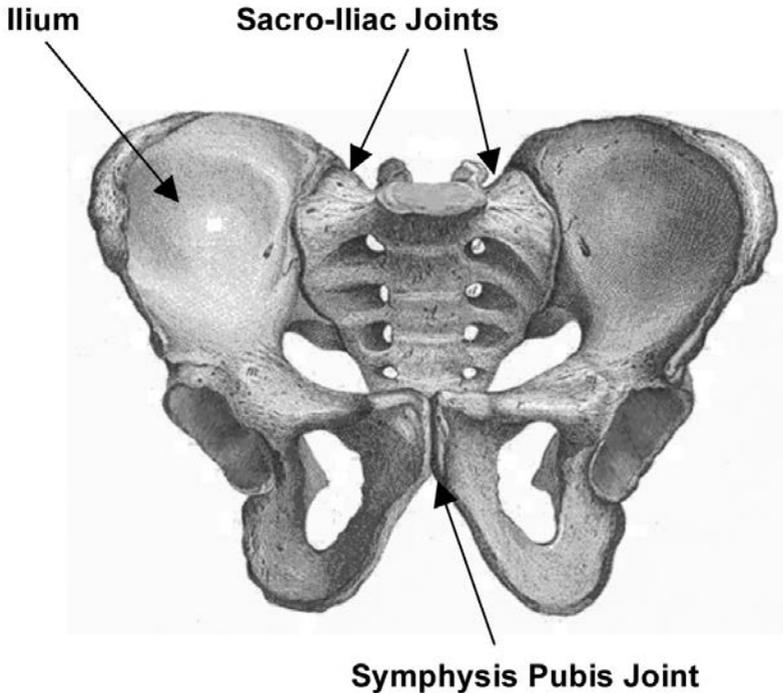


How to manage **Pelvic Girdle Pain**



Pelvic Girdle Pain (PGP)

The pelvis is made up of three large bones, as shown on the diagram below. The joint at the front is called the Symphysis Pubis. The two joints at the back are called the Sacro-Iliac joints. The joints are held together by thick ligaments which limit movement and increase the strength of the pelvis.



What is Pelvic Girdle Pain?

Normally the Symphysis Pubis and Sacro-Iliac Joints are not designed to allow much movement. However, when you are pregnant your body releases hormones which increase the elasticity of ligaments making the joints more lax. (This allows your pelvis to give during labour to assist the baby to pass through the birth canal). In some women this laxity can cause excess movement at the pelvic joints resulting in joint irritation, inflammation and pain. We call this Pelvic Girdle Pain.

Pelvic Girdle Pain (PGP) can sometimes occur following a period of immobility, an unusually busy period or after a particular activity such as swimming or lifting something incorrectly. Other women find that the symptoms can gradually appear for no apparent reason. The symptoms of PGP can occur as early as the 12th week of pregnancy and occasionally occur for the first time after delivery.

Signs and symptoms

- Pain or pressure particularly at the front of pelvis.
- Pain in the lower back, hips, groin, buttocks, and sometimes at the inside of the thighs.
- The pain can be on one or both sides and can be mild to severe in nature.
- A 'waddling' walking pattern is common.
- It may be painful to stand up from a seated position and on the first few steps that you take.
- Being on your feet makes it worse.
- Activities that involve standing on one leg (e.g. walking upstairs) or parting the legs (e.g. turning in bed or getting in out of the car) make your pain worse.
- A 'clicking' or grinding sensation may be felt.

What can I do to ease the symptoms?

The majority of women who follow these exercises and modify their everyday activities will find that their symptoms reduce to a manageable level.

- Rest whenever possible.
- Only do essential lifting. This will help to reduce the strain on your back and pelvis. For example avoid lifting children, shopping, washing baskets, etc. If you have to carry a child, try to encourage them to climb up to your level if possible, which will reduce the lifting you have to do. Bend your knees, keep your knees together and avoid squatting. Sit on a chair or small stool when loading and unloading the washing machine.



- Brace your pelvic floor muscles and deep abdominal muscles before you begin to perform any activity that you think might cause you pain.
- Minimise and if possible avoid activities which involves separating your knees or standing on one leg.
- When turning in bed, getting in or out the car, etc always keep your knees together and clench your buttock muscles before you move.
- Sit to perform activities you would normally do standing, such as putting underwear or socks on, preparing food, drying yourself after coming out of a shower or bath etc.
- If you have difficulty or pain when bathing, if possible, try using a shower instead.
- Adequate painkillers - Always get advice from your GP or Midwife before taking any medication which you have not been prescribed.
- Sitting on a gym ball may help to relieve your symptoms. You may find 'pelvic tilting' or rocking your hips while sitting on the ball also helps.
- Applying heat at regular intervals to the painful area can also help to ease your symptoms. Use a warm hot water bottle covered with a towel. Do not use over your abdomen.
- Cold packs can help some women with pubic pain. Use an ice pack covered with a wet cloth for 20-30 minutes then remove.



Also

- Use lift or escalator instead of the stairs.
- If driving makes your symptoms worse then **stop!**

Being pregnant can be hard work! Do not be afraid to ask for help from family or friends.

Exercise and Activity Advice

- It is important to try and be as active as you can through your pregnancy. Mild to moderate exercise is good for you and your developing baby, and most healthy women will find moderate exercise beneficial during their pregnancy.
- Every woman will have a different fitness level before they become pregnant, and if you are used to exercising you can continue with your normal routine if you are fit and well. If any activity increases your pain, reduce the duration and level of that activity, or try and find an activity that does not flare up your symptoms. For example if walking for 30 minutes flares your pain try 15-20 minutes of walking. This is called pacing. This may allow you to be active and control your symptoms. As your pregnancy progresses, it is natural to slow down.
- If you attend any classes speak to the instructor about your pelvic pain and they may be able to modify specific exercises for you. If you are worse after classes look into other exercise options.
- Swimming can be a good form of exercise. If you have pain at your pubic bone area it may be best to try crawl stroke rather than breaststroke which this may strain your pubic joint.
- If you attend aqua aerobics take care not to overstretch. If your symptoms are worse after your class, it may not be a suitable activity for you to do. Always tell your instructor if you have pelvic pain.

Comfortable positions

- Side lying with your knees bent and a pillow between them. This improves your posture and helps prevent your pelvis twisting. You may find placing a pillow under your tummy to support your pregnancy 'bump' may also make you feel more supported.
- Propped up with pillow under your knees and thighs.
- Sitting with your back supported and feet on a small stool. A high firm chair is better. Placing a rolled up towel or lumbar roll at your lower back improves your posture and can make you feel more comfortable.
- Do not cross your legs.
- If you are sexually active choose positions where you feel comfortable. Avoid lying on your back with your knees apart.



How to get in and out of bed

First, tighten your pelvic floor and abdominal muscles, bend your knees as close to your tummy as possible and roll onto your side.

Then, push yourself up into a sitting position with your arms, slip both your legs over the edge of the bed, knees together and stand up.

As you roll over or attempt to get out of bed, avoid twisting or turning with your knees apart. Getting back into bed is the reversal of this procedure.

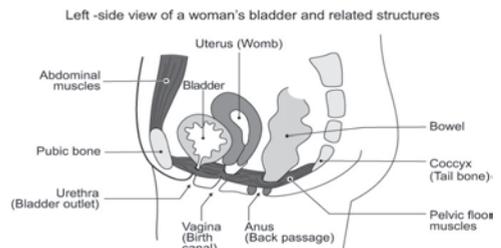


Gentle Exercises

These are gentle and basic exercises that are safe to do in your pregnancy. Your physiotherapist may have discussed these with you in your appointment. You should aim to do these exercises 3-4 times per day.

1. Pelvic Floor Exercise

Lie, sit or stand with your knees slightly apart. Imagine that you are trying to stop yourself from passing wind and at the same time try to stop your flow of urine. The feeling is one of “squeeze and lift”, closing and drawing up at the back and front passages. This is called a pelvic floor contraction.



Do not:

- Hold your breath
- Squeeze your legs together
- Tighten buttock muscles

First, find your 'starting block'

Tighten your pelvic floor muscles as previously described and hold for as many seconds as you can (maximum of 10 seconds)

How many seconds can you hold this contraction?

Release the contraction and rest for four seconds, then repeat as many times as you can (maximum of 10).

How many times can you repeat this?

Now perform the basic pelvic floor exercise but squeeze and lift quickly and immediately let go. This is called a fast contraction and will help your muscles react quickly when you laugh, cough, sneeze, exercise or lift.

How many quick contractions can you do?
(maximum of 10)

This becomes your 'starting block'. Repeat your 'starting block' four to six times each day.

Try the NHS Squeezy APP for women

It is helpful in reminding you to do your pelvic floor exercises.

2. Deep abdominal exercise

1. Lie on your side with your knees bent.
2. Place your hand on your lower abdomen between your tummy button and your pubic bone – breathe normally and let your tummy sag.
3. Breathe in gently to prepare. As you breathe out draw in the lower part of your tummy towards your back, then relax.

4. Repeat but keep your muscles drawn in while you continue to breathe. Aim to hold for a count of 6 seconds. Feel your tummy pulling in under your hand.

Progress

- Gradually increase the length of time holding in, and the number of repetitions (10 seconds, 10 times).
- Hold your lower tummy in when walking, standing and lifting.

3. Pelvic tilt

Once you can manage the deep abdominal exercise, you can move on to this exercise.

1. On your hands and knees on top of your bed.
2. Draw in your deep abdominal muscles as in the previous exercise.
3. Keep pulling in your deep abdominal muscles, tilting your pubic bone towards your chest and flattening the small of your back. Hold for 6 seconds then slowly release. Keep breathing normally throughout.



Note

- Try other positions; sitting, standing or lying on side.
- Gradually increase the number of repetitions (10 times).

If your Physiotherapist has performed a mobilisation on your pelvis or back during a treatment session, you may feel increased or continued symptoms for a few days afterwards. If your symptoms do not settle after this, please contact your physiotherapist for advice.

Labour and Delivery

When you come into hospital tell the staff that you have pelvic joint problems and that you have attended the Physiotherapy Department. If your PGP problem is severe the Physiotherapist will have recorded advice for your care during labour in your electronic case notes.

- Avoid lying in the one position for long periods of time.
- Avoid separating your knees too far apart.
- Take extra care with positioning if you have an epidural.
- Consider delivering in kneeling or side lying positions.
- After delivery try resting in a side lying position with a pillow between your knees.

After the birth of your baby

PGP may take some time to settle following the birth of your baby. After the delivery you may see the physiotherapist while you are in the post natal ward. You should continue to follow the advice you have been given ante-natally into the post-natal period. Do not hesitate to call the Physiotherapy Department for advice (within six weeks) if you have any concerns when you are discharged home.

This leaflet is produced by the Physiotherapy Department. If your symptoms worsen or you require further advice please telephone the department from Monday to Friday between the hours of 9am and 4pm.

Further Information

If you have any questions please contact the Physiotherapy Department.

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