

Pelvic Girdle Pain During Pregnancy and as a New Mum: Management and Solutions

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Chapter 1: What is PGP?

PGP stands for Pelvic Girdle Pain. It is also commonly referred to as Pelvic Instability.

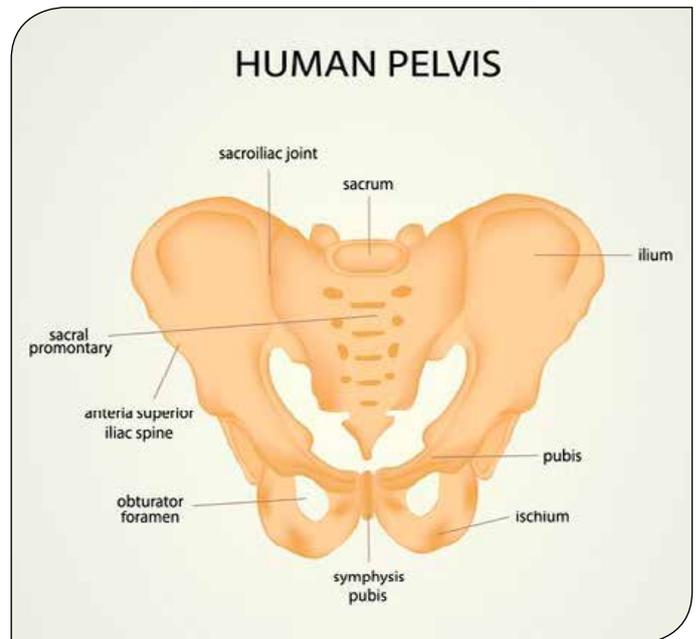
Common "Google" terms for PGP are :

- Pelvic Instability
- Pubic symphysis, pubic symphysis dysfunction, Diastasis of the Symphysis Pubis (DSP)
- Symphysis pubis dysfunction (SPD)
- Pelvic Joint Syndrome
- Physiological Pelvic Girdle Relaxation
- Symptom Giving Pelvic Girdle Relaxation
- Posterior Pelvic Pain
- Pelvic Arthropathy
- Inferior Pubic Shear/ Superior Pubic Shear / Symphyseal Shear
- Symphysiolysis
- Osteitis pubis (usually postpartum)
- Sacroiliitis
- One-sided Sacroiliac Syndrome /Double Sided Sacroiliac Syndrome
- Hypermobility

PGP refers to pain felt either at the back of the pelvis, on one or both sides, and/or pain over the pubic joint. Pain is generally located between the top of the pelvis and the bottom of the buttocks. Pain may be referred into the buttock and/or down the leg, so it's often confused with sciatica.

PGP involving the pubic symphysis joint can also refer pain to the groin, inner thigh, lower abdomen, and vaginal area.

PGP can broadly be categorized as either "Specific" or "non-specific". For some people, PGP may result from a specific medical cause (eg. pelvic fracture, or an inflammatory arthritis) which can be identified by diagnostic tests (eg. X-ray, bone scan, blood tests). However, 'non-specific' PGP is more common, and often arises during or shortly after pregnancy.



As many as 50% of women experience PGP during pregnancy. Happily, 90% of women recover from PGP within 12 months of having their baby. However, up to 10% of women can continue to have significant PGP and disability 2 years post-birth.

PGP is a condition often misdiagnosed, misunderstood and poorly managed.

What causes PGP during pregnancy and after having a baby?

During pregnancy there are many changes that occur to your body that change the way it works. There are the obvious changes that include:

- Your tummy growing, which stretches your abdomen and stomach muscles
- The weight of the baby sitting on your pelvic floor muscles throughout the pregnancy, providing a slight stretch to them too.
- Your centre of gravity, or balance point, moving forward as your tummy grows, which adds increased load to your back and challenges your balance.

Less obvious are the hormonal changes that occur, right from the first trimester, which changes the 'stretchiness' of your ligaments. Relaxin is one of the hormones responsible for



in pregnancy for the muscles not to recognize the need to change the way they work. This leads to poor control of the extra movement available to the joints, stressing the ligaments and resulting in inflammation and pain.

It is very similar to walking over very rocky, uneven ground, with your ankles rolling more than they normally do, pulling on your ankle ligaments – this would result in inflamed and sore ankle ligaments. If you have PGP, when you have been walking around your pelvic joints may be sore, as they have experienced the same kind of stress.

The joints of the pelvis transfer the load of our body weight from our legs to our trunk, and then to the other leg as we walk around. Higher loads, such as carrying a weight (toddler, shopping) or jogging/running significantly increases the difficulty for your joints to do this load transfer with good control. As we have already discussed, poor control generally results in pain!

As your tummy muscles stretch throughout pregnancy, and the weight of the baby increases on your pelvic floor muscles, it is harder for the muscles to tighten and support the pelvic joints, and this too can contribute to poor control of the pelvic joint movement, and increased pain.

this increase in ligament laxity, as it changes the collagen structure of your connective tissue (which makes up ligaments). Connective tissue, including ligaments, helps control your joints and support your pelvic floor muscles.

Joints rely on your muscles to control their movement, helped by the ligaments around the joint. They have a good “job-sharing” arrangement to allow work done by each component to give good movement control around the joint. When you become pregnant, the ligaments become stretchy, and the muscles need to work a little harder to maintain good control of the joints.

The joints of the pelvis have very little, almost imperceptible movement in them when you are not pregnant. When you are pregnant this movement increases and although extremely small, it can be double the movement that was present prior to pregnancy.

If the muscles are doing their job properly, then they work a little harder and good movement control is maintained. However it is very common

Chapter 2: How to manage PGP during pregnancy:

There are two parts to the management approach of PGP during pregnancy.

1. Treating the symptoms
2. Treating the cause

Treating the Symptoms:

As we described in the previous chapter, the symptoms experienced with PGP relate to inflammation that is present around the pelvic joints. The initial (first 48 hours or so) management is the same as if you had sprained your ankle, and it was now sore and inflamed:

1. **Ice** the joints, to settle the inflammation. Ice is applied over the sore joints (back and/or front of pelvis) for 20 minutes at a time. Initially this is done every 2 hours. You do not need to wake up to ice overnight, but if you wake because you are sore, then icing will help settle the pain and enable you to get back to sleep.
2. **Rest** the joints initially: by getting your body weight off the joints as much as possible. This means sitting or lying down for the



majority of time, for 1-3 days, depending on severity. Position yourself comfortably, with pillows or cushions supporting your legs and tummy if appropriate. It is important after the initial period of rest that you commence exercising, with specific exercises prescribed by your physiotherapist, to ensure the muscles you need to help control the pelvic joints are working optimally. It is important because, if you rest all the time, without specific exercises, the muscles you need to help will get progressively weaker, and you will continue to get sore with less and less activity.



Why is it important to manage the inflammation?

Good research has shown that if you have pain and/or inflammation, the body changes how it uses the muscles in that area. Sometimes it forgets to switch them on at all. Other times it switches them on, but much later than they need to come on for good movement control. At times the body switches on all the big muscles in the area to splint the joint, commonly known as muscle spasm, creating new pain, and preventing good movement control.

So you can see that for efficient control of your pelvic joints, pain and inflammation need to be kept at bay!



How is muscle spasm managed?

Muscles that commonly get very tight, and may spasm with PGP are: gluteal muscles (your butt!), lower back, inner thigh, hamstrings (back of thigh) and hip flexors (front of hip/groin area).

As we have described, the reason that the pelvic joints become sore in pregnancy is usually because of poor movement control, due to the effect pregnancy has on the biomechanics of your body. (Never is your body as challenged biomechanically as when you are pregnant!)

Treating the cause:

As we have described, the reason that the pelvic joints become sore in pregnancy is usually because of poor movement control, due to the

effect pregnancy has on the biomechanics of your body. Never is your body as challenged biomechanically as when you are pregnant!

In order for your joints to be well controlled, it is vital that you have good awareness and control of your deep “core” muscles. That is, your pelvic floor muscles, your deep abdominal muscles (TA), and your deep back muscles (Multifidus). These muscles work with the other important muscle of the core, the diaphragm, to provide a stable trunk and pelvis from which your arms and legs can work. If you need to hold your breath to be able to activate your other 3 core muscles, then you do not have good movement control. You are using your diaphragm to “splint” when you hold your breath to try and control your joints. If your body has to make a call regarding whether to breathe or control joints, as a general rule, breathing will win! This leaves you with a problem, as now your joints are no longer well controlled and may get sore!

Therefore it is imperative that you learn to use the deep back and abdominal muscles, with your pelvic floor, while maintaining normal breathing.

A **pelvic support belt** may be prescribed by your physiotherapist to improve your movement control. It is not a good idea to just “buy a belt” or borrow a well-meaning friend’s belt. Not everyone needs a belt, and in some cases a belt can make your pain worse. It is important to have the belt fitted as part of an assessment by your physiotherapist to ensure:

- you actually need a belt-you may not!
- you have the right size belt fitted
- you are instructed on how and when to wear the belt

The belt must also be in good condition (if worn throughout a previous pregnancy, it may no longer have the right qualities to do the job well for you).

Tubigrip is an elastic tubular bandage that can be fitted to wear around your tummy to give it support. It helps to take some of the load of the baby’s weight off your lower back, and improves your tummy muscles’ capacity to get you through the day. You do still need to use your abdominal muscles to help support the baby, but the

tubigrip means they don't have to work so hard and their ability to contract is made a little easier.

Ice packs are integral to managing PGP throughout pregnancy. As described earlier, it is vital to manage the pain and inflammatory component to this condition. Flexible gel packs that are re-usable are the best to use. It is worth purchasing one or two of these to keep in the freezer as you are going to be using these on and off throughout your pregnancy. Although frozen peas are known to work well for the odd injury that requires ice, they are bulky and not well suited to repeated use.



Spikey balls are fantastic for self-massage. They enable you to keep tight muscles loose. Your physiotherapist can tell you if it is likely to be useful for you and show you how to use the spikey ball.



Exercise:

Your physiotherapist may initially prescribe a period of rest to settle your pain. However, it is important to keep your muscles

strong, so after this initial rest, guided exercise should be undertaken. The main types of exercise that are important to address are specific stabilization (movement control) exercises, and cardio exercise (huff and puff exercise).

Your physiotherapist will explain which form of each exercise is appropriate for you. This is highly individual.

Cardio exercise:

Walking: Some people will be able to continue walking for exercise, whereas this may be highly problematic for others.

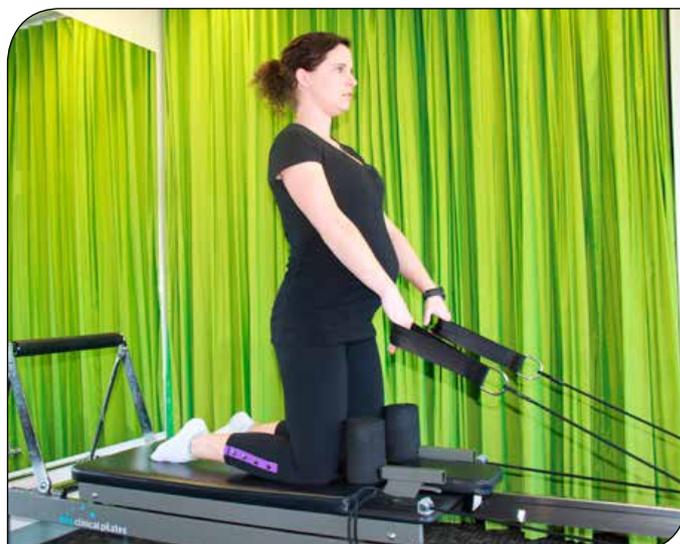
Swimming works well for many women with PGP, but generally breaststroke kick should be avoided. Care needs to be taken with getting in and out of the pool, and walking on the wet surfaces around the pool, to avoid slipping.

Cycling: a stationary bike is a good way to exercise if you can control your pelvic motion well. This involves having the correct seat height and handlebars set higher than you may be used to, to accommodate for your growing baby. It is important not to turn the resistance up so high that you turn the bike into a stair climber. Try to keep even pressure on both pedals throughout the session, making perfect circles with the pedals, not just pushing down.



Specific stabilization exercises:

When you're assessed by your physiotherapist, they will ascertain which muscles you need to particularly focus on to improve the movement



control of your pelvic joints. From this, they will be able to write you an exercise program to help train these muscles to function better. This is a skill your body needs to master.

Normally when we learn a new skill, once we have mastered it, our body remembers exactly what to do to reproduce that skill each time it is required. During pregnancy, because your body keeps changing, your body struggles to master the skills required. The picture your brain has of your body, and where your body is in space, never really matches the reality during pregnancy. As your body changes weekly (sometimes daily!), your brain is constantly playing "catch up". It is therefore important to perform these exercises regularly (at least weekly), to enable your brain's picture of your body to match up with the reality of your actual pregnant body, and enable the right muscles to be recruited at the right time, with the right intensity. This is what is required for optimal movement control.

General daily activities:

If you have poor movement control of your pelvic joints, **certain activities may aggravate your pain**, by overloading your joints. Generally these are activities that require standing on a single leg, unevenly loading your pelvic joints, or overloading your pelvic joints.

These include:

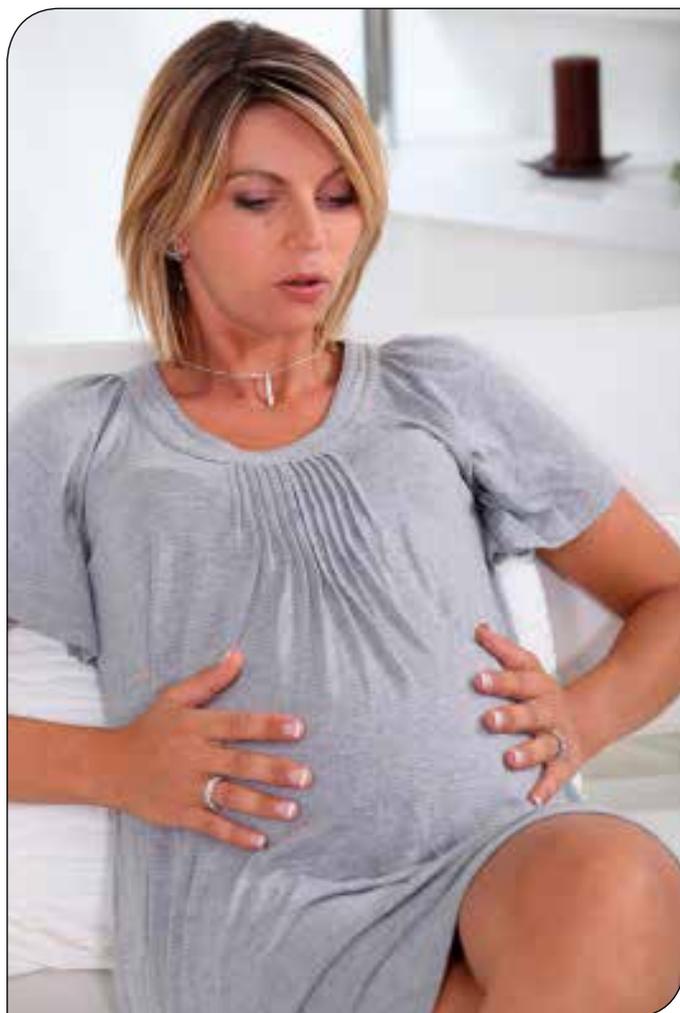
1. Pushing a shopping trolley- worse when it is fully loaded and / or has a toddler in it;
2. Standing on one leg to get dressed;
3. Running;
4. Prolonged walking;
5. Walking on uneven or soft ground (eg: soft sand, bush tracks);
6. Carrying a toddler on your hip;
7. Getting in / out of the car;
8. Vacuuming / mopping.



Chapter 3: PGP and Labour:

Ideally you will arrive at “labour day” with your pain well managed rather than having limped to the finish line (literally!). However, even if this is not the case for you, it is still possible to labour effectively with PGP. Unless there is a medical reason for you to have a caesarian delivery (a decision for you and your doctor or midwife) there is no requirement for you to have a caesarian for PGP. Your physiotherapist will be able to guide you in relation to your pelvic joints and labour / delivery.

During labour there are always positions that will be more comfortable than others, and this is highly individual. Which position is comfortable will change throughout your labour. PGP may make some positions uncomfortable for you, and if this is the case, then keep trying different positions until you find one that is comfortable.



First Stage Labour:

If you are planning a vaginal birth, then ideally you will want to stay upright and active during the first stage of your labour (the dilating stage). If you have arrived at “labour day” with your pain well controlled, then standing will be one of your options in terms of positioning. Walking between contractions is often recommended in the early stages of labour, to help labour become well established. Unless your pain has been minimal when you start labour, walking may over time make your joints more sore. If so you would be better to stay upright and moving by sitting on a fitball and leaning onto a table or bed to support your upper body. This way your joints are well supported, and you can remain mobile by rocking side to side. If you have significant PGP at the time you start labour, you will benefit from more supported positions.

Second stage labour:

During second stage of labour (the pushing and delivering the baby stage) your legs will need to be apart. This is not a problem in itself, so long as your legs are well supported by your birth assistants (partner, midwife). It is preferable that your legs are not pushed wide apart and leant on. It is also preferable that if you have an epidural and can't feel or control your legs, that anyone moving them for you makes sure they are well supported. This is because you will not be able to feel any pain, and won't be able to guide them or “catch” the leg if the person holding it lets go!

Positions for pushing your baby out should not be compromised by PGP. You can still deliver your baby in kneeling, either on ‘all 4’s’, or kneeling leaning onto something to support your upper body. Supported sitting may also be a comfortable position for you.

After your baby is born you will need to take care of your pelvic joints until you regain sensation and control of your legs if you have had an epidural or a caesarian.

Chapter 4: Management of PGP after having a baby.



Women with PGP are often told, “having the baby is the cure”. However, the cure is not immediate, and requires some work on your part to achieve. Your symptoms (particularly pain) are generally much improved immediately after delivery, however the underlying mechanical challenge of increased movement available to the pelvic joints, doesn’t start to reverse itself until approximately 3 weeks after birth.

The hormone relaxin, partly responsible for this increased movement, is out of your system by 2-3 days after birth. However the increased laxity of the ligaments remains for some time.

The muscles you need to help control this increased movement (particularly abdominal and pelvic floor muscles), have been overstretched, and are not capable of good contractions in the early weeks after birth. While your pregnancy, overstretched these muscles, the baby held them tight, which gave them some tension to help control your pelvic joints. This tension is absent after the birth of your baby, leaving you with compromised pelvic joint control.

Management:

Management during this period is primarily focused on rehabilitating the function of these important muscles. The priority of these exercises is to mirror activities or movements that we do each day. This way there is optimal transfer of your hard work into improved pelvic joint function throughout your busy day.

It is vital that these exercises are prescribed for you specifically, as each individual will have different needs and focus to help them achieve good control. Let your physiotherapist know what your final goals are with respect to exercise, type of work, and physical function, as these goals are important in setting your long term program.

Often there is little or no pain in the early weeks after birth, which can be due to the more limited activity level that is common at this time. As mums start to get moving more - exercising, and generally busier outside the house - it is possible for the pelvic joints to become sore. It is important to start proper rehabilitation of the core muscles as soon as is practical, but preferably no later than 3-6 weeks after the birth of your baby. It is never too late to rehabilitate

these muscles. The earlier you start, the less time there is to develop poor use of your muscles, and bad habits that are hard to break.

The program prescribed generally requires you to exercise 2-3 times per week, for 20 weeks to properly rehabilitate your body. This also lays good foundations for another pregnancy if this is in your plan.

What is the Prognosis:

Any ongoing pain can initially be managed with ice packs, as for during pregnancy. Pharmaceutical options may now be available, as you are not pregnant, and these can be discussed with your GP or obstetrician.

It is common to be told that once you have had PGP in one pregnancy, you will get it again next pregnancy, but earlier and possibly worse. In our

experience, this has generally not been the case for clients who have put in the hard work after giving birth and prior to the next pregnancy.

If you rehabilitate and recover well after your baby is born, then research shows that the results gained in the first six months of rehab are maintained one and two years later. This is good news as it means that it is worth doing the job properly, rehabilitating your muscles in the first six months after birth. This then prepares your body well for the physical challenges of motherhood, as well as providing a good base for a further pregnancy.

Only a very small number of women who have PGP during their pregnancy go on to have persistent pain longer term. This is still very treatable, however it requires a different approach to acute pain.



Chapter 5:

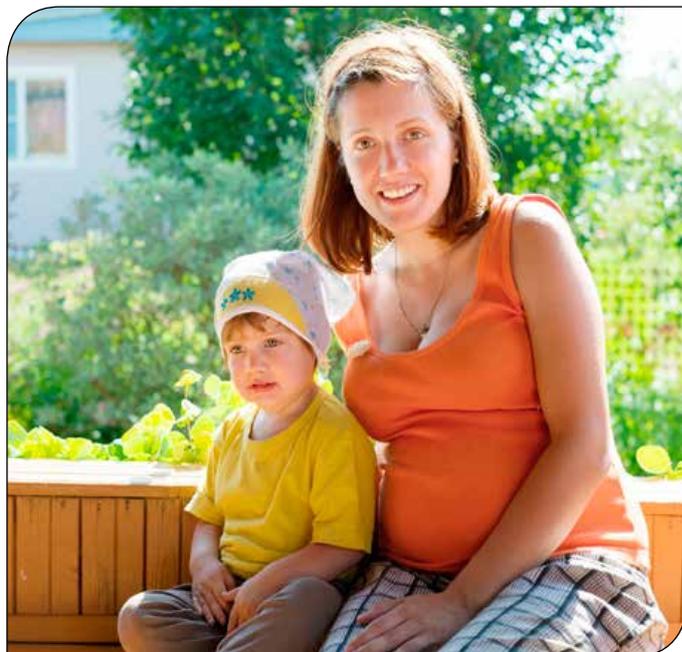
Tips for coping with toddlers:

Your main aim is to NOT lift your toddler. We say this realizing that it is inevitable that you will have times where you HAVE to lift your toddler, however if your aim is not to, you will lift only when there is NO OTHER CHOICE, rather than from habit.

It is also good to get your toddler used to not being lifted, with the rationale they are a "big girl/boy" or "mummy has a sore back". If you wait for the arrival of your baby, you have a baby in your arms and often can't lift them, and your toddler associates you not lifting them any more with the arrival of the new baby.

Tips to avoid lifting toddlers:

1. **Always take yourself to your toddler, rather than bringing them to you.**
As mothers we automatically scoop up our toddler when they are distressed or grizzling and just want a cuddle. It is much better for



your body if you sit, kneel, or even squat down and cuddle your toddler at their height. Having them climb into your lap as you sit, or even lying down with them is also good alternative to lifting them. The increased weight of carrying a toddler (and we know they're not known for being calm and co-operative!) significantly increases the load passing through your pelvic joints, and this adds to the challenge your muscles have controlling the movement.

2. **Hold your toddler's hands when they are climbing into and out of the bath rather than lift them in and out.**
3. **Use your toddler's climbing skills to your advantage.**

When climbing into or out of:

- High chairs: place a chair or stool beside the high chair, and holding your toddler's hands, help them climb up and into the high chair. Remove the escape route (chair/stool) once they are safely in the high chair!
- Cots: have the side down on the cot. Place a small stool or chair beside the cot, and holding your toddler's hands help them climb onto the chair, then onto the side of the cot, and jump in. Pull up the side of the cot, and remove the temptation of retracing their route by removing the chair/stool away from the cot!



- Cars: Keep a small light plastic step in the boot of the car for your toddler to use. Put the step down for your toddler, and then a hand under their bottom to help them to climb into the car. You can encourage them to climb into their car seat for you to do up the buckles.
4. **Always use the stroller when out with a toddler.** Yes, even for very quick trips into the shops! Carrying your toddler, usually on



one hip, is a very provocative activity for your pelvic joints. It puts the not insignificant weight of your toddler right through one side of your pelvis, which is very hard for your muscles to control. That assumes your toddler stays still, and doesn't wriggle, or throw their weight around unexpectedly, in which case it is nearly impossible for your body to deal with this well. Whether you are carrying them, or having to run and chase them, your pelvic joints will not cope well with either activity. So it's better to use the stroller and control the situation. If you have been using/are using crutches to walk, then the stroller may be enough support for you to get the short distance you need to walk, while putting the crutches across the top of the stroller, so they still come with you.

5. **Rest when your toddler rests!** Even if your toddler doesn't have a nap anymore, try to create a time during the day when you both do "quiet time" together. Make this resting time a good time to put your ice pack on if required. Lying down reading a book together, doing a puzzle, or watching Disney's latest will do you both good!

Chapter 6:

Who can help?

1. **YOU:** You are the one who really controls all this. You will be given lots of help, tools and tricks to help you manage and rehabilitate your body with PGP, but it is YOU that has to decide to manage this well or not. Changing the way you normally do things can be frustrating, and initially can seem difficult to implement.
2. **Obstetrician and/or GP:** Can refer you to a Women's Health physiotherapist, experienced in treating pregnant and post natal women, and PGP. They can help by prescribing analgesic medication when appropriate, and if you are experiencing significant disability, they can provide letters to support your application for disabled parking passes, or home help from agencies or council.
3. **Physiotherapist:** You do not need a referral to see a physiotherapist. You should book into a Women's Health physiotherapist that has experience treating PGP. Your treatment may involve massage, exercises, and education about PGP and how to manage and treat it. You will be advised about what exercise you can and can't do.
4. **Midwife:** Your midwife may refer you to physiotherapy. She or he will also help you labour within any limitations you may have from your pelvic joints. They will also help look after your pelvic joints during labour.
5. **Psychologist:** If you have significant disability with PGP, then a psychologist may be very useful to help give you strategies for coping with your changed circumstances.
6. **Acupuncturist:** Recent research has shown promising results for managing pain associated with PGP
7. **Remedial masseur/Myotherapist:** Regular massage can be very helpful when managing PGP (and is a great thing during any pregnancy or for any new mum!) Pregnancy



and looking after a new baby are very physical times of your life, putting a large number of new strains on areas of your body that are not necessarily prepared for them. As with any elite sportswoman, massage helps with recovery from these new physical strains and efforts your body is undergoing.

8. **Home help agencies:** Speak with your local council to see whether you may qualify for their help. There are also private home help and nanny agencies that can be used if you have little family support available.
9. **Family members:** Are invaluable! Small things like cooking meals for the freezer, taking your toddler for an afternoon or day, vacuuming your living room...the list is endless! Never say "no" to family offers of help. Even if you feel you can do the task yourself, take advantage of the offer to rest, ice, or do your exercise session, (all things that benefit you), because this creates a win/win situation. You have been able to take care of yourself, and your family member/s feel they are helping you.
10. **Friends:** As for family members! If you are not comfortable with asking your friends to clean your house for you, then sometimes just organizing to meet up to do your exercise together can help keep you motivated and on the right track looking after yourself.

Chapter 7: FAQ:

1. Is pelvic instability the same as PGP?

PGP is the name the international community has given to what was previously called Pelvic Instability. Part of the reason for the renaming of the condition is to reflect more accurately the condition, in that it refers to pain of the pelvic girdle. The pelvis is NOT “unstable”, in fact the joints are some of the most stable joints in the body

2. Is my pelvis “unstable”?

See question 1

3. Will tubigrip squash my baby?

No. Your baby is beautifully surrounded by fluid, it would be like trying to squash something in the middle of a water-filled balloon.

4. How often do I wear the tubigrip?

Be guided by your therapists’ instructions, however usually it is used primarily during the day to help support the weight of the baby when you are up and about. It can be very useful to help you rolling in bed if that is particularly difficult for you, as it helps “bring your tummy with you”. However it is often nice to have a break from wearing it, and at night is the logical time to do this.

5. Will the ice ‘freeze’ my baby?

No. The baby is blissfully unaware of the ice. The cold from the ice only penetrates a couple of centimetres below the skin. We are lucky the ligaments we are trying to ice are very shallow, just under the skin, otherwise the ice wouldn’t work!

6. Do I need a belt?

Your physiotherapist will do some tests as part of your assessment that will determine if you require a belt or not. Remember, not everyone needs a belt. For some people it may make them worse, so it is important you are assessed properly, do not just buy or borrow a belt.

7. Can I wear my old belt?

If your belt from a previous pregnancy was not worn for very long it may be possible for you to wear it again. However, if you have changed size, or wore your belt for more than 3 months last pregnancy, it is unlikely your belt will do the required job. Elastic stretches and ages over time, so the



effectiveness of the belt may be diminished. The best thing to do is take your old belt to your physio appointment and then your physio can check if it is still going to be effective for you.

8. Do I wear my belt under or over my clothing?

Your belt will do the job either over or under your clothing. Consideration needs to be given to how much time you are going to spend sitting down, as while the belt whilst safe to sit in, it may not be particularly comfortable. Most women will undo the belt whilst sitting, so having ready access to the belt may require you to wear the belt over your clothing. There are products on the market you can wear to help lengthen your tops to cover the belt if you require.

9. Do I have to lie down when I’m resting?

No, you can sit if you are comfortable sitting. You are mainly trying to avoid single leg weight bearing, such as when walking, so a mix of lying and sitting is ideal. Remember that rest is an acute pain management strategy. Relative rest is what is required once the acute pain has been settled, that is, a good mix of the right exercise and rest.

10. Can I still go for a walk?

Walking is often a provocative activity for women with PGP. Many women will find that walking causes their joints to become sore, either at the time they are walking, or some time later. Remember walking around a shopping centre is the same as going for the equivalent walk for exercise. Your physiotherapist will be able to guide you as to whether you can walk for exercise, and how much walking is appropriate for you.

11. Should I stop exercising?

Initially you may need to stop exercising

while your pain settles, but it is important that you re-commence exercising as recommended by your physiotherapist. Doing no exercise is as bad as doing the wrong exercise when you have PGP. You become deconditioned, and the muscles you need to help control your pelvic joints are less able to work for you.

12. Why do I need to do Clinical Pilates?

Clinical Pilates is a method of exercising that targets your deep postural muscles, training them to work better to control your lumbar spine and pelvic joints. This is treating "the cause" rather than just treating the symptoms of PGP. Clinical Pilates is individually prescribed exercises, after a full assessment, by a physiotherapist with Clinical Pilates training. It is not a generic Pilates class where everyone does the same exercises.

13. Is it ok to do Pilates lying on my back?

After 16 weeks of pregnancy, it is recommended by all Exercise in Pregnancy Guidelines, that you do not exercise lying on your back. Modifications to all exercises usually done lying on your back are always possible, so it is not necessary for you to be placed on your back for exercise between 16 weeks of pregnancy and delivering your baby.

14. How often do I need to do Clinical Pilates?

Once per week is the minimum you should do Clinical Pilates initially. Clinical Pilates is a 'skill' more than a 'fitness', just like learning a new tennis shot or golf swing. If you have a lesson once per week, you will learn to play tennis. If you have a lesson twice a week, you will learn to play faster. Particularly during pregnancy, when your body is constantly changing, it is important to regularly attend your class or perform your exercises.

15. Is all exercise safe to do?

No. Not all exercise is safe to do either during pregnancy, or with PGP. There are guidelines for general exercise in pregnancy, and your Women's Health physiotherapist will be able to guide you to find an exercise that is safe for you to do both during pregnancy, and with PGP.

16. If I can't walk for exercise, what exercise can I do?

Swimming, exercise bike, and specific physio run pregnancy exercise classes are all ways for you to be able to maintain your cardiovascular fitness during pregnancy, and in the post natal period if you



have PGP. We specifically recommend physio classes during this time, as the physio will be able to modify the class for you if there are exercises in the class that are not PGP "friendly".

17. Do I need to have a Caesarian delivery if I have PGP?

No, unless there is a medical reason for you to have a caesarian delivery (which will be a decision for you and your doctor or midwife) there is no requirement for you to have a caesarian for PGP. Your physiotherapist will be able to guide you regarding your pelvic joints and labour / delivery.

18. Will this happen again?

It is common for PGP to occur in subsequent pregnancies. However, if the joint control issues are addressed between pregnancies, then our experience is that our clients do much better in their subsequent pregnancies. It is not a 'given' that if you have had PGP in one pregnancy, you will have it earlier and worse in the next pregnancy. This is a common statement often heard, but there is good evidence that doing the correct exercise and rehabilitation after you have had your baby, is excellent preparation for your next pregnancy.

Recommended Reading:

European guidelines for the diagnosis and Treatment of pelvic girdle pain. Vleeming A et al. European Spine Journal 2008. 17(6): 794-819. Available in full text, free, on PubMed Central.



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