How can I help to reduce healthcare associated infections?

Infection control is important to the well-being 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 entrance to every ward before coming into and after leaving the ward. 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. Around 1 in 5 pregnant women suffer from PGP.

This may be pain at the front (symphysis pubis pain often referred to as SPD) or at the back (sacroiliac pain or SI). For some women this lasts a short time and soon goes, for others it can be more painful and effects their movement.

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

What causes pelvic girdle pain?
Usually there are a number of causes which can include:

- The hormonal changes in pregnancy
- The increased weight on the pelvis in pregnancy
- A change in activity levels
- Weakness in the pelvic floor or core tummy muscles
- A previous accident causing impact to the pelvis
- Increased BMI
- Increased mobility in your joints

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

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

Head of Midwifery
Division of Women, Children & Sexual Health Services
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL
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 Royal College of Obstetricians and Gynaecologists (RCOG) – Pelvic girdle pain and pregnancy: https://www.rcog.org.uk/en/patients/patient-leaflets/pelvic-girdle-pain-and-pregnancy/

Useful Contact Numbers
Stoke Mandeville Hospital switchboard: 01296 315000
Wycombe Hospital switchboard: 01494 526161

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.

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
- Sit down to dress e.g. putting on socks/shoes and trousers
- Sleep on the less painful side and lie on your side with pillows between the knees for comfort
- Keep the thighs close together when changing position
- Wear Tubigrip® or a trochanteric maternity belt
- Apply a cold-pack to the painful region
- Some women use crutches to aid walking
- 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 your day: bring everything needed downstairs in the morning
- A rucksack may be helpful to carry things around the house, especially if using crutches.
- Be referred to a Physiotherapist who will undertake a full assessment and advise on a suitable individualised treatment plan. The commonest treatment plan involves exercises and advice on how to move your joints. Treatment plans can vary between antenatal and postnatal women.

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
• Positions or activities where the legs are wide apart
• 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

**Exercises that can help**

**Pelvic floor exercises:**
Try and do your pelvic floor exercises regularly. Aim for 10 second holds, 10 repetitions and then 10 quick squeezes, 4-6 x a day.

Start by tightening the back passage, then pull upwards as though you are stopping the flow of urine. Keep your breathing relaxed and try not to let your legs or bottom muscles join in.

**Deep abdominal exercises:**
Gently draw your lower abdomen towards your spine, imagine gently drawing the two pelvic bones at the front of your body towards each other. Keep your breathing relaxed. Aim for 10 second holds, 10 repetitions.

Do your exercises in different positions e.g. sitting, standing and kneeling on all fours.

**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.

It is a good to have an awareness of how far you are able to part your legs (abduct) before you come in to have your baby. 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 baby and for reasons not to do with your PGP, an assisted birth (using forceps or a ventouse cup) is best. In these cases you will need to have your legs wide apart for the birth, but everyone helping in your birth will do their best to try not to move your legs too far apart.

**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. As long as you are able to get in and out of the pool on your own without additional support aids, this is a safe option for you.

**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: