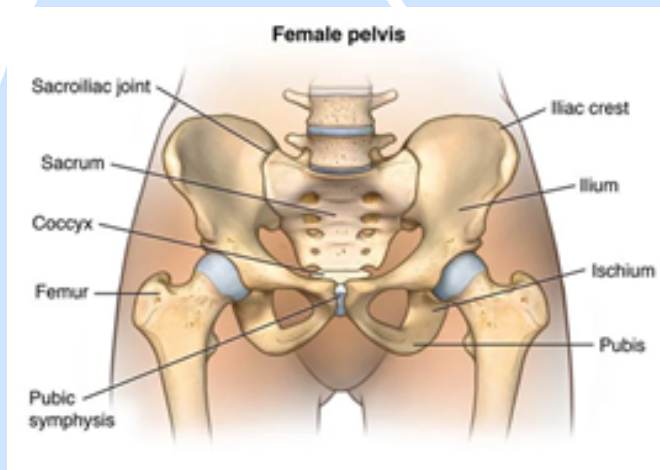




An tOspidéal Náisiúnta Máithreachais
The National Maternity Hospital

Physiotherapy Department

Managing Pelvic Girdle Pain in Pregnancy



What is Pelvic Girdle Pain?

Pregnancy related Pelvic girdle pain (PGP) is pain which is felt around the, lower back, pelvic joints hips and thighs.

It is common and can affect greater than 50% women during pregnancy.

What do we know about our pelvis in pregnancy?

It is Stable, Safe and pain can be Self-managed.



Pelvic Girdle Pain

Stable

When meeting the demands of pregnancy, childbirth, and raising children, the pelvis is versatile and strong.

Changes in posture and the structure of the pelvis are typical, safe, and necessary to accommodate the increasing demands of pregnancy and childbirth.

Safe

It is safe and beneficial to move in many different ways that are comfortable.

There are some misguided ideas around pelvic instability which may result in avoiding certain movements. This is not necessary as the pelvis is a very stable structure, even in pregnancy.

Self-managed

The best methods for reducing pelvic girdle pain are pain education, mental stability, sleep optimisation, exercise, and external supports that encourage independence.

Possible causes of PGP

Hormonal influence can mean there is more sensitivity in the pelvis

Weight gain places extra strain on our muscles and joints

Posture changes and altered center of gravity

History of pelvic/back pain

Weak/stretched tummy muscles

Stress and Sleep

Signs and Symptoms

Pelvic pain can vary from mild to severe. It may affect the symphysis pubis joint, groin, inner thighs, sacroiliac joints, buttocks, lower back, coccyx and can often radiate to the vagina

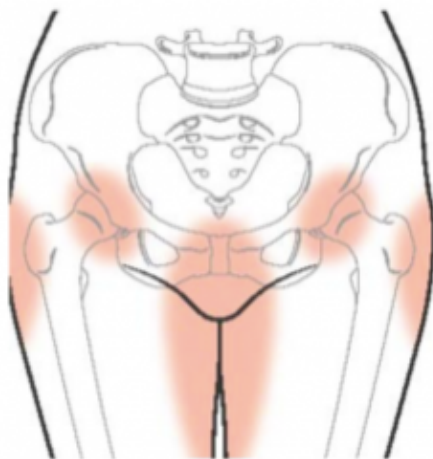
The muscles around the pelvis can begin to feel tight from being overloaded. This can cause a pulling/clicking, this is not harmful.

You may have tenderness and swelling over the pubic area.

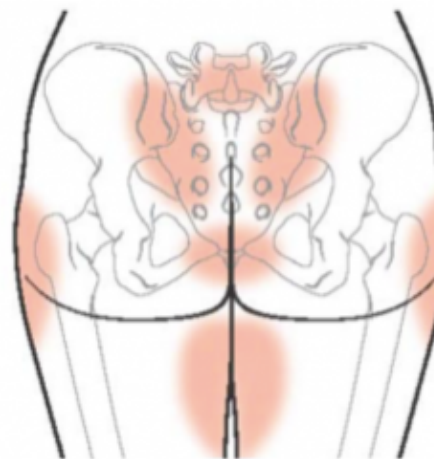
You may experience:

- Difficulty walking
- Difficulties with activities requiring standing on one leg (climbing stairs, dressing)
- Difficulties with movements requiring separation of the legs (getting in or out of the car, bed or bath)
- Limited or painful hip movements (difficulty turning in bed)
- Pain and difficulty with sexual intercourse

Common areas of pain experienced



FRONT



BACK

Signs and Symptoms

Link Between Pain and Stress & Sleep



Our brain has two nervous systems - sympathetic and parasympathetic.

Our sympathetic system is our 'fight or flight' response. When our body is in this state we release stress hormones called cortisol and adrenaline.

When we are tired, stressed or in pain our body is releasing stress hormones and this increases our pain experience.

Our parasympathetic system is our 'rest and repair' state. When our body is in this state we release neurotransmitters and hormones called serotonin and endorphins.

When we rest well, feel well and exercise well we release these compounds which decreases our pain response.

Managing our sleep, stress and mental health positively impacts your Pelvic Girdle Pain.



Meditation apps like 'Insight Timer' can help with stress management.



Management During Pregnancy

General Advice Tips:

Be as active as possible within the limits of your pain. Follow the exercise advice in this handout.

Regular movement breaks are important during your day, especially if you are sedentary in your work. Try not to stay in one position longer than an hour.

Rest when you need to, find alternating positions that are comfortable for you.

Ice can be useful for short term relief for pubic joint pain. Use a bag of frozen peas wrapped in a pillowcase or cloth on the joint for 20mins to help settle throbbing and swelling

Heat therapy can be helpful for sacroiliac, hip and lower back pain. Use a warm water bottle or microwavable heat pack to sooth aching joints. A warm bathing can be helpful.

Supportive footwear is important as our foot posture changes in pregnancy. Runners with an arch support or insoles in your shoes are recommended. Try to minimise time in bare feet or slippers at home.

Spikey ball can be helpful to ease some tension in your bum muscles.

Tips for Coccyx pain and Sciatica

Tailbone pain and sciatica are common during pregnancy and are symptoms of 'Pelvic Girdle Pain'.

Try these additional tips for sciatica:

- Trial spikey ball release of your gluteal muscles (as per video) and/or piriformis stretch (exercise 6)
- Glute strengthening exercises are important to reduce sciatica symptoms (exercises 8-11)

Easing coccyx pain in pregnancy:

- Sit with rolled up towels under your thighs and buttocks to provide relief when sitting
- Focus on stretches such a child's pose and piriformis stretch (exercises 6 and 7)
- Practice 5 minutes of diaphragmatic breathing daily, focusing on release of the muscles around the pelvic floor and coccyx
- Practice pelvic floor exercises with emphasis on the engagement and release of the pelvic floor
- Try spikey ball release of your gluteal muscles



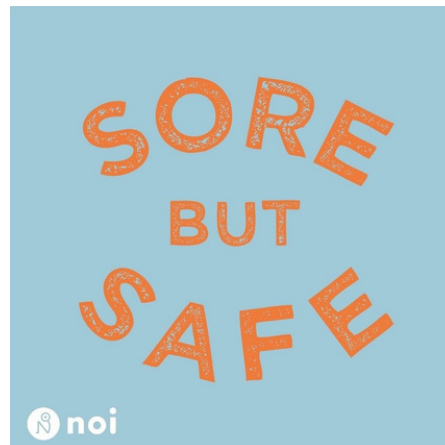
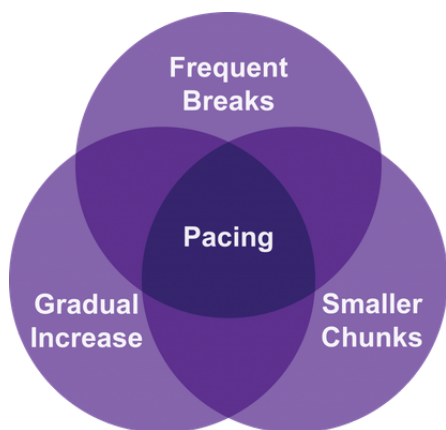
Management

Practical Advice - Making the Everyday Easier

Good body mechanics (how you hold and move your body) and well-functioning muscles for support can help to reduce pain. Be aware there are very few 'bad' postures but any posture for a prolonged period of time may cause discomfort. Your best posture is your next posture!

Don't be afraid of movement! Although you may be sore, it is safe to move. Complete rest is rarely the answer - your pelvis may become more stiff and sore if you are not moving.

Consider activities that are painful for you now. Is there a way you can reduce how often you have to carry out these activities? If not, is there a way you can modify it in some way to make it less painful. Don't be afraid to try something different.



“Activity pacing” allows you to complete a task by breaking it down rather than throwing yourself into the entirety of a task.

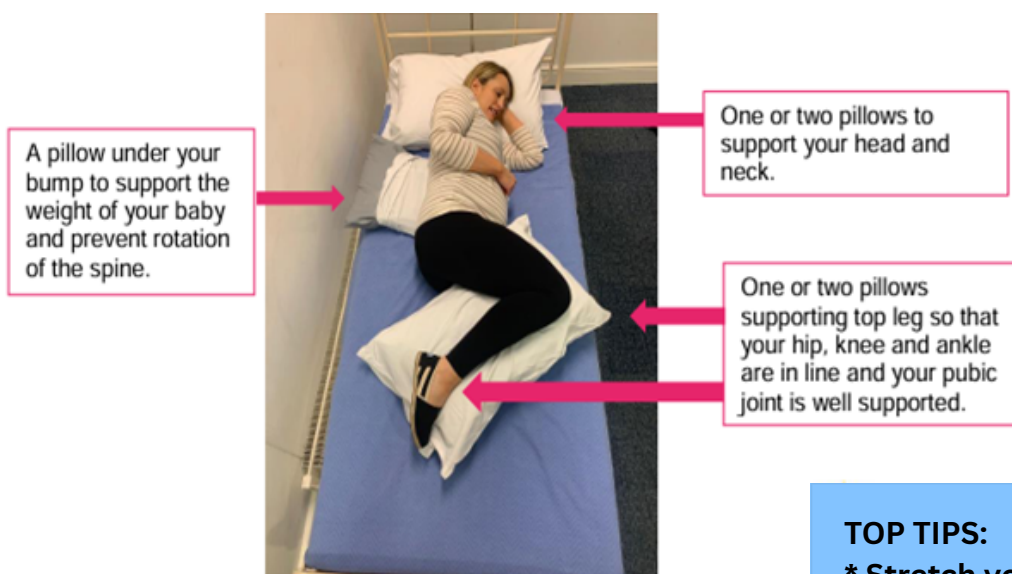
Allow yourself to take frequent breaks and complete in smaller chunks.

Always ask for help in any task you need help with, to make it easier to complete.

Management

The following is a detailed breakdown (in picture format) of how to perform day to day activities that, because of your pelvic girdle pain, may have become very challenging and painful. These are suggestions only, be aware that you mind find a different way to carry out these tasks that may suit your body better.

Comfort measures for sleeping



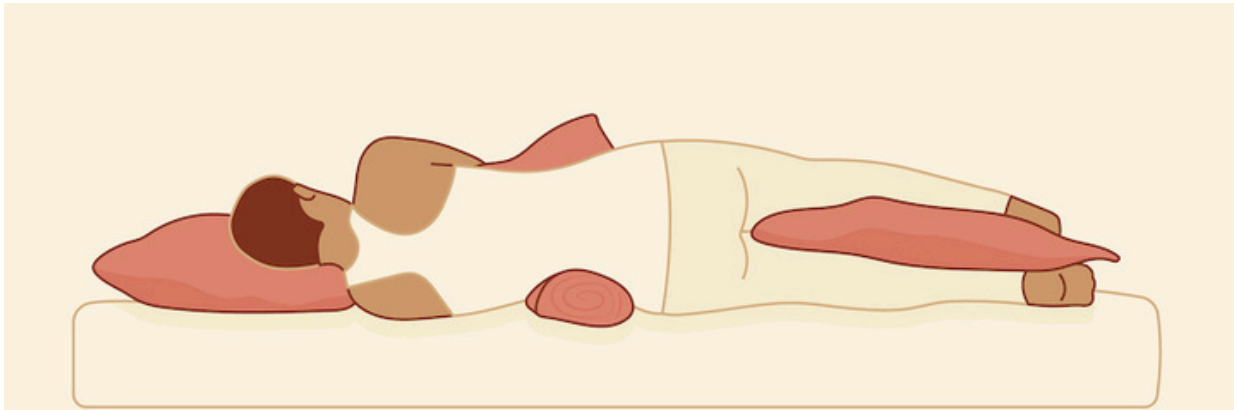
TOP TIPS:

- * Stretch your calves before bed or in the night if you can't sleep
- * Release glutes with spikey ball before bed
- * Use pillows for propping your body – get creative!

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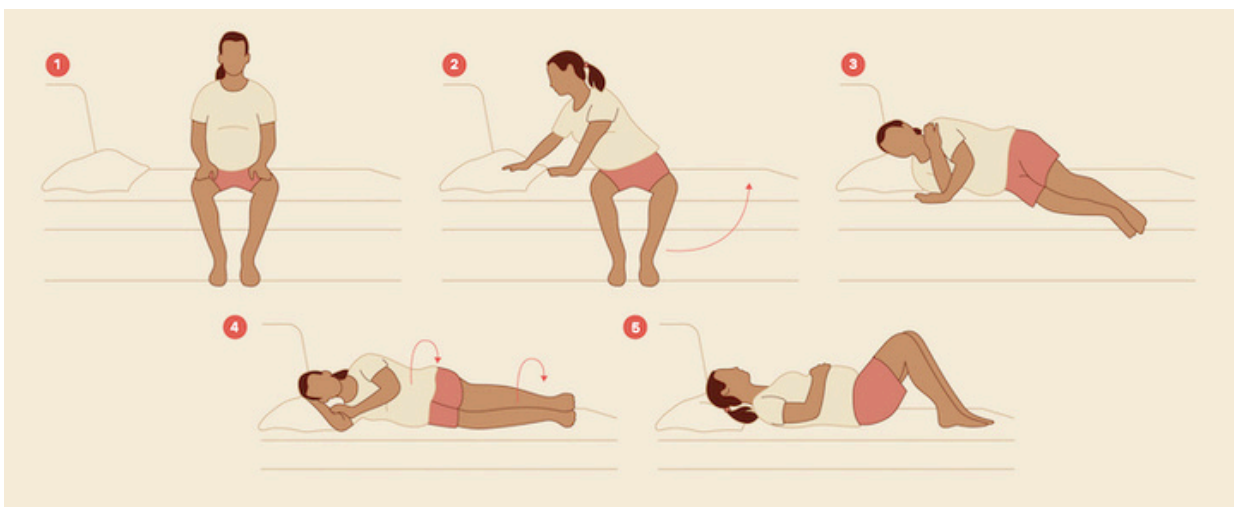
If you really can't sleep sometimes it's sometimes better to get up out of bed. Go and sit on your ball, move around a bit or do a few gentle stretches with your upper body before you return to bed. The body will usually rest better after it has done a little something. Try not to lie in bed feeling uncomfortable, frustrated and agitated that you should be asleep but aren't!

Management



TOP TIPS:

- * Add a pillow between your knees to prevent excessive crossing of legs and excessive widening.
- * Remember to bridge when turning in bed!
- * If things are becoming very difficult, try getting a silky sheet for your bed and wear silky pyjamas which will reduce friction and allow you to slide around the bed a little more easily.
- * A sliding sheet or 'snooze sheet' may also be helpful.



Management

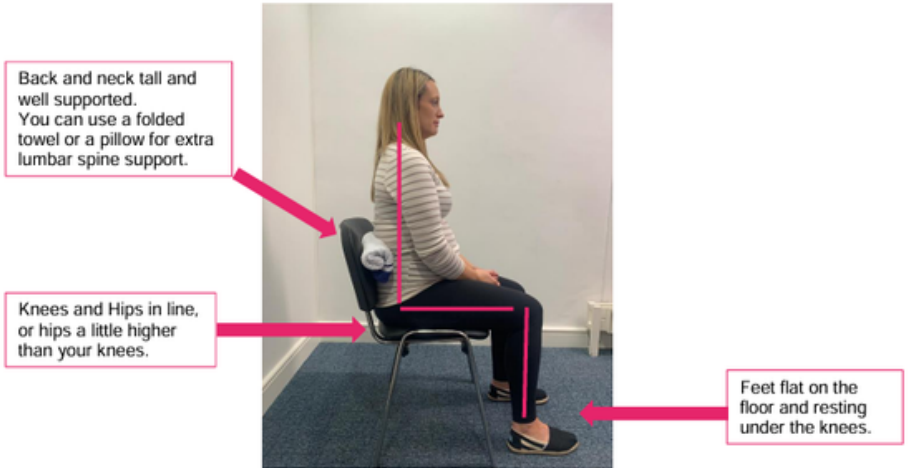
Sitting

While posture is important, remember any posture for a prolonged period is going to cause discomfort. It is recommended to get up and move about every 30 minutes.

Be mindful of how you sit at home in the evenings, especially if you are sore towards the end of the day.

While the sofa may look inviting, try not to spend too much time slouched in it without moving.

Vary your seating position, prop yourself up with pillows for support or spend a little time on your ball to loosen out your hips and pelvis if you have been sitting all day.



Getting Dressed

Sit down to get dressed and undressed. A long handled shoe horn can be helpful for shoes. Popping your foot up on a little stool or using a grabber aid may help to put on socks.

Getting in and out of the car

Apply the same principles as sitting. Take frequent breaks and use pillows or a folded up towel under your sit bones to fill in the 'bucket seat' in the car and support you in a good posture.

Getting in and out of the car – keep your knees together and swivel around to get in and out of the car. Use a plastic bag on the seat to reduce friction and allow you to move easier. Park in the 'parent and child' spaces when available, to give you some extra space to manoeuvre.



Management

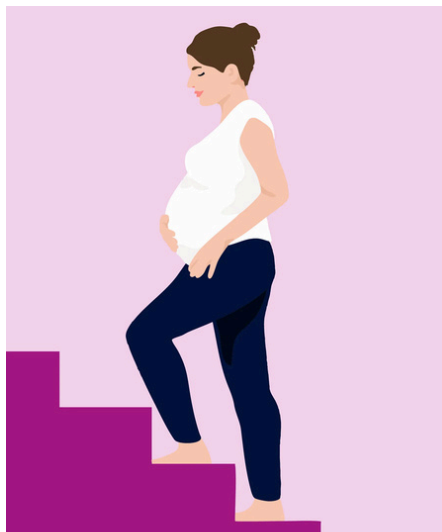
Using the stairs

It is recommended to use one stair at a time, especially if you have a particular side that's more sore than the other.

- Going upstairs: lead with the “good” leg – the one that has less or no pain then follow with the painful leg
- Going downstairs: lead with the “bad” leg – the painful one, and follow with the non-painful leg

If you are really struggling on the way up it might help to stand up on your tip toes first, then step up with the less painful leg up, followed by the painful leg.

Sidestepping up and down the stairs might be an option, facing the banister and using it for support.



Standing

Adjusting posture rigidly can lead to stiffness and hypervigilance.

Instead, think of growing tall through the crown of your head, equal weight through both legs and weight on your heels.

Avoid squeezing your buttock muscles or bracing your back.

Avoid long periods of leaning your weight to one side or carrying toddlers on one hip.

Sex

Consider alternative positions with sexual intercourse avoiding what aggravates your pain:

- Lying on your side with pillows between your knees
- Kneeling on all fours
- Your partner can sit on a chair
- Lying at the end of the bed where your hips are off the bed, support your feet with pillows or foot stools. Your partner can stand at the end of the bed or kneel on the floor.

Take paracetamol around 20 minutes before if needed!

Management

Toddlers and Children

When possible encourage children to tidy up themselves or even bring toys into bundles.

Grow a little more tolerant to toys and mess.

Invite toddlers to climb up on to your knee for cuddles. Ask them to climb up on to the sofa for example, before you lift them.

You can use a little stool to help with lifting them in and out of the car or the cot.

You can purchase step stools like shown which can be used at the sink for washing hands etc meaning you don't have to hold them.

While it is safe to bend your back, when you are in a lot of pain bend your knees and stick your bottom out behind you and use your legs to get up and down rather than bending from the back when picking something heavy up.

You can bend from your back for lighter objects as you will not do damage and it is safe and beneficial for your back to bend.

Use a buggy if going out so that you can put your toddler in it, instead of carrying them for long distances.



Housework

Positions on one leg or prolonged bending like hoovering the stairs may aggravate your symptoms. Instead break up these tasks into smaller ones and ask for help where possible.

Use the bending position described previously for prolonged bending that can't be avoided. Bending is not dangerous and should not be fully avoided, only avoid prolonged bending.

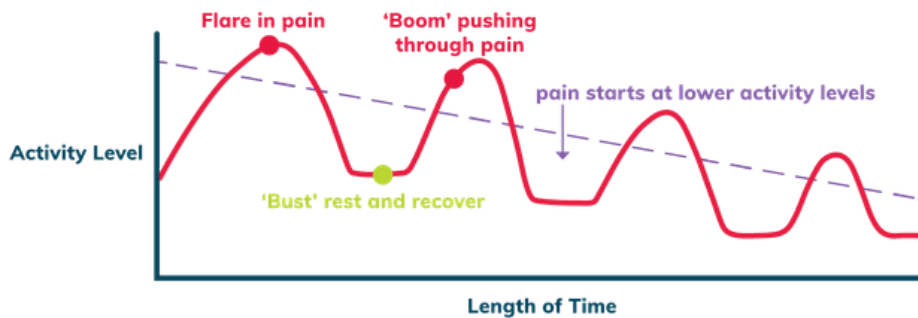
Keep your feet pointing in the same direction as the lift if lifting, lifting as above when something has weight.

If you are lifting something lighter like cutlery that has fallen do bend your back as normal as bending is important for your back joints.

Pacing and Exercise

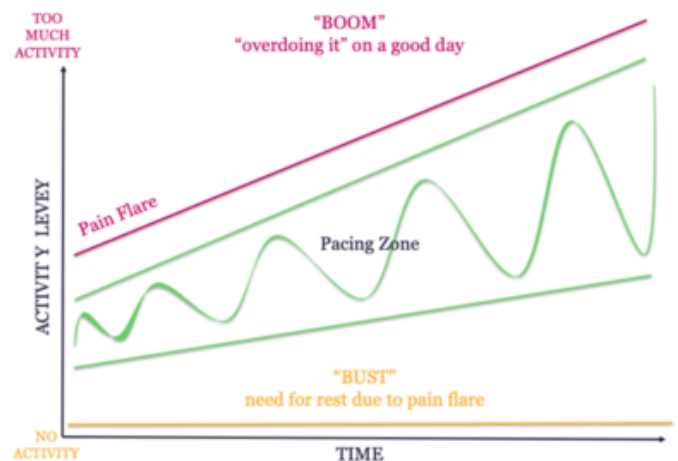
As mentioned earlier, a good approach to manage pain during activity is pacing. Pacing is a planned approach to increasing your level of activity.

This first diagram highlights what happens when you continuously overdo it and fail to adjust activity levels when in high levels of pain.



While pain is not a measure of damage to your body, we know that repeatedly over-doing things can sensitise you and decondition you further meaning you will slowly be able to do less and less activity.

Instead, try re-start an activity at a lower base and slowly increase in bite sizes, maintaining and increasing in time, staying below the levels required for flare up like in this second diagram.



If you experience pain while doing certain activities and when exercising, you can also think of the traffic light system in terms of managing it:

Green light: no increase in symptoms.

You can repeat the activity or increase what you are doing bit by bit.

Amber light: Some increase in symptoms but able to move normally within 1 hour

AND back to normal within 24 hours – proceed with caution.

Try the same activity again after 48 hours and do not progress it until you have achieved a green light.

Red Light: Big increase in pain and/or pain that does not settle within 24 hours. Relative rest for 48 hours, get moving gently and do less when re-commencing.



Exercise

Walking

Ensure your footwear has an arch support but the ideal footwear are comfortable ones so base your decision on footwear around comfort when worn. Imagine you are walking on wet grass in your bare feet and don't really want to touch the ground.

If you find yourself limping, ask yourself does this help your pain? If it doesn't help your pain, avoid side-leaning or reducing the weight on one limb as this can further decondition your leg muscles.

If walking is painful, use the method described above called pacing to gauge how far to walk. Try start at walking 60% of what might cause you pain – for example if walking ten minutes causes you pain, stop after six minutes. Rest then go again. You can do several short walks per day but don't push yourself into pain. (I.e. you can do 10x 6min walks but don't walk for 60mins at once).

Exercise Advice

Your guideline for exercise in pregnancy is 150 minutes over a week and this can be a mixture of cardiovascular and strength based exercise. Reference: The APF (activepregnancyfoundation.org).

Exercise is especially important in treating your pelvic girdle pain as we want to try and strengthen the muscles that support the pelvis and lower back. Try the rowing machine, stationary bike, Pilates, swimming or simply go to the pool and walk or do some exercises in water.

Strengthening up your leg muscles can ease the burden of the additional weight of your bump on your back and pelvis. It is possible to continue weight training but you will need to speak to a qualified physiotherapist or trainer to teach you how to scale workouts for your pelvic girdle pain. As an example, scale squats back to body weight, squatting to a bench then slowly increase your weight being very mindful of technique.



Short walks are also encouraged as tolerated. Remember movement is good and gentle movement is safe for your pelvis.

Try not focus on what you can't do, instead focus on what exercise you are able to do!

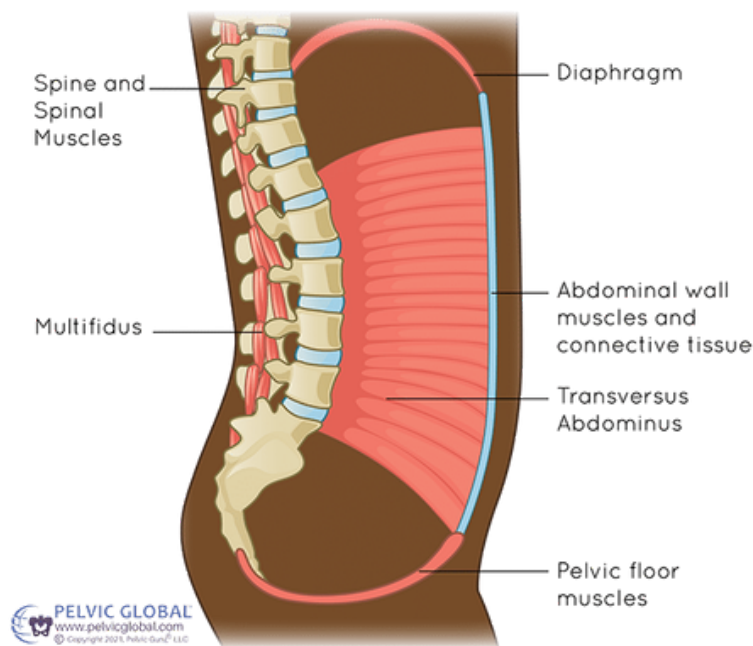
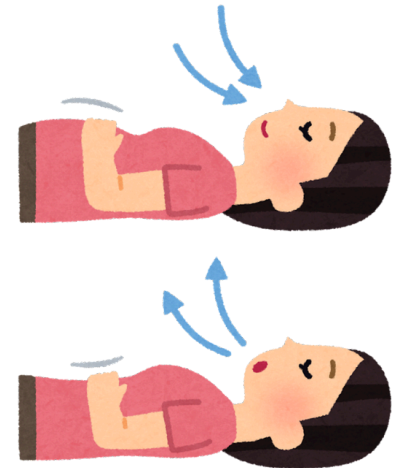
Rest and Breath Work

Sometimes you just need to rest. You can do most things if you just modify and give yourself a little extra time to do them. You may be slower and things will take longer but you'll get there!

If you feel you really aren't coping with the pain, you might need to take a few days off to let the pain settle down. Do some gentle rocking movements on your ball, use your ice or heat for pain relief.

Talk to your doctor about taking regular paracetamol for a few days if the pain is severe – one tablet every now and again is generally ineffective.

Remember to breathe! Correct breathing lays the foundation for healing and strengthening through your 'core'. Think of your abdomen like a cylinder with your pelvic floor making up the bottom, your diaphragm is the top and your tummy and back muscles will make up the walls of the cylinder. It helps to let go of tension to relieve pain.



Exercise Programme

The exercises below are a good starting point for some things you can do at home. The key to any exercise programme is consistency.

Complete the first 3 exercises daily, 3 times a day.

Pick 2 of the mobility exercises to complete daily, alternating exercises if you like.

Pick 2 of the strengthening exercises to complete at least 3 times a week.

Complete exercises on the exercise ball daily.

1. Lower abdominal exercises.

- Gently pull in the abdominal muscle supporting the weight of your baby (the muscle below your belly button to your pubic bone).
- Keep breathing and hold for 10 seconds and release.
- Repeat 10 times.
- This exercise can be done in side lying, on all 4's, sitting or standing. A variety of positions during the day can be helpful. It's a functional muscle so remember to use them for function as you stand up, turn in bed etc

2. Pelvic floor muscles

- Your pelvic floor muscles are important for stability of your pelvis, not just to prevent leaking.
- Remember squeeze and release are of equal importance.
- Try to lift your back passage forwards up towards your front passage without tightening your buttocks. Hold for 3 secs and fully release.
- Repeat 10 times. Over time, try to do 10 fast lifts and then hold a slower lift for longer, repeating 10 times.



3. Diaphragmatic Breathing

- Sit and do some deep breathing exercises.
- Inhale, allow your belly to rise and expand as your lungs fill with air and feel your pelvic floor relax down to your back passage.
- As you exhale, feel your belly fall and contract as your diaphragm moves back upward.
- Complete for 3-5 minutes.

Exercise Programme

Mobility

4. Pelvic Tilt

- If tolerated, lie on your back with your knees bent.
- Gently engage your tummy muscles and tilt your spine squeezing your bum muscles.
- Imprint your spine into the mat as you inhale.
- Release and roll the pelvis forward as you exhale.
- Progress to gradually lifting the bones of your spine off the mat as far as tolerated.



5. All fours – rocking and the cat exercise

- Balance your weight evenly on your hands and knees with your shoulders over your hands and hips over your knees.
- Initially, slowly rock back and forth transferring your weight from hands to knees to loosen the hips and pelvic region, as is comfortable.
- Breathe in and as you breathe out, gently pull in your lower abdominal muscles and tilt your spine into an arch with your tailbone and head down.
- Try to stretch out any areas of the spine that are stiff with as much movement as your baby will allow.
- Slowly return to neutral position.
- It can be a nice position to practice your pelvic floor and lower abdominal exercises



6. Piriformis stretch 'figure 4'

- Lying on your back as tolerated (below is to stretch the right)
- Bend your right knee and place your right ankle over your left knee.
- Bend your left knee so that it causes a stretch in the right buttock.
- This left leg can be supported by you holding it or against a ball or wall.
- Hold 20-30 secs and repeat on the other leg.
- This exercise can also be done in sitting as shown in the picture.
- Alternatively, or for those with pubic joint pain use a spikey ball to help release these muscles.



Exercise Programme

Mobility

7. Child's Pose

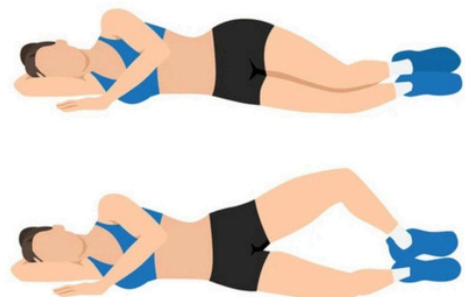
- Kneeling on all fours.
- Bring bum back to heels.
- Walk hands out in front until you feel a comfortable.
- Stretch in your lower back.
- Hold for 30 seconds.
- You can crawl your hands to one side for a stretch of the lateral muscles in the spine. Repeat both sides.



Strengthening: 10-12 reps, 2-3 sets

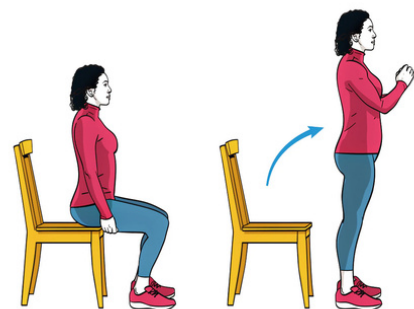
8. Clamshell

- Lie on your side with knees bent and feet together.
- Your shoulders, hips and ankles should be roughly in line.
- Gentle engage your tummy and pelvic floor muscles.
- Lift your top leg moving your knees apart but keeping your feet together, keep your pelvis still throughout.
- Slowly return to the starting position.
- Repeat with the other leg.



9. Sit to stand

- Feet tucked underneath you slightly.
- Lean forward.
- Push into your feet (keep leaning forward).
- Straighten your knees (keep leaning forward).
- Squeeze your buttocks until your legs are straight.
- Finally straighten up your body.
- Start with a higher chair and low repetitions and build as it becomes easier.



Exercise Programme

Strengthening: 10-12 reps, 2-3 sets

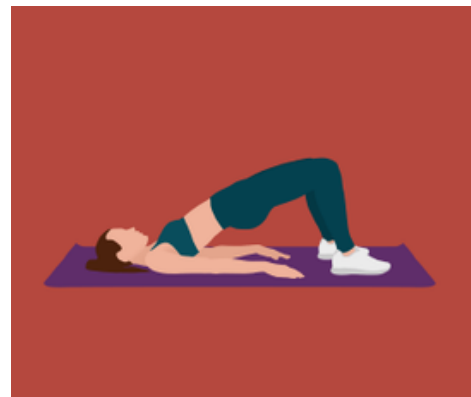
10. Wall Slide (Modified Squat / Sit to Stand)

- Place your yoga ball against the wall and lean against it, with your feet shoulder width apart and even weight down through both feet
- Gently pull in the tummy muscles
- Bend your knees to roll the ball down the wall as far as comfortable
- Straighten your knees to come back to standing and roll the ball back to your start position



11. Bridge (Pilates version)

- If tolerated, lying on your back, tilt your pelvis towards you, engaging your deep core muscles and pushing hips up towards the ceiling (keeping the tilt in your pelvis).
- Squeeze the glutes at the top of the movement.
- To come down, “curl at the spine” so the middle part of your back hits the bed/floor first, and then your lower back, and then your tailbone.
- Tilt your pelvis away, and then repeat the movement.



12. Sitting on your ball

The ball can be a great place to start some gentle movement of the muscles around the pelvis. It works well on days when you are sore and achy and cannot get up and down off the floor. It's also a great place to do some upper body and abdominal strengthening and a nice way to get some feedback for your pelvic floor.

Below are just some examples of things you could start:

- a. Rolling backwards and forward – this is a pelvic tilt modified on the ball
- b. Rolling side to side – nice for loosening out the hips
- c. Circles
- d. Figure 8s
- e. Overhead stretch
 - Raise your right arm over your head and feel a comfortable stretch down the right hand side of your body. Think of lifting each rib up away from the lower one. Breathe in / out and return to a tall seated position. Hold for 10 seconds.
- f. Toe taps
 - Lift your right heel from the ground slowly (you can progress to lifting the toes if steady).
 - Try to keep your weight centered and don't lean from side to side.
- g. Fitball rotations
 - Lift both arms overhead and breathing out, take both arms to one side of your hip.
 - Keep both hips facing forward throughout the movement as you look over your shoulder.
 - Release and raise both arms overhead as you breathe in and repeat to the other side.

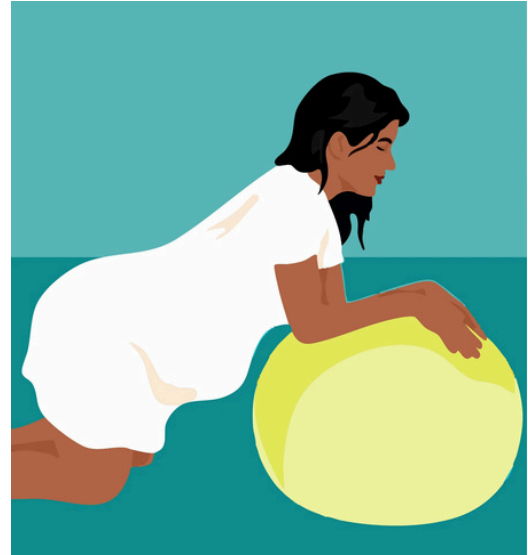
Advice and Resources

Equipment and Aids

Tennis balls or spikey massage balls can be useful in massaging out muscles in buttocks, inner thighs, calf muscles, arch of foot or low back.

A yoga ball can help to manage pain – to sit on or lie over. Exercise balls vary in size - on average, a 65cm or 55cm is suitable, depending on your height and how soft the ball is. Balls should have a CE safety mark and should be burst resistant. The optimum sitting position on the ball should allow 90 degrees at hips and knees.

Pelvic / low back supports may also help in the management of PGP. Please try on a belt before buying to see if it eases your pain and gives you support. Remember a belt is an aid, not a solution. You still need to do your strengthening exercises, even with a belt.



Useful Resources

- Chartered Physiotherapists in Pelvic Health & Continence (CPPHC) - www.iscp.ie
- Pelvic Obstetric & Gynaecological Physiotherapy UK --<https://thepogp.co.uk/>

If you have any questions about the information within this leaflet or regarding your condition please send an email to: physio@nmh.ie and we will be in touch.

PGP Resources - click the image to access the link

**Bed
mobility**



Exercises



**pelvic
partnership**



HSE



Labour and Delivery

Preparing for labour and delivery

Ensure you have attended all relevant antenatal education sessions.

These will include coping strategies for labour.

Think about and practice moving between positions which are comfortable to you. Include these in your birth preferences and discuss these with your birthing partner and/or midwife so that they can support you.

You might find using the labour hopscotch useful – speak to your midwife at your next antenatal class or appointment regarding this framework.

Some women find labour and birth in water beneficial. Discuss this with your midwife and/or doctor.



Management for labour and delivery

Most women with PGP cope very well with a vaginal delivery. Vaginal births have a lower risk of severity and persistence of PGP.

There is no evidence that an elective caesarean section is beneficial for women with PGP or aids recovery, prognosis or recurrence of PGP.

Advise your midwife and/or doctor that you have PGP. It's a good idea to discuss your birthing options with your midwife or doctor, especially if this is something you are worried about.



Labour and Delivery

Positions for labour

First stage of labour

This is the period of time from when labour begins until your cervix is fully dilated.

Use gravity to help the baby to move downwards. Stay as upright as possible in positions such as standing, sitting on the exercise ball, on all-fours, kneeling and walking. These positions can help labour progress.

Aim to change your positions regularly. Positions of symmetry are often most comfortable. It is helpful to have an active labour for as long as you can. Rest in your positions of comfort.

If walking is too painful, you can use alternative positions to maintain an upright position. You can keep your pelvis moving by rocking on a gym or birthing ball or swaying your hips in standing.

If you are experiencing a lot of lower back pain or tailbone pain, try kneeling on all fours. This can take your baby's weight away from your back.

Second stage of labour

This is the period of time from when your cervix is fully dilated until your baby is born.

If you do not have an epidural - kneeling on all fours or in a forward lean position can be comfortable for birth. The back of the bed can be positioned upright to allow you to lean against it.

You might also find lying on your side comfortable, use pillows, a foot rest or peanut ball to support the uppermost leg. This is particularly useful if you have had an epidural.



Labour and Delivery

Pain relief in labour

Pain relief options are unchanged by your PGP and there is no evidence that epidural or spinal anaesthesia should not be used if required.

If you are using an epidural analgesia try to make small adjustments to your position during labour. Again consider your positions of comfort throughout.

Management after your baby is born

Pelvic and lower back pain may persist after delivery in some women. Most women will find it has improved postnatally and settles within the first 12 weeks.

It is important that pain relief is effective and given regularly when required following delivery.

If you are having difficulty moving around after your birth do let your midwife know. Always ask for help if you are finding you need help with personal care or caring for your baby.

The advice that you followed in pregnancy is still helpful even though you have delivered your baby.

Take time to rest when possible to help your body to recover.

Attend our post-natal class below to learn more about rehabilitative and restorative exercises and learn about gentle recovery in the 4th trimester.



The poster features the National Maternity Hospital logo at the top left. The title 'HEALTHY BODIES AFTER BIRTH' is in large, bold, blue letters. Below it, a subtitle reads 'An information session on caring and reconnecting with your body as it recovers after birth'. A list of topics includes 'Bladder & Bowel Care', 'Abdominal Care', 'Pelvic Floor Advice', 'Returning to Movement', and 'and more!'. It specifies 'Every Friday at 11am'. A central image shows a smiling woman holding a baby. At the bottom, it says 'Online' in a blue circle, 'Physiotherapist led information session', and provides the email 'njordan@nmh.ie' and website 'www.nmh.ie'.

Postnatal Physiotherapy Classes

We run a weekly 'Healthy Bodies After Birth' educational class for postnatal women. This will be held online. You are welcome to attend up to three months postnatal.

**To secure a link please email:
njordan@nmh.ie**