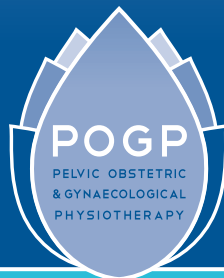


Guidance for Mothers-to-be and New Mothers

Pelvic Girdle Pain and other common conditions in pregnancy



EXCELLENCE
MATTERS

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Your health carer has given you this leaflet to explain and provide advice about pelvic girdle pain (PGP) and other common conditions in pregnancy. The term PGP is used to describe pain experienced in the front and back of your pelvis.

This leaflet has been written by healthcare professionals who have cared for women with PGP. It will help you understand more about PGP, how you can adapt your lifestyle and how you can look after yourself.

1. Introduction

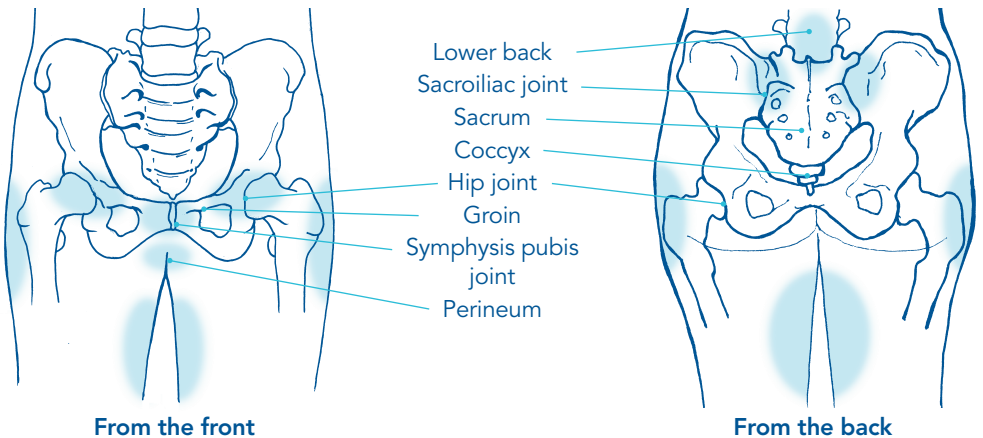
Pregnancy-related PGP is common, but it is not normal or expected during pregnancy.

The sooner it is identified and assessed, the better it can be managed.

- Around 1 in 5 pregnant women experience mild discomfort around the pelvic area during pregnancy. PGP occurs more commonly in second or further pregnancies. If you have symptoms that do not improve within a week or two, or interfere with your normal day-to-day life, you should ask for help from your midwife, GP, physiotherapist or other health carer.
- Women experience different symptoms and these are more severe in some women than others. Understanding why you might be experiencing pain and how to help yourself may help to reduce your pain and the impact PGP has on your life.

2. What is PGP and how is it diagnosed?

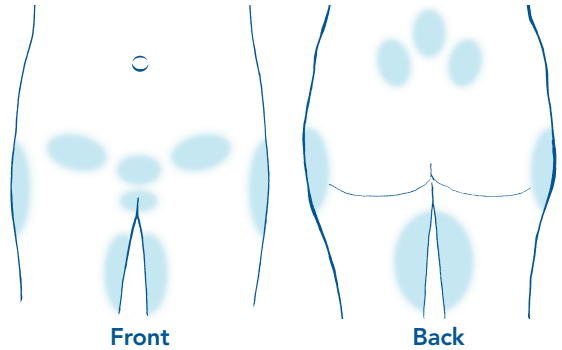
- PGP describes pain that you feel anywhere around your pelvis.



- Discomfort may be felt over the front, back or sides of your pelvis.
- You may experience pain in all or some of the areas shaded in the diagrams above.

You may also have:

- difficulty walking
- pain when standing on one leg (e.g. climbing stairs, dressing, or getting in or out of the bath)
- pain and/or difficulty moving your legs apart (e.g. getting in or out of the car)
- clicking or grinding in the pelvic area – you may hear or feel this but it is not harmful
- limited or painful hip movements (e.g. turning over in bed)
- difficulty lying in some positions (e.g. on your back or side)
- pain during normal activities of daily life
- pain or discomfort during sexual intercourse



You should be able to have physiotherapy at any stage of pregnancy and it is usually helpful to have treatment as soon as you notice your symptoms. If you receive good advice / treatment during your pregnancy your symptoms are likely to improve and even resolve completely.

3. What causes PGP?

We used to think that PGP was caused by the hormone relaxin making the pelvic joints loose. We now know that this is not actually true. Your pelvis remains strong and stable during pregnancy and birth. When you experience pain, it does not always mean that the body, or pelvis, is damaged – think about when you have had a headache, most headaches do not mean there is damage or harm. Sometimes when we have a headache our neck muscles tighten as well. The same thing can happen to the muscles in and around the pelvis. This is our brain's response to try and protect us, even if we are not going to cause any damage or are in danger. The brain stores information about previous pain experiences and also takes into consideration the current situation as well as our emotional state and then decides how the body should react and how much pain we should feel.

Studies have shown that pain and emotions are processed in the same part of the brain, so there is a very close relationship between how you are feeling emotionally and your pain. An example of this is when someone experiences sudden grief and they feel pain in their chest, this is where we get the phrase 'heartache' or 'broken heart' from. There are a lot of changes that happen in pregnancy which naturally 'turn up the volume' on our nervous system. These changes make us more alert to what is happening in our body, particularly to things happening inside and around the pelvis. It can also make our body behave in a more protective way. This can mean that our muscles feel tight or our movement feels difficult, restricted or painful.

Sometimes pain can carry on longer than it should or pain can be felt even when there is no immediate or ongoing damage or risk of harm. In this situation, the brain is acting in a 'higher state of alert'. This leads to a sensitized nervous system or faulty signaling.

4. Risk Factors

Your PGP experience maybe different from someone elses.

Research has found that women with PGP may have experience of one or more of the following:

- a history of low back pain or PGP
- a high body mass index (BMI)
- smoking
- depression and / or anxiety
- a heavy workload in pregnancy
- not being satisfied with work
- the belief that pain will not improve

Factors **not** associated with PGP include:

- breastfeeding
- time since last pregnancy
- age and height
- the contraceptive pill
- vaginal birth
- pelvic joint changes
- postural changes

5. Management

If you have PGP, you should find the advice in this leaflet helpful and may benefit from:

- a doctor (or midwife) referral to physiotherapy.
- self-referral to physiotherapy (either NHS or private).
- medication for pain relief, if required.
- to local pregnancy or postnatal support and wellbeing groups.

Remember to:

- access help early.
- ask whether you can have your hospital appointments on the same day or whether your midwife is able to visit you at home. This will help you to manage and prioritise your daily activities.

a. General advice

You should be given advice that is relevant to your current level of function in your daily life and your lifestyle. If your daily activities do not increase your pain, or if you have had some treatment and the pain has improved, then some of the following advice may not apply to you.

We know that there are some simple steps we can do to reduce pain and the amount of attention the brain spends thinking about one area of the body.

Sleep:

Get a good amount of sleep, studies suggest 7 to 9 hours. If you do not sleep enough at night then try to catch up in the day with a short nap. This may be difficult if you have a baby or other young children but do try to prioritise your sleep.

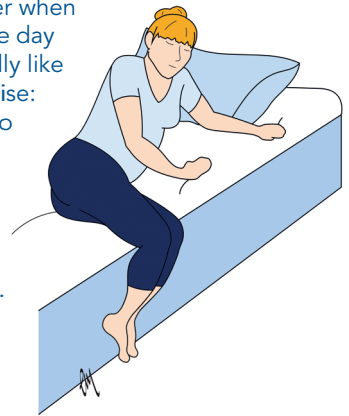


Hydration:

Drink plenty of water. Drinking more water will also help to reduce other pregnancy challenges, such as constipation, headaches and cramps.

Movement and exercise:

Move! Some movements and activities might aggravate your pain, but there will be some that do not, so focus on these. Movement and exercise reduces pain and improves how our body functions. You might also find that your movement is better when you are less tired, so think about exercising at a time of the day that might feel more comfortable. If the exercise you usually like to do is causing discomfort then consider a different exercise: swimming; antenatal yoga or pilates; gym exercises. We do not recommend taking up any new high-impact sporting activities in pregnancy.



Pelvic floor exercises:

Doing pelvic floor exercises encourage circulation in and around the pelvis which will reduce the pain response. Getting your pelvic floor working well will also help you with your labour and reduce PGP postnatally. As you change from sitting to standing or turnover in bed, try to squeeze your pelvic floor muscle first. For further information and advice on pelvic floor exercises, please look at our other resources - 'Pelvic floor exercises for women' or the NHS Squeezy App.

Social support:

Our thoughts, beliefs and life stressors impact our pain. Speak to a friend or medical provider for ways to reduce your stress and worries. Pregnancy is full of changes and challenges and we all benefit from support.

Deep Breathing Exercises:

Holding your breath whilst moving or exercising might cause unnecessary tension in your muscles and can add to the experience of discomfort around your lower back or pelvis. If you are feeling anxious, deep breathing can help you feel a lot calmer, lessen muscle tension and bring an improved sense of well-being.

Breathe in slowly through your nose and out through your mouth. Try to keep your shoulders down and relaxed, and place your hand on your stomach – it should rise as you breathe in and fall as you breathe out. You can do this for 2-3 minutes at a time, in any position that you find comfortable.

b. Physiotherapy

The advice and exercises on the previous page may help your symptoms effectively. A physiotherapist can assess how PGP is affecting your whole body, your family and your lifestyle, and offers a range of treatment options and advice.

Treatment

The physiotherapist will discuss which treatment is best for you, based on an individual assessment. Physiotherapy treatment aims to improve your ability to move freely and with less pain and to help you to return to your normal function.

Treatment may include:

advice, such as:

- easier ways to move such as - comfortable supportive footwear, keeping knees together when turning over in bed and using your abdominal and pelvic floor muscles when changing positions - e.g sitting to standing.
- suggested positions for labour and birth
- looking after your baby and any toddlers
- positions for sexual intercourse
- **exercises** to strengthen your stomach, back, pelvic floor and hip muscles
- **hands-on treatment** such as manual therapy or massage
- **other types of pain relief** such as acupuncture or transcutaneous electrical nerve stimulation (TENS)
- **exercises in water**
- **provision of equipment** (if necessary after individual assessment), such as pelvic girdle support belts and walking aids to be used as directed by your physiotherapist.

How often will you need treatment?

- your physiotherapist will see you during the pregnancy as necessary. For some women, the pain gets completely better and no more treatment is needed.
- not everybody responds completely to physiotherapy immediately, you may need several visits for further reassessment and treatment to help manage your pain.
- you should continue to follow any advice given to you by the physiotherapist, including exercises you have been prescribed as part of your treatment.

c. Exercise and sport

We do not recommend you take up new high impact sport or exercise in pregnancy.

We do encourage movement and exercise during pregnancy that feels good.

6. Exercises to encourage gentle movement

Here are some examples of gentle exercises which will help your back and muscles move well, they can be done on a chair or a gym ball.

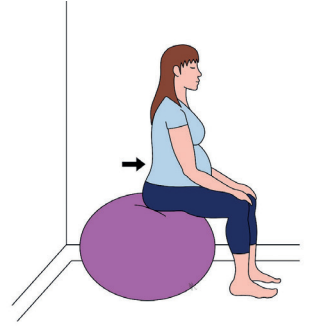
Pelvic tilts

Sit comfortably at the front of a chair/gym ball. Rock your pelvis backwards as if you are slumping in the chair. Then roll your pelvis forwards to gently arch your lower back.

This movement helps to ease stiffness and pain in your lower back.

Pelvic tilting can be done whilst sitting, standing, lying on your side or on a gym ball.

Repeat as many times as comfortable.



Side bends

Sitting on a ball/chair, gently lean side to side.

You may feel a gentle stretch on your ribcage and back.

Repeat as many times as is comfortable.

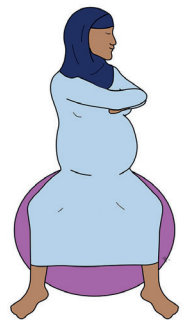
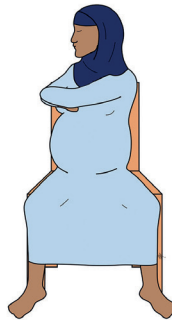
Thoracic twists

Sitting on a ball/chair, cross your arms in front of you and gently twist the top half of your body to the left and look over your left shoulder.

Then repeat to the right side.

You may feel a gentle stretch on your ribcage and back.

Repeat as many times as comfortable.



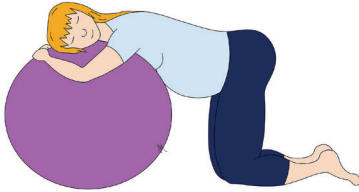
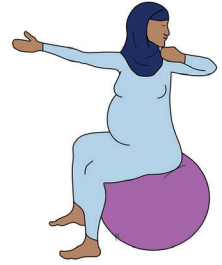
Bow and arrow

Sitting on a ball/chair, hold both arms out in front of you, then move your left arm as if you are pulling back a bow and arrow and twist towards the left.

Then repeat to the right side.

You may feel a gentle stretch on your ribcage and back.

Repeat as many times as comfortable.



Kneeling and leaning

Practice kneeling and leaning forward onto a ball/chair. Keep your back horizontal to the floor.

You may find it comfortable to rock forwards and backwards for a few minutes.

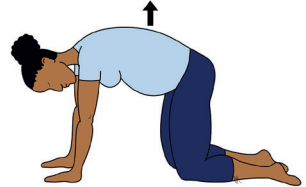
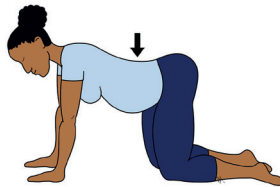
Cat stretches

Arch your back up like a cat and hold for a few seconds.

You should feel your lower abdominal muscles gently working and your back muscles stretch.

Then allow your back to move in the opposite direction and hollow your back down.

Repeat as many times as comfortable.



7. Emotional effects of PGP

The discomfort of PGP and difficulty with normal activities may make you feel low.

Seeking help and advice as early as possible will help your pain, but if you are

experiencing any emotional effects of PGP, ask for help and support from the medical team looking after you.

8. Labour and birth

Most women with PGP can have a normal vaginal birth

- Many women worry that the pain will be worse if they have to go through labour. This is not usually the case, you should be able to choose your place of birth as you wish, including birthing centre or home birth options.
- Most women with PGP manage to have a normal delivery and a caesarean section is not normally recommended. It is always a good idea to discuss your birthing options with your midwife or doctor.

Before labour:

- Think about and practice moving between positions that are comfortable for you
- Record them in your birth plan and discuss with your birthing partner and/or midwife
- Labour and birth in water may be appropriate and comfortable for you
- Discuss coping strategies with your physiotherapist

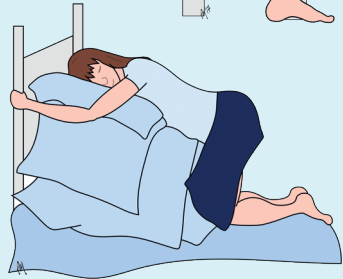
During labour:

- use gravity to help the baby to move downwards by staying as upright as possible:
 - kneeling
 - on all-fours
 - standing

These positions can help labour to progress.

- try to avoid lying on your back or sitting propped up on the bed - these positions reduce the pelvic opening and may slow labour
- moving between positions, and positions of symmetry are often most comfortable

Discuss with your midwife and try these gravity-assisted positions instead of lying on your back or sitting.



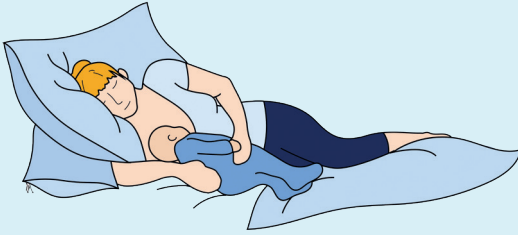
9. After you have had your baby

Most women (94%) recover quickly from PGP after birth. If you have pain or difficulty moving after the birth of your baby, do tell your midwife.

- you should be referred to a physiotherapist for early assessment and treatment if you still have PGP pain or are still needing to take painkillers

Always ask for help if you are finding you need help with personal care or caring for your baby.

a. Feeding and caring for baby



Feeding:

- When possible, sit in a firm but comfortable chair to feed your baby.
- Make sure your back is well supported; placing a small, rolled towel behind your lower back might help.
- It can be helpful if baby can be supported by a pillow on your lap so that you can relax your shoulders.
- Ensure your feet are supported and flat on the floor.
- Stopping breastfeeding will not speed up recovery from PGP. In fact some research suggests it may even help!

Caring for your baby:

It is helpful to remember that there is no such thing as a 'perfect' or 'correct' posture but regularly changing posture is the best.

Your best posture is your next posture!

If you are experiencing discomfort with you pelvis or your back then the following suggestions might be helpful.

- Change nappies on a surface at waist height.
- Carry your baby in front of you; do not carry your baby on one hip.
- Kneel at the bath side rather than leaning over.
- Lower the cot side when lifting or lowering your baby.
- Keep your baby close to you when moving him/her in and out of a car seat.
- If you have to carry your baby in the car seat, hold it in front of you, not on your hip, or put it on a wheeled frame/buggy.
- Do your pelvic floor muscle exercises daily.



b. Emotional well-being

It is important that your partner, family, friends and hospital staff give you as much support as possible while you are in hospital and when you get home. This will speed up your recovery.

c. Sexual intercourse

- Some women can experience fear about returning to sexual intercourse. There may be many reasons for discomfort, such as scarring from stitches, so if you are concerned, talk to your midwife, doctor, health visitor or physiotherapist. You may find that using a vaginal lubricant might help.
- Stitches should not be painful after the first few weeks, but if they are, do ask for help.

d. Menstruation

- A minority of women report a return of PGP symptoms when their monthly period returns. For some, this may get better after a couple of months, but for others, it continues. The degree of pain varies considerably.

If this happens to you, you may want to see a physiotherapist again. You may want to adapt your activity during this time, particularly if you are tired. You can take pain relief as necessary.

e. Exercise and sport

- keep doing your pelvic floor muscle exercises every day.
- keep up the exercises given to you in hospital.
- if you have seen a physiotherapist for advice, continue the gentle abdominal/tummy and hip exercises you have been given.
- avoid high-impact activity, such as aerobics, for at least three months (please see the postnatal return to running guidelines, listed below in the references).
- see a physiotherapist or suitably trained sports provider for individual help and advice on returning to exercise and activity.

Getting back to activity and sport is highly beneficial to reduce pain and improve strength and mental wellbeing.

10. Planning your next pregnancy

- Some women may experience PGP again during their next pregnancy. However, this is not always the case and symptoms may not be as severe.
- Between pregnancies, continue with any exercises given to you by your physiotherapist; in particular, pelvic floor, abdominal/tummy and hip exercises.
- When planning for a future pregnancy, try to be healthy, eat well - include plenty of fruit and vegetables, aim for a healthy weight for your height, do regular exercise that you enjoy, including your hip and abdominal muscles.
- If you are considering a further pregnancy or if you are pregnant again, it is worth asking your GP if a referral to a physiotherapist is available. If it is, then the physiotherapist can make sure you are as fit as possible for another pregnancy.

11. Further investigations

Further investigations might be recommended by your physiotherapist or doctor if the symptoms persist for a long time after your baby has been born and if physiotherapy treatment has not helped.

Remember that:

- it is common, but not normal, to have PGP in pregnancy
- every woman is different
- PGP is a treatable and manageable condition
- with a team of health workers giving you the information, advice and treatment you need, your discomfort may be less severe

Ask for help as early as possible.

12. Other common conditions

As well as PGP there are other relatively common uncomfortable symptoms that you may experience during and after pregnancy. Usually, with good advice and education, these symptoms can be kept to a minimum and managed well.

However, if symptoms persist, or you feel like they are affecting your daily activities, then do seek advice and referral to a women's health physiotherapist



a. Postnatal backache

A new baby brings new challenges to your daily life. This, accompanied by the muscular and hormonal changes that occurred during pregnancy, can sometimes lead to upper and lower backache during the first few postnatal months.

Usually, these symptoms are uncomplicated, and can be reduced or even eliminated with better positioning, regular movement and exercises. Remember - your best posture is your next posture – Please refer to section 10a - Feeding and Caring for your baby for advice on positions which may be helpful in reducing postnatal back pain.

If your backache is persistent and does not settle, you should speak to your health visitor or midwife, and be referred to a physiotherapist.



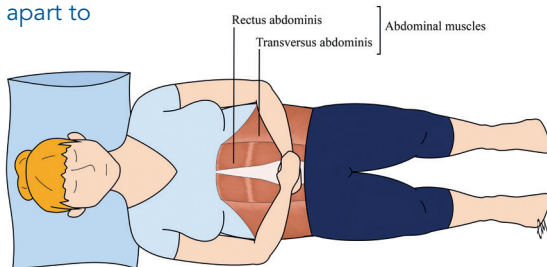
The physiotherapist will assess your back pain, advise you regarding helpful exercises and treat your symptoms if necessary.

b. Diastasis rectus abdominis

The rectus abdominis (6-pack muscle) runs down the front of the abdomen. It has two muscle bellies that sit close together, attached to a fibrous band (the linea alba).

During pregnancy, the linea alba becomes thinner, stretches and the muscle bellies move apart to accommodate the growing bump. This increased distance is termed diastasis rectus abdominis (DRA).

It is very common in pregnancy and occurs in 100% of pregnancies by 36 weeks of pregnancy and can continue postnatally. It is associated with repeated heavy lifting (including childcare), being older, and is much more common in women who do not exercise before, or during, pregnancy.



Symptoms

A distance of around 2 finger-widths at the belly button is considered to be normal. It is more important to know that the muscles can activate and work well.

The muscles need to be strong enough to help control movement around the pelvis and back to contribute to posture and breathing and provide abdominal organ support.

With a DRA, you may experience bulging/oming, or sagging, of the muscles when straining or using your abdominals, such as when sitting up, getting out of bed or lifting the baby.

Treatment

Regular exercise can reduce the risk of developing a DRA. For women with uncomplicated pregnancies, 150 minutes per week of moderate exercise is recommended.

Your physiotherapist will also advise you on specific core and abdominal exercises to strengthen your pelvic floor, and appropriate control of the core muscles.

Some improvement naturally occurs in the first 8 weeks following delivery. The focus postnatally should also be on activation of the pelvic floor and core muscles.

Exercises such as sit-ups, planks and high-impact exercises need to be avoided initially but not forever. Also, avoid any activities that increase abdominal pressure, or cause doming of the abdominals, such as straining with constipation and repeated heavy lifting.

For some women, compression such as an abdominal support band can help in the early stages, but seek the advice of a physiotherapist regarding this.

c. Carpal tunnel syndrome

The carpal tunnel is an inelastic structure located at the level of the wrist.

Many tendons which move the thumb and fingers pass through this carpal tunnel on their way to the hand. A nerve called the median nerve also sits in this tunnel with the tendons, so there is very little room.

The nerve is responsible for giving you feeling in the thumb and fingers, and also makes the tendons work properly.

Hormone changes, extra fluid in the body, and pressure on your circulatory system from your growing baby can cause swelling due to extra fluid and pressure changes in many parts of your body, including the wrist and carpal tunnel.

Swelling will increase the pressure on the median nerve inside the tunnel. This pressure on the nerve causes the symptoms known as carpal tunnel syndrome. Symptoms are most likely to occur from the fifth or sixth month of pregnancy and commonly disappear after the birth of your baby.

You may feel one or more of the following symptoms:

- pain, pins and needles, numbness or burning in the thumb, index middle or ring fingers
- tingling or numbness of your entire hand
- weakness in the hand and forearm
- pain that shoots from your hands up the arm as far as the shoulder
- your symptoms are worse at night or first thing in the morning
- you may drop objects
- you may have trouble performing fine finger movement tasks such as writing because of reduced grip
- hands are swollen, hot and sweaty

Carpal tunnel syndrome usually improves after your pregnancy ends.

If you do continue to have problems after you have had your baby, contact your physiotherapist or GP for further advice.

Self-management of carpal tunnel syndrome

1. **Elevate** your arms with pillows or cushions when lying or sitting down – this can help to reduce swelling in the tunnel.
2. Apply **ice** cubes wrapped in a wet tea towel to the front of your wrist for 10-15 minutes, 3-4 times each day to help with pain. Do not use ice if you can not tell the difference between hot and cold.
3. Speak to your pharmacist about **medication** that may help your pain but is safe to take throughout pregnancy.
4. Wear a **wrist splint**, if supplied by your physiotherapist. Always ensure the metal bar is flat and follow your physiotherapist's instructions for when and for how long you should use it.
5. Try to keep wrists in a **neutral position** when undertaking activities of daily living such as writing, eating and washing.
6. Try to **limit repetitive activities** such as typing or writing for long periods.
7. **Avoid** any **heavy lifting** as this will cause the tendons to swell and further reduce space within the carpal tunnel.
8. **Pace yourself** with hand actions or positions that make your symptoms worse (e.g. ironing, driving).

d. Varicose veins

How do they occur?

Varicose veins are usually caused by weak vein walls and valves. This causes the veins to swell and enlarge, and usually occurs in the legs. The veins may appear blue or dark purple, and are often lumpy or bulging.

Other symptoms include:

- aching, heavy and uncomfortable legs
- swelling in the feet and/or ankles
- burning or throbbing in your legs
- muscle cramp in your legs, particularly at night
- dry, itchy and thin skin over the affected vein

Sometimes the walls of the veins become stretched and lose their elasticity, causing the valves to weaken.

If the valves don't function properly, blood can collect in your veins, which become swollen and enlarged, causing the varicose veins.

During pregnancy, the amount of blood increases to help support the developing baby. This puts extra strain on your veins.

Increased hormone levels during pregnancy also cause the muscular walls of the blood vessels to relax, which also increases the risk.

Vulval varicose veins may also develop as the womb begins to grow and puts increased pressure on veins in the pelvic area.

Although being pregnant can increase your risk of developing varicose veins, most women find that their veins significantly improve after the baby is born.

Varicose veins are rarely a serious condition and they don't usually require treatment.

However, speak to your midwife, GP or obstetrician if:

- your varicose veins are causing you pain or discomfort
- the skin over your veins is sore and irritated
- the aching in your legs is causing irritation at night and disturbing your sleep

How can I prevent and ease varicose veins?

- Use compression stockings: discuss with your midwife, doctor or obstetrician beforehand.
- Exercise regularly.
- Avoid standing up for long periods.
- Elevate the affected area when resting.

Information taken from NHS choices - see <https://www.nhs.uk/conditions/varicose-veins/> for more information.

13. Websites and contact details

- Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) - www.thepogp.co.uk
- Chartered Society of Physiotherapy (CSP) - www.csp.org.uk; tel. 020 7366 6666
- Acupuncture Association of Chartered Physiotherapists (AACP) - www.aacp.org.uk
- Goom, T., Donnelly, G. And Brockwell, E. (2019) Returning to running postnatal - guideline for medical, health and fitness professionals managing this population. <https://mailchi.mp/38feb9423b2d/returning-to-running-postnatal-guideline>

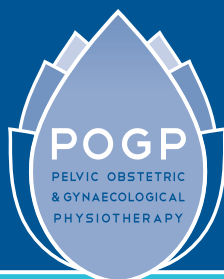
Comments

Getting help

If you have any difficulty following the advice or exercises in this booklet, or find that your symptoms are not improving, ask to be referred to a physiotherapist. You may be able to refer yourself to a physiotherapist / They should be experienced in treating women with pelvic and pelvic floor muscle problems. They will be able to assess you and offer specific treatments/alternatives that are suitable for your needs.

To find your nearest specialist physiotherapist visit:
thepogp.co.uk

Further advice and information booklets are also available from
thepogp.co.uk



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