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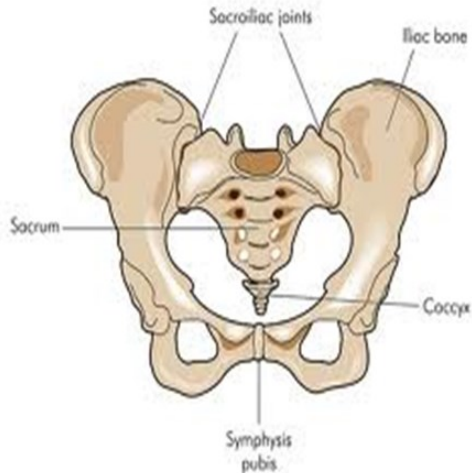
Pelvic Pain in Pregnancy Advice and Exercises



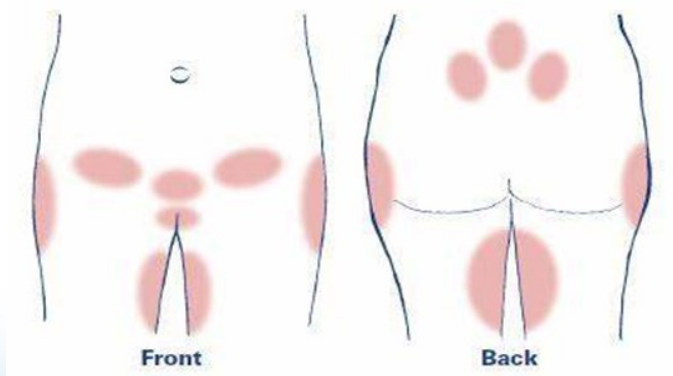
Cambridgeshire Community Services NHS Trust: delivering excellence in musculo-skeletal services and pelvic health physiotherapy across Cambridgeshire and Peterborough

What is pelvic girdle pain (PGP)?

Pelvic girdle pain describes pain in and around the joints and tissues that make up your pelvic girdle. The pelvic girdle includes the symphysis pubis joint at the front of the pelvis and the sacro iliac joints (one each side) at the back of the pelvis plus many ligaments and muscles. It is a very strong structure.



The discomfort of PGP can often be felt over these joints but can also be below your tummy, between your upper thighs or at the sides of your pelvis. It can affect one side of your pelvis or both sides. The symptoms and severity vary between women and between pregnancies in the same woman.



PGP is common with as many as 1 in 5 pregnant women reporting symptoms. Although common it is not a normal part of pregnancy and there is a lot of advice and treatment available that can help.

A small number of women may find symptoms persist after pregnancy and you can arrange further physiotherapy input to help.

Causes of PGP are thought to be due to a variety of factors relating to normal pregnancy changes but sometimes there are no obvious explanations.

As pregnancy progresses your body changes shape (front loading – bump, baby, breasts) and your weight increases. Pregnancy hormones are released. These hormones affect the pelvis with the ligaments becoming stretchier, preparing it to carry a baby and for the birth itself.

All these changes alter the demands on the muscles, tissues and joints around the tummy, pelvis, hips and pelvic floor. Some support muscles are then not able to work so effectively, whilst others may overwork to help compensate.

This can result in an alteration of how your body moves with irritation and increased sensitivity of the joints and tissues around the pelvis. Equally influential to PGP are other factors such as poor sleep, stress and anxiety, previous history of back pain and constipation.

The symptoms of PGP may cause difficulty and/or pain with:

- Walking
- Standing on one leg – stairs, dressing, getting in/out of bath
- Moving legs apart – getting in/out of car
- Clicking grinding in pelvic area – you may hear or feel this
- Hip movements – turning in bed
- Some lying positions – side or back
- Some normal everyday activities
- Sexual intercourse

Top Tips for Pelvic Girdle Pain

SLEEP

- Try a pillow between your knees or under your bump if lying on your side
- Support/hold your bump when moving in bed
- Rather than turning over, turn under on all fours
- Turn onto your side to get in/out of bed

EVERYDAY ACTIVITIES

- Sit down to get dressed rather than standing on one leg
- Use a rucksack over both shoulders rather than carrying shopping bags in one hand
- Carry your baby/small child in front of you, rather than on one hip
- Take stairs one at a time
- Keep your knees together getting in/out of a car
- Try not to sit/stand for long periods – regularly change positions

STRESS

- Accept help, especially with other children
- Rest when you can
- Speak to a health professional if you feel you need to

SITTING

- Raise height of your chair with cushions
- Sit with legs symmetrical (not crossed or tucked under you)
- Set an alarm for 15 minutes so you regularly get up
- Try not to slump back in the chair

Try these ideas for getting up:

- Have one foot in front of the other getting up
- Breathe out as you get up and think about squeezing your bottom muscles rather than pushing through your arms
- You could try altering your foot position to get up, for example slightly turning your feet in or out to change the muscles you are working

PAIN RELIEF

- Try ice (frozen peas wrapped in a damp tea towel) over pubic bone for 10-20 minutes, up to three times per day
- For buttock pain, try a hot water bottle/wheat bag over the area
- Consider trying an elasticated tubular support/pelvic support belt during activity
- Seek advice from your GP/pharmacist as needed

BOWEL

- Eat and drink adequate fibre and fluids to help avoid constipation
- When emptying your bowel keep your knees apart, consider placing your feet on a small stool and keep your tummy and breathing relaxed

Exercise therapy

The majority of women will respond well to physiotherapy exercises and lifestyle modifications. The purpose of the exercises below is to improve the support and muscle function around your pelvis to help ease symptoms.

All of the exercises within this leaflet are safe to complete throughout your pregnancy, however as your bump gets larger you may need to adapt some of the exercise positions. It is advised that you complete the exercises in a propped up lying or side lying position to reduce potential dizziness, which can be associated with lying flat in the later stages of pregnancy. Think about using a pillow or rolled up towel to help with positioning.

Complete the following exercises in a comfortable position – for example lying, sitting or standing.

- Aim for up to 10 repeats of each exercise but you may need to start with fewer and gradually build up.
- Repeat 2-3 times a day if possible.
- You should aim to practice these exercises regularly.

These exercises should not be painful but may cause some discomfort, which should settle within approximately 30 minutes. If any of the exercises cause a sharp pain or make you feel worse, stop doing that exercise for a few days and then try again. Please contact our physiotherapy service if you have any questions regarding this information.

If your symptoms are continuing despite trying the self-help advice and exercises in this leaflet, please contact our physiotherapy service. If you are having difficulty managing to complete daily tasks such as washing and dressing or going to work please consider contacting your GP to discuss pain relief.

Pelvic floor muscles

In a lying or seated position contract your pelvic floor by drawing up your front and back passages. Imagine you are trying to stop wind and at the same time trying to prevent your flow of urine. The feeling is one of 'squeeze and lift'. It is recommended that you complete two types of pelvic floor exercises – long and short holds.



- **Long hold:** Aim to hold this squeeze for 3 breaths in and out and build up to 10 repeats. You could also think about gently drawing in the lower part of your stomach, drawing your 'bump' upwards at the same time as contracting your pelvic floor muscles.
- **Short hold:** Aim to hold this squeeze for 1-2 seconds then relax. Aim to repeat this up to 10 times.

Pelvic tilting

In a sitting position encourage the lower part of your spine to move freely by gently arching and rounding your lower back by rocking your pelvis.



Pelvic tilting in a kneeling position

On all fours encourage the lower part of your spine to move freely by gently arching and rounding your lower back by rocking your pelvis.



Child's pose

On all fours with your knees apart to accommodate your tummy, let your arms slide along the floor/bed as far as possible. Push your bottom back and down and the chest towards the floor. Breathe out while doing the exercise.



Sit to stands

Place your arms across your chest. Stand up and then sit down slowly on a chair. (This can be made easier or more difficult by changing the height of the chair). Place your hands on your thighs or hips for support if required.



Squats

Stand tall with your feet slightly wider than hip-width apart. Point your toes forwards or outwards by a few degrees. Keep your chest up and your spine and neck in a neutral position.

Squat down by sitting back and bring your arms forward. Push back up through the heels, chest up, and straighten your hips.

Note:

- Keep your hips, knees and toes aligned and don't let your lower back round.
- Keep your weight evenly on your whole foot.



Squats with band

Stand with your feet hip-width apart and an exercise band placed around your legs just above or under your knees with the slack taken off the band. Squat down by moving your pelvis backwards and bending your knees. Actively push your knees against the band to keep your hips, knees and toes aligned.



Calf raises

Stand tall with your feet hip-width apart and your weight evenly on both feet. Keep your toes and knees pointing forwards. Rise up onto your toes. In a controlled manner then lower your heels back down again to return to the starting position. Note: Avoid shifting the weight towards the outer side of your forefoot during the heel raise.



Self-help information

https://thepogp.co.uk/patient_information/pregnancy_and_early_postnatal.aspx

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/829894/5-physical-activity-for-pregnant-women.pdf - UK Chief Medical Officers' Physical Activity Guidelines, 2019, infographics.

To refer yourself to a physiotherapist for additional advice and treatment, and your GP surgery is in Cambridgeshire or Huntingdonshire, please visit www.eoemskservice.nhs.net and click on the 'physiotherapy self-referral' tab.

If your GP surgery is in any other area, you can ask your GP to refer you to a physiotherapist local to your home.

For further information about this service contact:

General Enquiries: 0300 555 0123

Physiotherapy Dept, Hinchingsbrooke Hospital, Hinchingsbrooke Park, Huntingdon, Cambs PE29 6NT

Physiotherapy Dept, Brookfields Campus, 351 Mill Road, Cambridge, CB1 3DF

Physiotherapy Dept, Princess of Wales Hospital, Lynn Road, Ely, Cambs, CB6 1DN

Physiotherapy Dept, Doddington Hospital, Benwick Road, Doddington, Cambs, PE15 0UG

Physiotherapy Dept, Rowan Lodge, North Cambs Hospital, The Park, Wisbech, Cambs, PE13 3AB

Physiotherapy Dept, City Care Centre, Thorpe Road, Peterborough, PE3 6DB

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If you have any compliments about this service or suggestions for improvements, contact our Patient Advice and Liaison Service on 0300 131 1000 (charges may apply depending on your network) or email: ccs-tr.pals@nhs.net.

For free, confidential health advice and information 24 hours a day, 365 days a year please contact NHS 111.