



Pregnancy-related Pelvic Girdle Pain (PGP)

Please note that this page is awaiting update

What is PGP?

PGP affects one in five pregnant women to a great or lesser extent. It causes pain in one or all of the pelvic joints and surrounding muscles. In more severe (untreated) cases, women find their mobility decreases during and after pregnancy so that they need to use crutches or a wheelchair to get around. However, usually this can be avoided if women access good manual therapy treatment (hands on treatment) from a suitably qualified physiotherapist, osteopath or chiropractor as soon as they develop symptoms. This treatment is safe and effective at any stage during or after pregnancy - the sooner it is provided, the better.

Although women are often told that PGP (formerly known as Symphysis Pubis Dysfunction) is caused by hormones, up-to-date research shows that it is usually caused by a biomechanical pelvic joint problem. This is good news because it normally responds successfully to treatment from an experienced manual therapist. If it is not treated, PGP can sometimes persist for months or years after pregnancy.

What causes the pain?

The pelvis is made up of a ring of three bones which join at the two sacroiliac joints (at the back) and the symphysis pubis joint (at the front). The joints normally all move a little bit to allow you to walk, turn over in bed, climb stairs, etc. Often one joint becomes stiff and stops moving normally and this causes irritation in the other joints which have to compensate and move more or differently, so they become irritated and painful. This causes pain and difficulty with day-to-day activities.

Treating PGP

PGP can usually be treated effectively by 'hands-on' manual therapy from an experienced physiotherapist, osteopath or chiropractor. The therapist gently uses their hands to release stiff or 'stuck' pelvic joints to get the joints moving normally and symmetrically again, and to treat and relieve painful muscles.

PGP is unlikely to get better on its own without treatment although many women are erroneously reassured that this will be the case. They can then wait for months with severe pain before seeking treatment, and this may hinder their long-term prospects of a full recovery.

Early intervention with manual therapy can improve the long-term outcome and reduce pain. Individual assessment is important, looking at the position and symmetry of movement of the pelvic joints, to find out which joints are causing the problem. Often the joint causing the problem is not particularly painful, so treating the painful point is unlikely to sort out the underlying problem.

Manual therapy treatment involves a full assessment (or reassessment) of the pelvic joints at each session, identification of the joint causing the problem, and treatment to restore the joint's function. After each treatment the therapist will reassess the joints to check that the treatment has effected a change. Women should walk out of each treatment session feeling some improvement in either pain or function and preferably in both. If this is not the case it is worth seeking a second opinion. It is completely safe to treat women while they are pregnant without any adverse implications for the baby, and appropriate treatment can transform women's experience of pregnancy and birth by relieving the pain.

Is there a place for crutches and support belts?

Exercises, crutches, support belts and painkillers etc. can help alongside manual therapy but do not address the underlying cause of PGP pain so tend not to work in isolation. Often pain prevents muscles from working normally, so regardless of how much they are exercised, the muscles can't function properly and so doesn't get any stronger. However, once the joints are treated with manual therapy, and move more freely (normally), and pain has reduced, exercise can be very helpful to strengthen the muscles supporting the pelvis.

What happens if PGP is not treated during pregnancy?

We sometimes hear from women who have been disabled by PGP for more than five years after giving birth because their symptoms of PGP have not been recognised and treated, as well as from women in their 60s and 70s who have had pain since having their babies. PGP can put a great deal of pressure on a young family and as well as physical problems, can bring additional social and psychological issues of a woman is housebound and she and her children become isolated from the wider community.

Further Reading:

[The Pelvic Partnership](#)