

Pelvic Girdle Pain (PGP)

An information guide



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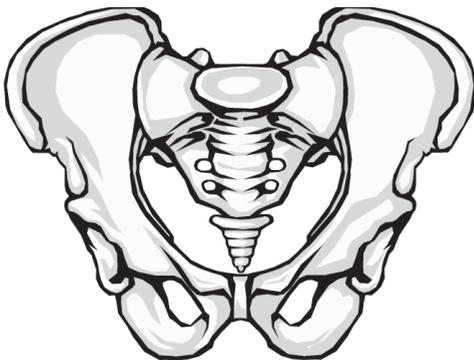
This is the term used for all pelvic pain. This includes pain anywhere from the lumbar spine, abdomen and into the thigh.

There are two main causes.

These are previous low back pain, and previous PGP. However, it can occur in the 1st pregnancy.

There are lots of contributing factors including:

- Hormone changes
- Joints moving unevenly
- Weakness of pelvic floor and abdominal muscles prior to pregnancy
- A hard physical job or sedentary lifestyle
- Twin or more pregnancy.



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

- If necessary you may be referred to a specialist physiotherapist for assessment and treatment
- You may need to wear a pelvic support to minimise pelvic discomfort. If the pain is severe you may need some help with walking, e.g. crutches, or advice about pain relief
- Minimise non-essential weight bearing activities e.g. shopping, lifting and carrying. Be particularly careful if you have a young 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 evenly distributed through both buttocks and stand with both feet flat on the floor, avoid shifting your weight to one side. Avoid standing on one leg e.g. to get dressed
- Avoid straddle movements e.g. in and out of the bath or car and low squatting
- Sleeping on the 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 make your pelvis more level
- Consider alternative positions for intercourse e.g. lying on your side or kneeling on all fours
- If swimming take care getting in and out of the pool and AVOID breast stroke.

Exercise (Guidelines from The American College of Obstetricians and Gynaecology)

Regular Physical activity:

- Improves/maintains physical fitness
- Helps weight management
- Reduces the risk of gestational diabetes
- Enhances psychological well being.

30 minutes of moderate intensity exercise (low impact) on most days is recommended. It is better to exercise during the day rather than the evening due to fatigue and swelling.

Stabilising Exercises

It is important to work the deep supporting muscles around the abdomen and lower back to help stabilise the pelvis and spine. They will have to work during different functional activities therefore it is important to practise them in different positions.

Sitting - find midway pelvis position

- Rock pelvis forward all the way
- Rock pelvis backwards all the way
- Then find the midpoint between the two positions and maintain this for good posture.



Pelvic floor muscles

Whilst maintaining the midpoint position, begin to tighten your pelvic floor by squeezing around the back passage, as if you are trying to stop yourself from passing wind, at the same time as lifting the muscles at the front, as if trying to stop a flow of urine.

- squeeze for 10 seconds x 10
- 10 x short, strong squeezes (do both of these 4 x per day).

Lower Abdominal Muscles



Place hands on the lower abdominal muscles creating a diamond shape with hands (belly button in the middle).

- Draw the tummy away from your hands, to tighten the muscles
- Hold for 10 secs x10, 4x day
- Try to do the pelvic floor exercises at the same time. If struggling to do this, do separately
- Hold each contraction for up to 10 seconds and relax – then repeat up to 10 times.

Points to Watch

You must keep breathing normally during the exercises – do not hold your breath. If you find this difficult, try to activate the muscles as you breathe out. Try to relax your shoulders and ribcage.

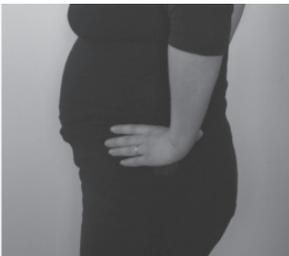
If you are lying down ensure you are well supported with pillows and have your shoulders higher than your hips, or lie on your side.

- If you are sitting make sure you sit up tall, with your back supported
- If you are standing have your feet hip distance apart and parallel. Keep your shoulders back and relaxed – imagine there is a string from your head to your tailbone drawing you up to the ceiling.

Pelvic tilting

This exercise is a rocking motion of the pelvis forwards and backwards.

This exercise can be done in sitting, standing or on “all fours” (See pictures below).





- Grow up as tall as you can, arching your lower back and sticking your bottom out
- Then, roll back onto your tail bone, tucking your bottom under
- Keep your upper body as still as possible, the movement should come from the pelvis
- Repeat x10 several times a day.

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, rocking and bouncing gently
- DO NOT place your feet onto your midwife/partner's hips or shoulders to push as this puts excessive strain onto 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.

Measuring your pain-free gap

- You may find it useful to measure your pain-free gap as you approach labour. Lie on your back, knees bent, feet flat
- Allow your knees to fall apart gently and measure the distance between your knees at which you are no longer comfortable
- Record this in your hand held notes and make sure the midwife in the labour suite is aware of your condition.

In severe cases caesarean section may need to be considered but this will have to be discussed with your consultant and there is no evidence to suggest that there are better outcomes than with vaginal deliveries.



Following the birth

Your pain may not resolve immediately after delivery. Give it time to settle, following the advice previously detailed. If you have had no improvement six weeks postnatally you may wish to contact your physiotherapist for advice.

- Do not be afraid to ask for help. You should get as much rest as possible – recruit your partner, relatives or friends!
- If you are still in pain while in hospital ask the doctor for some anti-inflammatory medication and pain killers before going home
- Avoid heavy lifting and twisting for the first few months
- Premenstrual recurrence is commonly reported so be careful around this time
- If breast feeding things may take longer to settle.

Post Natal Exercises

0-6 weeks - you can start pelvic floor exercises and your lower abdominal exercise as soon as you have started passing urine. Walking and core stability exercises.

6-12 weeks - low impact exercise, swimming, gym, power walking, cycling. Progress core stability exercises e.g. Pilates.

12 weeks - slowly build up impact.

You can get further information from the:

Pelvic, Obstetric and Gynaecological Physiotherapy (POGP)

[http:// pogp.csp.org.uk](http://pogp.csp.org.uk)

(click on publications and booklets, then leaflets and then you can print a copy of Pregnancy Related Pelvic Girdle Pain for Mothers-to-be and New Mums).

There are other useful leaflets to look at too. Pelvic Partnership
www.pelvicpartnership.org.uk. Tel 01235 820921.

Notes:

If English is not your first language and you need help, please contact the Interpretation and Translation Service

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@ : interpretation@pat.nhs.uk

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