How can I help reduce Healthcare Associated Infections?
Infection control is important to the wellbeing of our patients, and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the main entrance of the hospital and at the entrance to every clinical area before coming into and after leaving the clinical area or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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What is pelvic girdle pain?

Pregnancy-related pelvic girdle pain (PGP) is common. The sooner it is identified and assessed the better.

Around 1 in 5 pregnant women suffer from PGP. This may be at the front (symphysis pubis pain often referred to as SPD) or at the back (sacroiliac pain or SI). For some women this is transient and soon goes, for others it can be quite disabling.

The good news is, for the majority of cases it will soon settle after your baby is born.

Symptoms of pelvic girdle pain

The most common symptoms of pelvic girdle pain are:

- Pain at the front pelvic bones
- Pain at the back pelvic bones
- Pain down the inside of the thighs
- In extreme cases difficulties with walking
- Difficulty rolling over in bed because of pain
- Not being able to squat
- Pain when getting in and out of a car

Ways of alleviating pelvic girdle pain

During pregnancy you may find it helpful to:

- Maintain a good balance of keeping active but taking regular breaks for rest
- Rest more frequently with your feet up, or sit down for activities that normally involve standing
Please Note:
This leaflet explains some of the most common symptoms that some people may experience. However, it is not comprehensive. If you experience other symptoms and want to ask anything else please speak to your community midwife.

- Use a forward-tilted stool so you can sit rather than stand
- Sleep on the less painful side and lie on your side with pillows between legs for comfort
- Keep the thighs close together when changing position
- Turn ‘under’ when turning in bed, or turn over with knees together and squeeze buttocks
- Wear Tubigrip® or trochanteric maternity belt
- Apply a cold-pack to the painful region
- Use a walking stick(s) or orthopaedic frame
- Take short steps when walking
- Ask for help with physical tasks at home and at work if you need it
- Use the supermarket delivery services
- Plan the day: bring everything needed downstairs in the morning
- A rucksack may be helpful to carry things around the house, especially if using crutches
- Seek specialist help from a physiotherapist to learn exercises that may relieve the pain
- Some women may find acupuncture helpful

Try to avoid
- Sitting cross-legged or standing on one leg
- Reaching, pushing or pulling to one side
- Lifting heavy weights
- Bending and twisting to lift or carry anything on one hip, e.g. toddlers
- Breaststroke swimming, cycling, walking on uneven surfaces
- Climbing stairs - try putting a basket at the top and bottom of the stairs so you can take more than one article up at a time. Go upstairs one leg at a time with the most pain free leg first and the other leg joining it on the step
Labour and birth

Most women with PGP can have a normal vaginal birth. Many women worry that the pain will be worse if they go through labour. This is not usually the case when good care is taken to protect the pelvic joints from further strain or trauma. Make sure you tell your midwife that you suffer from PGP.

Your physiotherapist may measure how far you are able to part your legs (abduction). It is important to keep within this range as much as possible, especially if you have an epidural and cannot feel any pain due to PGP (which would otherwise warn you not to part your legs too wide).

Sometimes, for the safety of the baby and for reasons not to do with your PGP an assisted birth (using forceps or a ventouse cup) is best. In these cases the guidelines will be difficult to follow, but generally everyone involved in your birth will do their best to try not to abduct your legs too far.

Before the birth

Think about birthing positions that are likely to be comfortable for you. Record these in your birth preferences. Consider discussing the option of using the birth pool for labour – this allows you to move freely and change position easily.

During labour

Use gravity to help the baby to move downwards by staying as upright as possible:

• Kneeling
• On all-fours
• Standing

These positions can allow labour to progress and avoid further strain on your pelvis.
Try to avoid lying on your back or sitting propped up on the bed – these positions reduce the pelvic opening and may slow labour.
You should never place your feet on the midwife’s or your partner’s hips, when pushing to deliver your baby, as it may put too much strain on your pelvic joints and may also damage your helper’s back.
You may be able to lie on your side for internal examinations – ask your midwife or doctor to consider this.

Useful Information

For further ideas for managing day-to-day and for further support, see the Pelvic Partnership website –
www.pelvicpartnership.org.uk, Tel: 01235 820921
contact@pelvicpartnership.org.uk

Useful Contact Numbers

Stoke Mandeville Hospital switchboard: 01296 315000
Wycombe Hospital switchboard: 01494 526161