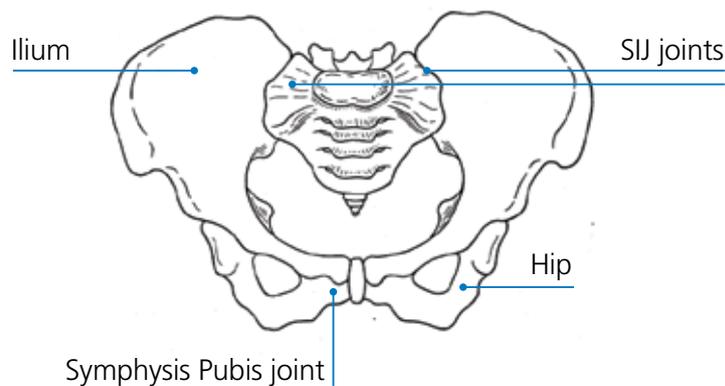


Patient information factsheet

Pelvic and back pain during pregnancy

The term pelvic girdle pain (PGP) is now used to describe the pain experienced in the front and back of your pelvis. You may have previously heard the term symphysis pubic dysfunction (SPD) used.

Pregnancy-related pelvic pain is common and thought to affect one in five women during their pregnancy. Pelvic girdle pain (PGP) describes the pain that originates from the joints in your pelvis (see below). This pain can be felt over the lower back, hips, groin and down the inside or back of the legs.



Usually a combination of factors contributes to this pain, including:

- the increasing weight and, occasionally, position of your baby.
- a change in your posture due to your growing 'bump', which alters the way the weight is carried by your back and pelvis. A baby 'bump' also stretches and weakens your tummy muscles, further reducing the stability of your joints.
- hormones such as relaxin soften ligaments from the early stages of pregnancy onwards, making the joints of the pelvis and back less stable.

A history of lower back pain or PGP can present an increased risk of developing PGP during pregnancy.

Physiotherapy advice

Activities that involve putting extra load or uneven loads onto the pelvis and back often aggravate the pain. As a result, you may have difficulty walking, climbing stairs, doing housework and getting in and out of a car or bed.

Consider asking for help with your activities and delegate where you can. Also, allow yourself time to rest.

The five 'P's to help pelvic girdle pain (PGP)

Posture

- Remember to keep a good posture. Stand up tall with your bottom tucked in and sit up tall with your back supported. You may wish to use a small rolled towel for support.
- Try sleeping on your side with pillows between your knees and under your 'bump'.
- Wear supportive bras and pants to help with your posture.

Pelvic symmetry

- Try to keep your knees together when getting in and out of bed or in and out of a car (bottom in first and swivel legs in together). Sit on a plastic bag to help you swivel.
- Sit down when getting dressed and wear comfortable shoes that are easy to slip on and off.
- Take the stairs one at a time. If your pain becomes severe, try going up on your bottom.

Pacing

- Keep as active as possible but within your pain limits. If necessary, take regular breaks while completing tasks.

Pain management

- Please discuss this with your physiotherapist.

Pelvic floor

- For back and pelvic stability exercises please see page three.

The following is advised (where possible):

Please avoid:

- standing on one leg.
- bending or twisting movements, for example vacuuming, putting on socks and trousers while standing and reaching or carrying a toddler on one hip.
- lifting, particularly heavier weights, for example shopping, wet washing, toddlers and vacuum cleaners
- crossing your legs.
- sitting, standing or walking for too long.

These activities will make the pain worse.

If you have any questions, please discuss them with your physiotherapist.

What about labour?

Most ladies with pelvic girdle pain go on to have a vaginal birth.

The following tips are recommended to avoid putting extra strain on the pelvic joints:

- Keep as mobile as possible. Try to adopt positions that use gravity to help move your baby downwards.
- Try to not part your legs beyond your pain threshold ('pain free gap'). Measure this threshold prior to labour by seeing how far you can move your knees apart before you get pain in your pelvis. Do this when you are sitting and lying down.
- Try to keep your legs positioned symmetrically.

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- On occasion, the use of stirrups is required to aid the safe delivery of your baby. This is a safe delivery position for you, however, you should ensure your legs are taken up together and are not parted beyond your 'pain free gap'.
- If you require an epidural, ensure your back is well supported. Also, move positions regularly to relieve pressure areas and the potential for poor posture.
- You may find it easier to lie on your side for internal examinations if parting your legs is very difficult.
- Use of the birthing pool may be possible if you are able to get in and out of the pool safely. Please discuss this option with your midwife.

You may wish to kneel (over the end of the bed or a birthing ball) or rest on all-fours as these positions make the best use of gravity which will help your labour to progress, while maximising your 'pain free gap'. If your mobility has been limited by an epidural and you can no longer achieve these positions, try lying on your left side.

Ensure your birth partner is aware of this information and able to help you with your positioning.

It is important to discuss specific requirements with your midwife and write them in your birth plan.

After your baby is born

You may feel in less pain after your baby is born but you must continue to follow the advice given by the physiotherapist until you are pain-free.

If your pain is still severe during the first ten working days after your baby is born you can contact your physiotherapist at the Princess Anne Hospital on **023 8120 8967**. If the pain persists beyond this time please make an appointment with your GP (family doctor).

Stability exercises

As your baby grows, your pelvic floor and tummy muscles will naturally stretch and weaken. It is important to exercise these muscles to maintain their strength and provide support for your baby. This will reduce the strain on your back and pelvis, help flatten your tummy once your baby is born and control your bladder and bowel functions.

The basic exercise

(Pelvic floor with deep tummy muscle)

- Practise this exercise when you are lying on your side, sitting or standing.
- Let your tummy relax. Breathe gently.
- Gently squeeze your pelvic floor as if you are holding onto wind and stopping a flow of urine, thereby creating a lifting sensation from back to front.
- Draw in your lower tummy at the same time.

If your hand is resting on your lower tummy you should feel the bottom of your baby's bump lift and your lower tummy move in towards your spine.

Count how long you are able to stay in this position for, up to ten seconds then relax. Repeat this up to ten times. Aim to hold for ten seconds and complete this exercise two to three times a day

Throughout this exercise you should be able to breathe and talk. Your back should not move.

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Pelvic tilting

- Sit up tall on a firm chair or birthing ball, with your feet square on the floor.
- Tighten your pelvic floor/deep tummy muscles as described above.
- Gently squeeze your bottom and curl your bottom under you, thereby sinking onto your tailbone.
- Hold for five seconds. Release gently. Repeat ten times.

Arm raises/heel raises

- Sit up tall on a firm chair or gym ball, with your feet square on the floor.
- Tighten your pelvic floor/deep tummy muscles as described above.
- Raise and lower one arm above your head or one heel from the floor while keeping your pelvis still.
- Relax your muscles once your arms or heels are lowered.
- Repeat and alternate your arms and heels ten times.

In addition with the basic pelvic exercise, it is important that you also use your pelvic floor and deep tummy muscles in everyday activity to reduce the strain on your back. Try to remember to tighten them during activities such as sitting, standing and walking.

Further information or advice

If you require any further information or advice during your pregnancy, or within the first ten days following delivery, please contact the physiotherapy department. If your maternity care was provided by University Hospital Southampton NHS Foundation Trust you can refer yourself to us.

Women's health physiotherapy team
Level G
Princess Anne Hospital
Coxford Road
Southampton
SO16 5YA
Tel: **023 8120 8967**

You may also find the following links helpful:

The Association of Chartered Physiotherapists in Women's Health

www.acpwh.org.uk

Click on leaflets and scroll down to 'pregnancy related pelvic girdle pain (for mother to-be and new mother)'.

Pelvic Partnership

www.pelvicpartnership.org.uk

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8120 4688 for help.