

# **Pelvic girdle pain & Pregnancy**



Information Booklet for Women who have pelvic girdle pain during or after pregnancy

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## Women and Pelvic Girdle Pain (PGP)

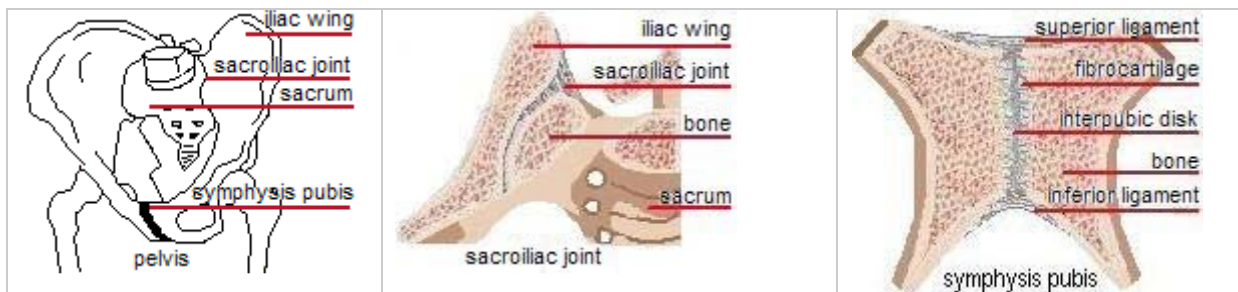
Historical articles show that pregnancy-related pelvic girdle pain has been recognized for centuries. Mentioned by Hippocrates [1] and later described in medical literature by Snelling. [2] Pelvic Girdle Pain causes pain and instability in any of the three pelvic joints during and/or after pregnancy.

" The affection appears to consist of relaxation of the pelvic articulations, becoming apparent suddenly after parturition or gradually during pregnancy and permitting a degree of mobility of the pelvic bones which effectively hinders locomotion and gives rise to the most peculiar and alarming sensations", Snelling (1870).<sup>[2]</sup>

### Pelvic Anatomy

The pelvis is the largest bony part of the skeleton. There are three joints, the symphysis pubis (SP), and two sacroiliac joints. A highly durable network of ligaments surrounds these joints giving them tremendous strength. The pubic symphysis has a fibrocartilage joint which may contain a fluid filled cavity and is avascular; it is supported by the superior and arcuate ligaments. The SIJ is covered by two different kinds of cartilage; the sacral anterior edge has a hyaline cartilage and the ilium anterior edge a fibrocartilage; their movement is restricted throughout life and they are progressively obliterated by adhesions.

The nature of the bony pelvic ring with its three joints determines that no one joint can move independently of the other two. The nature of the bony pelvic ring with its three joints determines that no one joint can move independently of the other two [6].



### Hormone relaxin

During pregnancy relaxin has a diverse range of effects, including the production and remodelling of collagen thus increasing the elasticity of muscles, tendons, ligaments and tissues of the birth canal in view of delivery. This hormone also inhibits uterine contractile activity, allows nipple growth to occur, contributes to the rupture of the fetal membranes at term and is needed to support the establishment and maintenance of early pregnancy.

Relaxin works directly and indirectly on both the male and female body and has a chemical influence on the following tissues and systems:

- The striated and smooth muscles.
- The central nervous system and autonomic nervous systems.
- Connective tissues in the form of skin, ligament, tendon and cartilage.
- The cardiac muscles.

This hormone produces changes in collagen metabolism (chemical processes occurring within a living cell that is necessary for the maintenance of life), by inhibiting collagen synthesis (prevent or decrease a period in the cell cycle) and increasing matrix metalloproteinase's, that increases collagenase production. Although relaxins main cellular action in pregnancy is to remodel collagen by biosynthesis, thus facilitating the changes of connective tissue, it does not seem to generate musculoskeletal problems. European Research has determined that relaxin levels are not a predictor of PGP during pregnancy. <sup>[9] [10] [11] [12] [13] [14]</sup>

Concentrations of relaxin during the two days immediately preceding parturition are significantly greater than all other days. After this time period relaxin is no longer manufactured in large amounts in the postnatal period but the effects of the hormones on the ligaments are still evident until about five months postpartum.

## Pelvic Girdle Pain and Pregnancy

Pregnancy begins the physiological changes through a pattern of hormonal secretion and signal transduction thus initiating the remodelling of soft tissues, cartilage and ligaments. Over time, the ligaments could be stretched either by injury or excess strain and in turn may cause pelvic girdle instability.

"The classification between hormonal and mechanical pelvic girdle instability is no longer used. For treatment and/or prognosis it makes no difference whether the complaints started during pregnancy or after childbirth." Mens (2005) <sup>[4]</sup>

For most women PGP resolves in weeks after delivery but for some it can last for years resulting in a reduced tolerance for weight bearing activities. Overall, about 45% of all pregnant women and 25% of all women postpartum suffers from PGP. <sup>[5]</sup> During pregnancy, serious pain occurs in about 25%, and severe disability in about 8% of patients. After pregnancy, problems are serious in about 7%. <sup>[5]</sup> There is no correlation between age, culture, nationality and numbers of pregnancies that determine a higher incidence of PGP. <sup>[7] [8]</sup> If you experience PGP during one pregnancy you are more likely to experience it in subsequent pregnancies; but the severity cannot be determined. <sup>[8]</sup>

## Relaxation and Pain Management during Labour

Pain is a natural part of labour and every woman is unique in the level of pain she can tolerate.

Women also have varying success with the kind of activities or interventions that can help decrease their labour pain and increase their comfort.

Outlined below are types of activities and interventions: relaxation and regional anaesthesia.

- Walking (only if possible).
- Water therapy (e.g. shower or tub).
- Sitting on a rocking chair.

- Massage/back rubs by birthing partner.
- Keeping a restful environment in your labour room (quiet, low lighting, soothing music).
- Using various positions during labour and delivery.
- Applying warm or cold compresses.
- Relaxation/breathing techniques.
- Meditation using calming imagery.

For some women, as labour progresses and contractions become stronger, their pelvic pain worsens or they get too tired to cope, relaxation techniques no longer provide enough relief. Pain medications are commonly used at that point, and your physician or midwife will explain the benefits of each type and will help you select the appropriate medication that is safe for you and your baby. You may want to discuss medications in advance of labour with your doctor or midwife.

## Regional Anaesthesia (Epidural or Spinal Medication)

You might reach a point in active labour that comfort measures and/or medication are no longer giving you adequate pain relief, your physician or midwife may order regional anaesthesia to provide stronger pain relief. The anaesthesiologist inserts a needle in your lower back to administer regional anaesthesia. The goal of regional anaesthesia, especially after your cervix is completely dilated, is to reach a balance between easing your feeling of pain and still feeling the urge to bear down to actively participate in delivering your baby. Once you have this type of medication you are generally not allowed out of bed. Talk to your physician or midwife in advance of labour about regional anaesthesia. The one drawback from the regional anaesthesia would be finding a balance between the numbness and feeling the stress your pelvis can take.

## Labour Positions

Try and work out what positions are easy to maintain and hold before you go into hard labour. If you know your pelvis becomes too unstable with knees apart inform your coach and delivery team about this issue to insure care is taken to not worsen your condition. Below are some labour positions for you to try. If you decide to have an Epidural still be mindful about how far your knees are apart.

## Home Made Leg Support

Experiment at home with a piece of string, lying on your back, with knees bent, slowly and gently pull move your bent knees until pain is the indicator on how far apart you can tolerate. With the string, measure the width circling under your bent knees. Experiment with different items and textures, e.g., scarf, mans trouser belt, even a pelvic belt, to find which gives you the most comfort and support. Just remember to take it to the Hospital with you.

## During delivery

If your symptoms make it difficult for you to open your legs, it may be worth discussing with your midwife or obstetrician what positions would be best for an assisted delivery. In severe cases you might be a good candidate for a caesarean section

## In the Maternity Ward

Think about making an appointment with the Charge Nurse [Nurse who heads the unit] for two reasons. Firstly so she can see the hardships you already have been coping with and you can voice your concerns about what type of treatment you would like to have, [since there is not a standard and practiced treatment plan for women with pelvic joint pain and/or dysfunction].

Secondly to discuss what aids the Maternity Ward has. They will probably only have the basics. The aids you would require would be more readily available in the Orthopedic or Rehabilitation Wards. Speaking to the Hospital before your delivery date could give them time to make other types of aids available to you.

You can also find out what type of follow-up care the Hospital can offer, such as - offering you rehabilitation after you're discharged, organizing home visits by a District Nurse [a Nurse that comes to your house]. If you have an Infant Welfare Nurse ring her after the birth and let her know your limitations and see what help can be offered.

## Lifting Baby

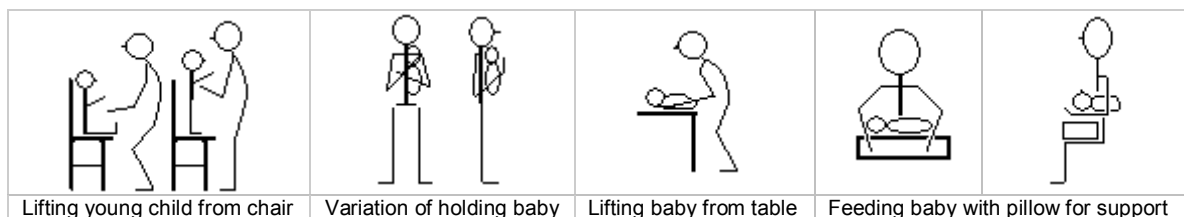
Whenever you're lifting your baby of the change table, bend your knees slightly and move close to the table, hold him close to your chest to limit resistance. Hold baby securely with one arm and place the other onto the table, now straighten the legs and back. The same goes for putting him down.

Try not to extend the arms too much as this puts more strain on your pelvis. Women with older children should try not to lift them from ground level but to ask and/ or assist the child to stand or sit on the chair so to minimize the strain on your back and pelvis.

## Playing with Baby

If you are not able to sit on the floor you could play with baby on your bed. Place baby safely on the bed and sit on a chair next to it. If you can sit on the floor be prepared first; have a chair nearby to help you stand up. Have baby on a bunny rug so you can pull the rug to a couch, or the like, to help lift baby from floor.

To tidy toys off the floor use a broom upside-down (with the bristles facing upwards), and push the toys to a corner or safe place to store them.



## Breastfeeding

Your pelvis supports your weight even in a sitting position. The added weight of holding a baby during feeding can cause more pelvic pain. Before you start find a comfortable chair. If you become thirsty during feeding make sure you have a drink close by. Bring the baby up closer to you by adding pillows or cushions.

## Causing Factors

Sometimes there is no obvious explanation for the cause of PGP but usually there is a combination of factors such as.

- The pelvic joints moving unevenly.
- A change in the activity of the muscles in the pelvis, hip, abdomen, back and pelvic floor.
- A history of pelvic trauma.
- The position of the baby altering the loading stresses on the pelvic ligaments and joints.
- Strenuous work. <sup>[15]</sup>
- Previous lower back pain.
- Previous pelvic girdle pain during pregnancy.
- Hypermobility, genetical ability to stretch joints beyond normal range.
- An event during the pregnancy or birth that caused injury or strain to the pelvic joints or rupture of the fibrocartilage.
- The occurrence of PGP is associated with twin pregnancy, first pregnancy and a higher age at first pregnancy. <sup>[16]</sup>

## Subsequent pregnancies

Pelvic girdle will most likely reoccur but the severity is unsure. Education, preparation and pretreatment are worth considering before you become pregnant again

## Will it go away?

The majority of women will make a full recovery after they give birth. It is important that you monitor your pain and limit unnecessary activities. Symptoms will improve more when you cease breastfeeding. Pre-menstrually your symptoms may flare up.

## What can I do to help?

Rest as much as you can. The pain you may experience will probably be related to how active you are during the day. Avoid movements that place extra strain on the symphysis pubis. Be cautious when climbing stairs; go one step at a time.

The pain is usually made worse by lying on your back, turning over in bed, walking and standing from a sitting position. When you get out of bed; roll out with both legs together. It is often worse at night. Move little and often.

## Symptoms

The symptoms of PGP can be varied but usually involve some of the following:-

- Symphysis Pubis pain is extremely tender to the touch.
- Present swelling and/or inflammation over joint.
- Have difficulty lifting leg.
- Pain experienced when moving legs apart.
- Inability to stand on one leg.
- Unable to transfer weight through pelvis and down the legs.
- Pain in hips and/or restriction of hip movement.
- Transferred nerve pain down leg.
- Can be associated with bladder and/or bowel dysfunction.
- A feeling of symphysis pubis giving way.
- Stand with a stooped over back.
- Malalignment of pelvic and/or back joints.
- Struggle to sit or stand.
- Pain may also radiate down the inner thighs.
- You may waddle or shuffle.
- Aware of an audible 'clicking' sound coming from the pelvis.

The symptoms of PGP limit the ability for the woman to carry out most daily activities. She will experience pain involving movements such as dressing, getting in and out of the bath, rolling in bed, climbing the stairs and sexual activity. Pain will also be present when lifting, carrying, pushing or pulling.

## Psychosocial Concerns

PGP in pregnancy seriously interferes with much participation in society and activities of daily living such as housekeeping, walking, sexual life and working; the average sick leave due to posterior pelvic pain during pregnancy is 7 to 12 weeks. <sup>[17]</sup>

In some cases women with PGP may also experience emotional problems such as anxiety over the cause of pain, resentment, anger, lack of self-esteem, frustration and depression; she is three times more likely to suffer postpartum depressive symptoms. <sup>[18]</sup> Other psychosocial risk factors associated with woman experiencing PGP include higher level of stress, low job satisfaction and poorer relationship with spouse. <sup>[19]</sup>



## Lying on Your Back

Support the head and shoulders.  
Supported knees can be straight or bent.  
Support underneath your pelvis and feet

## Lying on Your Side

Keep your head level to the spine.  
Support shoulder, stomach, bottom and chin.  
The bent leg should be supported and made comfortable.

## Pillows

Use pillows of different sizes and thicknesses; towels or blankets folded or rolled.  
Lying on a foam or woollen under blanket (such as lamb's wool square) could give added comfort

## Self Help Management

- When getting into bed sit on the edge keeping knees close together, lie down on your side, lifting both legs at the same time. Reverse this to get up.
- Try not to attempt to pull yourself up from lying on your back.
- Keep knees together when rolling over in bed.
- Sleep with a pillow between the legs; add more in other areas for support.
- When getting into a car: Sit down first and then swing legs keeping them together.
- Avoid sofas and chairs that are too low or too soft.
- Try to reduce the stress on the joint.
- Avoid any movement with your knees apart.
- Take smaller steps when walking.
- Avoid stairs if possible.
- Take breaks.
- Move within the limits of pain.
- Avoid twisting, bending or squatting.

The majority of women will make a full recovery after they give birth. For others PGP can take from 11 weeks, 6 months or even up to 2 years postpartum to subside. [20] One of the main factors in helping women cope with is with education, information and support. Many treatment options are available such as, Physiotherapist, Osteopath, Chiropractor, Acupuncturist, Social Worker and Medical Specialist such as Orthopaedic Surgeon. Some pelvic joint trauma will not respond to conservative type treatments, Orthopedic Surgery might become the only option to stabilize the joints.

## Possible Postural Changes

To compensate the posture could change as follows:

- The back leans forward.
- The hips rotate.
- The legs bend at the knees more.
- The knees turn slightly.
- The feet point more towards each other.
- The position and angle of the ankle changes

## Degrees of Pelvic Instability

**Stable Pelvis.** The woman does not have any signs or symptoms of pelvic instability. The ligaments and muscles work well during daily activities. These women usually do not have a history of lower back pain, pelvic trauma or hypermobile joints and have never been pregnant.

**Partial Pelvic Instability.** The ligaments alone do not support the joint sufficiently. The ligaments become weak or injured and the muscles try to compensate to function properly. If the stabilizing muscles of the pelvis fail to work effectively with the weak and injured ligaments, pain and weakness will be experienced during daily activities. This kind of pelvic instability often occurs after giving birth to a child weighing 3000 grams or more [4], hypermobility of joints during pregnancy or an incident during the birth causing some minor degree of damage to ligaments or joints of the pelvis. Treatment is required to re-establish the muscles around the pelvis to work more efficiently.

**Complete Pelvic Instability.** The pelvic joints cannot function properly without the support of the ligaments and muscles. Both are needed to maintain normal function. When the woman has complete instability the ligaments are unable to support the joint and this gross instability cannot be compensated by muscle function. There will be severe pain and disability. This type of pelvic instability usually only occurs after an incident during the pregnancy that has caused pelvic joint injury limiting the pelvis to remain stable; this can also occur during the delivery.

## Treatments

One of the main factors in helping women cope with is with education, information and support. Many treatment options are available such as, Physiotherapist, Osteopath, Chiropractor, Acupuncturist, Social Worker and Medical Specialist such as Orthopedic Surgeon. Some pelvic joint trauma will not respond to conservative type treatments, Orthopedic Surgery might become the only option to stabilize the joints.

## Girdles and Belts

There are many different types of girdles and each can offer different types of support. The support can range from comfortable to very firm. More than one girdle can be worn at a time. All girdles should be worn over full maternity underpants.

There are also various types of pelvic belts; some a simple elastics belt that attaches at the front to a more complex one that has layers of straps which adjust around your pelvis.

For the woman it is all about finding what type of girdle and/or belt is functional and supportive. You can also get a referral from your healthcare provider and have a girdle and belt custom made

## Education

Understanding what is happening and learning ways to adapt your lifestyle to accommodate the pelvic pain. You can educate yourself by always asking Healthcare Professionals questions about your condition, treatment and future needs.

## Medications

Medications can also be used to manage chronic pain. Firstly, always speak to your Healthcare Provider about any type of medication or herbal remedy you might be considering to take whilst pregnant or breastfeeding.

## Medical Assistance

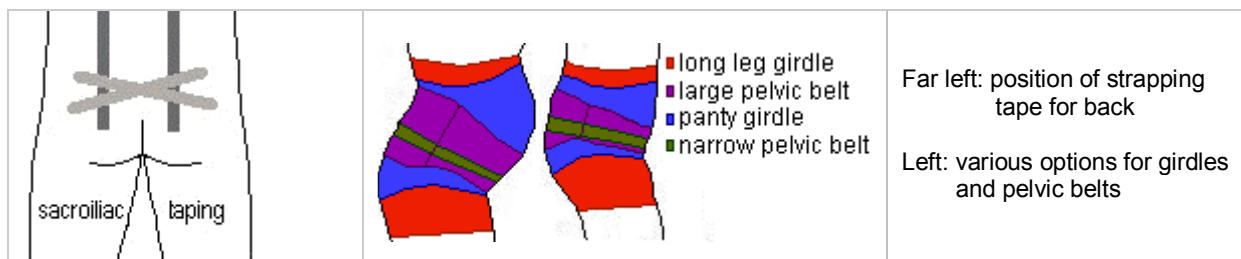
For those whose pain is severe there are medications, x-rays, ultrasound, scans, various tests' and surgery is available. Speak to your Healthcare Provider.

## Acupressure

Acupressure is direct pressure applied to areas that trigger pain. This technique can be self administered after training with an instructor.

## Acupuncture

Acupuncture is the use of special needles that are inserted into the body at certain points. Stimulation from the needle puncture triggers natural pain relieving chemicals from the brain, a reduction in inflammation to the area through an increase in circulation, and a relaxation response to the musculature. These needles stimulate nerve endings and cause the brain to release endorphins. It may take several acupuncture sessions before the pain is relieved. Acupuncture has



been used for centuries in China and other parts of Asia to treat many types of pain. Acupuncture has a positive impact on treating this kind of pain.

## Chiropractic Care

There are different schools of chiropractic technique. Some adjust with quick sudden movements, while others adjust only with gentle, almost imperceptible movement. It is important to find a chiropractor that is well-trained in the treatment of pregnant women.

## Isometric Exercises

By definition, isometric exercises are those in which a force is applied to a resistant object. A typical example is pushing against a brick wall. There is no actual movement here, but tension builds up in the muscles.

## Pelvic Floor Exercises

Exercising the pelvic floor muscles help to increase stiffness of the pelvic ring. Pelvic floor muscles have the capacity to increase stiffness of the pelvic ring. Women with pelvic instability increased activity of these pelvic floor muscles might help compensate for loss of pelvic stability by stiffening the pelvic ring and restoring proper load transfer through the lumbopelvic region. Seek a Physiotherapist who specializes in this type of treatment.

## Massage Therapy

Massage Therapy can be a light, slow, circular motion with the fingertips or a deep, kneading motion. Massage relieves pain, relaxes stiff muscles, and smoothes out muscle knots by increasing the blood supply to the affected area and warming it. Massage can also include gentle pressure over the affected areas or hard pressure over trigger points in muscle knots. Other benefits of massage depend on the type of massage being given.

## Osteopaths

Osteopaths work with realigning the bones, ligaments, and soft tissues of the body. Osteopaths are trained in traditional medicine as well as the musculoskeletal system; they tend to place more emphasis on preventive medicine, in looking at the body as an interconnected system, and often use osteopathic manipulation and other 'non-traditional' therapies.

## Pilates

Developing a strong central core is a key component of the Pilates method. An individualized treatment approach with specific stabilizing exercises is shown to be effective for women with pelvic girdle pain. This exercise is low impact. Your own body weight is used as resistance, while we move through a range of motions progressively.

## Physiotherapy

A physiotherapist utilizes a variety of modalities such as ultrasound, electric stimulation, massage and thermal therapy. Manual tissue and joint mobilizing types of therapy can be used to help increase tissue flexibility. A physiotherapist can guide you through a tailored exercise and rehabilitation program.

## Yoga

Yoga is focused on muscular endurance and flexibility of the skeletal alignment, with static poses and props to help correct the alignment.

## Taping

Taping by a Healthcare Provider is an option for musculoskeletal problems. Taping techniques can be used for a variety of pelvic dysfunctions, including joint instability, pain and inflammation and muscular weakness or tightness. A qualified healthcare provider knows how to stretch and manoeuvre the joints. If the joint does slip back out of position, the therapist or physician may need to reposition one or both again.

## Prolotherapy (Sclerotherapy, Ligament Sclerosant Therapy)

Prolotherapy is an injection treatment to strengthen weakened ligaments and muscular attachment points. It is a technique which has been practiced by medical osteopaths and musculoskeletal physicians since the 1930's.

## Support Group

Whether it is orientated towards pelvic girdle pain or a pregnancy support group; it's all about not feeling isolated and alone. People can offer help and support.

## Transcutaneous Electrical Nerve Stimulation (TENS)

A TENS machine is a small device that sends electrical impulses to certain parts of the body to block pain signals. Two electrodes are placed on the body where you are experiencing pain. The electrical current that is produced is very mild, but it can prevent pain messages from being transmitted to the brain. This is accomplished through blocking the same pain receptors that cause the nerves to be irritated. Micro-current is a specific type of electric stimulation which has been shown to stimulate healing to the injured tissue. They can be purchased or rented from hospital supply or surgical supply houses; however, a prescription may be required.

## Hydrotherapy

Hydrotherapy is a great form of exercise for pregnant women. Water temperature and the speed at which the water moves can help relax tense muscles and relieve swelling (inflammation) and pain. Gentle water exercises using the resistance of the water can also help build strength and flexibility.

## Rehabilitation

The rehabilitation is based on several goals:

- Allowing the tissue to heal.
- Regaining your range of motion.
- Regaining strength.
- Return to normal daily activities.

## Types of Meditations

### **Imagery and Distraction**

Imagery and distraction involves concentrating on mental pictures of pleasant scenes or events or mentally repeating positive words or phrases to reduce pain. Tapes are also available to help you learn visual imagery skills.

### **Meditation**

The first stage of meditation is to stop distractions and make our mind clearer and more lucid. This can be accomplished by practicing a simple breathing meditation. We choose a quiet place to meditate and sit in a comfortable position. The most important thing is to keep our back straight to prevent our mind from becoming sluggish or sleepy. Sit with your eyes partially closed and turn our attention to our breathing. Breathe naturally, preferably through the nostrils, without attempting to control our breath, and try to become aware of the sensation of the breath as it enters and leaves the nostrils.

### **Relaxation Training**

Involves concentration and slow, deep breathing to release tension from muscles and relieve pain. Learning to relax takes practice, but relaxation training can focus attention away from pain and release tension from all muscles. Relaxation tapes are widely available to help you learn these skills.

### **Transforming Meditations**

Focuses on your body and the transformation, speak silently to your baby, and extend your love hope dreams and happiness towards the birth of your child.

### **Relaxation Training**

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## Psychotherapy

Often there is the feeling that no one believes them, and that no one cares, leaving the woman feeling alone and frightened and often scared because of her inability to care for baby properly due to her condition. Women tend to stay home a lot because it's too difficult to get around. They deal with guilt because any jobs that are usually done around the house become too hard to do. Lifting or carrying becomes almost impossible. There are many benefits for a woman and partner to help deal with emotional issues arising during the pregnancy or after the birth whilst dealing with pelvic instability and pain.

They Can Help With:

- People facing difficult changes at significant times in their lives.
- Couples faced with challenges to their relationship.
- People trying to adjust to new surroundings or changes in health.
- People suffering from anxiety, stress and depression.

## Ultrasound

Ultrasound is an extremely effective way to stimulate proper tissue healing. Sound waves are generated from a crystal vibrating inside the head of the ultrasound wand and then transmitted through sound conducting gel to the tissue. This allows the sound waves to break down unwanted scar tissue, increase circulation to the area, and help relax the musculature.

## Wheat pack

Simple to use moist heat pack which contains beads that activate upon being heated up in a microwave to give off moist steam without adding water. When heating in a microwave it is a good idea to add a glass on water during the heating stage to prolong the beads.

## Correct Shoes for Avoiding Back Pain

The shoes you choose to stroll in may just be the difference between hurting your back and helping to keep it strong and loose. High heel shoes put your spine in extension, which can impact the joints further when the vertebrae are already in a compressed state. Lack of shock absorption will further impact the joints with every step you take. Shoes that contain proper arch support can help take the pressure off those tired feet and add to increase overall shock absorption.

Shoes with pressurized air or other cushioning chambers are necessary to protect the spine during the much harder impact a person will experience during exercise.

## Herbs and Aromatherapy

Herbs and aromatherapy use of essential oils from plants, flowers, trees and herbs to achieve health, vitality and rejuvenation of the body, mind and spirit. Check with your healthcare provider about essential oils and herbs and which should be avoided whilst pregnant and breastfeeding.

## Types of Aids

**Wheelchair**- try taking off the armrests and/or foot support, you might find it easier to use your feet to get around. You can add support for your back as needed Frame- Some come with wheels and a brake; it can also accommodate a basket that attaches to the front bar

**Shower Chair**- Any type of stable plastic chair can be used. One that holes in the seat is better suited to drain the water away.

**A Helping Hand**- Has a claw at the end that can grasp objects off the ground. It limits the amount of bending you have to do.

**Walking Sticks**- There are many types of walking sticks. You would need to try the different types to see what suits you the best.

**Elbow Crutches**- Whether you use one or both crutches depend on what you find most comfortable.

## Where to find help

Health and Disabilities Services  
 Hospitals  
 Community Centre  
 Physiotherapist Clinic  
 Local Council  
 Rehabilitation Clinic/Hospital  
 Chemist  
 Specialized Store that deals in Aids for Disabled people  
 Red Cross  
 Family and Friends, Ask Around

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### **Other Commonly used Terms for Pelvic Girdle Pain are:**

Diastasis of the Symphysis Pubis  
 Symphysis pubis dysfunction  
 Symphysiolysis  
 Posterior Pelvic Pain  
 Symptom-Giving Pelvic Girdle Relaxation in Pregnancy

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