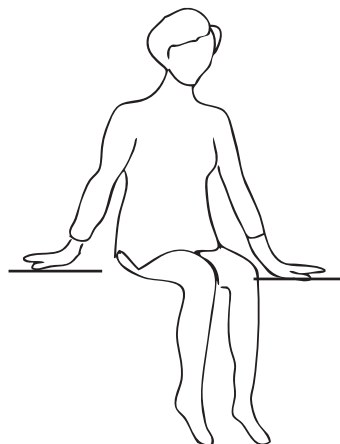
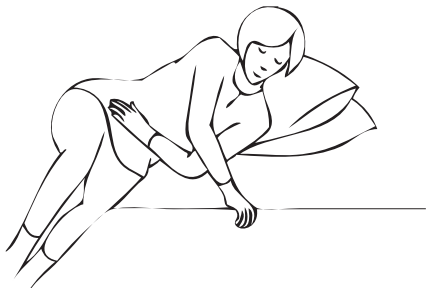


What can I do to help pelvic girdle pain?

1. Avoiding any activity where you are taking one leg away from another.

These things include:

- **Getting in and out of bed** – Try to turn onto your side with your knees bent and use your arms to push you up into sitting.



- **Turning in bed** – keep your knees together and squeeze buttocks and tummy or have a pillow between your knees when turning. Alternatively try turning with the bump down towards the bed
- **Getting in and out of a car** – try to swivel out of a car with your knees together. Try sitting on a plastic bag whilst getting in and out in order to make it easier to swivel.
- **Swimming** – swimming is excellent during pregnancy but breast stroke legs can often increase your pain. Try doing backstroke or front crawl instead, or use round breaststroke arms with kicking front crawl legs.
- **Sexual intercourse** – Try different positions e.g. lying on your side or kneeling on all fours.

2. Crossing legs should be avoided when you have pelvic girdle pain.

Ask others to remind you when they notice you doing it.

3. Try to keep your weight equally over both legs.

Activities that often involve putting more of your weight on one side are:

- **Dressing** – sit down to get dressed and undressed. Wear flat supportive shoes.
- **Going up and downstairs** – go upstairs one leg at a time with the most pain free leg first and the other leg joining it on the step. Go downstairs with the most painful leg first, then the other leg joining it. Try and limit the amount of times you have to go up/down stairs.
- **Walking** – remain active within the limits of your pain. Listen to your body to guide how far you can walk.
- **Carrying** – avoid carrying anything in one hand and avoid carrying a toddler on one hip. Avoid lifting heavy weights e.g. shopping bags, wet washing, vacuum cleaners and toddlers.
- **Household chores** – ask for and accept help from partner, friends and relatives.

4. Avoid getting into asymmetrical positions.

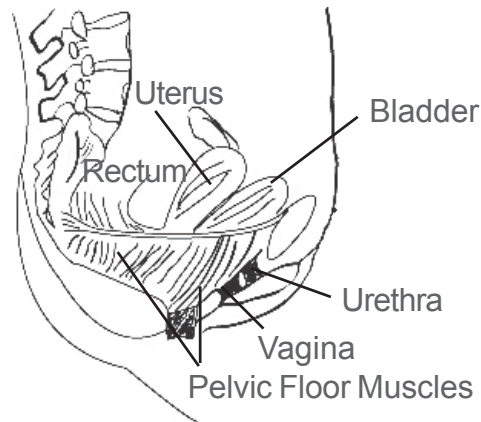
This may happen when you are:

- **Standing** – avoid standing on one leg and avoid standing for long periods.
- **Sitting** – avoid crossing your legs, sitting on the floor, sitting twisted and sitting for long periods.
- **Sleeping** – sleep in a comfortable position e.g. lie on your side with a pillow between your legs.

Exercises

Exercises will help to retrain and strengthen the muscles around your back and pelvis, improving the stability of the pelvic girdle.

Pelvic floor exercises



Your pelvic floor muscles stabilise your pelvic joints, and support your pelvic organs preventing prolapses, they also wrap around your bladder and bowel to prevent incontinence. During pregnancy they are stretched and weakened putting you at risk of future problems.

Slow Exercises

Imagine that you are trying to stop yourself passing wind and at the same time stop the flow of urine. You should feel a squeeze and lift from around your front and back passage. It is quite a gentle exercise and you should not be pulling in your buttocks or tummy muscles.

Hold the contraction for as long as you can and repeat until your muscles are tiring. To strengthen the muscle further you need to build up the endurance of the muscle so that it works harder and longer.

Fast Exercises

Tighten and relax the muscles quickly. This will help the muscle to stop urine leaking when you laugh, cough or sneeze.

How often and how many?

Build up to doing 10 slow exercises and 10 fast exercises. Do these 4 times a day.

Deep abdominal muscle exercise



This exercise strengthens the muscles that help to stabilize your back and pelvis. You should do this exercise in a position that you find comfortable, initially this may be on your back with your knees bent up or on your side.

1. Let your tummy sag. Breathe gently.
2. When you breathe out draw in your lower tummy as if you are trying to zip up a tight pair of jeans. You should be relaxed from above your belly button and be able to breathe normally.
3. Hold the contraction for 3 breaths in and out and repeat 4-5 times (or for as long as you can!). Practice 2-3 times a day.
4. When you get better at this start to use the muscle in different positions and during different activities e.g. as you stand up, or lift or turn over in bed.

Pelvic Tilt

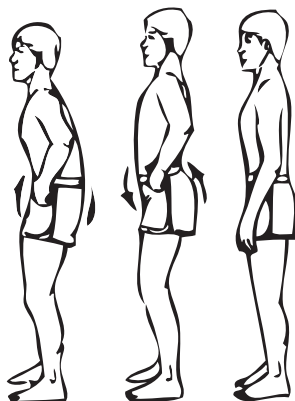
The pelvic tilt can be done in different positions

1. Sitting



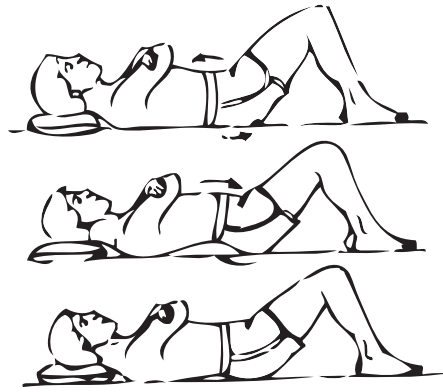
Start sat up tall and then tilt your pelvis as if you are trying to curl your tail bone down into the chair. Return to the starting position.

2. Standing



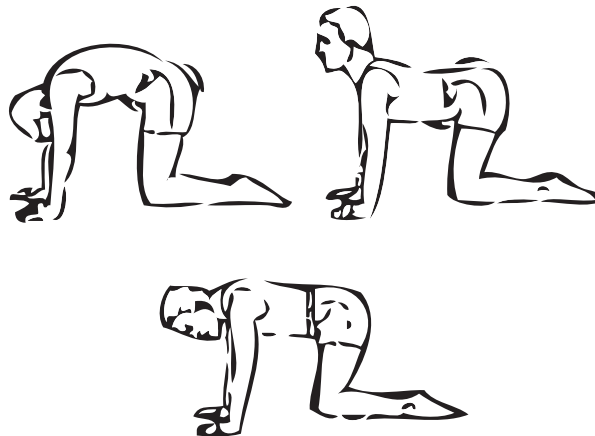
Stand against a wall. Flatten your back against the wall by squeezing the buttocks and pulling the stomach in.

3. Lying



Squeeze the bottom muscles and flatten you back down. Hold for a few seconds and release

4. Hands and knees



Squeeze your abdominal and bottom muscles to tuck your tailbone under and hunch your back upwards. Then return to a flat back position.

Practice at least 10 of these 2-3 times a day.

Can I still have a normal labour?

Most women with PGP can have a normal vaginal birth. Advise your Midwife that you have PGP. During labour use gravity to help the baby move downwards by staying as upright as possible: -

- Kneeling
- On all fours
- Standing

Try to avoid lying on your back or sitting propped up on the bed as these positions reduce the pelvic opening and may slow labour. Using a birthing stool or squatting may be less well tolerated if you have PGP. Being in water may help you to change positions more easily. You may be able to lie on your side for internal examinations.

What if the PGP continues after baby is delivered?

Most women find the pain resolves soon after birth. However if this is not the case within the first few weeks, please ask your Midwife or GP to refer you into the Women's Health physiotherapy team.

References

Pregnancy-related Pelvic Girdle Pain (PGP) for Health Professionals.
Association of Chartered Physiotherapists in Women's Health, 2011.

If you have any comments about this leaflet or the service you have received you can contact :

Assistant Therapy Services Co-ordinator
Rehabilitation Department
Calderdale Royal Hospital
Telephone (01422) 224267

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Amennyiben ezt az információt más formátumban vagy nyelven szeretné megkapni, vegye fel a kapcsolatot fenti részlegünkkel.

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਰ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ طرزبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔