

Physiotherapy Department Patient Information

Pregnancy Related Pelvic Girdle Pain (Symphysis Pubis Dysfunction)



This leaflet explains why you have pelvic girdle pain and how you can help yourself. It also describes support you may receive from a physiotherapist.

Introduction

Pelvic girdle pain (PGP) used to be called SPD (symphysis pubis dysfunction). It is relatively common, affecting up to 1 in 5 women during pregnancy and after the birth of their baby. In some cases it can last until after the birth of the baby.

If this continues for more than a couple of weeks and is interfering with everyday life, you need to tell your midwife or doctor. Early action has been shown to be beneficial, so do seek help.

How do you know if you have PGP?

Symptoms are variable. The pain may be in the lower back on either side, or at the front, in or around the pubic bone. It is particularly noticeable when walking, rolling in bed, during sexual intercourse, getting dressed, getting in and out of the car, and when going up and down stairs.

What causes PGP?

It is caused by the softening of pelvic ligaments (strong bands that hold the pelvis together), as the body prepares for delivery of your baby.

This softening affects the stability of the pelvic joints, causing pain on movement of the legs.

A previous fall or injury to your pelvis can sometimes contribute to the problem.

What you can do to help yourself

Your day	What to do
Getting out of bed	Lie on the edge of the bed on your side with your knees bent. Keep your legs together. Push yourself up with your hands and arms whilst swinging your legs off the bed in one movement.
Washing	Use a shower if possible. Avoid standing on one leg. If you need to use a bath, sit on the side, and then swing your legs in, keeping your knees together.
Dressing	Sit down to get dressed. Avoid bending and lifting one leg off the floor. Try using barbecue tongs to extend your reach.
Going up and down stairs	Plan ahead so that you have to walk up and down stairs as little as possible. Try leading with your less painful leg when going upstairs, and with your more painful leg coming down.
Sitting	Sit squarely on both sides of your bottom. Don't put your legs up to one side as this causes more strain on your pelvic joints. Try not to sit with your legs crossed.

Your day	What to do
Standing	Don't stand on one leg and try not to stand for long periods.
Walking	Walk with shorter strides and try not to waddle. Wear comfortable shoes.
Housework	Avoid heavier tasks like hovering and making beds. Sit down to iron if it helps. Ask for help when needed and accept help when it is offered!
Lifting and pushing	Only lift when absolutely necessary. If you have a toddler or older child, encourage them to do as much as possible for themselves without being lifted. Hold objects with both hands. Don't push heavy objects like wheel barrows or full shopping trolleys.
Rest	Rest whenever you can. When the pain is severe, bed rest may be the only option.
Getting in and out of the car	When getting into the car, sit first then swing your legs in, keeping your knees together. Reverse the process to get out.
Exercise	Try to keep active, but avoid activities that make the pain worse. If you go swimming, avoid the breaststroke leg movement and just kick your feet as you swim.
Sex	You may need to find different positions for sexual intercourse.
Getting into bed	To get into bed, sit on the edge, gently drop sideways onto your elbow and shoulder, whilst swinging your legs up onto the bed in one movement. Remember to keep your knees together!
Sleeping	Lie on your side with a pillow between your legs and/or under your bump. If you have painful hips, try lying on a softer surface.
Turning over in bed	When turning in bed, bend your knees and keep them together as you roll.

What else can you do?

Tell your doctor or midwife, and ask to be referred to a physiotherapist. Keep following the advice above. You can also take paracetamol in pregnancy – two 500 mg tablets every four hours, to a maximum of 8 in 24 hours.

Seeing a physiotherapist

A physiotherapist will assess you by a physical examination and observing the way you move. Physiotherapy will include:

- Advice as listed above.
- Exercises to strengthen relevant muscles and adjust the way you move.
- Suggesting other types of pain relief such as acupuncture or TENS. Only use the TENS as directed, on your lower back.
- Provision of equipment such as support belts and crutches (please return when no longer needed). Support belts are also available from some maternity retailers.

Labour

- Tell your midwife that you have a problem when you are in labour. She (and your birthing partner) will be able to help you to get in to positions that you can cope with. Lying on your side supported by pillows, or kneeling/all fours positions may help.
- Your knees should not fall too far apart and it may be helpful to deliver your baby kneeling or on your left side with your top (right) leg supported.
- If your condition is mild and you are quite mobile, you may be able to use the birthing pool. You will need to get in and out of the pool by sitting on the edge with your knees together, and swing them round together. Discuss this option with your midwife.
- If you need an assisted delivery (ventouse or forceps), tell your doctor about your condition. Care is needed in putting your legs in the lithotomy position (leg supports) so that you do not exceed the pain free range of movement.
- If you have an epidural, ensure that the pain free range of movement is not exceeded when you can no longer feel the pain. It is a good idea to measure the range before you have the epidural.

After the baby is born

- Bed rest for 24 – 48 hours is recommended until the acute pain subsides.
- Ask for help in caring for your baby if you need it.
- Try not to do too much too soon. Do accept help from family and friends as rest will help the pelvis to settle more quickly.
- Increase activities very gradually.
- Take pain killers as required under the guidance of your GP/ Midwife.
- Do your gentle abdominal and pelvic floor exercises.
- Continue to use your pelvic support and crutches for the first few days, if you need to.

This condition is usually temporary, but can take 3 – 6 months to resolve completely. If the pain persists, however, ask your GP to refer you back to your Physiotherapist. Some women find the pain comes back when they are having their period. If this happens to you, follow the self-help advice above.

Contact details for more information

Linda Pugh MCSP, Clinical Lead Physiotherapist in Women's Health
Royal Shrewsbury Hospital
01743 261153

Jo Aubrey MCSP, Specialist Physiotherapist in Women's Health
Princess Royal Hospital
01952 282880

Other sources of information

NHS Choices

The UK's biggest health website, certified as a reliable source of health information:
www.nhs.uk

Patient UK

Evidence based information on a wide range of medical and health topics.
www.patient.co.uk

Patient Advise and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

Princess Royal Hospital, Tel: 01952 282888

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Website: www.sath.nhs.uk

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Your information

Information about you and your healthcare is held by the NHS. You can find out more about how we hold your information and how it is used on our website in your Pregnancy Information Book.

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