



# Pelvic Partnership

Supporting you

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## About the Pelvic Partnership:

The Pelvic Partnership started in 2002. The charity is run by a group of volunteers who have or have had personal experience of Pelvic Girdle Pain (PGP) with varying degrees of pelvic pain and immobility during and following pregnancy. We help women with PGP, to enable them to avoid some of the problems we have faced by giving appropriate information when they need it and providing direct telephone and email support. We are also frequently contacted by healthcare professionals, including GPs and midwives, who need evidence-based information about PGP and its management.

By promoting awareness of pregnancy-related PGP, the Pelvic Partnership charity aims to prevent women from having debilitating mobility problems and pain at a time when they want to focus on their new family.

## What is Pelvic Girdle Pain (PGP)?

Although women are often told that Pelvic Girdle Pain (PGP) is caused by hormones, up-to-date research shows that it is usually caused by a pelvic joint problem. This is good news because it normally responds successfully to treatment from an experienced manual therapist.

The pelvis is made up of a ring of three bones which join at the sacroiliac joints (at the back) and the symphysis pubis joint (at the front). The joints normally move a little bit to allow you to walk, turn over in bed, climb stairs, etc. PGP affects around 1 in 5 pregnant women, causing pain in any or all of the joints. Often one joint becomes stiff and stops moving normally and this causes irritation in the other joints which have to compensate. Often the joint causing the problem is not particularly painful, so treating the painful point is unlikely to sort out the underlying problem. PGP was previously known as Symphysis Pubis Dysfunction (SPD).

## Treating PGP:

PGP can usually be treated effectively by a 'hands-on' manual therapy from a physiotherapist, osteopath or chiropractor. The therapist gently uses their hands to reposition joints that have moved out of alignment or which are stuck, and to treat and release painful muscles.

PGP is unlikely to get better on its own without treatment. Early intervention can improve the long-term outcome and reduce your pain. Individual assessment is important, looking at the position and symmetry of movement of your pelvic joints, to find out which joints are causing the problem. You should walk out of each treatment feeling some improvement in either pain or function and preferably in both.

Exercises, crutches, support belts and painkillers etc. can help relieve some of the symptoms but do not address the underlying cause of the pain. Often pain prevents the muscles from working, so regardless of how much you exercise, the muscles can't function properly. However, once the joints are treated with manual therapy, and move more freely, and pain has reduced, exercise can be very helpful.

## Further Information and support:

For further information please visit our website; [www.pelvicpartnership.org.uk](http://www.pelvicpartnership.org.uk) or for more support and information about treating and managing PGP, call us on our voluntary helpline: 01235 820921.

*Please note: the Pelvic Partnership consists of volunteers who have had Pelvic Girdle Pain and wish to support other women. We aim to pass on information based on research evidence where available. We are not medical professionals and cannot offer medical advice. The Pelvic Partnership takes no responsibility for any action you do or do not take as a result of reading this information.*

The Pelvic Partnership provides information and support for women with Pelvic Girdle Pain  
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