



Pelvic  
Partnership  
Supporting you

# *PGP is treatable!*

Practical suggestions and realistic  
solutions for your pelvic girdle pain



PREGNANCY-RELATED PELVIC GIRDLE PAIN (PGP)

# Pregnancy-related pelvic girdle pain (PGP)

If you're experiencing pregnancy-related pelvic girdle pain (PGP), or you care for someone who is, this booklet is for you.



PGP often starts in pregnancy, though for some women the symptoms start after birth. If PGP is left untreated, the pain can become a long-term problem.

The good news is that PGP can be treated. Most women with PGP make a full recovery after receiving the right help.

This booklet has been written by the Pelvic Partnership team. In the pages that follow, we share:

- Diagnosis and treatment options
- How to plan for giving birth and managing PGP postnatally
- Tried-and-tested ideas for making daily life more comfortable with PGP
- Guidance from experts caring for women with PGP
- The latest research findings

## About the Pelvic Partnership

The Pelvic Partnership is a national charity established in 2003, run by volunteers who have had PGP themselves.

We offer support and information to other women with PGP, along with their families and carers. Our objective is to empower women to make informed choices about their treatment.

The good news is that PGP can be treated safely and effectively. Most women with PGP make a full recovery after receiving the right help, and it's never too late.

To discuss your own experience in confidence, please call our helpline on 01235 820921. It is run by trained volunteers who will listen to you and discuss your treatment options.

## Disclaimer

The Pelvic Partnership takes no responsibility for any action you do or do not take as a result of reading this booklet. We recommend that you seek advice from your doctor, midwife or manual therapist. The information in this booklet is not a substitute for doing so.

## Acknowledgements



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## SECTION 1

# Pelvic girdle pain (PGP): An overview of causes, symptoms and treatment options

## What is PGP?

PGP is a condition that causes pain in the pelvic joints. It affects around one in five pregnant women and can continue after your baby is born.

## **PGP affects everyone differently**

It can:

Start at any stage of pregnancy and after your baby is born, sometimes even weeks or months later.

Come on suddenly or start gradually.

Start during birth or immediately after. The risk is higher if you have a difficult birth or if you find yourself in an awkward position during labour or when giving birth.

Some women with PGP are able to manage their symptoms day to day, while others are in so much pain they need a wheelchair to get around.

It's never too late to seek treatment for PGP.

PGP is also known as:

- Symphysis pubis dysfunction (SPD)
- Osteitis pubis
- Pelvic arthropathy
- Pelvic girdle relaxation

These terms all describe the same condition.

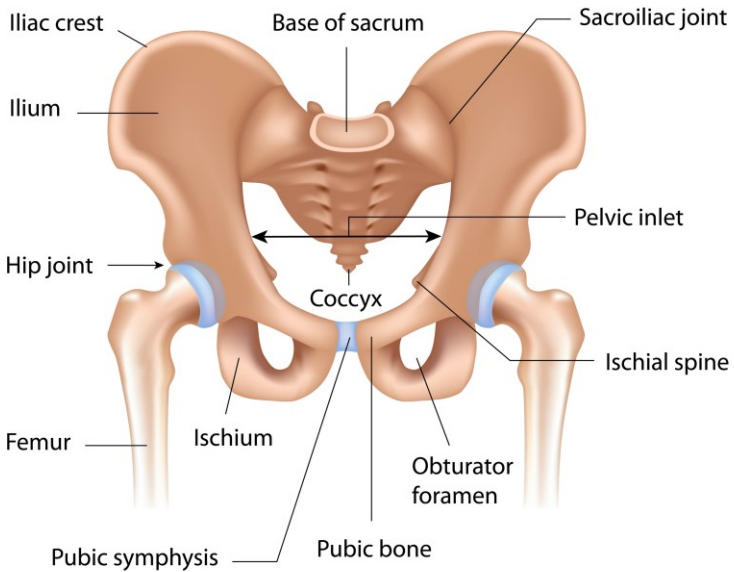
## **PGP is a biomechanical joint condition**

A biomechanical condition is one that causes pain when your body is unable to move in a normal way. PGP often starts when

one joint becomes stiff and moves less than it should. This causes other joints to increase their movement to compensate, making these joints irritated and painful.

By treating the stiff joint, it's usually possible for all joints to return to their normal state. Generally, the pain then fades.

## The pelvis



To recognise the signs of PGP and understand how treatment works, it's helpful to understand a bit about the pelvis and how it works.

The pelvis protects your organs and connects your spine to your legs. It's involved in most movements that you make. Even lifting an arm can make your pelvis move.

A ring of three bones makes up your pelvis: the sacrum at the back and two wide, curved bones to the front and sides. These bones join at the sacroiliac joints at the back and the pubic symphysis at the front. The joints are held together by ligaments and muscles that work together whenever you move.

When everything is working well, the joints are all slightly mobile. This allows you to do normal activities, like walking, climbing stairs and turning over in bed.

## What are the symptoms of PGP?

The main symptom of PGP is pain while walking, bending, climbing stairs and turning over in bed. This pain can be an ache, a shooting pain or a deep joint or muscle pain. You may also have a clicking or grinding feeling in your pelvic joints or in your hips.

If your PGP affects almost everything you do, you are not alone. Many women with PGP find themselves in severe pain and unable to move, which can severely affect their [emotional wellbeing](#).

## How is PGP treated?

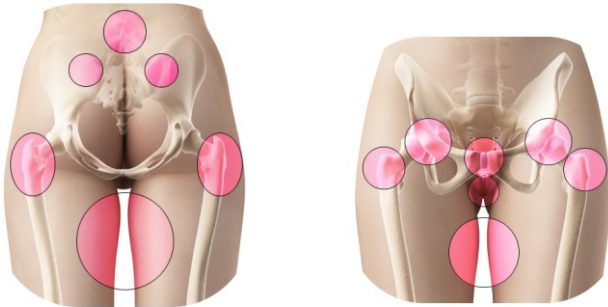
As PGP is a biomechanical joint problem, it can be treated safely and usually effectively with [manual therapy](#).

Manual therapy is given by a physiotherapist, osteopath or chiropractor. It involves the manual therapist using their hands to correct the original problem with the pelvic joints.



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## Common painful areas:



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With successful treatment, all the joints will start moving properly again, and the pain is likely to go.

Some women with PGP only ever need one session with a manual therapist, while others need hands-on treatment throughout their pregnancy and after they have given birth. After every treatment, you can expect to notice some easing of pain and improvement in your mobility.

Occasionally, you might not respond to manual therapy and you may need to discuss other options with your manual therapist, GP or other healthcare professional.

### When should I get help?

It's never the wrong time to get manual therapy. Whether you're pregnant or have already given birth, there's a good chance this treatment will work. However, the sooner you're treated, the better the outcome is likely to be.

If you experience PGP during your pregnancy, your pain is likely to continue after your baby is born unless you receive manual

therapy. There's no need to wait a certain length of time after the birth before seeking help – as soon as you feel well enough to visit a manual therapist, you are ready for treatment.

## Is it my hormones?

In the past, it was thought that the hormones of pregnancy caused PGP. Pregnant women were told, "There's nothing you can do now, but don't worry, it will get better as soon as you've had the baby."

Research<sup>1</sup> shows this is not to be the case for most women. Pregnancy hormones may have a slight effect on the joints and on sensitivity to pain, but they are not the cause of PGP. Choosing to [breastfeed](#) after you give birth will not affect your PGP either.

PGP is caused by stiff or misaligned joints, not hormones. You can receive treatment and make a full recovery while you are pregnant.

*"Hormones affect, but do not cause, PGP, and manual treatment will usually help."*

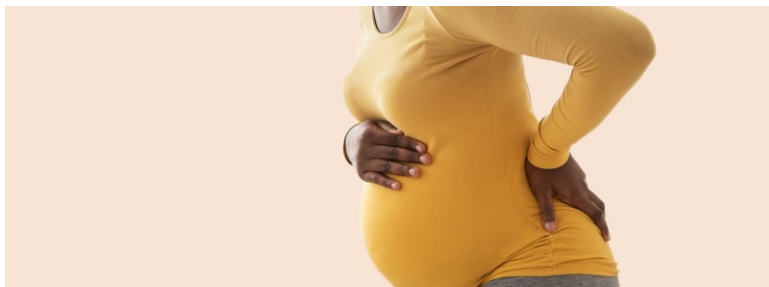
## Pregnancy and childbirth aren't the only causes of PGP

PGP is a fairly common condition among athletes, especially if they are involved in a contact sport such as rugby. The

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<sup>1</sup> Albert, H., Godskesen, M. and Westergaard, J. (2001). Prognosis in four syndromes of pregnancy-related pelvic pain. *Acta Obstetricia et Gynecologica Scandinavica*, 80(6), pp. 505-510.

treatment options for athletes are the same as they are for pregnant women.



## SECTION 2

# Diagnosis and treatment for PGP: Who can help and what to expect

### How is PGP diagnosed?

Pain during pregnancy or after having your baby is common, but never normal.

If you are experiencing pelvic pain, especially when getting in and out of bed, turning in bed or climbing stairs, please talk to your GP or midwife about your pain, about whether it could be PGP and what options are available for manual therapy.

PGP is usually diagnosed and treated by a manual therapist. Manual therapists with the right skills to treat your condition are:

- Physiotherapists
- Osteopaths
- Chiropractors

## How to find a qualified manual therapist

You can see a physiotherapist (physio) on the NHS. Ask your GP or midwife to refer you. Osteopaths and chiropractors are not generally available on the NHS.

Physiotherapists specialising in sports injuries and outpatient musculoskeletal issues are also well qualified to treat PGP.

It is possible you'll be placed on a waiting list to see an NHS physiotherapist. Another option, if you can afford to pay, is to see a private manual therapist. Charges for private treatment range from around £50 to £90 per session, often with the first assessment costing slightly more.

To see a private manual therapist recommended by another woman with PGP, visit the [Pelvic Partnership list of recommended practitioners](#).

Other organisations such as the [Frederick Andrew Convalescent Trust](#) may be able to assist you with paying for treatment.

## Manual therapy

### **Manual therapy: make it your first option**

Manual therapy is nearly always the best treatment for PGP. The goal of manual therapy is to help you make a full recovery so you no longer need treatment. Manual therapy is usually available on the NHS to women with PGP.<sup>2</sup>

A manual therapist will look for the cause of your pain then treat the problem with hands-on techniques. With this sort of treatment, you have a strong chance of getting completely better. The sooner you get help after symptoms start, the better the results are likely to be.



PGP cannot be treated simply with exercises, crutches and support belts. These approaches used to be popular but they

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<sup>2</sup> Manual therapy for PGP is recommended by the National Institute for Health and Care Excellence (NICE). This is the organisation that gives health advice and guidelines to the government.

only provide mild relief, as they don't fix the original joint problem. Without manual therapy, your symptoms are almost certain to return.

*“Treatment has to be physical to move the joints: sometimes my patients find this worrying because they are not used to it, but you have to put your hands on the patient and move joints or treat soft tissues and check for alignment to be effective.” A physiotherapist*

## What does manual therapy involve?

Physiotherapists, osteopaths and chiropractors use similar (but not identical) approaches to manual therapy.

Before treatment can start, your chosen manual therapist will need to examine you carefully to confirm that your pain is caused by PGP. You'll be asked to undress down to your underwear. This is so your therapist can see and feel how the joints at the back and front of your pelvis function.

As part of your assessment, you may be asked to:

- Stand on one leg and then the other
- Bend forward, to check the movement of your sacroiliac joints

- Lie on your back (on your side if you're heavily pregnant), to check the position of each of your pelvic joints and the symmetry of their movement

Your manual therapist will diagnose PGP after examining you thoroughly. They will then explain what they have found and how they plan to treat you.

Do not settle for a treatment plan with limited hands-on manual therapy. The work done by your manual therapist is the most important part of your treatment plan.

The pain from PGP comes from the joints of your pelvis being stiff or out of their normal position. Your manual therapist will use pelvic joint mobilisation (sometimes known as pelvic joint manipulation or adjustment) to bring your joints back into correct alignment and to release tight or stiff muscles. Often, they will use trigger-point release or dry needling techniques for tight muscles. This treatment will both increase your range of movement and reduce your pain.

## How long does it take for manual therapy to work?

Some women need only one session of manual therapy to recover from PGP. Other women need a lot more. You should notice an improvement in your symptoms after each treatment and a significant improvement after two to three treatments. Treatments are usually weekly at first and then less frequent as things improve.

It's important for you to continue your treatment until you are completely pain-free. We hear from women who say they



accept their pelvic pain because it is so much better than it was when they were pregnant. We think it's a bad idea to tolerate any PGP pain. Unless your treatment continues until you have recovered fully, you are likely to develop PGP more severely if you become pregnant again.

## Does manual therapy hurt?

You may find the treatment uncomfortable and you may feel sore during treatment or straight after. This discomfort won't last. The joints and muscles of your pelvis need a little time to settle down after treatment. Using an ice pack or a hot water bottle can help.

*"I was scared to see someone who would click around my bones, but the treatment was an absolute miracle. I'm now pain-free and can't believe it. I'd been in pain so long, I'd come to accept it. But now I can start to be normal again."*

## Exercises to keep your pelvis moving normally

Once your pelvic joint problem (the underlying cause of your PGP) has been treated through manual therapy and your pelvis is moving normally again, you may need to strengthen the muscles supporting your pelvis. Your manual therapist may give you a programme of strengthening exercises to do at home, and this may be all you need between treatments to maintain improvements in pain and function.

If, however, your exercise programme increases your pain, you may be trying to do too much too soon, or you may be doing the wrong type of exercise. Let your manual therapist know if you are finding the exercises painful, so they can review what you need.

## Complementary therapies

Many women find their PGP improves when they use complementary therapies alongside manual therapy. However, these therapies – which include reflexology, massage and acupuncture – do not correct the underlying position and movement of your joints.

Yoga and Pilates can also help, not only by easing PGP pain but also by boosting your mental health and general wellbeing. Before starting a new class, be sure to tell your activity leader that you have PGP. If it makes it worse, you may need to stop and try again later when your joints are less painful.

It's important for you to note that complementary therapies should never replace manual therapy, as they do not fix the underlying cause of your pain. At best, complementary therapies can provide temporary relief from your symptoms.

## How your doctor and midwife can help you

### Keep a written record of your condition

It's important for your PGP to be clearly marked on your pregnancy notes and/or your personalised care plan (PCP). You can add it yourself if this has not been done for you by members of your medical team.

Your GP or midwife can refer you to an NHS manual therapist and prescribe painkillers for your PGP. They are also able to refer you for [mental health support](#) if you feel your emotional wellbeing is affected because of your condition.

Though PGP is a common condition, not every healthcare professional is familiar with it. You may need to provide the people caring for you with information on your condition. You may also need to insist on being referred to an NHS manual therapist.

If you're unhappy with the support you receive from your GP or midwife, ask to see another doctor or midwife in the practice.

### Here are some other ways your midwife can help you:

- Your personalised care plan (PCP) and birth plan: During your pregnancy, you'll be invited to create a personalised care plan which you can share with your midwife and doctors. It is a good opportunity for you to note down any

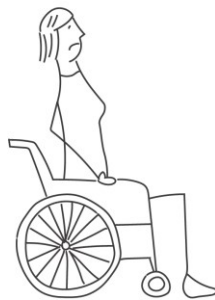
questions you have for members of your medical team and any concerns you'd like to discuss with them

- Home visits: You can ask for home visits if it becomes difficult to get out during your pregnancy
- After-care: Your midwife can also give you extra support and may visit more often after your baby is born if your PGP is causing postnatal problems

## Other medical experts who can help you

NHS care is designed to keep you well throughout your pregnancy, during labour and birth, and after the birth of your baby. There are many professionals involved in maternity care, from GPs and midwives to consultant midwives, obstetric consultants, health visitors, occupational therapists and social workers. [The Pelvic Partnership website](#) explains the role of each of these experts.

If everything goes smoothly for you during your pregnancy and labour, you are likely to only ever see your midwife, GP and health visitor. But no matter who you end up meeting in the healthcare services, be sure to tell them about your PGP and how it affects you. That way, they can give you the help and support you need.



## What to do if your PGP pain doesn't improve with treatment

If your PGP doesn't improve with treatment there may be a number of reasons, with different possible solutions:

- The treatment plan may not be right for you. Please discuss this with your manual therapist. They may decide to change your treatment plan or ask a colleague for a second opinion
- You may be overdoing things at home or work. Pace yourself and be realistic about what you can and can't do
- You may have a more structural joint problem (for example, more severe ligament damage or diastasis or severe hypermobility) that needs further investigation. Talk this through with your manual therapist and/or GP. You may need MRI scans or stork X-rays. These can be arranged by the people caring for you

PGP in the longer term is explored further [here](#).



## SECTION 3

# Your emotional wellbeing and mental health

Please remember that no matter how difficult and painful life is for you right now, you are likely to make a good recovery from your PGP with treatment. For most women, PGP is a short-term disability that goes away with the right manual therapy treatment.

### Is PGP affecting your emotional wellbeing?

When you're in pain and can't move properly, it's hard to stay positive or to feel like your normal self.

We hear from a lot of women about the emotional impact of PGP. Your feelings may include:

- Isolation and loneliness if you are stuck at home, unable to move without help or difficulty

- Feeling that your body is letting you down
- Feeling that nobody understands how you feel
- Fear that you'll never get better
- A sense of being cheated: you had expected the simple joy of having a baby but instead you're in pain
- Frustration, perhaps even guilt, that you can't look after yourself or your family the way you used to
- Thinking that your pain is not being taken seriously by your doctor, midwife or health visitor

The Pelvic Partnership has a [closed Facebook group](#) for women experiencing PGP. This group is a safe space to connect with other women living with PGP, and to give and receive support on the path to treatment and recovery.

## Mental health and PGP

One in 10 women experiences mental health problems such as anxiety and depression while they are pregnant or after the arrival of a baby. Mental health problems are even more likely in women who have experienced PGP.<sup>3</sup>

On-going pain can make you very anxious. You start to fear your pain and worry about feeling more pain in the future. Pain can drag your mood down and leave you demotivated. It won't help if your PGP makes you feel isolated and overly dependent on others.

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<sup>3</sup> Gutke, A., Josefsson, M.D. and Oberg, B. (2007). Pelvic Girdle Pain and Lumbar Pain in Relation to Postpartum Depressive Symptoms. SPINE, 32(13), pp. 1430-1436

If you think you are experiencing a mental health problem, you may be experiencing one or more of these symptoms:

- Low mood and a feeling of sadness that won't go away
- Trouble sleeping at night and feeling sleepy during the day
- Anxiety
- A loss of interest and enjoyment in the wider world
- Not wanting contact with other people
- Not enjoying life or your pregnancy
- Difficulty bonding with your baby
- Overeating or undereating
- Lack of concentration and difficulty making decisions
- Loss of self-confidence
- Frightening and intrusive thoughts

If you need help or support with your mental health, bring this up with your GP or health visitor as soon as possible or [get support from a mental health charity](#).



## Counselling

NHS counselling is available through your GP. Ask your family doctor to refer you to a counsellor who specialises in pregnancy-related issues including antenatal and postnatal depression, anxiety, birth trauma and PTSD.



If there's a waiting list to see an NHS counsellor, you may prefer to find an independent (private) counsellor who lives local to you. Ask your GP for a private referral or refer yourself directly. You will need to pay for any private counselling.

## Birth afterthoughts services

After a difficult birth, some women experience nightmares, flashbacks and moments of intense unhappiness. These can be symptoms of birth trauma or post-traumatic stress disorder (PTSD). Treatment can be very effective in helping with symptoms. Many hospitals offer a *Birth Afterthoughts* or *Birth Reflections* service, where you can talk through your experiences in detail with a midwife. Ask your hospital or midwife for contact details.

We have put together a [list of organisations and mental health experts](#) specialising in maternal mental health problems.

## Staying connected with family and friends

It can be tempting to hide from the world when you're in pain and feeling down. This is especially true if it seems as if your PGP is not being understood by those around you. It's not uncommon for people to show impatience because you're not behaving 'normally' or for your pain not to be taken seriously.

Try to resist isolating yourself from family and friends. Having a strong social network is important for everyone's mental health. If you're pregnant or have a new baby, having plenty of social contact makes a huge difference.

Some strategies for staying connected with people in a way that can work for you:

- Encourage people to visit you at home. Tell visitors they are in charge of making drinks, serving food and tidying up before they leave.
- Save your energy for people you trust and feel confident with.
- Try to get out from time to time, perhaps with the help of family or friends. A change of environment can have an amazing effect on mood.
- Don't be shy about telling people about your PGP. Explain how your pain affects you (both physically and emotionally). If necessary, prepare what you want to tell people about your PGP before speaking. Try to use language that is clear and unemotional, but don't play down your pain or mobility issues.
- If you're visiting someone who doesn't know about your PGP, tell them if you're uncomfortable standing or if you need a different chair. Most people are unaware of the problems linked to PGP but will go out of their way to make you comfortable if you give them the chance.

## Asking family and friends for help

Try to be direct with family and friends, telling them that you need help rather than waiting (and hoping) they will offer. Most people will be flattered that you trust them enough to ask for assistance. If asking for help makes you uncomfortable, remind yourself that the less physical activity you do now, the faster you'll recover.

Here are some ways to get the help you need:

- Write a list of jobs that need to be done around the house and leave it in a place where people will see it. Tasks might include doing the washing, emptying the bins and tidying up.
- Keep a list of people who have offered help. It can be easy to forget.
- Don't feel you have to repay people for their help straightaway. You will have plenty of time to show your gratitude when you are better.



## How to factor in other children

- Tell staff at your child's nursery or school about your PGP and how it is affecting your home life. Seeing their mum in pain can be upsetting for children and can affect their behaviour when they are away from home.
- Come up with a plan for friends or family members to get your child to and from childcare or school. Remember, you can take your turn doing pick-ups and drop-offs when you're better.
- Ask your child to help in small, fun ways. Kids love being helpful and it makes them feel more in control. Perhaps

your little one can bring you a glass of water or plump up your pillows.

## Your partner

It's hard to predict how a partner will react to PGP. Some partners are an incredible help, others just add to the problem. Try to be open and honest with your partner about the way PGP is affecting you. Also, try to remember that your partner probably needs support at this time too.

## Sex

Sex should be fun, but with PGP, it can be problematic. Many sexual positions are unacceptably uncomfortable when it's painful to move your legs. Here are some tips for keeping the sexual spark alive while you're living with PGP:

- Communicate honestly with your partner, especially if you're afraid that their preferred sexual positions will make your pain worse or will further damage your pelvis.
- Explore sexual positions that are gentler on your pelvis, and find alternatives to penetrative sex, such as erotic fondling.
- If the pain of sex is bearable and short-lived, you may decide it's something you're prepared to put up with for the sake of a moment of intimacy and bonding with your partner. There is no right or wrong when it comes to having sex with PGP.
- If you're worried that your sexual relationship is suffering because of your PGP, you may benefit from speaking to a counsellor who is trained to help with sexual issues. Your GP can make a referral. Relate also offers relationship support services to couples across the UK.





## SECTION 4

# Planning your labour and birth with PGP

Bringing a baby into the world can be a huge experience. It's normal to have concerns in the run-up to labour. If you have PGP, the thought of giving birth can be even more worrying.

You probably have limited mobility and difficulty moving your legs because of your condition. It's important for you to plan your birth carefully. Think carefully about your PGP and how it affects you.

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## Speak about your condition with your medical team

It's important that your birth team understands your condition so they can support you in your choices. Having PGP does not mean you have fewer options on where you give birth or the type of birth you have, but your PGP may become worse if it's not managed carefully during labour and birth.

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## Where can I give birth with PGP?

Where you would like to have your baby is your decision. What is right for one woman is not necessarily right for another. Most likely, you will give birth in one of these four places:

- Home
- A freestanding midwifery unit (sometimes called a birth centre) that is not next to a hospital
- An alongside midwifery unit (within a hospital)
- A hospital labour ward/obstetric unit

For detailed information on birth-venue options, please visit our [website](#). You can also find guidance from the National Institute for Health and Care Excellence (NICE) [here](#).

## Having a baby at home with PGP

Giving birth at home means you can be somewhere familiar, surrounded by the equipment and people you need during and after the birth. You can hire or buy a pool for a home-based water birth (and sit in it for pain relief in the days before labour).

*“My home birth was the most positive of all my birth experiences. Being in my own environment made me feel at ease and seemed to reduce the intensity of the pain, and being able to snuggle up in bed with my partner and new baby, and sharing her first hours knowing that he was staying with us, not leaving us alone in hospital, was really special.”*

## **Having a baby in hospital or in a midwife-led unit with PGP**

Your local hospital and midwife-led unit are likely to have birthing pools, beanbags and birthing balls. These can make labour much easier if you have PGP, as using them will make you feel supported when you move and will help you manage your pain.

Midwife-led units offer a more home-like setting for giving birth, with the assistance of a team of midwives but without access to doctors, stronger pain medication and monitoring that are available in a hospital.

If you choose to have your baby at home or in a midwife-led unit and you need an epidural or other medical care you can be transferred to a hospital.



## Vaginal birth and PGP

Many women with PGP give birth vaginally. The idea of a vaginal birth may be frightening when moving your body and legs is a challenge, but with the right support a vaginal birth can be a good option, even with PGP.

When you first meet your midwife, explain how PGP affects you, and what you can and can't do (for instance, can you lie comfortably on your back or side, stand unaided, walk without crutches or remain in one position for some time?). This will help you and your team work out which positions will be comfortable in labour and which won't. Some positions might not be appropriate for you.

Make sure PGP is added to your medical notes and include this information in your birth plan.

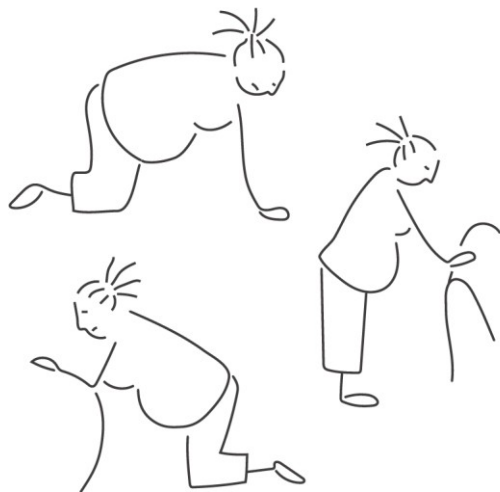
## Labour and birth positions

It's important to try and stay upright and active in labour. Many women with PGP find it helpful to change position regularly, as this reduces stress on their pelvic joints. Also, by not lying on your back, your baby can move through your pelvis with the help of gravity.

Here are positions that many women with PGP find helpful:

- **On your feet:** standing or leaning forward
- **On your knees:** simple kneeling or on all fours
- **Lying on your side:** with your top leg supported

In all of these positions, you are well-supported and have control over your legs. In other words, your legs can't be moved for you without you being aware of what is happening.



### **The pain-free gap**

A good way to look after your pelvis during labour and birth is to control the position of your legs. Your pain-free gap is the distance you were able to move your legs apart before labour without causing pain. Try not to go beyond this gap when you are having your baby.

Before giving birth:

- Measure how far you can move your knees apart without pain and record this in your birth plan
- Make sure your birth partner and midwife know about your pain-free gap

- Know that the pain-free gap can change when you go into labour

If you move your legs beyond your pain-free gap during labour (for example, if you have an epidural and can't feel pain) you may over-stress your joints and cause more pain after the birth, slowing your recovery.

*“My PGP started in my first pregnancy at 28 weeks but my pain became worse after Sammy was born. My midwife was lovely but I think she pushed my pelvis about and opened my legs beyond my comfortable range. So for a few weeks after Sammy was born, I was hobbling about with much worse symptoms of PGP than I had experienced in the later weeks of pregnancy.”*

## **Water birth**

Birthing pools are popular with women with PGP for good reason. The support of the water allows you to move around with ease, and the warmth of the water provides significant pain relief. In a pool, you're also in control of the position of your legs, so you're unlikely to move beyond your pain-free gap.

Most hospitals and midwife-led centres have pools. Ask your midwife if one is available.

Don't be discouraged from using a pool because you're worried about getting in and out. There are three ways you can slide into the water: from the pool's edge, a high stool or a transfer turntable (which can be turned to give you the right angle to get in). You'll probably need someone behind you to support your back and another person ready to lift your legs.

It's safe to go through your entire labour and to give birth in the water. There will always be an emergency plan to get you out of the pool if needed.

## Labour and birth positions known to make PGP worse

- **Lying on your back with your feet in stirrups** (the lithotomy position). This position puts the most strain on your pelvis and seems to cause more long-term problems for many women with PGP. The team caring for you may ask you to take this position if you need stitching (suturing) after giving birth, but you can ask for stitching to be done while you are lying on your side with your top leg supported.
- Giving a woman stitches while she's on her side can be challenging and your midwife might not like the idea. If this is the case, ask for a senior midwife or a consultant to take over.
- Sometimes the 'feet in stirrups' position is unavoidable. If you find yourself in this situation, make sure both your legs are moved at the same time, keeping them symmetrical, and that they are in the stirrups for the shortest time possible.

- **Lying on your back with your feet on your midwife's hips or shoulders.** If you are asked to push in this position, say no<sup>4</sup>. It will put a lot of strain on your pelvic joints and could make your PGP worse.

## Pain relief in labour

You may be worried that your PGP will get worse during labour. However, after having their baby, many women say the pain wasn't as bad as they had expected. In fact, the experience of severe PGP during pregnancy can make labour contractions seem less intense.

You have many pain relief options while you're giving birth, from back massage and gas-and-air to opioid-based medications such as pethidine and epidurals. We describe all pain-relief options in detail on our website.

## Epidurals and PGP

Epidurals numb the lower half of your body. They are given by an anaesthetist and are only available in hospital. The numbing medication is slipped into the space around your spinal cord through a very fine tube. If you're given a low dose, you'll be able to move around during your labour.

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<sup>4</sup> Pelvic Obstetric and Gynaecological Physiotherapy (POGP), (2015), Guidance for Healthcare Professionals: <https://pogp.csp.org.uk/publications/pregnancy-related-pelvic-girdle-pain-pgp-health-professionals>

If you have PGP and are having an epidural it's important to know:

- **It can hide PGP pain during labour and birth.** By numbing your lower body, an epidural can mask the symptoms of PGP. This means you'll need to be extra careful about the position of your legs during your labour, as your body won't tell you if something is hurting. It's important not to go beyond your pain-free gap, and to keep all leg movements symmetrical (that is, identical on both sides). Get help to change position regularly so your joints don't get stuck in one position.
- **It can also hide PGP after the birth.** The effect of the epidural can last for several hours so you need to be careful after, as well as during, the birth.

### **You can change your mind**

Whichever pain relief choices you make, you can always change your mind once you are in labour.

## **Caesarean birth and PGP**

Some women with PGP would prefer a caesarean birth because they are worried about a vaginal birth. Some hospitals suggest caesarean births are the only option for women with PGP, but there is no research to support this.

However, having PGP doesn't mean you *need* a caesarean.

If you do have a caesarean birth, you'll be left with pain from the surgical wound on top of your PGP pain, and your recovery time may be longer than for a woman who doesn't have PGP.

As with a vaginal birth, make sure your medical team knows about your PGP. It's important they are aware of your pain-free gap and the positions you can and cannot manage comfortably. Don't forget about the masking effects of pain relief during and after surgery.

*“The atmosphere in the theatre was lovely and it was a very special time. Even my husband who is very squeamish and was quite concerned about how he would cope, said it was just amazing. He even stood up to see our son lifted out of me. It was, for us, a once in a lifetime moment and the theatre team around us was excellent. The baby was laid on my chest while the surgeons worked on the other side of the screen and he was given to my husband when they needed to move me.”*

## **Induction and PGP**

Induction is a medical treatment to start labour. It is rare for induction to be offered due to PGP alone because delivering a baby early involves a level of risk. Your doctor will take into

account your medical history and will balance up the risks to you and the baby in making a decision on whether to induce.

Here is what you need to know about induction:

- There are different types of induction offered. Some types may lead to stronger contractions than you would experience in non-induced labour.
- After being induced, you may need to be monitored more frequently. In many hospitals this may mean you won't be able to use a birthing pool (though special waterproof monitors to connect you to monitoring equipment are becoming popular).
- [NICE guidance](#) indicates induction may lead to further medical interventions, such as an assisted birth (forceps/ventouse) or a caesarean birth.

## **PGP and an assisted birth (with forceps or ventouse)**

If your baby gets stuck or becomes distressed, you may need an assisted birth using forceps or ventouse. Many women with PGP who have experienced an assisted birth say the experience put a lot of strain on their pelvis and made their recovery slower. If you suspect your labour may be a long one or an intervention is likely, you may want to consider a planned caesarean birth, to avoid the need for forceps or ventouse.

## **How a birth doula can help you**

A birth doula works alongside doctors and midwives but is not medically trained. The job of a doula is to give you emotional



and practical support during pregnancy and birth. Find more on this private service at [Doula UK](#).

## Your birth plan

Your birth plan and/or personalised care plan (PCP) can be extremely helpful, both when you're planning your labour and during the birth. These documents can be the best way for you to tell your partner, midwife and any other medical professional about your wishes and preferences. Ideally, your plan will give clear, specific information and won't be too long.



- Make it clear in your birth plan that you need to avoid positions and medical interventions that are likely to cause stress on your pelvis, and include descriptions of your pain-free gap
- Check that a copy of your birth plan is included with your maternity notes
- Carry spare copies of your plan for anyone who needs to know about your PGP, including the on-duty midwife, the senior midwife and doctors on duty

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**To help you with your birth plan, here are extracts from plans written by some of our members, with additional examples on our [website](#).**

I have pelvic girdle pain, which means the joints in my pelvis are unstable and painful. There are two main things that are important to me about my baby's birth. Firstly, it is important that I have a healthy baby. Secondly, it's important that I too am healthy and able to care for my new baby and my toddler, which I was not able to do after my first birth. This means avoiding anything that may cause further damage to my pelvic joints.

I would like to labour and give birth at home or in the midwife-led unit as I wish to avoid intervention as much as possible, and other than my PGP I do not have any known risks for either me or my baby.

I have a pain-free gap (abduction in crook lying) of xxxx cm or xxx inches (correct as of (date)). This should not be exceeded in any procedure during or after labour and birth.

I need to avoid moving my legs very far apart (sometimes referred to as abduction of the legs). Therefore I would like to give birth on all fours in the pool. If this is not possible, I wish to give birth on all fours or lying on my side with my legs fully supported.

I would prefer to avoid any interventions which involve me lying on my back. Having given this a great deal of thought, I have decided that I would prefer a caesarean birth if intervention becomes necessary and do not give my consent for a forceps

birth.

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## SECTION 5

# PGP after your baby is born

### Getting the help you need after giving birth

In the hours and days after giving birth, move around carefully until you have a clear idea of how the birth of your baby has affected your pelvis. The way PGP affects you postnatally will depend on how the birth went, how severe your PGP was before the birth, and what manual treatment you've already received.

Make sure the team caring for you knows about your PGP. If you need help, ask. By allowing people to take proper care of you now, you will protect your pelvis from further damage and speed up your recovery. If you can't walk to collect food or drink, ask staff to bring you what you need. If anyone is awkward or unhelpful, try not to take it personally. Ask another member of staff for help, or ask to speak to the midwife in charge.

If you have crutches, remember to bring these with you, as you may need to walk further on the postnatal ward than you do at home.

Extra care facilities may be available on request for women with PGP. Before the birth of your baby, ask your midwife for access to these facilities, which may include rooms for people with a disability with an en-suite bathroom, an adjustable bed and cot and family rooms where your partner can stay with you.

### **Postnatal recovery plans**

Consider writing a 'postnatal recovery plan' before your baby is due. Include the following:

- A brief description of PGP
- Details of how PGP affects you personally
- Details of the sort of help you think you'll need after having your baby

After giving birth, you or your birth partner can give copies of the plan to the staff caring for you.

## Pain relief after birth

### **Don't ignore your pain**

It's essential for you to take your pelvic pain seriously after giving birth. Manual therapy is also important if you are to make a full and speedy recovery from PGP.

Ask for regular pain relief, such as paracetamol (take as much as you need to be comfortable).

If your PGP symptoms get much worse, ask for stronger pain relief. If it is not forthcoming, ask another member of staff for help, or ask to speak to the midwife in charge.

If you're in hospital, you can ask to see a hospital physiotherapist. You can also ask to see a hospital occupational therapist if you need special equipment to help with your PGP.

### **Going home**

When you're ready to go home, you can discuss your needs with your midwife including pain relief, physiotherapy referral and any equipment you may need from a hospital occupational therapist. A community midwife will visit you at home for a few days after birth.

Try to pace yourself when you return home and call on as much help as possible in the days and weeks ahead.

## **How your health visitor can help**

Your health visitor will support you and your baby at the end of your pregnancy and after you've been discharged from your midwife. If you are experiencing problems relating to PGP, your health visitor can help you find support, for instance by connecting you to counselling and social services.

## **How an occupational therapist can help**

PGP can make [everyday activities](#) extremely challenging. If you need help at home, for instance with washing, dressing, and getting in and out of bed, an occupational therapist can provide you with useful equipment and advice.

Your GP or midwife can refer you to an occupational therapist. Sometimes it's also possible to self-refer to an occupational therapist through your local or community hospital, or through your social services team.

If you can pay for treatment, you can also choose to see an independent (private) occupational therapist.

## **How a social worker can help**

If you're having on-going problems with PGP, or you're experiencing difficulties with housing or caring for other children, a social worker can help by providing support, information and access to services. Ask your GP, midwife or health visitor to refer you to a social worker.

## **Manual therapy after having your baby**

After having your baby, it's important for you to get treatment for your PGP as soon as you become aware of any pain. You

don't need to wait after having your baby to see a manual therapist. Arrange an appointment as soon as you feel ready.

When you receive manual therapy, you should notice a quick and steady improvement in your symptoms. In time, you should make a full recovery, being able to do everything you could before your pregnancy.



## Feeding your baby

No link has been found between breastfeeding and the symptoms of PGP.

In fact, a large study in Scandinavia<sup>5</sup> found that breastfeeding helped in a small way to speed up recovery. Breastfeeding can be tricky to get the hang of, and some new parents need considerable help from midwives and support groups to get everything working smoothly.

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<sup>5</sup> Bjelland, E. K., Owe, K. M., Stuge, B., Vangen, S. and Eberhard-Gran, M. (2014). Breastfeeding and pelvic girdle pain: a follow-up study of 10 603 women 18 months after delivery. in BJOG 122 (13), pp. 1765-1771



Before starting to breastfeed or bottle feed, get yourself in a comfortable position. You'll probably be holding this position for some time, and you don't want your pain to get worse during the feed.

## Periods and PGP

When your periods return after the birth of your baby, you may find your PGP gets worse either during your periods or when you're ovulating. This 'spike' in your pain might mean one or more of your pelvic joints is slightly stiff. While PGP is not caused by hormones, there is a link between hormones and the way we experience pain. Your body may be less able to tolerate the pain of PGP at certain points in your monthly cycle.

If you experience increased pain around the time of your periods, get a manual therapy review. If the pain doesn't respond to manual therapy in the long term, discuss this with your GP.

## Planning your next pregnancy

### **Is there a right time to have my next baby?**

You are more likely to have a comfortable pregnancy if you've received the right treatment for PGP during and after your previous pregnancy, and you made a good recovery.

If you have experienced PGP before, you may hear that your symptoms will return (but worse and at an earlier stage) during

your next pregnancy, but this doesn't need to be the case. If you treat your PGP with manual therapy before you get pregnant again, or if you get treatment as soon as symptoms return during your next pregnancy, you will probably find you have fewer symptoms than last time.

The pain you experience will also depend on the age of your existing child or children. If you are experiencing PGP-related pain or mobility issues, you will probably find your pregnancy more challenging if you are also caring for an active toddler.



## SECTION 6

# Making life easier with PGP

When you're in pain and moving hurts, it can feel overwhelming to get things done. Try to find a balance between staying active enough to keep your joints moving but at the same time, pace yourself and be kind to yourself.

## Equipment to ease your pain

Medical equipment and other helpful gadgets don't need to be expensive. Many items can be borrowed from your occupational therapist or a manual therapist. You can also find good-quality second-hand goods from nearly-new sales or online (for example, from eBay or Facebook Marketplace).

### Crutches

If your pain is making it hard to walk, crutches can help. Alongside manual therapy, many women with PGP find it both easier and less painful to walk when they are using crutches.

There are other advantages to using crutches too: they make it clear to others that you are walking slowly for a good reason and people are more likely to give you space and not bump into you.



### **Keen to give crutches a go?**

Ask your manual therapist if they have crutches you can borrow.

When walking with crutches, always use two, as this will help you keep your pelvis symmetrical.

### **Wheelchairs**

If your PGP is severe or crutches make your pain worse, consider trying a wheelchair, especially when you're outside and covering longer distances.

Here are some of the people and places that may be able to lend you a wheelchair:

- Your manual therapist
- The Red Cross
- Many major tourist attractions and some shops. You may need to book your wheelchair in advance
- Most supermarkets. If a member of staff is available, you can also get help with your shopping



*“Some of my nicest experiences were when I was in a wheelchair because I was so happy to get out. People would approach after seeing my baby on my lap and strike up a conversation.”*

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## How to get up from the floor

With PGP, it can be hard to get up and down from the floor.  
Here is the best way to do it:

Roll onto your hands and knees, keeping your knees together.

Tuck your toes under and rock back onto your feet.

Push the floor to stand up (it helps if you can reach for an item of furniture for support).

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## Support belts

Support belts are designed to keep your pelvis supported in the correct position. Some women with PGP find them helpful.

- Only use a support belt if you are also being treated by a manual therapist. Sometimes a belt can make pain worse by pushing the pelvic joints together. Your manual therapist will tell you if you should try one and will help to fit it
- If you experience more pain with a belt than without it, take it off
- Belts work best when they are worn for a short time, or when you're standing or walking
- You'll probably need to take your belt off when you sit, especially if you're pregnant. Belts can dig into the top of your legs and your baby bump
- A sacroiliac support belt is usually the best belt for PGP
- Tubigrip™ (an elasticated bandage in the shape of a tube) is often not helpful to women with PGP though it is often

given out. This belt can be difficult and painful to put on, and it's often the wrong size. If you're offered Tubigrip™, ask what other options are available

## Getting around in a car

You may need to change how you use your car if you have PGP. Here are some suggestions to make it easier:

### Getting in and out of your car

- Don't stand on one leg. Sit down, then swing your legs in together. Do the opposite when getting out of the car
- Use a plastic bag. A slippery bag can help you slide in and out of your car seat. Be sure to remove the bag before driving to avoid sliding if you stop suddenly
- Consider buying a swivel cushion. This is a rotating disc that turns 360 degrees to help you move in and out of a seat
- Considering a new car? If you're looking for a new car, consider getting one with an automatic gearbox. With an automatic, you don't need to lift both feet to change gear

### Car seats

- Try not to carry a car seat with your baby in it. Car seats are often heavy and awkward to carry
- Avoid carrying the seat in one hand. If you have to carry it, hold it in front of you to keep your pelvis as straight as possible
- Encourage climbing. If you have a toddler, teach them to climb onto your knee and then into the car seat so you don't need to lift them

## Parking

A Blue Badge on your car means you can park in a disabled parking bay, getting you closer to your destination.

You may qualify for a temporary Blue Badge. Check whether your area gives these out. If your PGP is making you severely disabled, apply for a permanent Blue Badge. If you're unsuccessful, you can go through the appeal process.

## Making shopping easier

Wherever possible, shop online or ask friends and family to help.

If you want to go shopping, try not to use a basket or to carry your bags in one hand, as this will make you walk asymmetrically. Choose a small, shallow trolley that is easier to move and unload to minimise strain on your pelvis. When you have finished, divide your shopping so you can carry an equal load in each hand to keep your pelvis level.

*“By the end of my pregnancy, I decided that I would meet a friend for coffee rather than do the weekly shop and started online shopping. This meant I left the house and had some time for myself.”*



# How to make home life easier with PGP

## PGP life hacks

(All items are available online or ask your occupational therapist or manual therapist for a recommendation.)

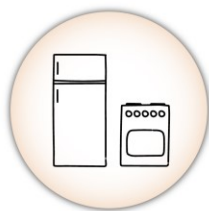


## LIVING AREAS

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Furniture rises (for your bed and chairs)	These furniture 'feet' lift objects to make it easier to get on and off a chair or bed
Gel cushion or coccyx cushion	A comfortable cushion made of gel or memory foam gives extra padding and support when you're sitting, reducing pressure on your pelvis and relieving pain
Backpack	To keep your pelvis symmetrical, use a backpack to carry objects up and downstairs
Flask and cool box	Keep a supply of fresh drinks and snacks near you

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## KITCHEN

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Perching stool

A high stool for the kitchen will allow you to sit while preparing food or drinks

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## BATHROOM

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Shower seat

A garden chair or a specialist shower seat can keep you stable in the shower and make it easier for you to wash hard-to-reach parts of your body, like your feet

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Bath seat

A bath seat is a specialist seat or board that lets you lower yourself into the water from a seated position instead of swinging one leg into the bath at a time

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Long-handled sponge

Good for washing hard-to-reach parts of your body.

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Raised toilet seat	Allows you to sit on the toilet without bending too far forward to sit down or stand up
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## **BEDROOM**

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Bed slip sheet	To help you turn over and get in and out of bed
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U-shaped pregnancy cushion	To give you and your pelvis extra support in bed
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A folded quilt or mattress topper	To add extra padding and make your sleep more comfortable
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Monkey pole or handle	This can be hung above your bed to make it easier for you to turn over
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Bed lever	A bed lever slides under your mattress and gives you a handle to pull on when you need to turn over in bed
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'Helping hand' gadgets: Sock aids, tights aids, long-handled	These tools allow you to reach the floor without bending. They make it easier to pick things up and to put on socks, stockings and shoes
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shoehorns, grab

gadgets

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## Sleeping with PGP

### PGP sleep hacks



#### STEPS FOR GETTING INTO BED

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Sit on the edge of the bed, keeping your knees together and bent

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Lie on your side and lift your feet together

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Keeping your body and legs in line, roll onto your back or your other side

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Try looping a scarf behind your knees and holding the ends to help you roll onto the bed

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#### TURNING OVER IN BED

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Bed slip sheets or satin nightclothes make it easier to turn over in bed

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#### MOVING ACROSS YOUR BED

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Keep your knees together and bent while you roll or slide your bottom and shoulders across the mattress

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### **SUPPORTING YOUR LEGS**

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Place a pillow or folded towel between your legs

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A specialist cushion such as a *Dreamgenii* can also be helpful

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### **SITTING UP IN BED**

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Avoid sitting up with your legs straight or crossed. This can strain your pelvis. Try to breastfeed lying down or in a chair

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## PGP parenting hacks



### CARRYING YOUR BABY

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Cradle your baby in both arms

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Hold your baby in front of you

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Try to carry your baby for as short a time as possible

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Use a baby swing to rock your baby

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### NAPPY CHANGING

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Check you can reach everything you need before you start

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Try to set up a second changing area downstairs if you live on two floors so you won't have to carry your baby up and downstairs

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If you are more comfortable standing, use a changing table at waist height, or try a changing mat which clips to the top of your baby's cot

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If you are more comfortable kneeling, use a low table to limit lifting your baby

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## **BED AND BATH TIME**

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Wash your baby in the kitchen where you can easily empty the bath into the sink without too much bending or lifting

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Ask someone else to lift your baby in and out of the bath

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Consider using a bedside cot which can attach to the bed and limit the amount of bending down to lift your baby

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## **PLAYING WITH YOUR BABY**



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You may find it easier to lift your baby while you are sitting or kneeling, or wait until they can crawl, roll or bottom-shuffle to you

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Put a small table near your chair, or use a lap-tray and teach your child to climb onto your knee to play board games or to do jigsaws, Lego and craft activities

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Get your child to do small tasks for you, such as fetching something, by turning it into a game (“I’m going to close my eyes now and when I’ve counted to five, I’m going to find your book in my hands”)

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If you need your child to come to you, resist turning the request into a chasing game. Instead, try saying: “You’ll be right here by the time I count to three. One, two, three”

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Teach your toddler to use the stairs on their tummy as early as possible, even before they can crawl or walk (they’ll need to move backwards, feet going down first)

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## How to make work life easier with PGP

You can usually keep working during your pregnancy with PGP, though you may need to make changes to your work environment and routines to make this possible.

Here are ways to make life easier at work when you have PGP:

- Tell your employers and colleagues about your PGP. If they understand about PGP, they are more likely to be supportive.

- Ask your line manager for a workplace risk assessment. From this, a plan can be made to make your working day more comfortable. Improvements might include:
  - A temporary change to your role
  - Reducing your working hours
  - More frequent breaks so you can move around and ease your pain
  - Working from home
  - Using specialist equipment
- Ask your GP for a medical note. If you feel you can't continue to work, you can be medically signed off work by your GP
- Consider starting your maternity leave early

Plan a phased return to work after having your baby. Speak to your employer about finding a way for you to get back to work at a pace that suits you, perhaps with reduced hours or different duties.

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## **Your rights**

When you're pregnant, you're entitled to paid time off work for medical appointments, including manual therapy.

It's illegal for your employer to discriminate against you or make you redundant because you're pregnant, though the law in this area is complicated. Find more information on your rights from [Birth Rights](#), [Citizens Advice](#) and [Working Families](#).

You may be entitled to disability benefits. Check the [government website](#) for up-to-date information.

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## SECTION 7

### If it's not PGP, then what is it?

Sometimes pain in the pelvis is not related to PGP. An experienced manual therapist will be aware of this. They will check this during your first assessment and any on-going treatment. They might suspect you have PGP but then start to consider other options if treatment doesn't reduce your pain.

Your manual therapist may be keen for further investigations into your pain. If so, they will get in touch with your GP who will then send you for more tests or ask for a consultant's opinion.

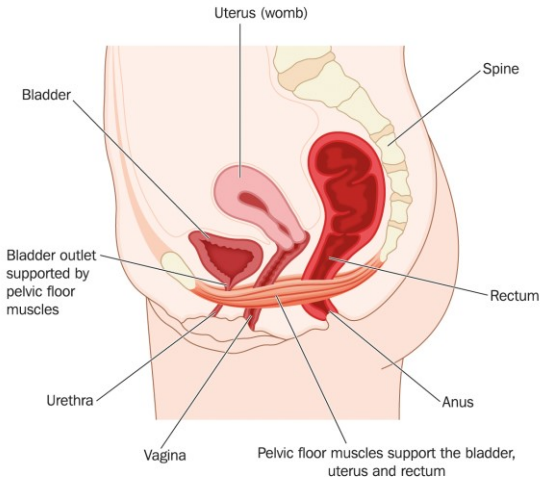
#### **Pelvic floor overactivity and PGP**

Pelvic floor problems can come about when the muscles of your pelvic floor are too weak or too tight (known as overactive). People with PGP may experience an overactive pelvic floor, where their muscles tense and then struggle to relax. To compensate for problems in the joints and muscles of your pelvis, it's natural to hold your pelvic floor muscles more tightly. Tightness can also be linked to previous trauma to the pelvic

floor, perhaps caused by a vaginal tear, forceps birth or episiotomy.

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## Your pelvic floor



The pelvic floor is a group of powerful muscles that attaches to the pubic symphysis at the front of your body and the sacrum at the back of your body. It acts like a hammock, holding all the organs of your pelvis in place. Your pelvic floor also gives you control over your bladder and rectum (the part of your intestine attached to your anus).

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## Signs that you may have an overactive pelvic floor

As well as pelvic pain, women with an overactive pelvic floor can experience some (or all) of the following symptoms:

- A bulge in the vagina or a feeling of pressure in the vagina or rectum
- Lower backache or pelvic pain and/or stomach pain.
- Pain or discomfort during sex
- A urinary tract infection (UTI): an infection affecting your bladder, kidneys or urethra (the tube that carries urine from your bladder out of your body)
- Constipation and/or difficulty doing a poo
- Difficulty passing urine: a need to go more urgently or more often, or a problem emptying your bladder completely
- Incontinence: leakage of urine or poo, or both

## **Treating an overactive pelvic floor with manual therapy**

Like PGP, an overactive pelvic floor can be treated with manual therapy. The treatment for tight pelvic floor muscles involves a pelvic floor physiotherapist putting their fingers into your vagina and finding tight 'trigger points' in your muscles. With finger pressure, these muscles can be released. With treatment, the tensed muscles usually return to their relaxed state and the pain disappears. For a full description of this type of manual therapy and a list of pelvic floor physiotherapists, see the [Pelvic Physiotherapy website](#).

## **Special exercises for an overactive pelvic floor**

In addition to treating your overactive pelvic floor with trigger point release treatment, your pelvic floor physiotherapist will probably give you an exercise programme designed to retrain your pelvic floor muscles. These exercises will help the muscles work properly without becoming overly tight. You'll be taught

to both contract and relax your pelvic floor muscles (most pelvic floor exercises focus on contractions alone).

## **Diastasis Symphysis Pubis (DSP)**

Your manual therapist will also be checking for signs of Diastasis Symphysis Pubis (DSP). Some women develop DSP after experiencing trauma to their pelvis (perhaps during a fall or a difficult birth). If DSP is suspected, your manual therapist will suggest further medical tests.

## **Other conditions that can cause pelvic pain (but don't start in the pelvis)**

Pain can be confusing. Sometimes, sensation is experienced in the pelvis but in fact it comes from elsewhere. An infection or inflammation linked to the bladder, kidneys or intestine can all be felt in the pelvis. This table shows some conditions that can trigger pain in the pelvic area without actually starting in the pelvic joints.

There are also times when PGP is experienced together with another, totally unrelated, condition, such as a bladder infection. When this happens, both conditions need to be treated separately.

Always consult your doctor if you're not sure what is causing your pain or where it's coming from. Try not to jump to conclusions about what is wrong with your body but do follow your gut instincts if something is not right and don't just put up with pain.



## **CONDITIONS AFFECTING THE WOMB AND OTHER REPRODUCTIVE ORGANS RESULTING IN PELVIC PAIN**

Main symptoms and the possible solutions

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### **Severe stomach pain (with dizziness and nausea)**

Ectopic pregnancy (when a fertilised egg implants itself outside of the womb, usually in one of the fallopian tubes)

**This is a serious condition that requires quick treatment. If you have these symptoms contact medical help urgently**

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### **Painful periods**

Adenomyosis (where the tissue that normally lines the womb starts to grow within the muscular womb wall)

Dysmenorrhea (painful periods)

Endometriosis (a condition where tissue similar to the lining of the womb starts to grow in other places, such as the ovaries and fallopian tubes)

Fibroid (a non-cancerous tumour growing in and around the womb)

Pelvic Inflammatory Disease (a bacterial infection of the womb, fallopian tubes and ovaries causing inflammation)

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### **Pain during sex**



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Endometriosis

Fibroid

Pelvic Inflammatory Disease

Ovarian cyst (when a fluid-filled sac develops on an ovary)

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**Irregular vaginal bleeding**

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Endometriosis

Ovarian cyst

Pelvic Inflammatory Disease

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**Lower back pain**

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Endometriosis

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**Digestion issues, constipation**

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Endometriosis

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## GENERAL HEALTH CONDITIONS RESULTING IN PELVIC PAIN

Main symptoms and the possible solutions

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### **Severe pain in one or both legs when standing or walking**

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Deep vein thrombosis (DVT) (a blood clot in a vein, usually in the leg)

**This is a serious condition that requires quick treatment. If you have these symptoms seek medical help urgently.**

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### **Pain when passing urine**

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Bladder stones (hard lumps of minerals in your bladder)

Urinary tract infection (an infection affecting your bladder, kidneys or urethra)

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### **Pain or numbness in your back, buttocks, genitals, legs and feet**

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Lumbar disc problem (a bulging or slipped disc. A disc is the soft cushion of tissue between the bones in your spine

Problems occur when this tissue pushes out and presses on nerves)

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## **Stomach pain**

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Appendicitis (a swelling of the appendix, a small pouch connected to the large intestine)

Diverticulitis (inflammation affecting the lining of the bowel)

Irritable bowel syndrome (IBS)  
(a condition affecting the intestines)

Kidney stones (the formation of crystals in the kidneys)

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## **Feeling sick and digestive issues**

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Diverticulitis

Irritable bowel syndrome (IBS)

Kidney stones

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## **Swelling and a grinding noise upon injury to muscle + cramps**

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Bone disease (an abnormality, deformity, infection or disease of bone)

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## SECTION 8

### PGP in the longer term

With the help of manual therapy, most women make a good recovery from PGP.

However, a small number are still in pain a long time after giving birth. This is usually because their PGP was not diagnosed or treated early. Generally, the longer the condition remains untreated, the longer it takes to recover.

The good news is that most women recover fully with treatment even after experiencing severe PGP symptoms for many years. It's never too late to treat your pelvic pain.

#### Experiencing chronic pain

The pain you feel, and how you can manage it, is unique to you. Pain affects everyone differently. The pain can also vary from day to day.

Unfortunately, many women who come to us say their pain has not been taken seriously by healthcare professionals. Instead of being referred for manual therapy, they've been given crutches, support belts or pain medication. Although these can all help in the short term, they are no substitute for manual therapy.

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### **Give manual therapy time**

If you've been in pain for some time, it will probably take several sessions with a manual therapist for you to notice a significant improvement in your symptoms. More sessions might be needed to make a full recovery.

Between sessions, you'll probably need to do activities at home, as instructed by your manual therapist. These might include physical exercises, stretches and trigger-point massage.

For more information, see the [Treatment chapter](#).

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*“When the pain returns, the feeling of powerlessness can be acute. Becoming proactive in seeking treatment – in my case physiotherapy, osteopathy and Pilates – not only helped me regain some control, it gave me confidence to work with my body. Every few weeks I gave myself simple goals: walking an extra ten yards or managing with fewer painkillers. One year on, there are far fewer limitations to my life and I know that by looking after myself and taking it one step at a time, I can continue to make a positive difference to my quality of life.”*

## **How we feel pain**

Any injury or condition that gives you pain for more than three months and impacts your quality of life is known as chronic or persistent pain.

Our brain and nervous system are responsible for how we experience pain. When you experience pain for a long time, your nervous system tends to become over-sensitised. When this happens, your body experiences pain that is out of proportion with the underlying problem. This is because your nervous system has become ‘stuck’ in distress mode, sending pain messages to your brain that are no longer related to the

original injury (sometimes the injury has healed completely and the pain signals keep firing).

If your pelvic joints and the surrounding soft tissue are working normally again but you're still in pain, there's a good chance you've developed a chronic pain problem. If this is the case, you'll need to re-educate your nervous system so that its response to pain returns to normal.

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### **How to approach manual therapy when you're in chronic pain**

**Trust your manual therapist** – the fear of increasing pain can make you feel tense. Ask them to explain what they are doing while they treat you so you feel confident you are safe in their hands.

**When manual therapy doesn't help your pain.** If you've been in pain for a long time, you've had several sessions of manual therapy and you're not getting better, you may need to actively treat your pain condition before you continue with hands-on treatment.

**When manual therapy is too painful.** If you're finding manual therapy unacceptably painful, you may need pain medication or alternatives to medication (such as acupuncture) to help you manage it.

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### **I'm feeling better but not 100%**

It can be upsetting when your body responds well to manual therapy but you still don't get back to your normal, pre-

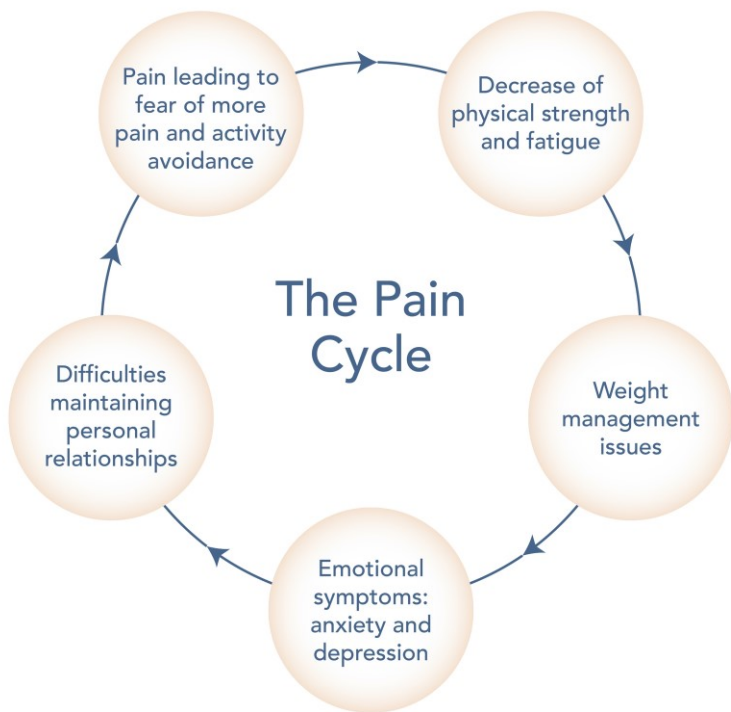
pregnancy self. There are a number of reasons why this can happen:

- You haven't given manual therapy enough time
- You have a second underlying condition that needs treatment (an overactive pelvic floor is commonly linked with PGP)
- You are overdoing things at home or work and need to slow down, [pace yourself](#) and be realistic about what you can and can't achieve in any given day
- The muscles supporting your pelvis and pelvic joints need re-educating with specific exercises. This might be the case if your manual therapist hasn't given you an exercise programme to follow at home
- You have a pain condition that needs treatment
- You are hypermobile, which may slow down your recovery

## The chronic pain cycle

Your thoughts, beliefs, fears and expectations, as well as the way you move your body, can all contribute to nervous system over-sensitisation. The chronic pain cycle describes how your mind and body can work together to cause chronic pain. You may need to 'fix' an element in your pain cycle to make a full recovery from PGP.





If you have had pain for a long time you may get stuck in a chronic pain cycle and you'll probably need professional help to get you out of it. Treatment can be complex, involving a number of healthcare professionals. Among these professionals are manual therapists, occupational therapists, psychologists, counsellors and doctors. Treatment can include manual therapy, counselling, cognitive behavioural therapy (CBT), relaxation techniques, pain medication and more.

### **Impact on muscles when you move less**

When you're in pain, you tend to move your body less, which can make your muscles weaker and lead to a constant feeling of

exhaustion. The less you use your muscles, the shorter and tighter they become. They may even start to spasm. The weaker you feel, the less active you're likely to be, leading to more loss of muscle. And so the cycle continues.

## **Emotional problems, including anxiety and depression**

On-going pain can make you anxious and may lead to depression, which can have a huge impact on how fast you recover from, or learn to manage, your pain.

## **Personal relationships**

Chronic pain can affect how you cope at home and at work. Your relationships with your partner, family and friends can all be impacted.

## **Weight management**

Being overweight puts additional stress on your joints and muscles. Losing weight with PGP can be very challenging, as you can't exercise as you normally would. However, small changes to your diet (for example, controlling your snacking) can make a big difference.

At the other end of the scale, being underweight can make you feel more tired, so try not to skip meals if your pain has reduced your appetite.

## Treating chronic pain

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### **The steps to take if you suspect your pain has become chronic**

Speak to your GP about medication to treat your pain. You may be offered pills that will both reduce your pain and make your nervous system less sensitive. A popular choice is amitriptyline.

If you don't get better with medication, ask your GP to refer you to a specialised pain clinic. Treatment here can include medication, other medical procedures, physical therapy, acupuncture and counselling.

The [Pelvic Pain Support Network](#) has a full list of [UK pain clinics](#).

If you think there may be an emotional or psychological element to your pain and that you're caught in a pain cycle, ask your GP to refer you to a specialist who can give you the right kind of support.

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### **Prolotherapy**

Prolotherapy is an injection treatment that may help with your pain by making your pelvic joints more stable if you have a pelvis that doesn't stay in position with manual therapy.

There is some evidence that prolotherapy repairs pelvic ligaments after they have been overstretched. Unlike muscles, ligaments don't always return to their normal length once they have been stretched too far. Overstretched ligaments cause instability to the pelvis.

Prolotherapy involves an injection of an 'irritant' along with a local anaesthetic into the ligaments around the pelvic joint. This medication stimulates a chain of reactions that leads to the ligaments becoming tighter so they can once again support the pelvic joints.

You may be suitable for this treatment if:

- You've tried manual therapy but your pelvic joints don't stay aligned between treatments.
- Your manual therapist is able to realign your joints and make you pain-free during a treatment session, but the pain and instability return as soon as you leave the clinic.

Prolotherapy seems to work better for some women than others. On average, people notice improvements after three sessions, but you may experience relief from your pain and greater stability after just one session. Three sets of injections are usually given, with a gap of between a week and a month between each set.

This treatment is not widely available on the NHS (though it is offered in several private clinics which can easily be found online) and there is conflicting scientific evidence about its effectiveness.

## **Other injections**

Some doctors offer pain-relieving or steroid injections into the symphysis pubis joint. It can be a painful procedure and the results tend to be fairly short-lived (most women tell us an injection helps their pain for about three weeks). Often this is because the underlying cause of the problem (joint

misalignment or asymmetry) has not been treated first with manual therapy.

### **On-going manual therapy**

Even after making a full recovery, you may need an occasional top-up session with your manual therapist so do go back to them if your pain returns. They may also give you a new set of exercises to do at home.



### **Intensive treatment**

Some women with severe or long-term problems relating to PGP have benefited from intensive rehabilitation treatment carried out over a number of weeks. This can include manual therapy several times a week combined with intensive exercises to keep the pelvis well-aligned and to increase general fitness.

Many women report good long-term outcomes from this approach to treatment but this is not an easy option. It requires time, effort and dedication, and can be expensive if you are being treated privately.

## Adjusting your expectations

Although we strongly encourage you to explore all treatment options (starting, of course, with manual therapy), we also realise that sometimes after following all the recommendations, you need to make peace with a situation that is less than ideal.

If you've had severe PGP for a long time, you will almost certainly have made adjustments to your life to make room for this 'new normal'. Maybe more adjustments can be made, both to your way of life and to the way you view yourself and your pain.

As parents, we've already had to accept irreversible changes to our bodies. And though PGP is not a normal consequence of pregnancy (though it is certainly common), you may be one of the few women with PGP who needs to come to terms with the fact that you will never be entirely free of pelvic pain.

It can be helpful to focus on what you are able to do rather than the things you could once do with ease but now find difficult. Adjusting your mind to your situation can free you up to plan for your future and move on.

But before reaching the point of total acceptance, you will probably need to grieve your losses. Letting go of your idea of yourself as a fit, completely able-bodied and pain-free woman is hard, and adapting to the changes can take time. This is something a pain clinic or counsellor can support you with.

*“I first had PGP 21 years ago during my first pregnancy and my second pregnancy four years later was horribly painful. I had crutches and a wheelchair, and needed a lot of help to manage daily activities.*

*My pelvis has always been my weak spot and anything out of the ordinary seemed to bring on symptoms. Since having manual therapy I’ve been able to do most things, but having periods, over-exerting myself, wearing heels, and sitting or standing still for long periods all cause discomfort and occasional mobility issues (mainly spasms, dragging one leg and limping).*

*Accepting my PGP as part of me has been a long process. I now have regular treatments (right now I'm having excellent treatment on the NHS), I no longer wear high heels unless I really want to, I wear a Serola Sacroiliac Belt (available online) if I'm feeling unstable, and I pace my activities. These adjustments have made a huge difference."*

## **Gynaecological procedures: why it's important to take extra care**

If you've ever experienced PGP, take extra care when you undergo a gynaecological treatment or operation, including dilation and curettage (D&C), cervical screening (both smear tests and HPV tests), internal vaginal examinations and abortions.

Anything that requires you to open your legs wide needs to be done with caution. Approach the procedure the same way you would birth. [Take the same measures](#) you would for having a baby (in other words, know your pain-free gap and don't go beyond it; move your legs symmetrically). Let the doctor or nurse treating you know about your condition and your body's limitations. Make sure they take great care and follow the PGP guidelines when they're moving you in your sleep or placing your feet in stirrups.



## Surgery

We are not convinced surgery is a good option for treating PGP, even if your symptoms are severe and you've been living with them for a long time. For this reason, we urge you to make surgery your very last option.

Surgery is aimed at stabilising the joints rather than treating pain. Many women who contact us say they are disappointed by the results, as it has not fixed their chronic pain. Many of these disappointed patients go on to make an excellent recovery when they are later treated with manual therapy.

Please feel free to contact us on our telephone helpline if you've been advised to consider surgery. You may also find the suggested questions on the [NHS Choices website](#) helpful to ask your surgeon before any procedures. These questions should make it easier for you to make an informed choice.

## Seeing a specialist doctor

If you've had a trauma to your pelvis (such as a fall) or your PGP symptoms are not improving, your GP may refer you to an orthopaedic consultant (a doctor specialising in bone and joint conditions). Often the consultants who know most about PGP are doctors who specialise in pelvic trauma and reconstructive surgery, so it is worth asking your GP for the best pelvic surgeon in your area.

## Further information

To find out more about pelvic girdle pain:

Pelvic Partnership,

[www.pelvicpartnership.org.uk](http://www.pelvicpartnership.org.uk)

Pelvic Obstetric Gynaecological Physiotherapy,

[www.pogp.csp.org.uk](http://www.pogp.csp.org.uk)

To find out more about an overactive pelvic floor:

Pelvic Physiotherapy,

[www.pelvicphysiotherapy.com](http://www.pelvicphysiotherapy.com)

To find out more about manual therapy:

Chartered Society of Physiotherapy:

[www.csp.org.uk](http://www.csp.org.uk)

Institute of Osteopathy,

[www.iosteopathy.org](http://www.iosteopathy.org)

British Chiropractic Association,

[www.chiropractic-uk.co.uk](http://www.chiropractic-uk.co.uk)

To find out about different healthcare guidelines:

National Institute for Health and Care Excellence,

[www.nice.org.uk](http://www.nice.org.uk)

Support services during your pregnancy and after you have your baby:

Carers Trust,

[www.carers.org](http://www.carers.org)

HomeStart,

[www.home-start.org.uk](http://www.home-start.org.uk)

Maternity Voices Partnerships,

[www.nationalmaternityvoices.org.uk](http://www.nationalmaternityvoices.org.uk)

NCT, [www.nct.org.uk](http://www.nct.org.uk)

Royal College of Midwives,

[www.rcm.org.uk](http://www.rcm.org.uk)

Royal College of Obstetricians and Gynaecologists,

[www.rcog.org.uk](http://www.rcog.org.uk)

To find out about mental health support services:

Maternal Mental Health Alliance,

[www.maternalmentalhealthalliance.org](http://www.maternalmentalhealthalliance.org)

Mind, [www.mind.org.uk](http://www.mind.org.uk)

PANDAs, [www.pandasfoundation.org.uk](http://www.pandasfoundation.org.uk)

To find out about financial support with manual therapy:

Frederick Andrew Convalescent Trust,

[www.factonline.co.uk](http://www.factonline.co.uk)

To find out about rights and benefits:

AIMS, [www.aims.org.uk](http://www.aims.org.uk)

Birthrights, [www.birthrights.org.uk](http://www.birthrights.org.uk)

Citizens Advice Bureau,

[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

UK Government, [www.gov.uk](http://www.gov.uk)

For a list of full academic references, please see our [website](#)



# Pelvic Partnership

Supporting you

If you have any further questions or would like to hear a friendly voice of support you can contact our telephone helpline and leave a message.

Pelvic Partnership telephone helpline:

**01235 820921**

*Please note that we are unable to provide a prompt response as this helpline is managed by volunteers and is checked fortnightly.*

For other enquiries please email our co-ordinator Jen Campbell at:

[contact@pelvicpartnership.org.uk](mailto:contact@pelvicpartnership.org.uk)

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