

## Referral to the pain team may involve:

- Advice on appropriate medication
  - Regional (epidural) anaesthesia in severe cases
- Although the vast majority of cases improve gradually after delivery, further treatment may be necessary in the period following the birth. You should be seen by a physiotherapist on the postnatal ward and possibly as an outpatient afterwards for follow-up, if the condition is severe.

إذا ترغب في الحصول على الوثيقة باللغة العربية ، فضلاً اتصل بمركز معلومات المرضى أو تحدث مع أحد الموظفين

若是你想索取這份傳單的中文譯本，請聯絡「病人預約中心」或向其中一名職員查詢。

Si vous voulez cette brochure en français, contactez le bureau des rendez-vous ou demandez à un membre du personnel.

اگر آپ کو یہ کتابچہ اردو میں درکار ہے تو پبلسٹک اینڈ انٹرنیشنل سینٹر یا ایمل کے کسی رکن سے رابطہ قائم کریں۔

Haddii aad jeclaan laheyd buug-yarahan oo af-Soomaali ku qoran la soo xiriiir xar-ruunta bukaan ballaminta ama wax wey-dii xubin shaqaalaha ka tirsan.

Si desea recibir este folleto en español, sírvase contactar al Centro de Citas para Pacientes o solicitarlo al personal.

यदि आप यह परचा हिन्दी में लेना चाहते हैं तो कृपया पेशेंट ऑपाइन्टमेंट सेना से संपर्क करें।

Mae'r daflen hon ar gael (ar gais), mewn print bras, ar dâp sain neu ar ddisg, ac efallai mewn ieithoedd eraill ar gais. Cysylltwch â chanolfan apwyntiadau cleifion i ofyn am gopi.

## If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on compact disk and in other languages on request. Please contact the Patient Advice and Liaison Service (PALS) on:

Telephone:  
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# Pelvic girdle pain

## Advice for pregnant women



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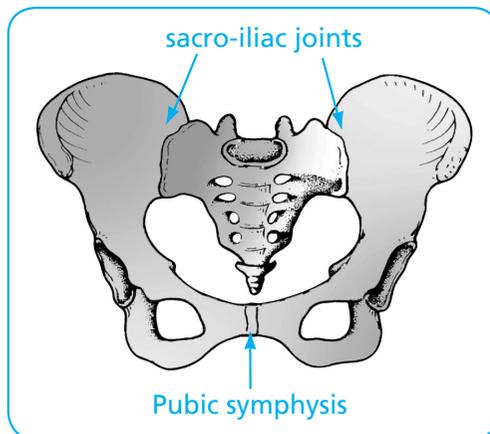
## What is Pelvic Girdle Pain (PGP)?

PGP is a condition affecting women of childbearing age and describes the pain in the joints of the pelvis. These joints include the symphysis pubis at the front and the sacro iliac joints at the back. It can cause difficulties with mobility and can affect daily activities such as shopping, housework and caring for your family. About 1 in 5 pregnant women experience PGP.

## What causes PGP?

There is usually a combination of factors leading to PGP including:

- Hormonal influence on the ligaments of the joints
- Change in posture
- Changes in muscle activity
- Changes in the way the pelvic girdle moves
- Previous history of injury to the pelvis



## What are the symptoms?

The pain may be felt over the pubic bone and/or lower abdomen at the front, spreading to the groin or the top of the inner thighs. It may also be felt in one or both sides of your back and hips. The pain can occur at anytime in pregnancy, during delivery or after birth. It may also reoccur during menstruation.

## Self help - what can be done?

- Rest – PGP is a weight bearing condition so it will usually worsen when you are standing or do any prolonged walking
- Enlist the help and support of your partner and family – you may need it
- Avoid any straddling and squatting movements that make your legs wide apart. Keep them pressed together for getting in and out of a car or bed – but have a pillow between your legs in bed
- Enjoy swimming **but avoid breaststroke leg kicks**
- Climb or descend stairs one step at a time
- Wear flat, comfortable and supportive shoes
- Sit down to get dressed
- Avoid heavy lifting and get help with shopping (especially pushing the supermarket trolley)

- Office workers should avoid sitting for longer than two hours at a time. Get up off your chair and make any excuse to move around
- Around 38 weeks of pregnancy record the 'pain-free gap'. Do this by lying on your back with knees bent and feet flat on the bed. Allow your bent knees to roll apart and measure the distance that you can comfortably separate them. Record this distance in your hand-held personal maternity notes and tell your midwife in the labour ward what this 'gap' is
- Write a birth plan – use it to inform your partner and midwife of your choices
- You may take simple painkillers (i.e. paracetamol) but for the more severe bony (mechanical) pain you may need to see your GP for something stronger

## What can the health professionals do about PGP?

- Make your midwife aware of your problem – she can refer you as appropriate and co-ordinate your care
- She can also discuss alternative delivery positions

## Referral to an obstetric physiotherapist may involve:

- An examination of your lumbar spine and pelvis
- Advice regarding PGP and implications for delivery
- Simple exercises
- Provision of a support belt
- Provision of sticks or crutches – if the pain is severe
- Ensuring the rest of the team are aware of your pain via your personal maternity record
- Referral to an occupational therapist for aids, appliances, etc.

## Referral to your consultant obstetrician may involve:

- Managing your pain relief
- Managing the mode of delivery
- Requesting investigations, ante or postnatally (i.e. pelvic measurements, weight bearing x-ray)
- Advising hospital admission for rest and pain management
- Referral to pain team
- Consultation with orthopaedic colleagues if you have ongoing problems after delivery