pelvic partnership

# The Pelvic Partnership

## Annual survey of women and birthing people with experience of pregnancy-related pelvic girdle pain

## 2026

# Executive summary

The Pelvic Partnership's 2026 survey of women and birthing people with experience of pregnancy-related pelvic girdle pain (PGP) was open to responses between 5th May and 31st July 2026. We received 145 responses, which showed that PGP can be severe, prolonged and life-changing. Only 36.6% described themselves as symptom free; 26.9% of all respondents had been in pain for more than 12 months. PGP severely restricted mobility and everyday activities, while 60% reported associated mental health problems. It also affected childcare, work, relationships and social participation, with unequal access to practical support and private treatment.

NHS care was inconsistent: only 18.6% felt supported by their GP or midwife, over 20% were offered no NHS treatment and just 14.5% were offered an individual in-person appointment with hands-on treatment. Respondents frequently reported dismissed symptoms, limited professional knowledge, delayed referrals and generic or remote advice. 64.8% sought private treatment, although cost remained a barrier for many.

The findings call for earlier diagnosis, consistent referral pathways, timely one-to-one physiotherapy, better professional training, mental health support and follow-up during pregnancy and after birth. The Pelvic Partnership is valued for trusted information and practical support, though respondents stated that they wished they were aware of the charity's support and information earlier. Closer integration with NHS maternity services and stronger professional signposting would help ensure equitable access to timely, evidence-informed care.

Throughout this report, "women" is used to include all women, birthing people and others who experience pregnancy-related pelvic girdle pain, regardless of gender identity.

## Introduction

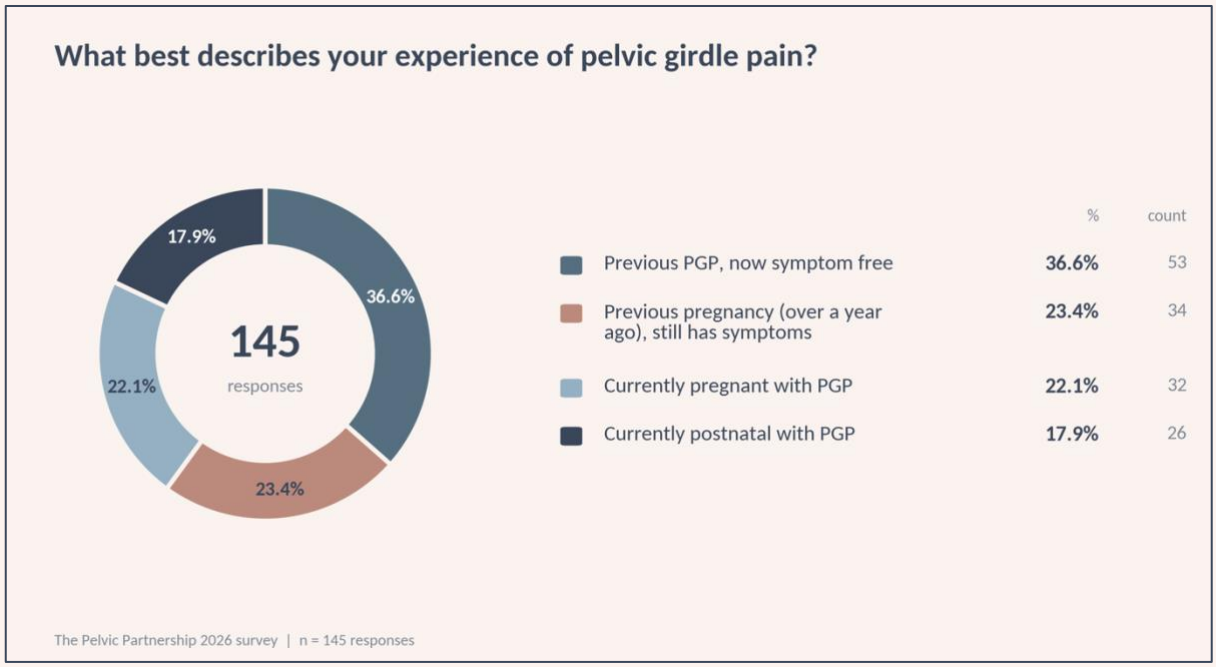
Pelvic girdle pain (PGP) is a common condition causing pain in the pelvic joints during and sometimes after pregnancy. Reports differ, stating that between 1 in 5 and half of pregnant women are affected by PGP. In most cases PGP can be safely and effectively treated at any stage during or after pregnancy by a physiotherapist, osteopath or chiropractor using hands-on individualised treatment including manual therapy.

Our 2026 survey of women and birthing people with experience of pregnancy-related pelvic girdle pain had 145 respondents. The majority of these were white (92.4%), working full or part time, with 1-2 children of nursery or primary school age. All quotes used in this report are anonymous quotes from respondents reproduced with permission.

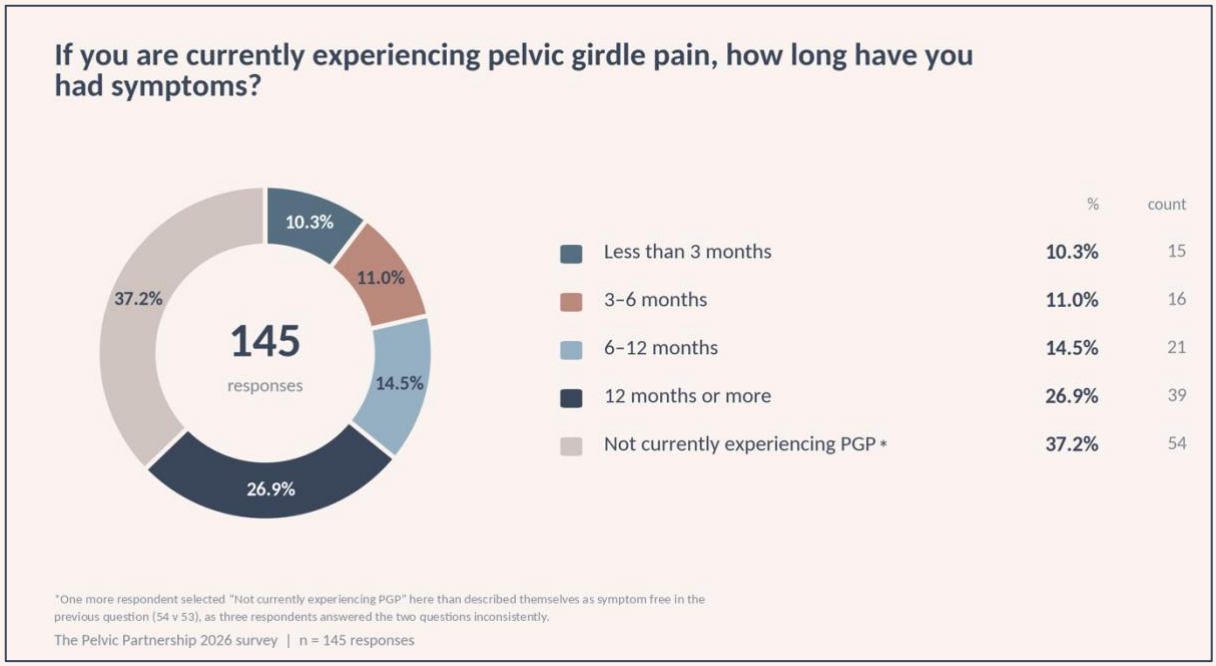
## Findings

### You and your pelvic girdle pain

Most respondents had previous experience of PGP, with only 22% currently pregnant. Out of 145 respondents, 36.6% reported now being symptom free:




26.9% of all respondents (43% of those currently symptomatic) had been in pain for more than 12 months, ranging from just over a year to 16 years.



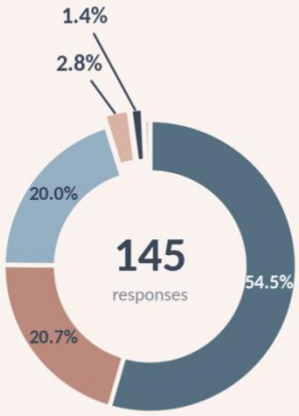

Those who are now symptom free reported pain lasting from a few months during pregnancy or immediately postpartum, to several years. Notably, many people responding here as “symptom free” report lingering issues like hip pain, clicking or periodic flare ups.

*“During and after both my pregnancies (children now 17 & 19). I was affected for years after particularly during menstrual cycle. I still sometime have hip pain and have clicky, hypermobile hips.”*

*“During my pregnancy 6 years ago, have PGP throughout the pregnancy and it does sometimes flare up but is almost completely gone now”*

Most respondents reported their PGP had affected their mobility, with only two (1.4%) able to walk normally without pain, and four (2.8%) were bedbound. The majority were able to walk a short distance with pain (54.5%). The condition had a huge impact on a range of their day to day activities, including work (73.1%), getting dressed (74.5%), turning over in bed (89.7%), exercising (91%), and climbing the stairs (75.2%).

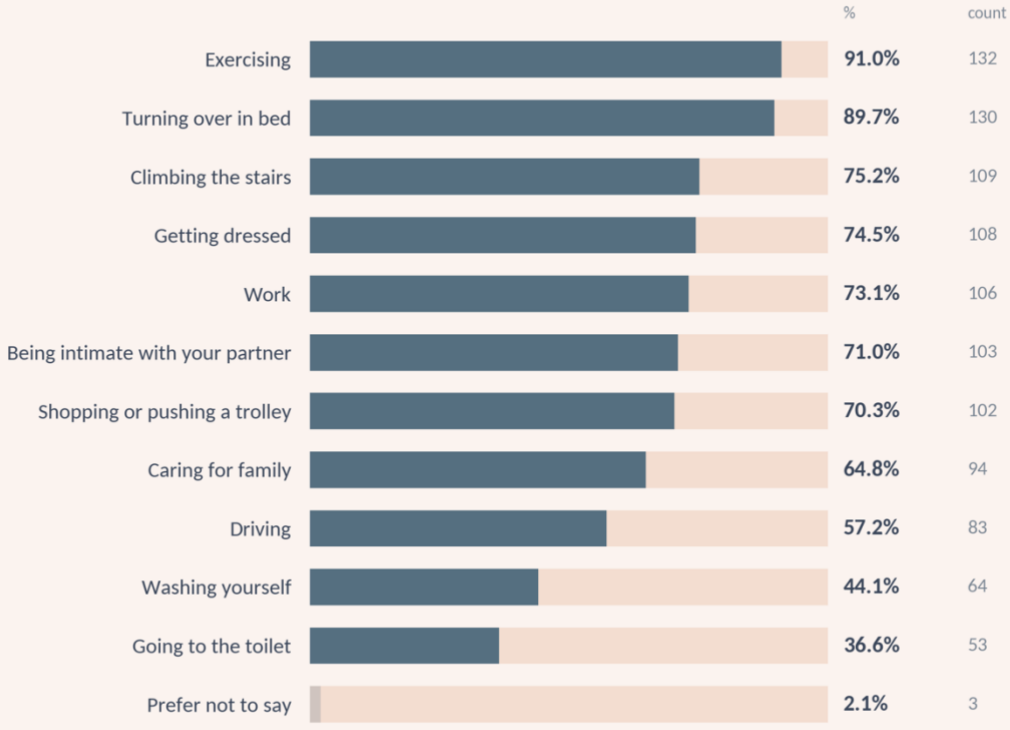
## How does or did your pelvic girdle pain affect your mobility?




| | % | count |
|---|---|---|
| Walk a short distance with pain | 54.5% | 79 |
| Walk, but with some pain | 20.7% | 30 |
| Get around with mobility aids (crutches or wheelchair) | 20.0% | 29 |
| Not get out of bed (bedbound) | 2.8% | 4 |
| Walk normally without pain | 1.4% | 2 |
| Prefer not to say | 0.7% | 1 |

The Pelvic Partnership 2026 survey | n = 145 responses

## Does or did your pelvic girdle pain affect your ability to do the following activities?



| | % | count |
|---|---|---|
| Exercising | 91.0% | 132 |
| Turning over in bed | 89.7% | 130 |
| Climbing the stairs | 75.2% | 109 |
| Getting dressed | 74.5% | 108 |
| Work | 73.1% | 106 |
| Being intimate with your partner | 71.0% | 103 |
| Shopping or pushing a trolley | 70.3% | 102 |
| Caring for family | 64.8% | 94 |
| Driving | 57.2% | 83 |
| Washing yourself | 44.1% | 64 |
| Going to the toilet | 36.6% | 53 |
| Prefer not to say | 2.1% | 3 |

The Pelvic Partnership 2026 survey | n = 145 responses

As in our previous surveys, 60% of respondents experienced mental health problems associated with their PGP. When asked how their PGP had affected their physical and mental health, responses revealed a clear impact. Respondents reported severe, constant pain drastically restricting mobility

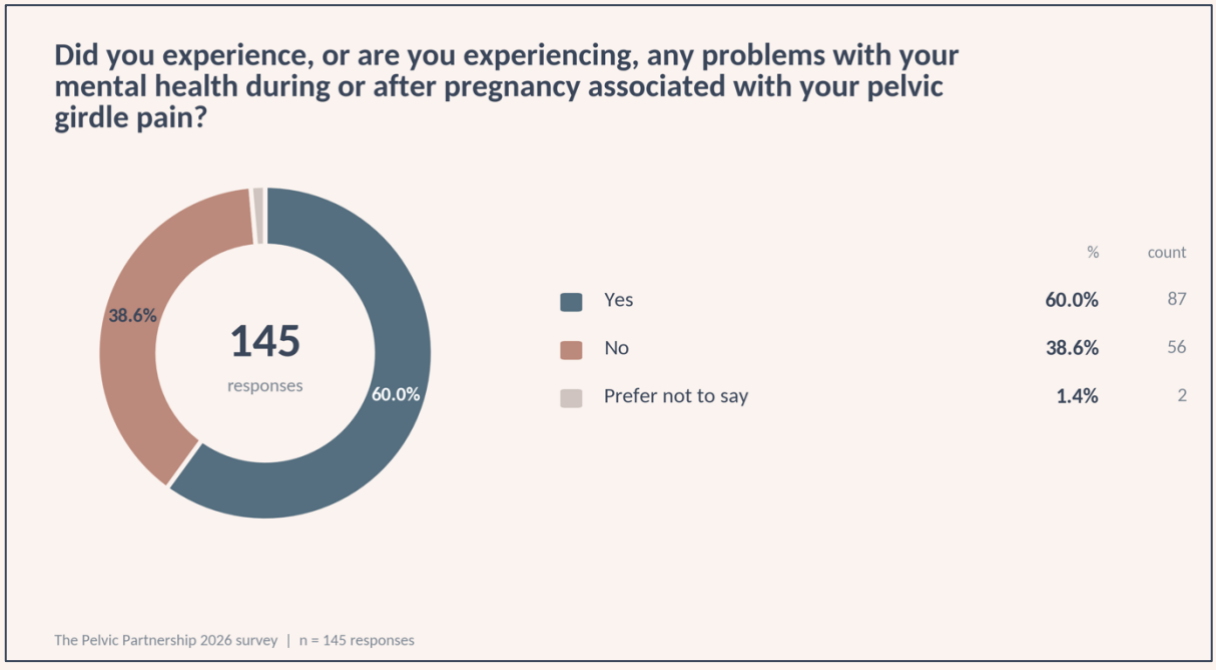
and requiring aids like crutches or wheelchairs and making basic daily tasks difficult or impossible. This led to significant psychological distress including depression, anxiety, PTSD, low self-esteem, isolation, feelings of worthlessness and feeling robbed of an enjoyable pregnancy. The inability to remain active combined with sleep deprivation from chronic pain was a strain on emotional health. Pain impaired people's ability to care for children, frequently causing feelings of guilt, inadequacy and being a burden to family members. It also strained relationships with partners, limited social activities, and interfered with professional lives, forcing many to take early leave or stop working entirely.

*"I couldn't leave the house. I used surfaces as a crutch, 'surfing' between rooms when I absolutely had to. Walking upstairs to the bathroom and trying to be there for my other child at the time was nearly impossible. As a result I struggled to even get myself ready each day and during this period of time, went from being an incredibly well presented and sociable person, to feeling embarrassed at the state of myself. It was excruciating pain at times. Mentally, I was exhausted, frustrated and just desperately wanted it to end."*

*"I became agoraphobic after my first pregnancy. I was unable to walk far alone, and was scared I'd get stuck somewhere with a small baby in a pram and not be able to get home."*

*"I am scared to drink water because I can't face sitting down and getting up from the toilet seat. Pain is ferocious even when stepping down the kerb on the road. I needed help to lift my leg to enter the bathtub."*

*"Incapacitating. I couldn't look after myself let alone my toddler. I was housebound, had to stop work. I cried every day. Post labour I suffered for years. It prevented exercise and playing with my children. It is now manageable but still flares."*

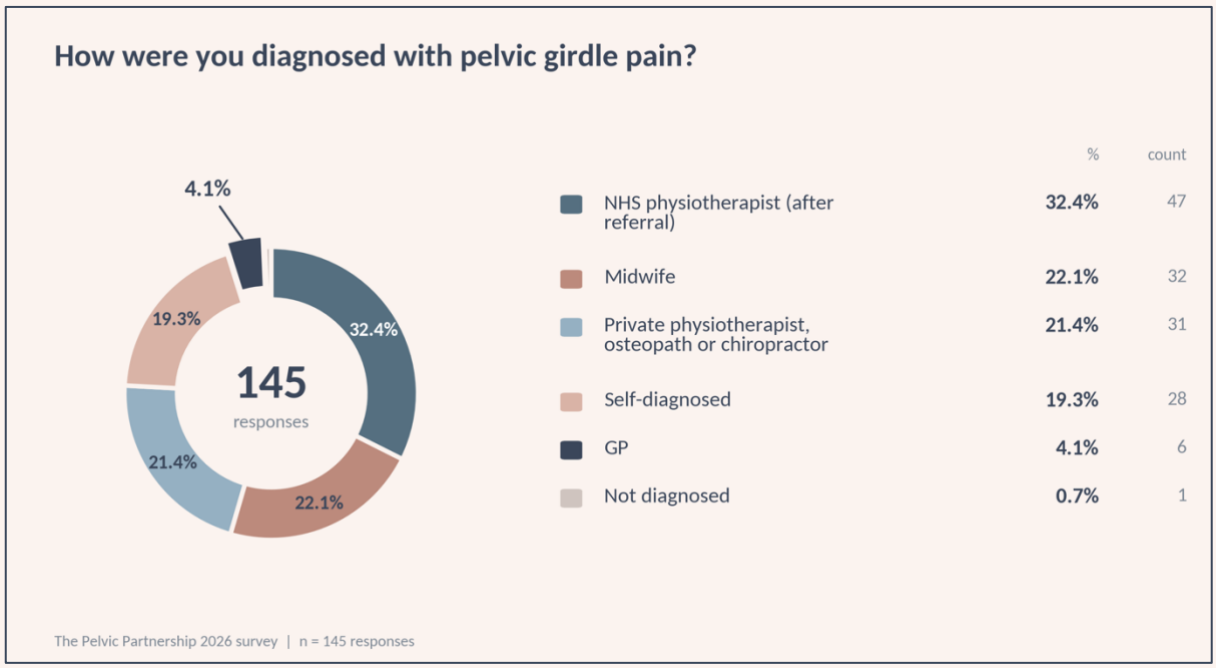



When asked about what support they had outside of the healthcare system, respondents (134) reported relying heavily on the support of others with partners taking on the majority of household responsibilities, cooking, shopping, cleaning, and childcare, often acting as caregivers. Those who

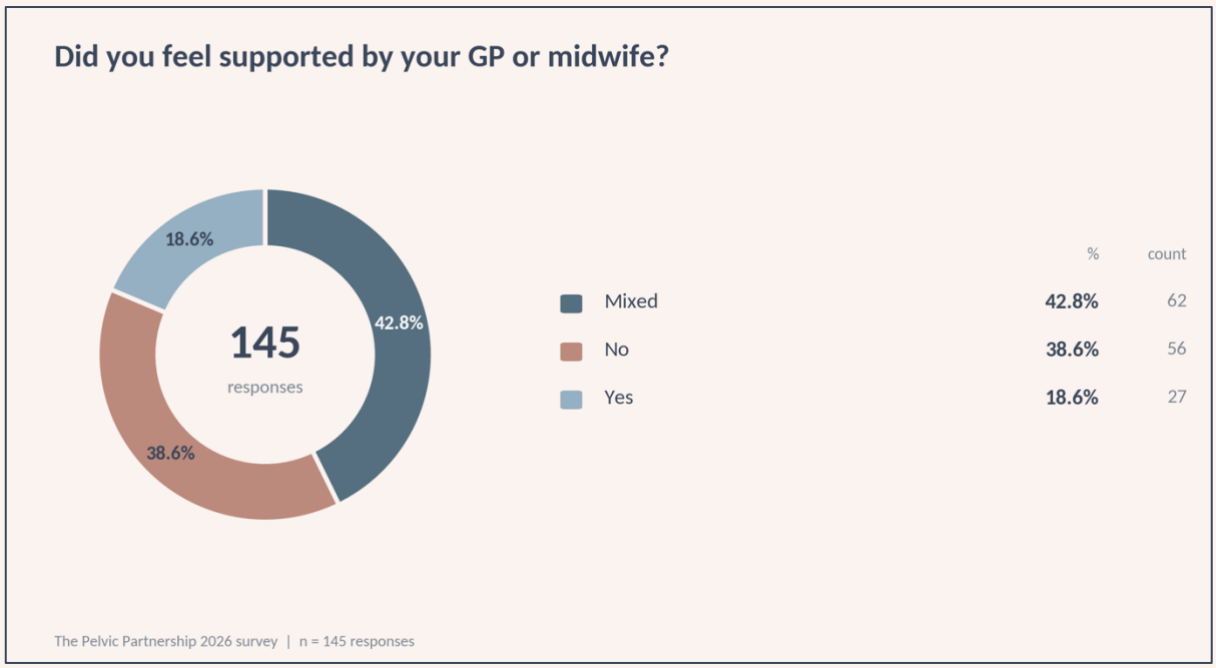
had family and friends nearby could seek assistance from them, used paid childcare or cleaners and flexible working arrangement or remote work options. Without this support, day to day activities would be a struggle.

### Treatment and engagement with healthcare practitioners

When asked how they were diagnosed with PGP, 22.1% reported a diagnosis from their midwife, whereas most respondents were diagnosed with PGP when they saw a physiotherapist following an NHS referral (32.4%), or a private practitioner (21.4%). 19.3% diagnosed themselves.




In line with our previous years' survey results, only 18.6% reported feeling supported by their GP or midwife, with 38.6% feeling that they were not supported, and 42.8% giving a mixed response.



Those who did not feel supported were given the opportunity to explain. They largely stated this was due to dismissal of symptoms and normalisation of the severe pain and immobility as a "normal" part of pregnancy that would resolve after birth, leaving respondents feeling ignored or that they were making a fuss over nothing. Many GPs and midwives showed limited understanding or knowledge of PGP, often resulting in delayed or missing referrals, long wait times for physiotherapy and a lack of practical management advice. Those who did receive help said this was often limited to brief phone consultations, generic exercise videos, unhelpful group sessions, or restricted pain relief options, leading many individuals to seek expensive private care.

*"I was just told that I was heavily pregnant, so what did I expect?! I wanted pain relief help but was told codeine was the most I could have and I should not really be having that as it can affect baby at birth."*

*"No answers. Not able to help. Just said it's rubbish and just to get through it"*

*"They said there wasn't anything they could do due to funding and refused to refer me to women's physio stating take paracetamol and don't use the stairs. They didn't even direct me to the leaflet on badger notes which I found myself. They were unsympathetic. I complained and was referred to women's physio which was a group session that described how to get in and out of bed and a car, and told all the wonderful things provided in another county that ours didn't provide, such as hydrotherapy and physio/massage. Given a large tube sock to support bump and discharged from services."*

*"Didn't take my pain seriously. Even when I hobbled in barely able to walk in tears. No help, knowledge or sympathy!"*

When asked what treatment they were offered on the NHS, respondents could select all treatment options that they were offered. Although 25.5% reported being offered no NHS treatment for their PGP at all, five respondents selected "none" alongside other options (see footnote)[1], and 22.1% selected "none" only. The most commonly offered treatment was an individual in-person appointment offering exercises and advice (46.9%), followed by being offered orthotic devices such

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**Respondents who selected "None" alongside other NHS treatment options**

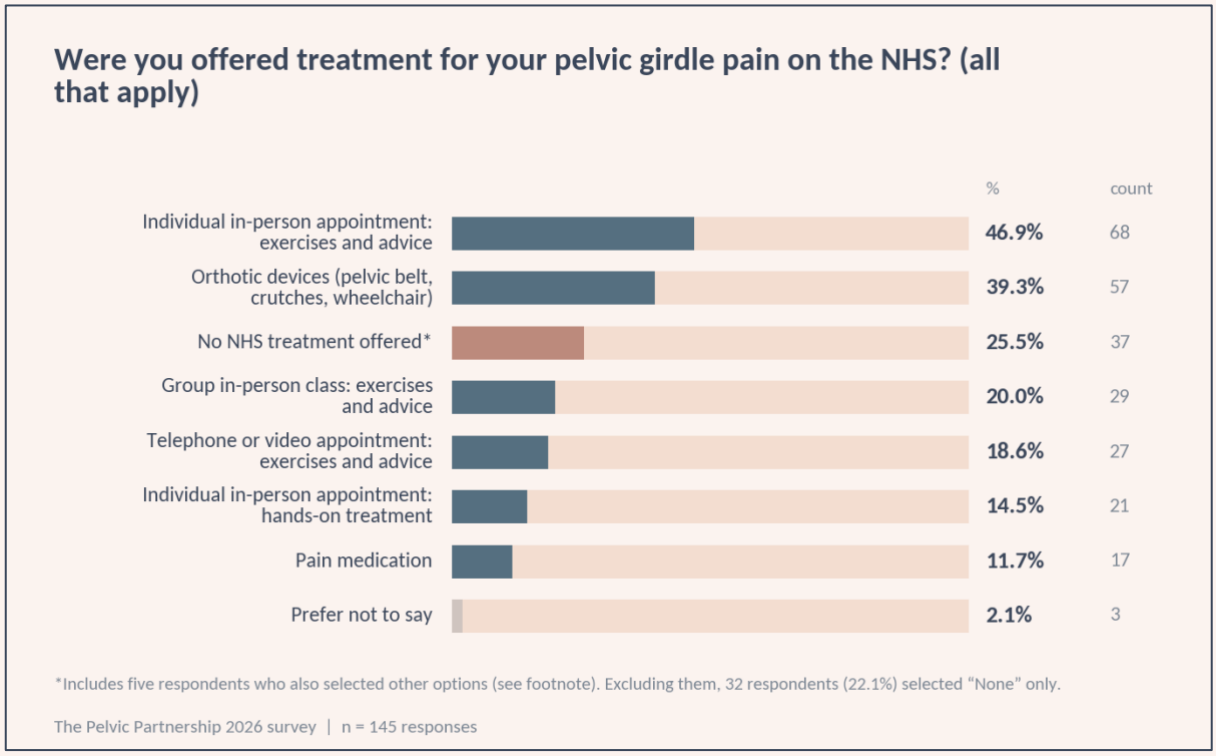
Five respondents ticked "None" as well as at least one other option when asked what NHS treatment they were offered

| Respondent | Other options selected alongside "None" | NHS treatment used | Wait for NHS appointment |
|---|---|---|---|
| A | Pain medication | Prefer not to say | More than 8 weeks |
| B | Individual in-person appointment: exercises and advice; Prefer not to say | Individual in-person appointment: exercises and advice | Up to 4 weeks |
| C | Orthotic devices (pelvic belt, crutches, wheelchair) | N/A (none offered) | N/A |
| D | Orthotic devices (pelvic belt, crutches, wheelchair) | Individual in-person appointment: hands-on treatment | Up to 4 weeks |
| E | Individual in-person appointment: exercises and advice | N/A (none offered) | More than 8 weeks |

**Excluding these five, 32 respondents (22.1% of 145) selected "None" only.**

The Pelvic Partnership 2026 survey | n = 145 responses

as a pelvic belt, crutches or a wheelchair (39.3%). Individuals were also offered group in person classes with exercise and advice (20%), and 18.6% were offered exercises and advice via a telephone or video appointment. Only 14.5% were offered an individual in-person appointment and offered hands-on treatment for their PGP and 11.7% were offered pain medication. The RCOG (Royal College of Obstetricians and Gynaecologists), and The POGP (Pelvic, Obstetric and Gynaecological Physiotherapy) recommend referral to physiotherapy for assessment, and treatment (RCOG, 2015; POGP, 2015), and patient information from the POGP agrees with this (POGP, 2023). Best practice should include a detailed physical examination to determine the origin of symptoms and plan appropriate treatment (POGP, 2015). A recent BMJ article for GPs also stresses that PGP is not a normal part of pregnancy and advises offering referral to pelvic health physiotherapy where symptoms are persistent, limiting or worsening (Jakes et al., 2026).



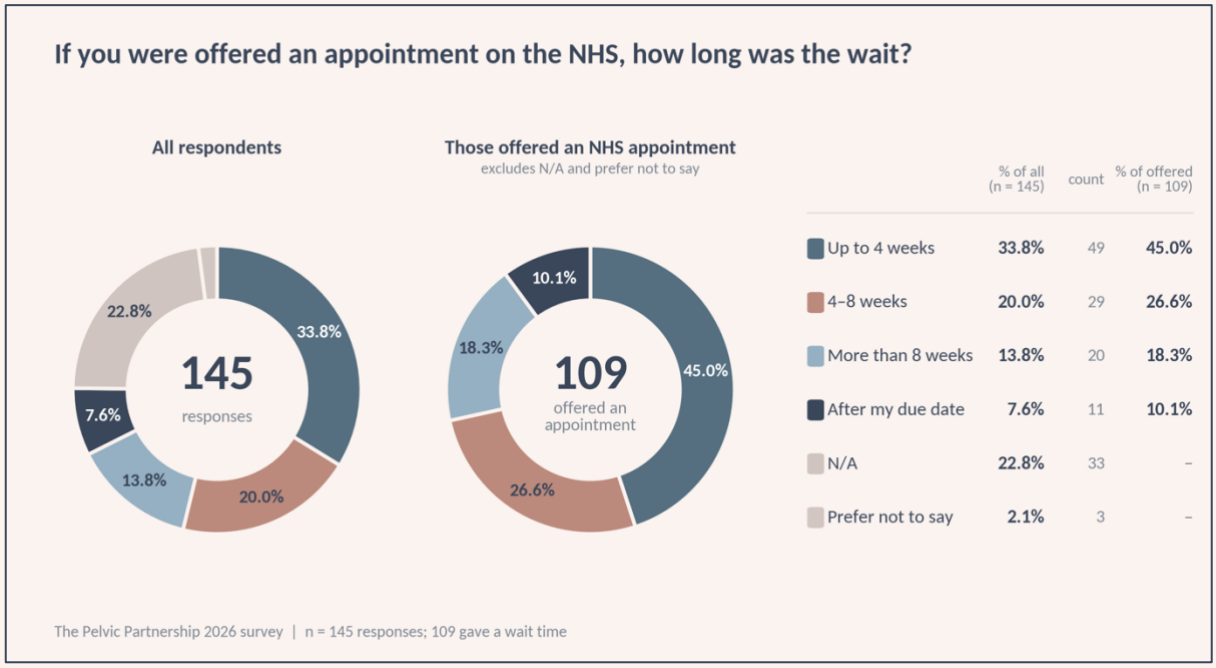

When asked whether they were offered an NHS treatment which they didn't take up, respondents (35 excluding non-response) cited long waiting lists for appointments meaning the pregnancy would be over before being seen, or appointments were offered too late, poorly timed or difficult to book. Some NHS treatments were declined or discontinued because they offered only basic advice, generic group sessions, unhelpful or painful exercises, or were provided by staff who seemed to lack specific PGP knowledge. Alternative private treatments were sometimes chosen because NHS care was too slow, ineffective, or unavailable. Some who were offered prescribed medication or painkillers experienced difficulties or negative experiences when requesting prescriptions from healthcare professionals. Communication issues including lack of follow-up, reliance on phone calls or online videos instead of physical examinations, and unhelpful appointment formats also led people to decline treatment.

*"I used it but it was not effective as the physiotherapist did not know what to do."*

*"It was useless. I saw a physio who had little understanding. Told me to close my legs when rolling in bed. And gave me exercises I couldn't do."*

*"A group session I was offered was for generic pelvic plain, not PGP and not for pregnancy so I saw a physiotherapist privately"*

For those who did receive a referral for treatment, there was variability in wait times for NHS appointments. When excluding those who preferred not to say, or for whom this question was not applicable (36), some respondents reported a long wait, more than 8 weeks (18.3%) or after their due date (10.1%). However, for many the wait was within 4 weeks (45%), with 26.6% waiting 4-8 weeks.




Likewise, there was some variability in people's engagement with NHS healthcare practitioners, though they tended to be negative. Most people described limited or dismissive care, with a smaller group reporting very good experiences. Many were offered only generic advice, such as a booklet of exercises and tips, several people found this unhelpful and others said the exercises made their pain worse or had no effect. People were told the pain was normal, to put up with it, or that it would resolve once the baby arrived. For several it didn't and one person still has pain 16 years on. Healthcare practitioners such as GPs, midwives, obstetricians and some physios were described as unfamiliar with PGP or not taking it seriously, and a few felt not listened to on maternity wards and in A&E. People reported being declined manual therapy, and long waiting times, with many turning to private treatment as suggested by NHS staff or because they felt they couldn't wait. Postnatal care was described as basic, absent or dismissive.

Some described brilliant experiences with their physios, quick referrals or self-referral, hydrotherapy, one-to-one appointments, manual therapy, regular follow ups, and flexible personalised treatment plans. This suggests inconsistent care across the NHS, and that

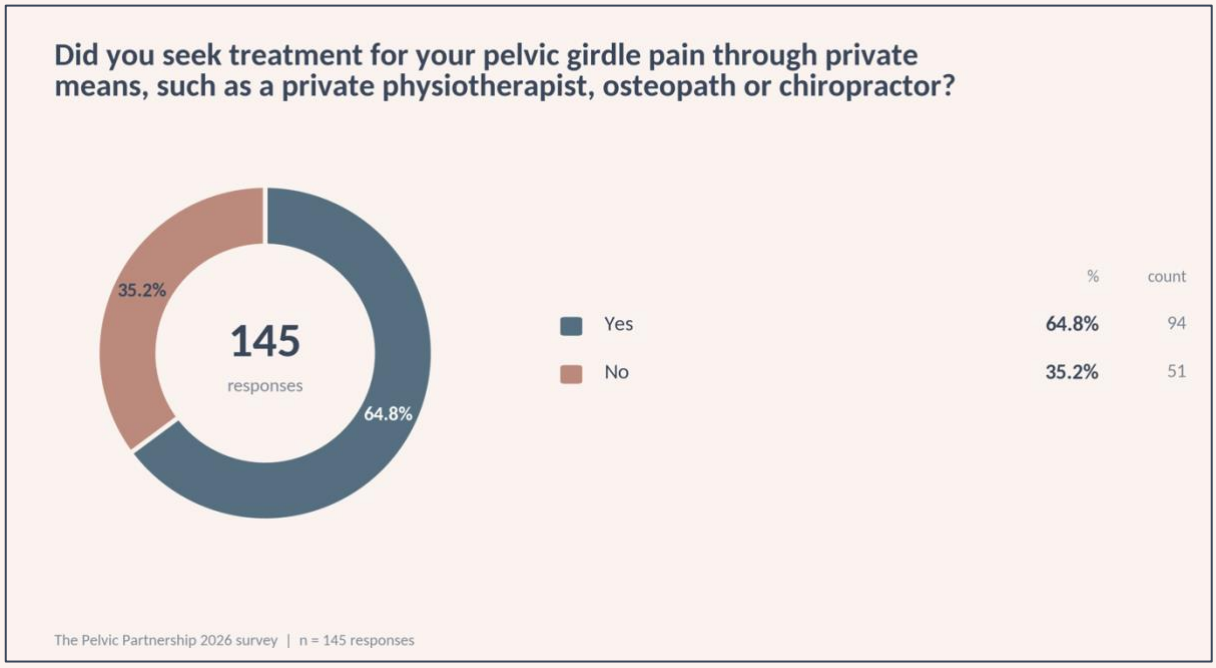
where people received individual assessment, hands-on treatment, hydrotherapy and prompt access, they were very positive about the outcomes.

*"GP did not know what it was, midwife just said it would go away after the birth. 16 years on I still have it!"*

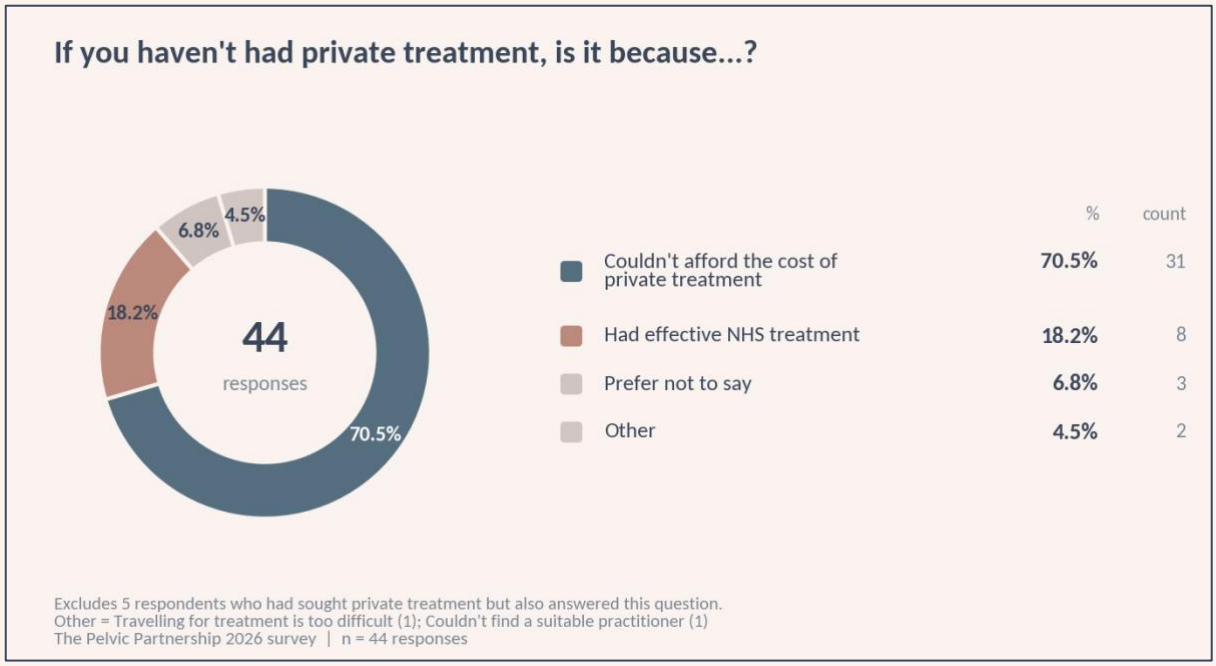
*"I first was just offered a group session that was informational only with a leaflet of exercises. I found this very unhelpful as I already had done my own research about PGP and it was my 2nd time experiencing it (I was on crutches the 1st time too). I then advocated for individual 'hands on' therapy, but this was just an appointment where a physiotherapist massaged by leg/hip, which did not help at all. I was told there was no further treatment offered on the NHS in my area and haven't found any of the sessions productive or helpful."*

*"I messaged my GP and they submitted a referral the same day. They also suggested a different area NHS trust for self-referral, which I did the same day and got that appointment within a few weeks."*

64.8% of respondents (94) sought private treatment such as a private physiotherapist, osteopath or chiropractor. Of these, 74.5% (70) used it in addition to NHS treatment, and 24.5% instead of it.



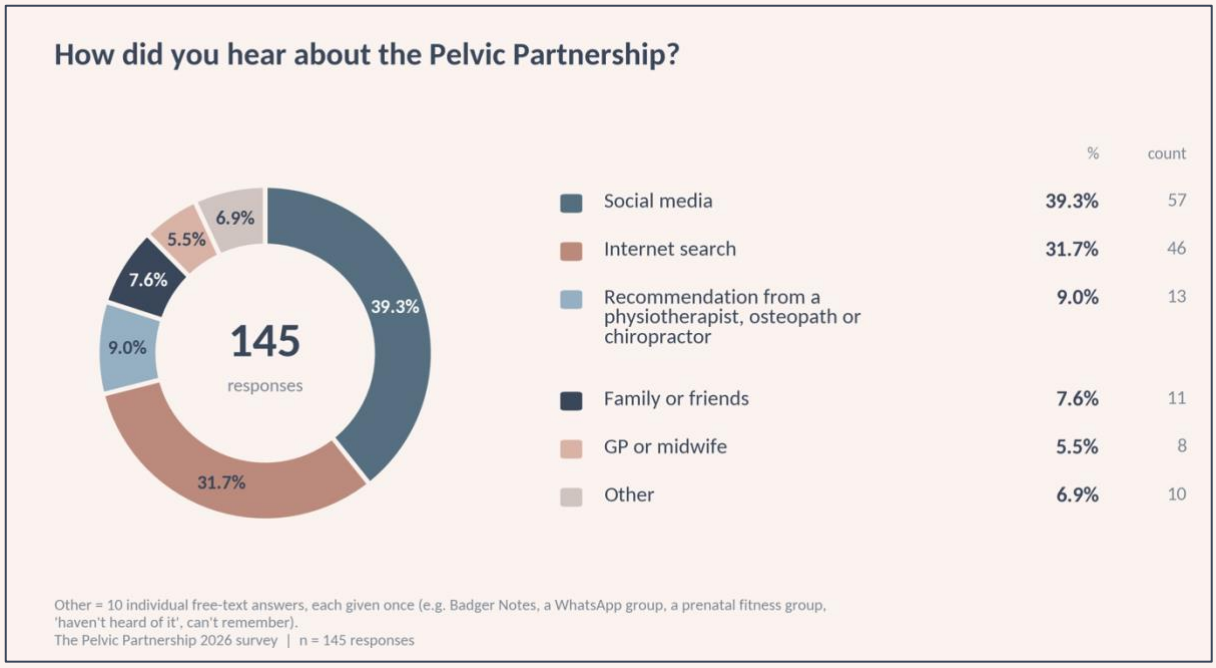

44 of those who did not seek private treatment responded to the question, "If you haven't had private treatment, is it because…"? The majority stated that this was due to the cost (70.5%), and 18.2% of this group said that they had received effective NHS treatment.




We asked respondents what specific changes they thought could make a difference to how PGP is treated on the NHS, and provided the examples, “more in-person access to physiotherapy for women experiencing pain in pregnancy, or greater focus on mental health in maternity care” (129 responses). The most common response mentioned access to 1:1 in person physiotherapy and manual therapy, reducing reliance on group classes, online consultations and long waiting lists. In addition, respondents frequently mentioned the need for improved education and training for midwives, GPs and physiotherapists to ensure early recognition, accurate diagnosis and proper signposting for PGP rather than dismissing it as a normal part of pregnancy. Other themes were around integrating mental health check-ins and specialised psychological support to address the impact of chronic pain, and for proactive communication and follow up to ensure PGP is discussed during early appointments, there are clear established referral pathways and comprehensive postpartum care.

**Engagement with the Pelvic Partnership**

The largest group of respondents heard about the Pelvic Partnership via social media (39.3%), with 31.7% finding us through an internet search. A few people found the charity through recommendations from their GP/midwife (5.5%), their physiotherapist/osteopath/chiropractor (9%), or family/friends (7.6%). Some respondents had not heard of the Pelvic Partnership before completing the survey, reflected in “N/A” responses to questions about our services.

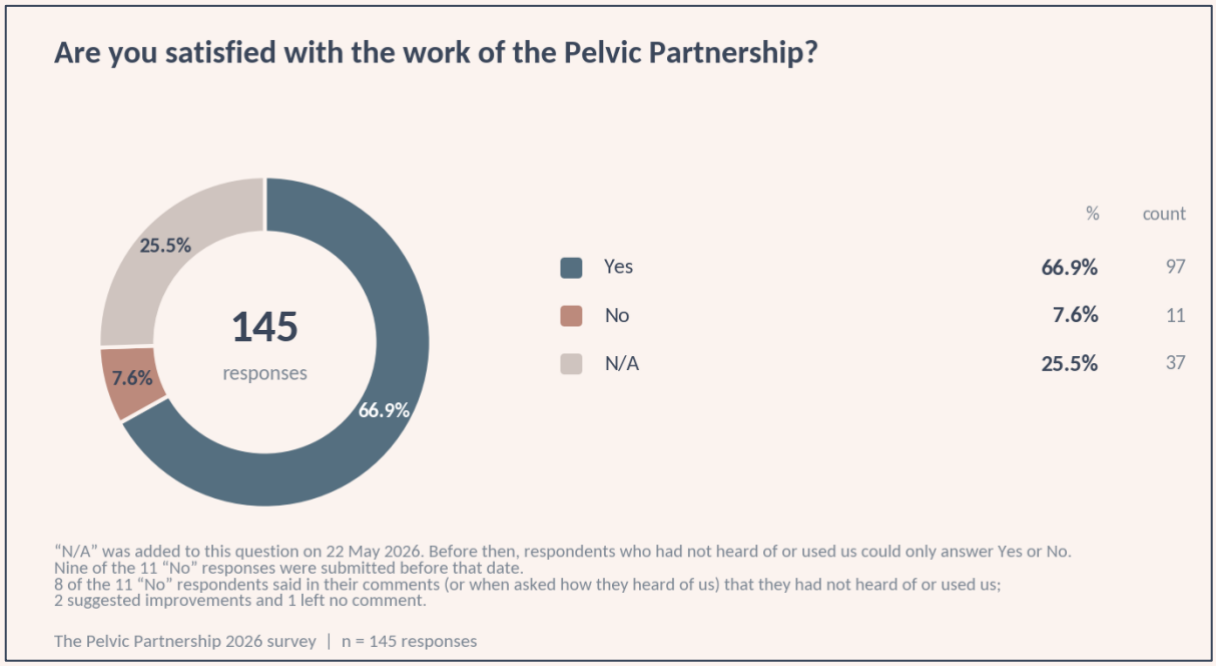



Respondents found information and resources on the Pelvic Partnership website to be useful (51.7%, as well as information and support on our social media channels (33.8%), and support via our Facebook peer support group (25.5%).




When asked if respondents were satisfied with the work of the Pelvic Partnership, 66.9% stated that they were, with 25.5% replying N/A, and 7.6% that they were not satisfied. The option “N/A” was added as a response to this question after the survey had opened, as people were responding “No” who had not heard of us or used our services, thus giving a misleading response around satisfaction (see footnote to this figure). Those people who expanded on their response stated that our services provide a lifeline, comfort and validation, helping people to feel less isolated and understood during debilitating periods of pain. The website, information and practitioner list enables users to find effective treatment, advocate for themselves and seek private care when NHS support is lacking.

However, many respondents were unaware of the Pelvic Partnership during their experience of PGP, and suggest a need for better advertising and closer integration with maternity services and the NHS.




*"It's incredible. Was a light at the end of a dark tunnel. So good to know I was not the only one suffering and that there was a way forward to get better."*

*"You helped me so much with your resources. Thanks to you I felt able to advocate for myself in an area where there was poor awareness. I understood PGP can get better and is treatable. And not take it that my life would be always this way, the thoughts many professionals tried to suggest."*

*"Good but most NHS places don't actually offer what you say they should so I'm still without any physical help"*

*"Great service, but needs to be closer linked with maternity services- maybe midwives could direct women to you who are experiencing pgp"*

We also asked respondents for any further comments or suggestions on how the Pelvic Partnership could help improve access to healthcare services and treatment for women with PGP. They called for increased visibility and publicity in maternity wards, waiting rooms, hospitals and online NHS resources as well as encouraging midwives and GPs to signpost to our services. They also highlighted the need for improving GP, midwife and physiotherapist knowledge regarding PGP symptoms, causes, duration, treatment, and earlier referrals to ensure healthcare providers listen to and believe patients.

*"A clear list of instructions - what to do if you have these symptoms. Also success stories of people that have overcome pgp"*

*"More publicity. I did not know you existed until I was told about you this week - some 15 months after my daughter was born."*

*"Training midwives, GPs and physios on how PGP can come about and how long it can last"*

*“Advertise at antenatal and physio clinics, and in online NHS information on pregnancy”*

## Conclusion

These findings reflect the experiences of the 145 people who chose to respond, most of whom found the Pelvic Partnership through social media or an internet search, and describe what respondents experienced rather than measuring PGP care across the NHS. Many respondents also described kind, sympathetic staff whose care was limited by time, funding and the treatment available to them. This suggests that improving care depends on capacity and referral pathways as well as on awareness and training.

*"My midwife was lovely and compassionate but did not complete an antenatal referral for physio and expressed that it was a tough but normal part of pregnancy. She expressed her concern for me when I was in a really bad way with it late in my pregnancy, but no referrals were made until I was postpartum and still struggling."*

*"Midwife was lovely but long wait to be contacted and then resources sent via email"*

The survey shows that PGP continues to have a profound and sometimes long-term impact on mobility, mental health, family life and work, while access to effective NHS care remains inconsistent. Earlier recognition, timely referral to personalised physiotherapy, better professional training and stronger postnatal follow-up are needed to prevent avoidable suffering. Greater awareness of, and signposting to, the Pelvic Partnership would also help more women access trusted information, support and appropriate treatment.

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NB. The POGP and RCOG guidance are dated 2015 and we were unable to find updated versions. The POGP’s more recent patient information booklet, “Guidance for mothers-to-be and new mothers” (2023) is consistent with them on early referral, assessment and individualised treatment.