

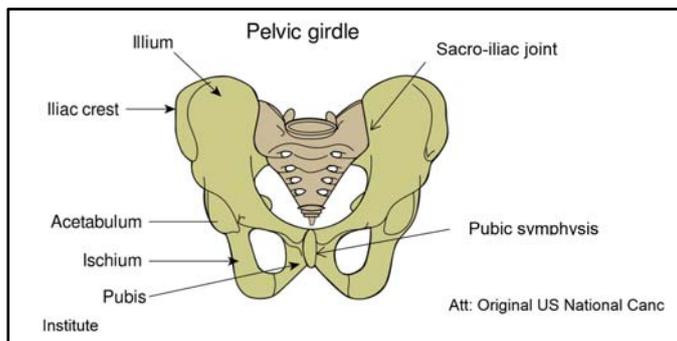
## Fact Sheet

# Pelvic Girdle Pain (PGP)

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### What is Pelvic girdle pain (PGP)?

Pelvic girdle pain is the name we give to pain, and problems with movement, of the bones and joints in the pelvis. This is a very common condition during pregnancy with about 1 in every 5 pregnant women having some of these symptoms. The pelvic joints most affected are those at the back where the pelvis and spine meet, called the sacro-iliac joints, and the joint at the front of the pelvis called the pubic symphysis.



### What causes pregnancy related pelvic girdle pain?

During pregnancy your body makes lots of new hormones. These hormones may cause your ligaments to soften and stretch which allows more movement in your joints. The joints may also move a little unevenly causing pain and a feeling of being less stable. Added to this, your growing baby takes up space, which changes your posture (the way you stand and walk). This extra weight at the front of your body changes the way the pelvic joints and muscles work which may make the problem worse.

Women, who have had back or pelvic problems in the past, or in a previous pregnancy, are more likely to develop PGP.

**If we treat your symptoms early we can often prevent PGP from becoming worse, so talk with your midwife or doctor if you have pain or movement problems so that they can refer you to a physiotherapist for help.**

### How will I know that I am suffering from of pregnancy related pelvic girdle pain?

Pain in the lower back and pelvis are the most common symptoms, but many women also complain of a 'clicking or grinding' sensation at the front of the pelvis, and of feeling unstable when they walk.

The pain is most often felt in the:

- back of the pelvis, buttock, back of thigh or lower back (lumbar) area and/or the
- front of the pelvis, groin or inside thigh

You may also experience that your leg feels heavy or hard to move.

Pregnancy related pelvic girdle pain (PGP) can also cause difficulty with:

- standing, especially on one leg
- walking, particularly on even ground
- climbing stairs
- getting out of a chair or the car, particularly where you have to move your knees apart and put more weight on one leg than the other.
- turning in bed
- bending and lifting
- sexual intercourse

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### What should I do if I think I have PGP?

Speak with your doctor or midwife so they can refer you to a physiotherapist for treatment and advice. The treatments are effective and safe for you and your baby. Your physio will also give you information on general lifestyle changes which will help relieve your pain and decrease the chance that your symptoms will get worse.

Physiotherapy may include education about postures (the way you walk and stand), different ways of moving, as well as ways to reduce the stress on your pelvis and joints. They may also recommend massage and exercises. Rarely, you may need a pelvic support such as a belt, or walking aids such as crutches, to keep moving. These are only needed in extreme circumstances when the pain has not responded to other simple treatments.

Water exercises, sometimes called hydrotherapy or aqua-classes, may be recommended. There is a pregnancy water exercise class available at Westmead Hospital in the hydrotherapy pool. If you are interested in this, you should speak with your midwife, doctor or physiotherapist.

Self-management with either ice or hot packs, whichever provides most relief, can be tried. They should be used over the area of the sacroiliac joints, or buttocks for 20 minutes at a time. Ensure there are sufficient protective layers between the ice or heat and your skin to prevent skin irritation or burns.

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**Send your feedback to:**

WSLHD-Get\_Involved@health.nsw.gov.au

### What can you do to help?

Physiotherapists generally advise the following to help ease the problem:

- Keep your knees together when turning in bed, sitting and rising from a chair
- Sleep with a pillow between your knees and one under your 'baby bump'
- Take regular rests during the day as needed
- Take smaller steps when walking
- Stand with weight evenly distributed between both legs (don't lean or stand on one leg)
- Lift objects with your knees bent and keep your back straight
- Wear supportive footwear (runners or closed shoes, not sandals or thongs)
- Stay active with regular low impact exercise within your comfort limits
- Go up and down stairs one step at a time
- Put a plastic bag under your bottom on the car seat to help you get out of the car by swivelling on the bag and keeping your knees together.
- When getting in and out of bed, roll to your side and use your arms to push yourself up or lower yourself down
- Try and gently tighten or softly draw in your tummy and buttock muscles when moving about, such as turning in bed, getting out of bed or getting out of a chair.

### What should I avoid doing?

- Sitting with legs crossed
- Standing on one leg
- Heavy lifting, or pushing, or twisting while picking something up
- Carrying a child on your hip
- Climbing many stairs
- Vacuuming
- Running, jumping and hopping
- Wearing high heeled shoes
- Breast stroke swimming

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### What if I still have pain even after trying all these things?

It can be helpful to take a regular dose of a simple pain killer like Paracetamol (Panadol™) if the pain is not responding to the physical treatments. Very rarely women with PGP are admitted to hospital for a short spell of bedrest to help settle the pain. However, it is very important for pregnant women to keep moving about, as lying still in bed increases the risk that you could develop a clot in the leg veins (called deep vein thrombosis DVT).

**Pelvic Girdle Pain is a common problem in pregnancy, it is not harmful to you or your baby, but it can be quite uncomfortable for you. Early treatment and simple preventions are helpful so make sure you discuss any symptoms you have with your pregnancy carer.**

### Can I still have a normal labour and delivery with PGP?

Yes, women with PGP can have a normal vaginal birth and may use any available pain relief during labour, including an epidural. The team looking after your labour needs to know about your PGP so that they can make sure you are comfortable and supported during your labour and delivery. Physiotherapists can provide suggestions for labour positions. It may be helpful to talk with your midwife or doctor about using the water bath during your labour as this can help take strain off your joints. After the birth of your baby you will still need to be careful about the movements which caused you pain before. As the pregnancy hormones leave your body the ligaments will become stronger and for nearly all women (90%) PGP will settle. However, this may take 6-8 weeks, so you need to keep up your treatment and pain killers as necessary.

### What happens if I still have pain many weeks after the birth of my baby?

Most women will have a reduction in their symptoms after birth. However if your pain and dysfunction persists it is important you discuss this with your doctor, midwife or physiotherapist. Occasionally you will need referral to a specialist doctor to check for reasons why the pain is not settling down.

### What will happen in my next pregnancy?

It is possible that you will get PGP with your next pregnancy as it happened this time. Staying fit and making sure your tummy and pelvic floor muscles are strong, will minimise the chance of PGP being a problem again. Speak with your physiotherapist about how to stay fit in between pregnancies.

