



## Information for you

### Pelvic Girdle Pain and Pregnancy (PGP)

#### About this information

This information is for you if you are pregnant and want to know what might be causing the pain around your pelvic girdle area and what can help. If you are a partner, relative or friend of someone with pelvic girdle pain (PGP), you may also find it helpful.

The information here aims to help you better understand your health and your options for treatment and care. Your healthcare team is there to support you in making decisions that are right for you. They can help by discussing your situation with you and answering your questions.

Within this information we may use the terms 'woman' and 'women'. However, we know that it is not only people who identify as women who may need to access this information. Your care should be appropriate, inclusive and sensitive to your needs whatever your gender identity.

A glossary of all medical terms is available on the RCOG website at:

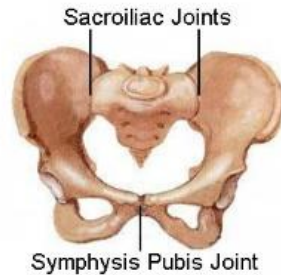
<https://www.rcog.org.uk/for-the-public/a-z-of-medical-terms/>.

#### Key points

- PGP is common and can affect your physical health and mental wellbeing.
- There is treatment for PGP, which is safe and available at any stage of pregnancy and beyond.
- Having PGP in pregnancy does not change your choice to have a vaginal birth.
- Staying active at a pace that suits you and also to get plenty of rest and quality sleep.

#### What is pelvic girdle pain (PGP)?

Pelvic girdle pain (PGP) is pain felt in the front and back of your pelvis during pregnancy. It can also include pain in the hips and thighs and at the front where the pubic symphysis joint is.



The Pelvic Girdle showing the sacroiliac joints and the pubic symphysis

PGP is common, affecting [1 in 5](#) pregnant women, and can affect your mobility and quality of life. Other common symptoms are pain when you are walking, going up and down stairs and turning over in bed.

### What causes pelvic girdle pain?

Your pelvis is strong and adapts to the usual changes of pregnancy. For some women, these changes can lead to PGP during or after pregnancy. Your experience of PGP may be different from someone else's.

Having PGP does not mean there is an injury or damage to your pelvis.

There are multiple factors that contribute to developing PGP. You are more likely to have PGP if:

- you have had a hip and/or lower back problem
- you have had PGP in a previous pregnancy
- you have a [BMI](#) over 25
- you smoke.

### What does not cause pelvic girdle pain?

Things that are **not** thought to be related to developing PGP are:

- time since last pregnancy
- age and height
- breastfeeding during or after pregnancy
- having a vaginal birth in your current or previous pregnancy.

### Can PGP harm my baby?

No. Although PGP can be very painful for you, it will not harm your baby.

### What are the symptoms of PGP?

You may have symptoms of PGP that vary from being mild to severe. PGP is treatable at any stage in pregnancy and the sooner it is treated, the more likely you are to feel better. Movement and exercise are not harmful and they can reduce your PGP.

You may feel more pain when you are:

- standing on one leg
- getting in and out of a car
- walking on uneven surfaces or for long distances
- rolling over in bed
- having sex

## How is PGP assessed?

If you have symptoms of PGP during your pregnancy or after the birth of your baby, please speak to a healthcare professional (GP, obstetrician or midwife). They will be able to help you get an appointment with a physiotherapist. You may be able to self-refer or you may need to be referred by your healthcare professional.

The sooner PGP is identified and assessed, the better it can be managed.

Your physiotherapist will ask you about your pain, the effect on your daily activities and mental well-being, as well as who you have to support you. They will also look at how your body moves and find ways to help you move more easily and rule out other causes of your pain.

## What can I do to help my symptoms?

- **Positioning:** distributing your weight evenly can help sensitive areas react less. Standing tall, changing positions often and putting equal weight on each leg can help with your pain.
- **Exercise:** Movement and exercise can help reduce pain and improve your physical and mental wellbeing. Focusing on activities that do not make your pain worse is important. Activities such as swimming, antenatal yoga and Pilates can be helpful if you find other activities painful.
- **Eating healthily and drinking enough water.** For more information, see RCOG Patient information [Healthy eating and vitamin supplements in pregnancy](#).
- **Getting enough sleep:** if your sleeping position is painful, using pillows between your knees or extra supports to move in bed can help. For further information on sleeping in pregnancy, see [Tommy's Sleep position in pregnancy Q&A](#).
- **Spacing out your activities:** try to space out your usual daily routine to allow yourself to rest.

## How can I improve my mental well-being to help with my pain?

- **Self-care:** warm baths, heat or ice packs
- **Talking about your pain:** PGP can make usual daily life activities more difficult and this may affect your mental wellbeing. Talking to your family and friends may help with this. Your healthcare professional can help you get the care you need if you have concerns about your mental health.

- **Joining a pregnancy exercise or education class:** these classes can help you get support from other women who share similar experiences to you and stay active.

## What are my treatment options?

Your physiotherapist will suggest specific treatments for you. The treatments can be used in combination or on their own. This may include:

- Learning about pain and the pain system, and understanding that having pain does not mean there is an injury in your body: The body's warning system becomes more sensitive when you have PGP, producing an increased feeling of pain even though there may be no damage to the body.
- Advice on changing movements that may be making the pain worse: Your physiotherapist will advise you on the best positions for movement and rest. They may also advise you on how to pace your routine to lessen your pain.
- Exercises: specific exercises for the hip, abdominal muscles and pelvic floor may help relieve your pain and allow you to move around more easily.
- Manual therapy (hands-on treatment): this can also be used to improve your pain. There are physiotherapists who specialise in PGP in pregnancy who can use mobilisation and manipulation to relax your muscles. Your physiotherapist will advise if it is suitable for you.

You may also find the following helpful:

- support belt and compression garments
- crutches, if you have difficulty walking
- exercises in water (hydrotherapy)
- acupuncture.

For most women, being assessed and treated when your symptoms first start is more likely to stop your symptoms from getting worse, relieve your pain and help you continue with your everyday activities.

## I'm still in pain. What are my options?

Being in severe pain and not being able to move around easily can be very difficult. Ask for help and support any time during your pregnancy and after the birth of your baby. Talk to your healthcare professional if you feel you are struggling. If you continue to have severe pain or limited mobility, it is worth considering:

- regular pain relief. Paracetamol is safe in pregnancy and may help if taken in regular doses. If you need stronger pain relief, your healthcare professional will discuss this with you.
- changes to your lifestyle such as getting help with your daily routine

- talking to your employer about ways to help manage your pain. They should support you to change your duties or your schedule. Reducing repetitive movements in your work or not staying in one position for too long may help. For more information, see GOV.UK information on [Reasonable adjustments](#).

If you are in extreme pain or have very limited mobility, you may be offered admission to the antenatal ward where you will receive pain relief.

## **Can I have a vaginal birth?**

Yes. There is no evidence that having a vaginal birth will making PGP worse.

The team looking after you in labour should be aware of your condition. If not, please tell them you have PGP. They will ensure your legs are supported, help you to change position and help you to move around.

You may find a birthing pool helps to take the weight off your joints and allows you to move more easily. All types of pain relief are possible including an [epidural](#).

## **Do I need to have a caesarean birth?**

No. Having PGP is not a reason to have a caesarean birth. It may actually slow down your recovery. You can discuss your birth options with your [obstetrician](#).

Caesarean birth can increase the chance of developing PGP after the birth of your baby, even if you do not have PGP during pregnancy.

## **Will I need to have labour started off (be induced) early?**

No. Induction of labour is not usually recommended for PGP, but you can discuss your birth options with your [obstetrician](#) if you feel this would be helpful for you

## **What happens after the birth of my baby?**

PGP usually improves after birth although around 1 in 3 women will have on-going pain. It is important that you keep doing the exercises, receiving treatments and taking regular pain relief, if needed. If you have been given aids to help you get around, keep using them until the pain settles down.

If you have severe PGP, whilst in hospital please ask for a room where you are near the toilet facilities, or an en-suite room if available. Try to become more mobile gradually.

In more than 9 out of 10 women, PGP may improve quickly after birth, but for some women it can persist up to 2 years. It can also sometimes start after birth.

If your pain is not gradually improving, or you have a new or different pain, seek advice from your GP who may refer you to another specialist to exclude other causes, for example joint problems, arthritis (painful and inflamed joints), or fracture of a bone (break in a bone).

## Will it happen in my next pregnancy?

If you have had PGP, you may have it in a future pregnancy but this does not always happen or it may be less severe. Making sure that you are as healthy as possible before you get pregnant again may help or even prevent it recurring.

Continuing the exercises shown by the physiotherapist and strengthening abdominal and pelvic floor muscles makes it less likely that you will get PGP in the next pregnancy.

If you get PGP again, treating it early should help or relieve your symptoms.

## Is there anything else I need to know?

Pregnant women have a higher risk of developing blood clots in the veins of their legs compared with women who are not pregnant. If you have very limited mobility the risk of developing blood clots is increased.

Your healthcare professional will recommend that you wear special stockings (graduated elastic compression stockings) and have injections of heparin to reduce your risk of blood clots. For more information, see RCOG Patient Information: [Reducing the risks of Venous Thrombosis in pregnancy and after birth](#).

## Further information

Pelvic, Obstetric and Gynaecological Physiotherapy  
[https://thepogp.co.uk/patient\\_information/default.aspx](https://thepogp.co.uk/patient_information/default.aspx)

The Pelvic Partnership ([www.pelvicpartnership.org.uk](http://www.pelvicpartnership.org.uk))

## Making a Choice

# Making a choice

## Ask 3 Questions

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



1. What are my options?
2. How do I get support to help me make a decision that is right for me?
3. What are the pros and cons of each option for me?

\*Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

<http://aqua.nhs.uk/resources/shared-decision-making-case-studies/>

### Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on:

*Journal of Women's Health Physical Therapy* 2017; 41, 102-125 Pelvic Girdle Pain in the Antepartum Population: Physical Therapy Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability, and Health Form the Section on Women's Health and the Orthopaedic Section of the American Physical Therapy Association

*Journal of Women's Health Physical Therapy* 2022; 46(1): E1-E38 Clinical Practice Guidelines for Pelvic Girdle Pain in the Postpartum Population.

*Physiotherapy* 2022; 115:66-84 Management of women with pregnancy-related pelvic girdle pain: an international Delphi study.

*Cureus* 2023; 15(7) Effects of Conventional Exercises on Lower Back Pain and/or Pelvic Girdle Pain in Pregnancy: A Systematic Review and Meta-Analysis.

*Physiotherapy* 2023; 118, 1 – 11 Prevention of low back and pelvic girdle pain during pregnancy: a systematic review and meta-analysis of randomised controlled trials with GRADE recommendations.