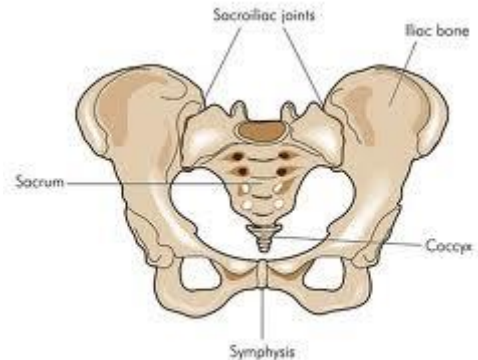


Pelvic girdle pain and pregnancy

Pelvic girdle pain (PGP) pain is a discomfort/pain in the front of and/or back of the pelvis and it can also radiate out to the hips and thighs. It can affect the sacroiliac joints at the back and/or the symphysis pubis joint at the front.



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

PGP is common, affecting 1 in 5 pregnant women, and can affect your mobility and quality of life. Pain when you are walking, climbing stairs and turning over in bed are common symptoms of PGP. However, early diagnosis and treatment can relieve your pain. Treatment is safe at any stage during or after pregnancy.

What causes PGP?

In pregnancy all the ligaments soften due to hormone changes which take place. This change causes increased mobility of the joints, especially the pelvis and hips. The three joints in the pelvis work together and normally move slightly. PGP is usually caused by the joints moving unevenly, which can lead to the pelvic girdle becoming less stable and therefore painful. As your baby grows in the uterus, the extra weight and the change in the way you sit or stand will put more strain on your pelvis. You are more likely to have PGP if you have had a back problem or have injured your pelvis in the past or have hypermobility syndrome, a condition in which your joints stretch more than normal.

Symptoms of PGP

PGP can be mild to severe but is treatable at any stage in pregnancy and the sooner it is treated, the more likely you are to feel better. It is more common later in pregnancy.

Symptoms can include:

- Pain in the pubic region, lower back, hips, groin, and can radiate down to thighs and knees.
- Clicking or grinding in the pelvic area.
- Pain made worse by movement, for example:
 - Walking on uneven surfaces/rough ground or for long distances
 - Moving your knees apart, like getting in and out of the car
 - Standing on one leg, like climbing the stairs, dressing or getting in or out of the bath
 - Rolling over in bed
 - During sexual intercourse.

Diagnosing PGP

Talk to your midwife or doctor about your pain. It is also important to meet a physiotherapist as soon as possible who will make an assessment to diagnose PGP, and the earlier the better to treat the symptoms.

What can I do to help the symptoms?

The following simple measures may help:

- Keeping active but also getting plenty of rest
- Standing tall with your bump and bottom tucked in a little
- Changing your position frequently – try not to sit for more than 30 minutes at a time
- Sitting to get dressed and undressed
- Putting equal weight on each leg when you stand
- Trying to keep your legs together when getting in and out of the car and turning over in bed
- Lying on the less painful side while sleeping
- Using a pillow under your bump and between your legs for extra support in bed
- Wearing low heeled shoes

These things you should avoid:

- Lifting anything heavy, for example heavy shopping
- Going up and down the stairs too often
- Stooping, bending or twisting to lift or carry a toddler or baby on one hip
- Sitting on the floor, sitting twisted, or sitting or standing for long periods
- Standing on one leg or crossing your legs.

Treatment choices

Your physiotherapist will suggest the right treatment for you. This may include:

- Advice on avoiding movements that may be aggravating the pain. You will be given advice on the best positions for movement and rest and how to pace your activities to lessen your pain.
- Exercises that should help relieve your pain and allow you to move around more easily. They should also strengthen your abdominal and pelvic floor muscles to improve your balance and posture and make your spine more stable.
- Manual therapy (hands-on treatment) to the muscles and joints by a physiotherapist, osteopath or chiropractor who specialises in PGP in pregnancy. They will give you hands-on treatment to gently mobilise or move the joints to get them back into position, and help them move normally again. This should not be painful.
- Warm baths, or heat or ice packs
- Swimming, pool exercises
- Acupuncture
- A support belt or crutches.

For most women, early diagnosis and treatment should stop symptoms from getting worse, relieve your pain and help you continue with your normal everyday activities.

If I still have pain although I have followed this advice?

Being in severe pain and not being able to move around easily can be extremely distressing. Talk to your midwife and doctor to get further support and advice.

If you continue to have severe pain or limited mobility, it is worth considering:

- Aids such as crutches or a wheelchair for you to use on a short-term basis. Your physiotherapist will be able to advise you about this. Equipment such as bath boards, shower chairs, bed levers and raised toilet seats may be available.
- Changes to your lifestyle such as getting help with regular household jobs or doing the shopping.
- If you work, talking to your employer about ways to help manage your pain. You shouldn't be sitting for too long or lifting heavy weights. You may want to consider shortening your hours or stopping work earlier than you had planned if your symptoms are severe.
- Sometimes it may be necessary to use pain medication. Discuss this with your midwife or doctor.

If you are in extreme pain or have very limited mobility, you may be offered admission to the antenatal ward where you will receive assistance in managing your pain and mobility.

Can I have a vaginal birth?

Yes. Most women with pelvic pain in pregnancy can have a normal vaginal birth. Make sure the team looking after you in labour know you have PGP. They will ensure your legs are supported, help you to change position and help you to move around.

You may find using the bath helps to take the weight off your joints and allows you to move more easily. All types of pain relief are possible, including an epidural. Caesarean is seldom a solution and can slow down your recovery.

Will I need to have labour induced early?

Most women with PGP do not need to have labour started off. Your midwife or obstetrician will talk to you about the risks and your options.

What happens after delivery?

PGP usually improves after birth although around 1 in 10 women will have ongoing pain. If this is the case, it is important that you continue to receive treatment and take regular pain relief. If you have been given aids to help you get around, keep using them until the pain settles down.

Aim to become gradually more mobile. You should continue treatment and take painkillers until your symptoms are better.

Will it happen in my next pregnancy?

If you have had PGP, you are more likely to have it in a future pregnancy. Making sure that you are as fit and healthy as possible before you get pregnant again may help or even prevent it recurring.

Is there anything else I need to know?

Pregnant women have a higher risk of developing blood clots in the veins of their legs compared with women who are not pregnant. If you have very limited mobility, the risk of developing blood clots is increased and you may need to have injections of blood thinning medication to reduce your risk of blood clots.

References:

Royal College of Obstetricians and Gynaecologists (2015). *Pelvic girdle pain and pregnancy*.