

# Pelvic Girdle Pain

## Maternity Department Patient Information Leaflet

### Introduction

This leaflet is for people with pelvic girdle pain in pregnancy. It gives information on:

- What pelvic girdle pain is,
- Symptoms of pelvic girdle pain,
- How to help manage the symptoms,
- Maintaining a good posture,
- Advice on general activities,
- Exercises and
- Labour and delivery.

## What is pelvic girdle pain?

Pelvic girdle pain is pain in the joints at the front (symphysis pubis joint) and back (sacroiliac joints) of your pelvic girdle. This pain can be felt at the pubic bone, tummy, hips and lower back. The joints are normally well supported by ligaments, the buttock and abdominal muscles.

During pregnancy, the pregnancy hormones soften the ligaments and this can lead to the joints becoming laxer (looser) and increased movement can occur. This increased movement may result in inflammation and pain at the pelvic joints.

The pelvis is designed to transmit weight from the upper body to the legs. As weight increases and posture changes, the centre of gravity alters and there is more strain on the joints of the pelvis. The abdominal muscles are stretched and often weakened during pregnancy, and other muscle groups can become painful as they become overactive, trying to assist in pelvic stability.

Pelvic girdle pain in pregnancy is common even with no previous history of injury. Symptoms from pre-existing injuries may be exacerbated, and injury during pregnancy to the pelvic region and lower back can lead to symptoms. The pain may remain static or may increase during pregnancy. Good management can often prevent symptoms worsening. Pelvic pain does not affect your baby, and pain usually resolves quickly after delivery. You will not necessarily have pain with future pregnancies.

# What are the symptoms of pelvic girdle pain?

Symptoms of pelvic girdle pain can be pain in the lower back, pubic region, buttock area and occasionally symptoms spreading into the legs. You may also experience clicking or grinding sensations at the joints.

## Lower back pain:

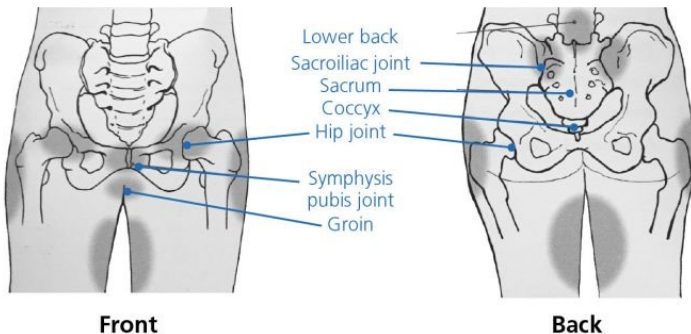
Pain can occur at any stage of pregnancy and is often related to the rapid weight gain in the abdominal area, associated altering posture and extra strain on the back. Pain over the sacroiliac joint may be due to inflammation caused by decreased stability of the joints and decreased support from the core muscles (abdominals and buttock muscles). Muscles in the back compensate for these changes, leading to overactivity of the muscles, which can also contribute to pain.

## Symphysis pubic dysfunction (SPD):

Pain and tenderness around the pubis joint. Pain can also spread to the groin, low abdomen and inner thighs. Clicking/grating may be experienced at the joint. Pain may be aggravated by carrying, standing, walking, stairs and parting of the legs.

## Sciatica:

Pain down one leg caused by nerve irritation. This is often associated with aching and tenderness of the buttock area.



# What can I do to help manage the symptoms of pelvic girdle pain?

## **Rest:**

This is essential to allow the joints a chance to recover. You must reduce what you are doing, but not stop all activity, and relaxation techniques can help.

## **Pain relief:**

Discuss with your midwife or general practitioner (GP) what is suitable to take.

## **Heat:**

Applying a warm heat pad or warm hot water bottle to the curve of your back for five to ten minutes can help to relax your muscles.

## **Ice:**

A bag of peas wrapped in two layers of damp towel placed on the lower back, or an ice cube wrapped in two layers of damp towel placed on the pubis joint for five to ten minutes may help to reduce inflammation and pain.

## **Massage:**

Gentle massage of the lower back, buttock and outside thigh can help relieve muscular aches.

# Maintaining a good posture

## **Sitting:**

- a well-supporting chair, preferably with arms, and try to keep your hips and knees level. Keep your feet pointed forwards and legs slightly apart. Avoid sitting with your legs crossed and sitting for long periods. Use a cushion or rolled towel in the curve of your back.

## **Standing:**

- Keep weight evenly spread on both legs; avoid standing on one leg. Turn your whole body, not just at the waist. Avoid non-essential standing. Stand tall and be mindful to avoid over-arching your back. Engaging your core muscles can help (see exercise 1).

## **Lying:**

- Sleep on your side with a pillow between your knees. Keep your knees together when turning over.

## **Walking:**

- Try to keep your pelvis level. Take smaller steps and reduce your speed of walking.

## **Stairs:**

- Avoid having to climb more than necessary. Go up one step at a time, putting both feet on each step.

## **In/out of the car:**

- Keep knees together, sit down and then swivel. Reverse the process to get out. Push the seat back to give yourself more room.

## General activities

In general, avoid heavy lifting, pushing, pulling, carrying or any activity that increases your pain. Never do any activity for a long period of time.

- Sit or perch rather than standing to prepare meals or when ironing.
- Rearrange the kitchen cupboards so the things you use most often or are heaviest are in reach and easily accessible.
- Do not carry anything heavy, especially up or down any stairs (e.g. vacuum cleaner).
- Accept any offers to help with the cleaning.
- If you have to carry bags, carry them evenly in both hands.
- Use a smaller trolley at the supermarket and get help to load and unload at the checkout, or try shopping online.
- Shower rather than take a bath, if you can.
- Sit down to get dressed.
- Use your arms to take your weight when getting up.
- If you have young children, try to avoid lifting and carrying them. If you have to carry them, hold them close to you and in front – not on one hip.

If you feel your mobility is severely affected, please inform your community midwife or the antenatal clinic, as a reassessment of your risk for blood clots will need to be performed.

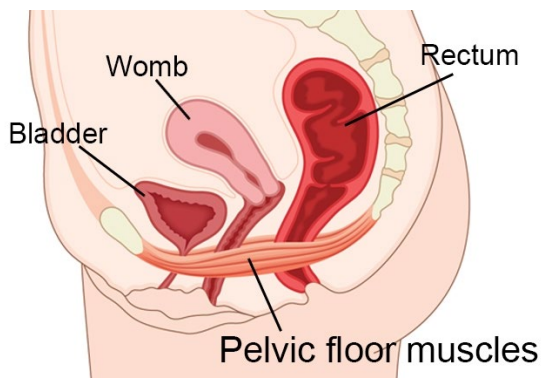
# Exercises

These are designed to maximise your muscles to support the spine and pelvic joints. They are safe during pregnancy and after delivery, even if you have a caesarean section.

## Pelvic floor exercises:

Imagine that you are trying to stop yourself passing wind and urine at the same time. The feeling is one of 'squeeze and lift', closing and drawing up the front and back passages.

- **Squeeze and hold:** Start by squeezing and holding for a few seconds, repeat this hold up to 10 times. Gradually work up to hold the squeeze for a maximum of 10 seconds. It is important to allow time to rest in between each squeeze. Do these exercises 2-3 times a day. Make sure you do not tighten your buttocks, hold your breath, hold your legs together or excessively tighten your tummy muscles. These exercises can be done in any position, but it is a good idea initially to be in a comfortable position, such as lying or sitting.
- **Fast squeezes:** Do a maximum of 10 quick squeezes turning the muscles on quickly, hold for 1 second and relax, 2-3 times a day.



## Abdominal exercises:

These exercises can be done lying on your back or side with your knees bent, or sitting comfortably in a chair. Try to do these exercises 2-4 times a day.

**Exercise 1:** allow your tummy to relax, and breathe in gently. As you breathe out, gently draw in the lower part of your tummy, squeezing your pelvic floor at the same time. Hold for up to 10 seconds. Repeat up to 10 times, resting in between each repetition.



**Exercise 2:** gently tighten your pelvic floor and buttock muscles, then tilt your pelvis and flatten your back on to the floor or bed. Hold for up to 10 seconds, then release gently. Repeat up to 10 times with a short rest in between exercises.





## Labour and delivery

Inform your midwife that you have pelvic girdle pain and try to find comfortable positions, for example, lying on your side, kneeling or leaning over pillows. Following delivery try to rest, especially for the first 24 hours, but take things easy for the first two weeks.

**Your midwife or GP may refer you to the therapy department for further assessment and advice if after following this handout you require more guidance and information.**

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Therapy Services on: 01384 456111 ext. 2231 (8am to 4pm, Monday to Friday)

Or email: [therapy.dudleygroup@nhs.net](mailto:therapy.dudleygroup@nhs.net)

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dgft.nhs.uk/services-and-wards/maternity/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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