

## ACPWH CONFERENCE 2010

# An audit into the management of women with pregnancy-related pelvic girdle pain

C. Candelier, A. Bird & D. Woodcock

Department of Physiotherapy, Stepping Hill Hospital, Stockport, UK

---

### Abstract

Pelvic girdle pain (PGP) is best managed with early intervention because it may last for more than 2 years if left untreated (ACPWH 2007). Recovery can be achieved with appropriate assessment and treatment. A 2005 audit into the management of women with PGP at the Department of Physiotherapy, Stepping Hill Hospital, Stockport, UK, identified the need for local guidelines, patient information leaflets, early physiotherapy referral and specific maternity care plans. Following the implementation of these recommendations, a further audit was carried out in 2009. The aims and objectives of this follow-up study were to identify patients with true PGP, to examine the management of these patients and compare it with national guidelines, and to make recommendations for future management in order to ensure optimal care. The audit involved retrospective data collection for the period from July 2008 to March 2009, during which time 276 patients complaining of PGP were referred to the obstetric physiotherapist. Thirteen of these patients were diagnosed with pelvic dysfunction resulting in asymmetry, and sacroiliac and/or pubic synthesis dysfunction with or without limited hip abduction. Documented management throughout the antenatal and intrapartum period was examined and compared with national guidelines. The incidence of PGP with dysfunction was one in 250. All patients received a thorough physiotherapy assessment and a variety of treatments. Thirty-eight per cent of patients used crutches to aid mobility. Key findings were that there were: a high proportion of referrals to physiotherapy with a low incidence of pelvic dysfunction; and thorough physiotherapy assessment, management and support with good use of the obstetric alert form, but poor documentation in the intrapartum and postnatal periods. Pelvic girdle pain is poorly managed because of a lack of awareness of the condition among healthcare professionals. Women suffering from PGP are not receiving optimal care. Further education of healthcare professionals is required locally. Care pathways must also be introduced and followed in order to reduce the physical and psychological morbidity associated with this condition, which has a high recurrence rate in future pregnancies.

*Keywords:* audit, pelvic girdle pain, pregnancy.

### Reference

Association of Chartered Physiotherapists in Women's Health (ACPWH) (2007) *Pregnancy-related Pelvic Girdle Pain*. Association of Chartered Physiotherapists in Women's Health, London.

*Correspondence:* Denise Woodcock, Department of Physiotherapy, Stepping Hill Hospital, Poplar Grove, Hazel Grove, Stockport SK2 7JE, UK (e-mail: denise.woodcock@stockport.nhs.uk).

*Dr Clare Candelier is a clinical director/consultant obstetrician and gynaecologist in Women's and Children's Services at Stockport NHS Foundation Trust, Stockport, UK.*

*Dr Alice Bird now works for Central Manchester University Hospitals NHS Foundation Trust at St Mary's Sexual Assault Referral Centre, Manchester.*

*Denise Woodcock gained her BSc in Physiotherapy from the University of Salford, Salford,*

*UK, in 2004. After completing her junior rotations at Stepping Hill Hospital, she was given the opportunity to take over the women's health role, specifically to treat PGP, in addition to her*

*general work with outpatients. Denise is hoping to expand her skills in order to launch a new continence service.*