

**Pregnancy related
pelvic girdle pain**
Symphysis Pubis Dysfunction (SPD)



Obstetrics & Gynaecology

patient**information**



The Rotherham
NHS Foundation Trust

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Hearing about your experience of our services is very important as it means we can pass compliments on to our staff and make improvements where necessary. Tell us what you think by emailing us at: your.experience@nhs.net

Slovak

Ak vy alebo niekto koho poznáte potrebujete pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Slovensky

Kurdish Sorani

کوردی سۆرانی
نەگەر تۆ یان کەسێک کە تۆ دەناسی پێویستی بەیارمەتی هەبێت یۆ نەو دی ئەم بەلگنامە بە تێتگات یان بیخوێنتەوه، تکایە پەیوەندیمان پێوه بکە لەسەر ناو ژمارەیهی سەروددا یان بەو نێماینە.

Arabic

عربی
إذا كنت أنت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu

اُردو
اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو پرانے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

Farsi

فارسی
اگر جناب عالی یا شخص دیگری که شما او را می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille, audio or easyread format, please ask our healthcare providers*

*Note to healthcare providers:

Translated / easyread healthcare information can be sourced via the **Easyread websites** listed at the back of this leaflet or via contacting our translation service which can be accessed through the Hub.

What is pregnancy related pelvic girdle pain?

Pelvic girdle pain (formerly known as Symphysis Pubis Dysfunction or 'SPD') is a common condition experienced by up to 1 in 5 (20%) women during pregnancy.

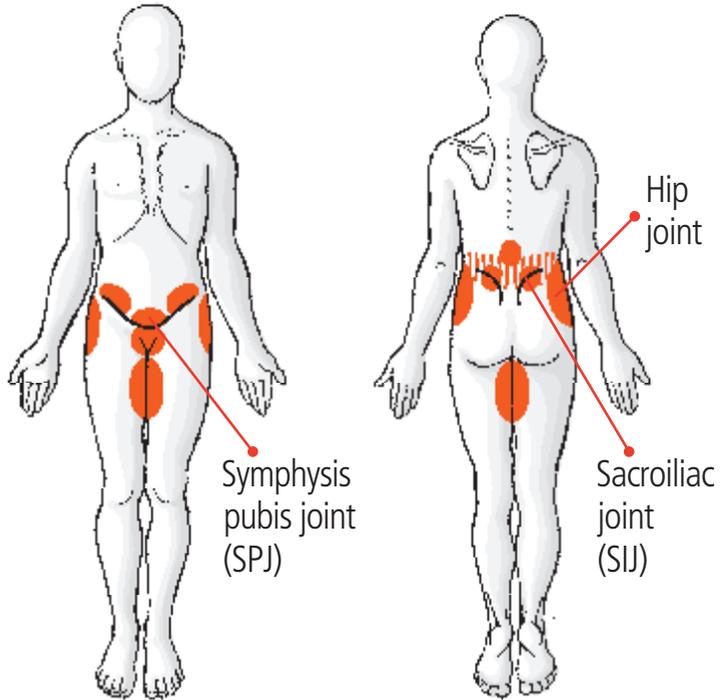
You may experience varying degrees of pain in and around your pelvis. The pain may be in the front (at the symphysis pubis joint - SPJ) and/or in the back (at the sacroiliac joint - SIJ) of your pelvis. It can also affect your hips and groins. Sometimes the pain can radiate to one or both legs.

If your symptoms do not improve within 1-2 weeks or impact on your daily activities, you may have PGP and should seek advice from your GP, Midwife or other healthcare provider.

Having these symptoms does not mean that they will get worse necessarily. In fact, the sooner you get the right advice and/or treatment, the more likely you are to learn how to cope and reduce their impact in your quality of life.

Areas of pain

The body chart illustrates the areas where pain may be felt:



You may also experience:

- Clicking or grinding in the pelvic area
- Difficulty walking
- Pain when standing on one leg, like climbing the stairs, dressing or getting in or out of the bath
- Pain when moving your legs apart, like getting in and out of the car
- Pain or discomfort during sexual intercourse.

What causes it?

Often there is no definite explanation.

It may be due to:

- In most cases is caused by uneven movement of the joints around your pelvic girdle. As your baby grows inside your whom, this puts extra strain on your pelvis.
- Your gravity centre moves forward and you may feel like you need to lean backwards. This postural change also puts tension on your back muscles.
- The muscles that help to support your pelvic girdle may become weaker as they stretch, making your pelvis less stable and therefore painful.
- The position of the baby.
- A previous fall or accident that has damaged your back or pelvis, history of previous PGP, more than one pregnancy or increased mobility of other joints of your body are some of the known risk factors.
- In a small number of women, pain is caused by the alteration of hormones during pregnancy.

This condition can be worrying for women during pregnancy but will not cause any harm to your baby.

Dos and don'ts to help ease your discomfort
Listen to your body, if it hurts, don't do it.

Dos:

- Stay as active as you can, within the limits of your pain.
- Rest more frequently.
- Sit down and take the weight off your pelvis whilst doing tasks e.g. ironing, preparing food or getting dressed.
- Keep your knees together when getting into and out of the car, or into bed.
- Try sleeping with a pillow between your knees in bed.
- When turning over in bed it can be less painful to go via hands and knees, rather than rolling over onto your back.
- Sit up by rolling onto one side, bracing your pelvic floor and abdominal muscles and using your upper body to help push yourself upright.
- If you desire sexual intercourse, consider alternative positions such as on all fours or lying on your side, or find other ways to be intimate with your partner.
- Many women with PGP find swimming and aquanatal useful in easing their pain but avoid breast-stroke as this can aggravate symptoms.

Pregnancy related pelvic girdle pain

Don'ts:

- Avoid activities that make the pain worse - ask for help with housework.
- Avoid staying in one position for long periods - for example sitting or standing.
- Avoid heavy lifting. Only lift if it is essential.
- Avoid sitting on the floor or low chairs or soft, deep couches.
- Try to keep your posture symmetrical - avoid standing on one leg, carrying your toddler on one hip, sitting in a twisted position or crossing your legs.
- Avoid stooping or bending during activities.

What happens next?

Remember to ask for help early.

Always discuss your worries with your GP or midwife. They can refer you to a specialist hospital physiotherapist who will assess the severity of your condition and you will be offered specialist advice, treatment, and a plan of care.

This may include:

- Advice of movements to avoid and best positions of movement.
- Exercises that help relieving the pain and strengthen your abdominal and pelvic muscles.
- Manual therapy (hands-on treatment) to the muscles and joints.
- You may be given a maternity support belt or crutches to stabilise your pelvis.

What if these tips don't help?

If the severity of your pain persists seek help from your midwife or doctor.

It is worth considering:

- Referral to your obstetrician who will individualise your care for the rest of your pregnancy, and devise a suitable plan of your care for your labour and postnatal period.
- It is safe to use paracetamol to help relieve the pain.
You can take it regularly.
- Stronger painkillers such as codeine have disadvantages and should only be prescribed by an obstetrician. Anti-inflammatory drugs such as Ibuprofen are not safe in pregnancy and **should not** be used.
- There are other treatments such as osteopathy and aromatherapy which your midwife can discuss with you. Unfortunately these are not available on the NHS.
- If symptoms are particularly severe you may be referred to Occupational Therapy for further equipment to help you manage at home or to the specialist Pain Team to consider other medication.

During labour and delivery

Having PGP does not mean that you need to have an elective (planned) caesarean section as there is no evidence that it will improve recovery. In fact, you are more likely to have a normal vaginal delivery (recommended) if your labour starts spontaneously and you use comfortable positions.

Many women worry that their pain will be worse if they go through labour however this is usually not the case if care is taken to protect the pelvic joints.

Think about positions you find more comfortable and try to keep as mobile and active as possible in labour. Discuss having a water birth with your midwife as the water supports your joints and allows you to move more freely.

During labour use gravity to aid baby's descent by staying as upright as possible; consider kneeling, standing or an all fours position. These positions can help labour progress and avoid strain on the pelvis.

A side lying position with your partner supporting your upper leg is an excellent position for delivery as this puts less strain on your back and pelvis. Try to use the position that is most comfortable for you. Sometimes kneeling or leaning forward helps as there is less strain on your pubic symphysis joint.

If you need an assisted delivery with ventouse or forceps or need stitches after delivery then a lithotomy position with your legs carefully supported is safe.

Postnatal care

The majority of women with PGP (94%) recover fairly quickly, usually within 6-12 weeks of giving birth.

A few women with PGP still get severe pain after the birth of their baby. Recovery will be aided by proper management so don't ignore it, tell your midwife.

Painkillers and anti-inflammatory drugs can be prescribed for you. If you are breastfeeding there are still drugs which can be prescribed for you safely. Postnatal exercises are very important. Exercising your abdomen and pelvic floor muscles will help your symphysis pain.

When breastfeeding, sit in a firm, but comfortable chair and ensure your feet are supported. Place a small rolled towel to support behind you lower back to support it.

A Physiotherapist will be able to advise you if you have any difficulties. You should wait at least 3 months before resuming strenuous activities, such as running and aerobics.

It is important that family and friends are aware of your condition and how they can support you.

Once you return home, your community midwife, health visitor and GP will continue to provide support and medication as required and refer you back to the physiotherapist if severe problems persist.

Your routine 6 week postnatal check will provide a good opportunity to check up on your progress and if required put together a plan for your future care.

Pregnancy related pelvic girdle pain

Points to remember

- Listen to your body, if it hurts don't do it!
- Ask for, and accept as much assistance as possible - people will be happy to help!
- PGP is not something you just have to 'put up with' until your baby is born.
- Give your body plenty of time to heal before considering another pregnancy! As PGP can recur in your next pregnancy, it can be harder to manage if you are bending and lifting whilst caring for babies and/or young children.

Birthplan

This document is to allow you to discuss your preference for labour and delivery with the midwife and doctors.

Name _____

I have been suffering with pelvic girdle pain during my pregnancy which has been very painful.

My partner has measured my 'pain free gap' which is _____ cms

Please can you make sure that my legs do not open wider than this gap.

During labour and delivery, my preferences for pain relief are:

- Water birth
- To carry on as long as possibly naturally
- Use gas and air (entonox)
- TENS machine
- Pethidine or Diamorphine
- Epidural analgesia

- I would prefer to try kneeling/standing/an all fours position in labour
- I would prefer to lay on my side if possible, with someone holding my leg within my pain free range.
- I have a maternity support belt to wear to stabilise my pelvis and would like to continue to do so.
- I would like to see a physiotherapist whilst still in hospital to discuss treatment and postnatal exercises as I will still need help to stabilise my pelvis following birth.

Thank you for reading and discussing this birth plan with me, and I am aware that things do not always go to plan, but that you are now aware of my condition.

Notes

How to contact us

Triage

Telephone 01709 427700

Postnatal Ward

Telephone 01709 424348

Switchboard

Telephone 01709 820000

Useful contact numbers

If it's not an emergency, please consider using a Pharmacy or call NHS 111 before going to A&E.

NHS 111 Service

Telephone 111

Health Info

Telephone 01709 427190

Stop Smoking Service

Telephone 01709 422444

UECC (A&E)

Telephone 01709 424455

For GP out of hours, contact your surgery

British Acupuncture Council

Telephone 0207 3576655

The Association of Chartered Physiotherapists in Women's Health

4 Bedford Row, London, WC1 4ED

www.acpwh.co.uk

British Chiropractic Association

Blagrove Street, Reading, RG1 1QB

Telephone 0118 950 5950

www.chiropractic-uk.co.uk

Useful websites

www.therotherhamft.nhs.uk

www.nhs.uk

www.gov.uk

www.patient.co.uk

www.pelvicpartnership.org.uk

www.delphi.com/ChronicPainSup/

www.pelvicpain.org

www.activebirth.co.uk

<https://pogp.csp.org.uk/publications/pregnancy-related-pelvic-girdle-pain-mothers-be-new-mothers>

Easyread websites

www.easyhealth.org.uk

www.friendlyresources.org.uk

www.easy-read-online.co.uk

We value your comments

If you have any comments or concerns about the services we have provided please let us know, or alternatively you can contact the Patient Experience Team.

Patient Experience Team

The Oldfield Centre

The Rotherham NHS

Foundation Trust

Rotherham Hospital

Moorgate Road

Rotherham

S60 2UD

Telephone: 01709 424461

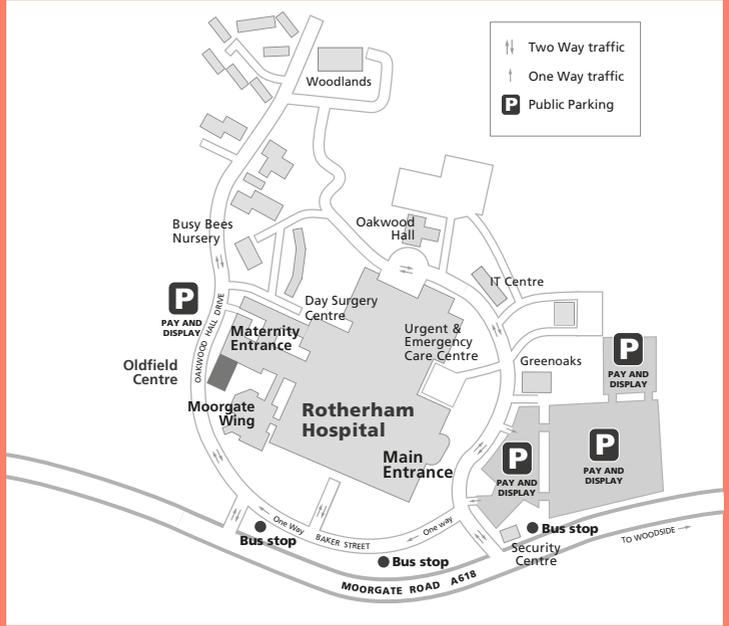
Monday to Friday

9.00am until 5.00pm

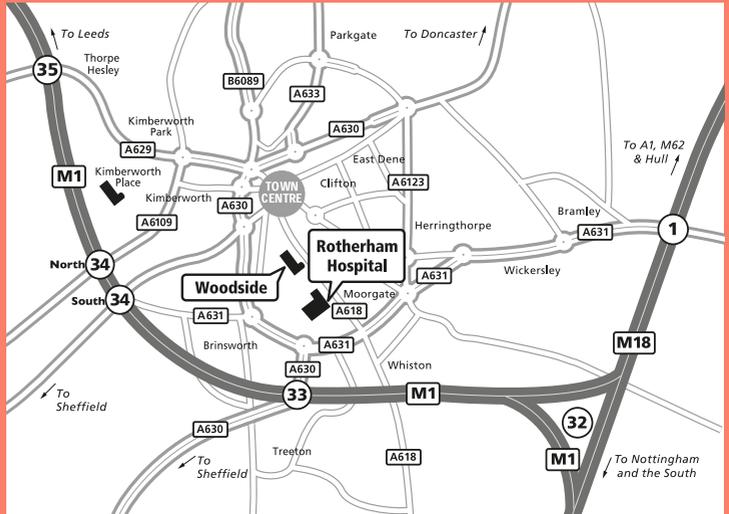
Email: your.experience@nhs.net

How to find us

Hospital site plan



Rotherham main routes





LS 396 04/2021 V4 Jones & Brooks



The Rotherham
NHS Foundation Trust

Rotherham Hospital
Moorgate Road
Oakwood
Rotherham
S60 2UD

Telephone 01709 820000
www.therotherhamft.nhs.uk