

Pelvic Health Physiotherapy

Antenatal Advice for Women Experiencing Back or Pelvic Pain

General Information & Advice during Pregnancy

- During pregnancy, the support for your pelvic joints and spine in particular will be affected due to the hormonal changes in your ligaments and muscles which surround your pelvis, lower spine and weight bearing joints such as your hips and knees.
- With the increased weight of the baby and change in gravity, your posture may also change and this will place further strain on your back.
- Pregnant women can safely sleep or rest in any position in the early weeks of pregnancy but after 19 weeks should limit lying on your back for only short periods of time.
- Mild to moderate exercise such as brisk walking or swimming (no breaststroke legs) is beneficial to both pregnant women and their babies.* See POGP Antenatal guidelines
- For those who are not used to exercising, low impact activities such as walking, static bike, gym ball or core stability exercises would be better.
- Pregnant women may find the type of work they do increases their discomfort or ability to function fully such as prolonged standing, twisting, bending and sitting. It is advisable to organise a risk assessment as early as possible to avoid unnecessary injury or pain.

Information for those experiencing Back and /or Pelvic Pain

- More than one third of women experience the above at some stage of pregnancy.
- The intensity and duration of the pain can fluctuate throughout the pregnancy or often from one pregnancy to the next.
- Back pain and pelvic pain is more likely to occur if you have a history of back pain or hypermobility prior to becoming pregnant.
- It is more common in the second and third trimesters of pregnancy
- Many women experience pain in the buttocks and thighs, in addition to the lower back. Some women may have leg pain commonly known as sciatica.
- Women may also experience pain at the front of the pelvis either locally often called "Symphysis Pubis Dysfunction or SPD" or at the front and the back known as "Pelvic Girdle Pain or PGP".

How long will the pain last?

Symptoms vary considerably between different women and even between pregnancies in the same woman. Your symptoms will not necessarily get worse as the pregnancy progresses and baby grows. After delivery most women report that their symptoms settle. However, ligaments take up to 6 months to return to normal making the area vulnerable for some time.

Advice to Prevent Aggravation of Symptoms

General

- Listen to your body and change your position regularly.
- Keep your body symmetrical e.g. carry bags equally in both hands, carry other small children or babies in front not on one hip. Stand equally on both feet and tuck your seat bones in.
- Keep lifting to a minimum. If you do have to lift, bend your knees not your back and tighten and hold in your pelvic floor and core stomach muscles throughout the lift – see booklets link below.
- Try to keep active within the limits of your pain.
- Be aware of your posture, particularly when sitting, avoid low chairs or sitting on the floor with legs outstretched or crosslegged. Place a small cushion or pillow in the curve of your lower back. Try not to lean unless you have many pillows (a V pillow, or 4-6) supporting your body weight.
- Try to avoid prolonged standing and wear flat shoes which do not slip. Flip flops are not supportive around the ankle and do not drive wearing them.
- Avoid hoovering and pushing supermarket trolleys whenever possible as the effort for these tasks will increase and existing pain or may indeed bring it on.
- Get in and out of the car with knees together to avoid strain at the front of your pelvis. Sit on a shiny bag/ scarf to help the turn. Partners help by opening the car door or dropping off beside the destination.
- Delegate as many household tasks to others when you have pain - this may include housework, school or nursery runs etc.
- You may need to consider changing work hours or using leave earlier as the pregnancy progresses. Keep the workplace risk assessment a reviewed document to adjust to how you are coping. Try not to eat lunch at your desk still in the same sitting position as the rest of the day.
For example nurses on 12 hour shifts etc – try to organise something else for the last 10 weeks.

In bed or Resting on sofa

- Try to have a short rest lying down, during the day whenever possible even if you do not have pain. This will ease your postural muscles and prevent fatigue which is felt as an ache.
- Use pillows between your legs, underneath the lower knee, behind your back or through the gap in your waist to keep you well supported and straight.
- Try a quarter-lying i.e. tipped slightly on to your side with pillows under your back and upper hip and knee, to avoid direct prolonged hip pressure in the final trimester.
- Use a topper to make the bed softer. This could be a thick blanket, or sleeping bag under the top sheet. (Don't forget to waterproof the mattress after 36 weeks)
- Try to avoid the recovery position as this strains the upper pelvic joints. Keep knees in line when lying on your side.
- When rolling in bed, always bend your knees up first and keep them pressed together as you roll.
- Getting in and out of bed – roll on to your side first then push up with your arms at the same time as taking your legs and feet over the edge of the bed. Allow for your blood pressure to adjust in case you feel dizzy before standing up

What Treatment is Available?

It is not possible to “cure” back or pelvic pain during pregnancy as not all of the contributing factors can be removed. Treatment aims to reduce or prevent the worsening of symptoms, therefore decreasing pain and improving function.

Ice packs or gentle warmth may be used over the area for 10-20 minutes, two or three times a day to relieve pain. NB never place ice directly on skin – wrap in a damp cloth or plastic bag with damp towel. Always remove if any discomfort or burning sensations are experienced. Never reheat a microwave wheat/grain bag unless it is completely cold.

Massage over the lower back or buttocks can be helpful. A warm bath may also help.

Use any oral analgesia/ pain relief with caution and with medical advice. **Never** take anti-inflammatory medication such as ibuprofen, nurofen, or deep heat during pregnancy.

Exercises Which Can Help

Pelvic Tilting:- Lie semi propped up with pillows with your knees bent up or on your side. Gently rock your pelvis under and back about 5 times. This will relieve back ache or stiffness.

Knees to Chest:- Lie semi propped up again - Carefully bring one knee at a time up to your chest and hold both together for a few seconds. This will stretch out your lower lumbar spine. Let go and try again. Avoid if you feel breathless or if the baby is too large.

Deep Abdominal Exercises:- Either kneel on all fours, lay on your side, or semi propped up or standing.

Place one hand at the bottom and the other at the top of your stomach so you can monitor what is going on. Take a normal breath in. As you breathe out, gently draw your lower stomach up and in. Hold for 5 breaths in and out. This will strengthen your lower core.

Static Gluteal Exercises:- Squeeze your buttocks together then slowly release the contraction. Repeat up to 10 times. Use this functionally for support by squeezing your buttocks together when you stand up from sitting.

Pelvic Floor Exercises:- Whilst sitting on a firm seat, gently tighten and “lift up” the muscles around the front of the vagina, front and back passages. Hold for up to 10 seconds making sure you are not holding your breath or tightening other muscles. During pregnancy you may only manage 5 seconds. See the POGP Pelvic floor leaflet.

Specialist Obstetric physiotherapy referrals must be made via your GP or Obstetrician. Please discuss any symptoms first with your community midwife. Generally a group session is offered initially for advice and exercise, then a follow up when necessary. Maternity support belts are not supplied by the Trust but there are many available to buy online. Advice can be given by the physiotherapist during the group session for the purposes of ordering.

Sources of Information

ESHT Pelvic Health Physiotherapy Team

POGP.csp.org.uk – Fit for Pregnancy, Fit for Birth, Exercise and Advice after Pregnancy, Fit for the Future, Pelvic Floor (2018) Pregnancy Related Pelvic Girdle Pain for Mothers to Be, Fit and Safe in the Childbearing Years, Simple Relaxation, Promoting Continence (2015)

NHS Choices – Pelvic pain in pregnancy, Your pregnancy and baby guide

RCOG – Pelvic girdle pain and pregnancy

PelvicPartnership.org.uk

Baby Buddy App

Squeezy NHS app for a Pelvic floor exercise programme with reminders for smartphones

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Pelvic Health Physiotherapy

Antenatal Advice Do's and Don'ts

Do's

- Try heat/cold/gentle massage over aches
- Change position frequently
- Bend by using knees, keeping back straight
- Delegate tasks to friends and family
- Rest frequently throughout the day, try to lie down if possible
- Use more pillows for support when lying and sitting
- Elevate your legs by resting them on a bean bag or some pillows
- Gradually decrease your working hours and activities if possible
- Try putting a soft duvet on top of the mattress to lie on
- When getting in and out of bed always roll onto your side and push up with your arms
- Maintain good posture whilst sitting, standing and walking
- Exercise your pelvic floor muscles and lower abdominals regularly throughout the day

Don'ts

- Lift or carry any items heavier than a kettle of water
- Push shopping trolleys, prams or hoovers
- Twist/bend at the waist when changing position
- Continue in any activity or position if you are experiencing discomfort
- Tire yourself out in the day by doing too much
- Do any housework unless absolutely necessary
- Start new exercise programmes unless supervised by a health professional
- Stand still for longer than 5 minutes at a time
- Forget to look after yourself after having your baby
- Repeat a movement that has given you increased pain
- Do ANYTHING after 38 weeks of pregnancy!

For further information please visit - <https://pogp.csp.org.uk/>

Your Comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Pelvic Health Physiotherapy Team

The directorate group that have agreed this patient information leaflet:
The Clinical Specialty/Unit that have agreed this patient information leaflet:
OOH

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