



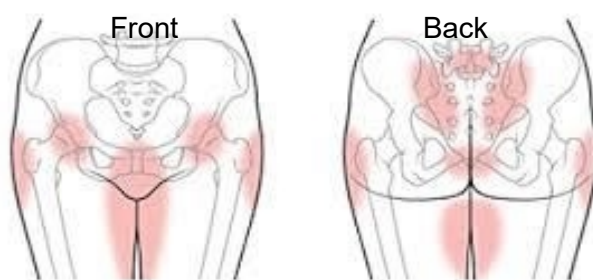
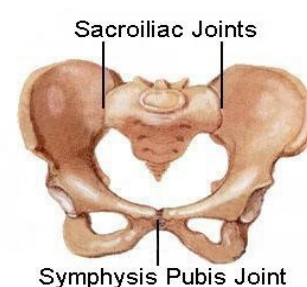
Your important health information

Pregnancy – related pelvic girdle pain (PRPGP)

Your pelvis is strong and stable and is resilient and adaptable to the demands of pregnancy, childbirth and childcare. Postural and pelvic structural changes are normal, safe and necessary to support the growing demands of pregnancy and childbirth. The pelvic ligaments do not soften with hormonal changes, however joint structures may become more sensitive in pregnancy.

What is pregnancy-related pelvic girdle pain?

- Pregnancy-related pelvic girdle pain (PRPGP) is pain in the pelvic joints that may develop during or after pregnancy.
- The pelvic girdle is the ring of bones at the base of your spine with three large joints – the symphysis pubis and the left and right sacroiliac joints (see diagram right).
- Pain may occur in these joints together or separately and may radiate to the upper thigh or groin (see shaded areas below)



- Approximately 40% of Australian women experience pelvic girdle pain to some degree during their pregnancy.
- PRPGP may impact your ability to work, perform your activities of daily living and look after your other children. It can cause stress and lower your quality of life.

What factors may increase my risk of PRPGP?

- Previous history of pelvic trauma, low back pain, and/or pelvic girdle pain
- Increased body mass index (BMI)
- History of smoking
- Psychosocial considerations (work dissatisfaction)
- Lack of belief of improvement in symptoms

Will my pain improve?

- Yes, pelvic girdle pain can be self-managed with a combination of lifestyle changes and exercise.
- The pain can improve in pregnancy and most women have complete resolution of their symptoms with birth of their baby or by the time their baby is six months old.
- More information can be accessed through videos developed by Mercy Health:
 - Pregnancy-related back and pelvic pain
<https://vimeo.com/449984064/236515cb47>
 - Moving during pregnancy
<https://vimeo.com/449984653/e9f68d3337>



How can I modify my lifestyle and activities to reduce my pain?

- Feel reassured that your pain can improve.
- Don't push through the pain.
- Make sure you are getting enough rest and sleep, ideally 8 hours per night.
- Take smaller steps when walking and/or walk shorter distances.
- Break up large tasks into smaller activities.
- Rest between activities.
- Try sleeping on your side with a pillow between your legs.
- Keep your knees together when rolling in bed, try rolling under or over.
- Keep your knees together when changing position such as getting in and out of the car and bed (see diagram right).
- Avoid crossing your legs when sitting.
- Avoid standing on one leg for example sit down to put your pants on.
- Avoid stairs – take the lift, if there is no lift available take one step at a time or step up sideways.



What strategies can I try to relieve pain?

- **Perform exercises** to stretch and strengthen your spine, buttocks and pelvic floor muscles. Regular short sessions of movement are often better than long exercise sessions.
- **Change posture or position at work regularly.** Set a reminder in your phone to move or stretch every 1-2 hours.
- **Allow time for mindfulness/meditation or guided relaxation** to reduce stress, tension and to calm your body in pregnancy.
- **Try an ice pack** on the painful area for 10-20 minutes every two to three hours. Wrap the ice in a cloth so the ice pack does not contact your skin directly.

- **Try a heat pack** on painful muscle for 20minutes as required. Carefully follow the instructions provided with your heat pack to prevent burns.
- **Use self-massage** or ask your partner to gently release tight muscles.
- **Perform low-impact general exercise** such as water (aqua) exercise, swimming with gentle kicking, or exercise bike (discuss these options with your physiotherapist).
- **Seek advice from your medical care provider about taking pain medication during pregnancy**

Can I see a Women’s Health Physiotherapist if I have tried all of these strategies?

- Yes, you can ask your medical care provider for a referral to a Women’s Health Physiotherapist. Your referral will be triaged.
- Prior to your appointment, make sure you have watched the pregnancy videos and practised some of the strategies suggested in this handout.
- During your appointment, the physiotherapist will assess you and make further recommendations about how to manage your PRPGP. These may include specific exercises, lifestyle changes and/or support.
- Some women find the use of external supports like belts and bands provides proprioceptive input which can help to relax muscles and in turn reduce pain.
- Some women require the short-term use of crutches or a wheelchair.

How can I manage my PRPGP during labour?

- Let the medical team know you have PRPGP.
- Practice comfortable positions before you go into labour so you are familiar with them. (See diagram below for positions to try)



(Images sourced from RWH website 2013)

- Avoid positions with your legs wide apart or where there is more weight on one leg.

What about after the birth?

- Approximately 90% of women have no pelvic girdle pain by the time their baby is six months old.
- If pain continues you may use an ice pack or your hot pack after birth.
- Try to rest lying down rather than sitting up in a chair.
- Continue your stretching and mobility exercises in the post-natal period.
- Use your compression garment, support belt and/or crutches if required, and bring these to the hospital for use after birth.
- Move within the limits of your pain.

If your pain persists, speak to your health care provider or GP about accessing a physiotherapist in your local community.

Further Information

If you have any questions regarding this information, please contact:

Physiotherapy Department

Mercy Hospital for Women

Phone: 03 8458 4141

Werribee Mercy Hospital

Phone: 03 8754 3150

Acknowledgements

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