



Pelvic girdle pain (PGP) and low back (lumbar) pain in pregnancy

A patient's guide

Contents	Page
Pelvic girdle pain (PGP) and low back (lumbar) pain in pregnancy.....	2
What activities are difficult or painful with pelvic girdle pain and low back pain?	2
What causes pelvic girdle pain and lumbar pain?	3
Self-management of pelvic girdle pain and low back pain	4
Do I need to see a physiotherapist?.....	7
How can physiotherapy help me?	7
Further resources.....	8

Illustrations courtesy of Robyn Pathmanandam, Whittington Health

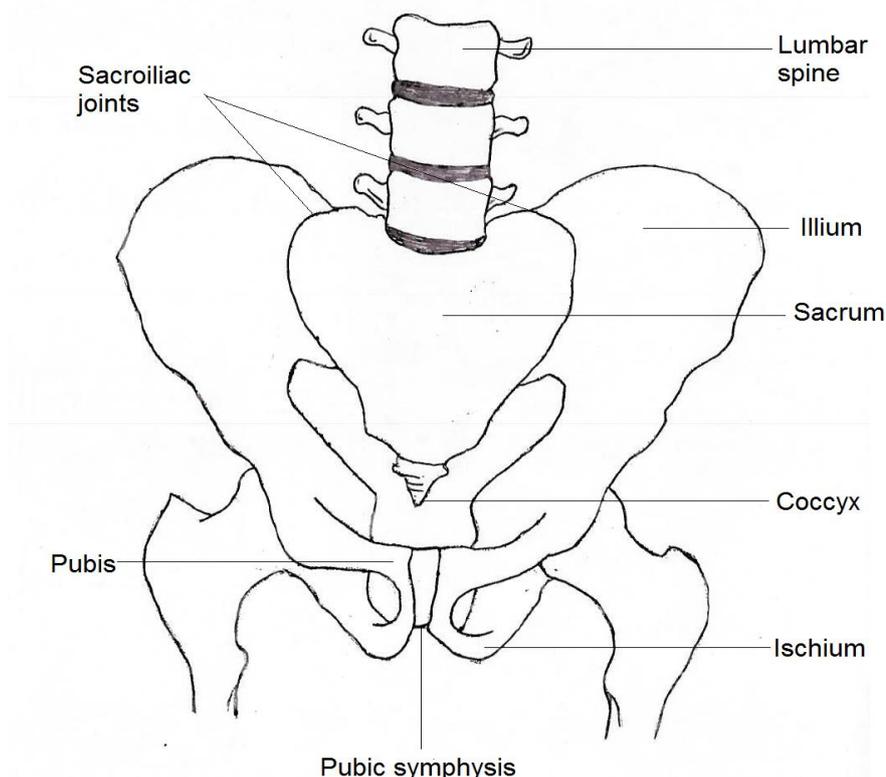


Pelvic girdle pain (PGP) and low back (lumbar) pain in pregnancy

Pelvic girdle pain and lumbar pain is common during pregnancy. It is estimated that up to 61 per cent of women experience discomfort in the low back (lumbar) region, between the ribs and the top of the pelvis. Around 20 per cent of women experience pain in the front or back of the pelvis between the top of the pelvis bone to the upper thigh regions (pelvic girdle pain). Approximately three per cent of all women experience pain in the front of the pelvis (symphysis pubis dysfunction).

The pelvic girdle includes the sacroiliac joints at the back (joint between the sacrum at the base of the spine and ilium of the pelvis) and the pubic symphysis joint at the front (joint between the two pubis bones of the pelvis). The lumbar spine includes joints and discs between each of the five lumbar vertebrae, and the lowest vertebrae with the sacrum.

Lumbar and pelvic anatomy



The joints are supported by ligaments and muscles.

What activities are difficult or painful with pelvic girdle pain and low back pain?

- Walking
- Standing on one leg, for example climbing stairs
- Rolling in bed
- Pain moving from sitting to standing
- Opening your legs apart, for example, getting out of a car
- Heavy housework or lifting

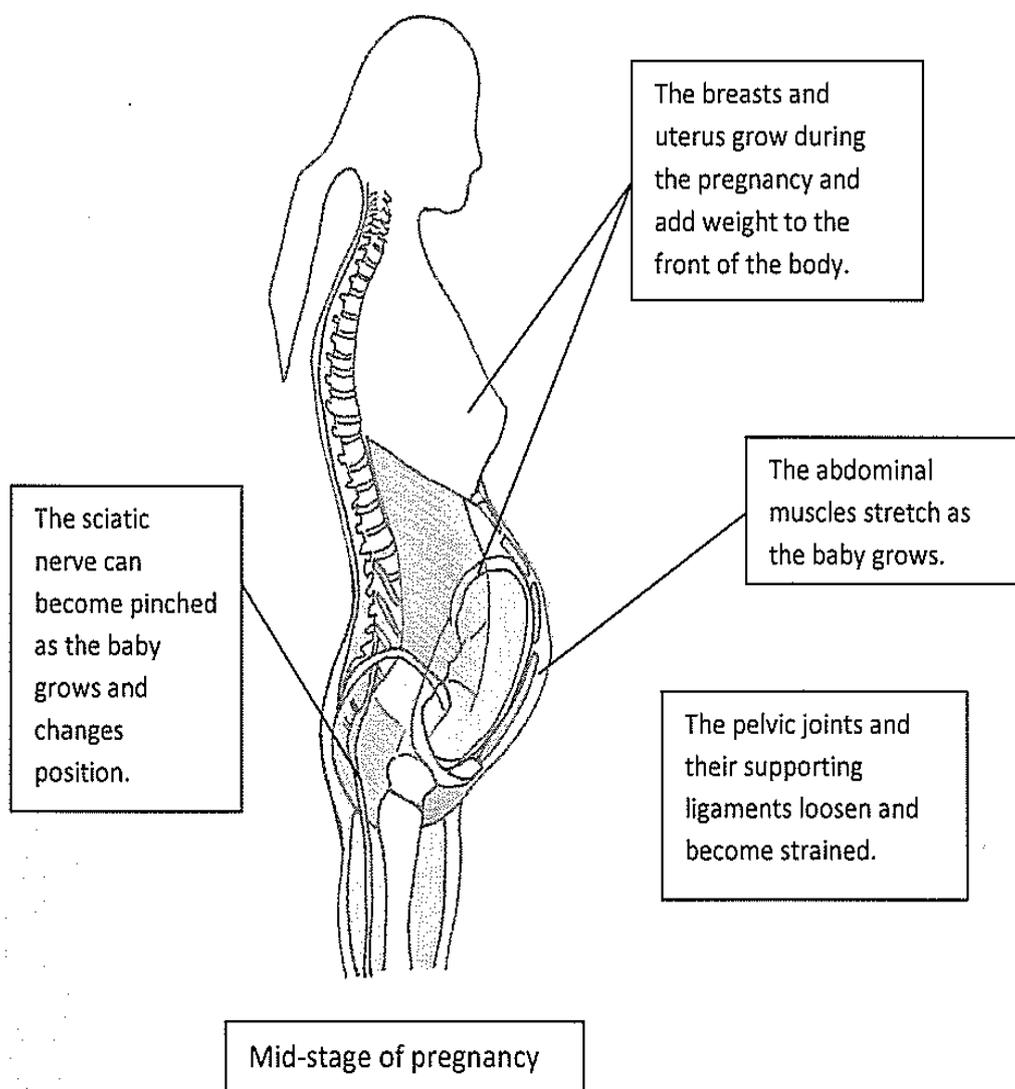


What causes pelvic girdle pain and lumbar pain?

During pregnancy the joints in your lower back and pelvis are under greater strain. The ligaments become more flexible due to increased levels of a hormone in your body called Relaxin. This is to accommodate the growing baby and assist labour.

As the baby grows, your weight increases, your abdominal and pelvic floor muscles stretch, and your centre of gravity moves forward, changing your posture. These changes can create new problems or aggravate any pre-existing back or pelvic problems you have noticed before. If your pelvic girdle joints move unevenly, you will be more likely to experience pelvic girdle pain.

Mid-stage of pregnancy



Self-management of pelvic girdle pain and low back pain

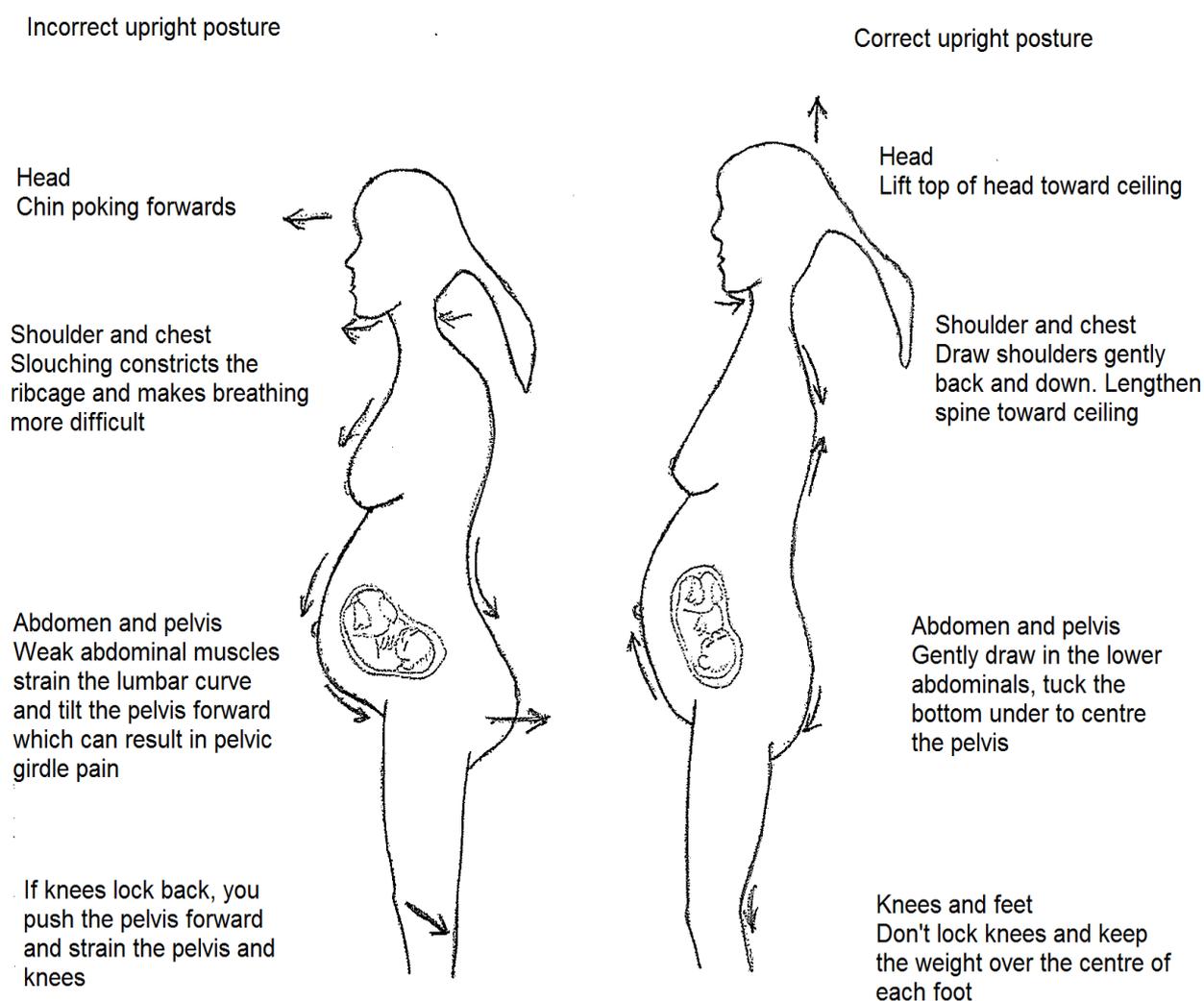
Maintaining good posture and muscle strength will reduce the strain on your back and pelvis. Most people are able to minimise pain and discomfort by following a few basic tips.

Pacing

- Be as active as possible, but stop and rest before the pain stops you
- Alternate standing and sitting activities regularly, every five to 10 minutes.
- Convert standing activities into sitting as much as possible e.g. use internet shopping instead of physically going to shops; consider a perching stool at work and home; and try to turn 'standing activities' at home (such as preparing food) into seated at a table instead.
- Ask for help at home if you need it.
- Request a risk assessment at work to discuss pacing as a part of your reasonable adjustments during pregnancy.

Standing

- Stand up tall – if your pelvis is forward tilted, tuck your tailbone (coccyx) gently down and under as if flattening your lower back, keeping your knees straight
- Keep your shoulders, hips and ankles in line, don't let your hips sway forward
- Your knees should be straight, don't lock your knees backwards



Walking

- Stand up tall
- Don't waddle. Keep your hips pointing straight ahead, feet hip-width apart
- Take small steps at all times
- Walk more slowly

Stairs

- Use the rails for upper body support
- Try one step at a time, leading upstairs with the stronger leg and downstairs with the weaker leg.

Sitting

- Sit in a chair with the base of your spine against the base of the back rest
- Feel that you are sitting on your bony seat bones (ischium), not your tailbone
- Make sure your feet touch the ground or a foot rest
- Try a pillow lengthwise along the back rest, not sideways
- If you need more support for the small of the back, use a small rolled-up towel or cushion

Sit to stand

- Move forward to the front of the chair
- Move your feet behind your knees, and lean your nose over your toes
- Use your arms to push up
- Tighten/contract your abdominal and buttock muscles as you stand up

Getting in/out of the car

- Put a plastic bag on the seat to help you move easily into position
- Sit on the seat, and then swivel with little steps so your knees stay together.
- Make sure you remove the plastic bag before you drive.

Sleeping

- Sleep on your side and use pillows between your knees
- Try a small pillow under your stomach
- Try sleeping on a folded duvet or mattress topper



Turning in bed

- Tighten/contract your abdominal and buttock muscles, and firmly squeeze the pillow between your knees as you move
- Try turning without twisting: lift your upper body with your arms into a half-sitting position, then turn carefully, keeping your shoulders, hips and knees in line
- Try 'top to tail' turning: lift your upper body with your arms into a half-sitting position, keeping your knees together, swing your lower legs over the edge of the bed so you are sitting. Move your head pillow to the bottom of the bed. Swing your lower legs up to where your head was previously, and lower your upper body with your arms into your side, lying so your head is at the bottom of the bed on the pillow.

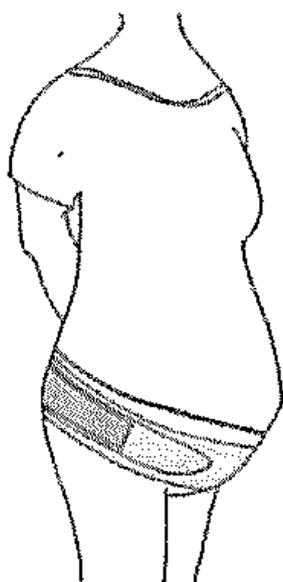
Exercise

- Maintain your fitness with an exercise bike, swimming (but no frogkick as with breaststroke), walking in pool walking lanes, aqua aerobics or low-impact or seated aerobics
- Improve your core muscle support and posture by trying pregnancy Pilates or Yoga
- Sit on an exercise ball for 20 minutes or more every day
- Complete deep abdominal (transversus abdominus) muscle and pelvic floor muscle training every day

See our 'Exercise in Pregnancy' and 'Understanding Pelvic Floor Muscle Exercises for Women' fact sheets.

Supports

- Pelvic support belts may reduce pelvic girdle pain while standing and walking. Pelvic belts can be bought from the pharmacy at The Whittington Hospital or online. Measure the widest part of your hips to get the correct size.
- Our physiotherapists can provide you with abdominal support. This is stronger than a bump band and can be worn all day.
- If you are having severe difficulty walking, our physiotherapists can provide you with crutches for a short time.



A pelvic support belt
for pelvic girdle pain



Pain relief

- Either use heat from wheat bags (bags filled with grains which are heated in a microwave) and hot water bottles, or use ice packs or a bag of frozen peas. Wrap them in a towel or cover and use for 20 minutes maximum. Remove for at least 20 minutes or until the skin returns to normal temperature before reapplying. Ice has an anti-inflammatory effect and so may be more useful after activity. Heat is more comfortable and relaxes the muscles.
- Try deep tissue massage
- Take paracetamol or codeine as prescribed, especially for sleeping
- Do not take any anti-inflammatory tablets or creams until after giving birth
- Acupuncture – if you are having your baby at The Whittington Hospital, we offer a free acupuncture service. Phone 0782 4864455 or ask your midwife to book your appointment.
- Try a Transcutaneous Electrical Nerve Stimulation (TENS) machine. This is a small, battery-operated device with leads connected to electrodes, which are attached to the skin. Small electrical impulses are delivered to the affected area of your body, which you feel as a tingling sensation. You can buy or hire units from pharmacies and online for use in labour and also for pain relief in pregnancy

Do I need to see a physiotherapist?

If you are unable to manage your pain by following the advice in this leaflet or would like more information then you should consult your GP or midwife for a referral to the physiotherapy department at the hospital where you are booked to give birth. If you are having your baby at The Whittington Hospital you can be seen by our physiotherapy departments.

How can physiotherapy help me?

- When referred to physiotherapy at The Whittington Hospital you will normally be offered an initial group session where you can receive detailed information on self-management techniques, trial pelvic and back supports, practise helpful exercises and have your questions answered.
- Expert individual assessment to identify the cause of your symptoms
- Specific, tailored exercises to strengthen your postural muscles and pelvic floor
- Manual therapy to correct your joint movement
- Advice and instruction on alternative pain relief methods such as acupuncture and TENS
- Advice on correct posture
- Advice on correct use of pelvic support belts
- Help with establishing the best positions for you to give birth and during labour
- Referrals to specific physiotherapist-led classes



Further resources

Whittington Health Website

<https://www.whittington.nhs.uk/>

- Patient Leaflets: Patients and Visitors, About Patients and Visitors, Patient Leaflets For fact sheets including 'Exercise in Pregnancy' and 'Understanding Pelvic Floor Exercises for Women'
- Self-referral form to Musculoskeletal Physiotherapy: Our Services, Musculoskeletal Services, How to Refer

Pelvic, Obstetric and Gynaecological Physiotherapy

<https://pogp.csp.org.uk/>

- Patient Leaflets: Resources, Booklets
- For leaflets including 'Fit for Pregnancy', 'Pregnancy-related Pelvic Girdle Pain' and 'Fit for Birth'

Pelvic Partnership

www.pelvicpartnership.org.uk

Tel 01235 820921

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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