AIMS For a better birth...

Pregnancy-related Pelvic Girdle Pain (PGP)

What is pelvic girdle pain?

Pregnancy-related pelvic girdle pain (PGP) can be a severe, painful condition, estimated to affect at least one in five women (20%) and possibly as many as two thirds (65%)[1, 2].

PGP is a pelvic joint problem when one or more of the pelvic joints becomes stiff or stuck, causing pain when you move and other joints and muscles try to compensate.

PGP can affect different women and birthing people in different ways. Those with PGP may experience pain around their hips and pelvis when getting in and out of bed, climbing the stairs, or sitting or standing for long periods. In short, PGP can affect every aspect of daily life and women with PGP can experience physical immobility and associated mental health impacts[3].

According to a recent Pelvic Partnership survey, only 3% of respondents could walk normally without pain and 18% of respondents needed to use mobility aids, such as crutches or a wheelchair.

Without treatment, PGP can worsen during pregnancy and some women continue to experience pain after giving birth, with 40% of women continuing to experience pain more than 12 months postpartum[4].

What are your treatment options?

PGP is a treatable condition. It is most useful to seek support as soon as possible, as it can improve your pain levels during pregnancy and speed up your recovery after having your baby.

If you are experiencing PGP, you could choose to see a physiotherapist, osteopath or chiropractor for a hands-on assessment of your pelvic joints. If PGP is diagnosed, the physiotherapist, osteopath or chiropractor can treat the cause of your pain using a range of hands-on treatment approaches, including manual therapy.

You can watch this video to see what to expect from treatment:

https://www.youtube.com/watch?v=ruongqOgNkg

Your physiotherapist, osteopath or chiropractor may also suggest a range of exercises tailored to your body to support your recovery alongside treatment.

Accessing treatment on the NHS

If you think you have pregnancy-related PGP, talk to your GP or midwife as soon as you start experiencing pain:

- At these appointments, try to describe your pain and how it is affecting you, i.e. if you are unable to do any of your daily activities without feeling pain.
- Ask your GP or midwife for a referral for NHS physiotherapy and ask what your options are for pain relief and mental health support, if needed.

Some people with PGP may find that their symptoms are dismissed and they will have to be persistent about their need to be referred for treatment. The Pelvic Partnership has a free toolkit to help you to have these important conversations about your PGP and asking for treatment.

At your NHS physiotherapy appointment, ask for a hands-on assessment and hands-on treatment tailored to you, rather than general exercises. PGP does not affect everyone in the same way so generic treatment approaches are unlikely to treat the cause of everyone's pain.

There are several things that you can try yourself if you are not able to get a referral for hands-on treatment or are having to wait for treatment. Although these won't treat the cause of your pain they may help you to manage it and prevent it from getting worse. You may also find it helpful to use these methods alongside hands-on treatment.

- Make changes to your day-to-day activities, avoid movements that aggravate the pain and take frequent rests. Moving little and often, using 'domestic' aids such as furniture for support while moving around or binding hips with a scarf can all help. It can be extremely useful, for physical and mental health and wellbeing, to call on your support network for practical support with daily household tasks, cleaning and looking after older children
- In consultation with your healthcare practitioner, take pain medication in regular doses; paracetamol is safe in pregnancy
- Use mobility aids, such as crutches or a wheelchair or other tools like a slip sheet or chair in the shower to help you manage daily activities
- Ask your physiotherapist, osteopath or chiropractor to fit you for a support belt to support your body after hands-on treatment
- Take warm baths, or apply a hot water bottle, heat or ice packs to painful areas. Heat and cold increase circulation and may have anti-inflammatory affect, and warmth can relax tight or painful muscles
- Use a TENS machine: electrode pads placed around the area of pain and connected to a battery-powered unit transmit mild electrical impulses. This causes your body to release endorphins and reduces the pain messages reaching your brain. TENS may not be suitable in some situations; speak to your midwife before using

- Complementary therapies may also make a difference to your pain, including:
  - Mindfulness and meditation can help you relax and feel more in control, able to cope with long-term (chronic) pain
  - Acupuncture: fine needles placed in certain areas on the body can provide pain relief
  - Hypnotherapy
  - Massage, reflexology and homeopathy can also help you feel calm and relaxed and might make it easier to sleep or manage pain

For further information, see:

The Pelvic Partnership, Living with PGP

RCOG leaflet on Pelvic girdle pain and pregnancy

Accessing treatment privately

Waiting lists for NHS physiotherapists can be long; only 28% of people report that they had an appointment within 4 weeks of referral[4]. However, there is variation in NHS services, accessibility and speed of referral, so do check out what is available in your area. If you are able to pay for private treatment or you have access to private health insurance, you may wish to see a private physiotherapist, osteopath or chiropractor with an understanding of treating women with PGP.

Private appointments may cost between £40-85 for an initial consultation, with the number of follow-up appointments depending on the severity of the condition and how each individual responds to treatment.

Women with PGP should notice an overall improvement in their pain levels after several appointments with their physiotherapist, osteopath or chiropractor[3].

A list of private practitioners that are recommended by The Pelvic Partnership can be foundhere.

The Frederick Andrew Convalescent Trust may be able to support women with the financial burden of paying for private treatment.

For further information and support

The Pelvic Partnership is a national charity led by women with lived experience of PGP, offering support and information about PGP and its treatment.

It has an informative website sharing information about PGP and its treatment, how to manage your pain alongside treatment, free resources and a list of recommended practitioners. They also feature women's stories of recovery from PGP to highlight the breadth of women's experiences of PGP and the different paths to becoming pain-free.

It also has a team of volunteer peer supporters who offer support to women with PGP through a Facebook support group, on social media, on email and on a free telephone helpline. To get support, follow this link

.

The AIMS journal includes an article written by Lara Watson, Womens'/Pelvic Health Physiotherapist. Pelvic floor health – "I wish I'd known this sooner"

References

[1] Wuytack et al. BMC Pregnancy and Childbirth (2020) 20:739

[2] RCOG 2015 Pelvic girdle pain and pregnancy

[3] Pelvic Partnership 2023 Survey Highlights

[4] Pelvic Partnership 2024 Survey Highlights