

Pregnancy-related pelvic girdle pain

Information and advice

This information is designed to supplement the advice given by your doctor, and is written by physiotherapists based on the latest medical advice.

Pelvic pain in pregnancy is common. It describes pain in the joints that make up your pelvic girdle, which includes the symphysis pubis at the front and the sacroiliac joints at the back.

The hormone relaxin, that allows the ligaments to soften and stretch in preparation for labour, may have a part to play in allowing some excess or uneven movement to occur in the pelvic joints. A history of lower back pain, or previous injury to the pelvis, may make someone more likely to develop pelvic girdle pain. Changes in posture as the body gets bigger can also affect the pelvis and lower back.

Things that may aggravate it include opening your legs too wide and taking all your weight on one leg for too long. Activities like getting in and out of the car and bath, going up and down stairs, standing on one leg to put socks on and rolling over in bed at night are often problematic.

Walking may also be painful. It is common to feel clicking or grinding, but this is nothing to worry about. With the right advice in pregnancy, most pelvic girdle pain can be well-managed. Most women experience pelvic girdle pain only when pregnant. Occasionally it can continue after the birth.

Things to do to help yourself

- Listen to your body. If you know a particular activity causes discomfort, try to avoid, stop or limit the activity
- Rest. Take the weight of your body off your pelvis whenever possible. Try to find some rest time in your day. However, it is helpful to stay as active as possible
- Sit down for tasks where you would normally stand, and only do essential lifting. Try to get a toddler to climb up to you from a stool before you lift them. Avoid going up and down stairs repeatedly when you could get a few things in one go. But remember, the heavier the weight you carry the more strain on the pelvis
- Avoid straddle movements especially when weight bearing. Keep your legs together getting in/out of the car or bed. It may be more comfortable to shower rather than bathe and don't sit astride a bidet – sit on it like a toilet. When having sexual intercourse the most comfortable positions may be on your side, face to face or like spoons with your back to your partner's front. Swimming may be helpful but breaststroke is generally best avoided. You may find it more comfortable to take shorter strides than usual while walking.

- Bend your knees and keep your legs squeezed together when turning in bed or getting in and out of bed
- Avoid twisting movements of the body - always face what you are doing.
- If the pain is severe and the above measures are not helping enough your GP will be able to refer you to physiotherapy. There are physiotherapy techniques which may help, including the right sort of gentle exercise. Occasionally a pelvic support belt can be helpful. If your problem is severe, using elbow crutches will help take the weight off the pelvis and keep you relatively mobile.

Labour and birth

Most people with pelvic girdle pain can have a normal birth, but you may need to be careful with your choice of position for delivery. Make sure that your midwife knows that you have pelvic girdle pain. It is important that you do not spread your legs apart too much during delivery, if this is an uncomfortable position for you. You may be more comfortable kneeling, on all fours, or on your side with your top leg supported. Birth in water may be helpful. Talk to your midwife before the birth about the possibilities.

After the birth

Gradually increase your activity as you feel able to. Take care with lifting – do not carry your baby on one hip. If you have to carry a car seat, carry it in front of you, not at the side. Try to change nappies at waist height. Do your pelvic floor exercises daily.

The following website may be helpful:
www.pelvicpartnership.org.uk



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