees.
- Avoid hip movements that separate the knees beyond the **painfree gap**.
- Your birth partner can help support your legs if necessary.
- Maintain **mobility** as much as possible in labour.
- Avoid sitting/lying in bed.
- Upright positions are encouraged through out labour and especially during second stage. This allows the pelvis to function efficiently and reduce problems.
- All forms of **pain relief** for labour can be used.
- Avoid the use of stirrups, if possible.
- Don't put your feet up to push, this can cause further problems.

Following Delivery

Continue to REST

Pain is usually much better following delivery for 48 hours. Being too active in this time will encourage the pain to flare up. Taking regular analgesia (pain relief) is recommended. If you were using crutches before birth, wean yourself off them slowly.

You should move about as much as possible within the limits of pain.

Its is safe to breastfeed your baby, if you wish.

STABILITY

It's crucial to improve your core strength following delivery.

This is easily started by "doing pelvic floor exercises", hopefully you were doing these before the birth.

It's often uncomfortable to do these for the first few days but it has the double benefit for your pelvis and pelvic floor strength.

Beware of lifting and carrying, especially the car seat or toddlers

Beware of bending, try to kneel

Beware of poor posture

Discuss with your GP if your symptoms are not improving.

Further Help

- Your midwife can refer you to Physiotherapy for a full assessment.
- You will be seen by a Chartered Physiotherapist in 1 of 4 possible locations, usually as close to home as possible.
- Assessment can take up to an hour and will include a physical examination, a diagnosis and then a plan is made.
- Your partner, family member or friend are welcome to attend with you.
- Always bring your green antenatal notes for our information and documentation.
- Its is often necessary to make some temporary lifestyle changes to help manage the condition.

Web sites

www.csp.org.uk

www.acpwh.co.uk

www.pelvicpartnership.org.uk





Useful contact details

Hospital Switchboard: **01253 300000**

Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives. You can contact them via:

Tel: **01253 955589**

email: **patient.relations@bfwh.nhs.uk**

You can also write to us at:

**Patient Relations Department, Blackpool Victoria Hospital,
Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: **www.bfwh.nhs.uk**

References

This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397**

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