

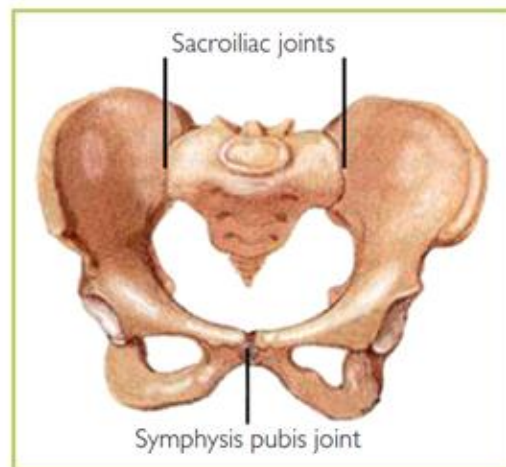
Patient advice sheet

Pelvic Girdle Pain (PGP) in Pregnancy

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 of the pelvis or at the back. For some women this lasts for a short time and soon eases off, but for others it can be more painful and affect their movement.



The pelvic girdle showing the sacroiliac joints and the symphysis pubis joint

The good news is for the majority of cases the pain will soon settle after your baby is born. However, as your baby grows in the womb the extra weight and the change in the way you sit or stand will put more strain on your pelvis. It is important to seek advice from a Physiotherapist on your postnatal recovery.

What causes pelvic girdle pain?

Usually there are a number of causes which can include:

- Hormonal changes in pregnancy
- Increased weight on the pelvis in pregnancy
- If you have had PGP, you are more likely to have it in a future pregnancy
- Weakness in the pelvic floor or core tummy muscles
- A pre-existing back/hip/pelvic injury
- Increased Body Mass Index (BMI)
- Increased mobility in your joints

Symptoms of pelvic girdle pain

The most common symptoms of pelvic girdle pain are:

- At the front and/or the back pelvic bones
- Down the inside of the thighs
- In your back/buttock/hip/thighs
- In extreme cases, difficulty walking
- Difficulty rolling over in bed
- Not being able to squat
- Getting in and out of a car

Ways of alleviating pelvic girdle pain

During pregnancy you may find it helpful to:

- Within your limits of discomfort keep as active as you can remembering to take regular breaks.
- Rest more frequently with your feet up, or sit down for activities that normally involve standing
- Sit down to dress e.g. putting on trousers, socks and shoes
- Lie on the less painful side to sleep and place two pillows between your knees to keep your pelvis in line with your knees.
- Keep the thighs as close together as possible when changing position, e.g. whilst getting in and out of the car
- Apply a cold pack to the painful bony joints and a heat pack to tight sore muscles
- Take shorter steps when walking
- Ask for help with physical tasks at home and at work if you need it
- Plan your day: bring everything needed downstairs in the morning to save multiple trips up and down the stairs
- Be referred to a Physiotherapist who will undertake a full assessment and advise on a suitable individualised treatment plan. Treatment plans often involve exercise to be done at home and advice on how to move around safely. 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 item 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

Suitable types of exercise include walking, swimming and exercise classes designed for pregnancy (such as antenatal yoga or Pilates).

Core co-contraction exercises:

Your core consists of your diaphragm, deep tummy muscles and pelvic floor. Prior to pregnancy these muscles automatically work together as a team, without having to think about them. In pregnancy, these muscles get stretched, weakened and can become disconnected. It is important to keep them working together as a team as these are the muscles that give the back, hips and pelvis the support they need.

Practice breathing into your diaphragm. Start by lying down. Imagine your belly is a balloon. As you breathe in through your nose air will fill up your tummy and your belly should expand. As you exhale through your mouth the air is being squeezed out and your belly should deflate. Practice this and when you feel confident with the technique try it again when sitting and then standing.

Link your breath with your pelvic floor. Breathe into your belly to prepare and as you exhale contract your pelvic floor. When you have mastered this lying down, progress to sitting and then standing. Using this technique will ensure your core is working as well as it can to support you with the movements you need to be doing daily.

Pelvic floor exercises:

Try to 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 your 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.

Start by lying down, but progress into sitting and standing as your strength improves. You should always be able to feel your pelvic floor muscles contract and relax.

If any exercise causes pain, then limit or stop it.

Labour and birth

Most women with PGP can have a normal vaginal birth. Many women worry that the pain will be worse when 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 idea to have an awareness of how far you are able to part your legs (abduct) before you go 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.

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, the team supporting you with the birth will help ascertain how far apart you can move your legs safely.

Before the birth

Think about birthing positions that are likely to be comfortable for you and 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 positions easily. If you are able to get in and out of the pool on your own, this is a safe option for you.

During labour

Use gravity to help the baby to move downwards by staying as upright as possible. You could do this by:

- 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 the progress of labour.

You should **never** place your feet on the midwife's or your birth partner's hips when pushing to deliver your baby. Doing this can place too much strain on your pelvic joints and may also damage the back of the person supporting you.

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 and support for managing day-to-day see the Royal College of Obstetricians and Gynaecologists (RCOG) – Pelvic girdle pain and pregnancy:

[Pregnancy Related Pelvic Girdle Pain For mothers to be and new mothers | POGP \(thepogp.co.uk\)](https://www.rcog.org.uk/en/patients/patient-leaflets/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:

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your community midwife or doctor.

Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email bht.pals@nhs.net

How can you help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

Division of Women, Children & Sexual Health Services

Approvals:

Maternity Leaflets Group: V1 Feb 2016, V2 Oct 2018, V3 June 2023

O&G SDU Group: V1 Mar 2016, V2 30.11.18, V3 21.6.23

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