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SELF-CARE INFORMATION ON BACK PAIN IN PREGNANCY

Although up to three-quarters of pregnant women get back pain, there are many different things that can be done to help.

Many women who have back pain before they become pregnant find it becomes easier as the pregnancy progresses.

What causes back pain in Pregnancy?

Back pain in pregnancy can be divided into two groups.

True back pain is the same as back pain in those people who are not pregnant. This type of pain often starts before you become pregnant. Back pain often gets worse towards the end of the day or if you have been on your feet for a long time.

Pelvic girdle pain - most women who need to see a doctor or physiotherapist because of back pain in pregnancy have this type of pain. Pelvic girdle pain happens because of being pregnant and needs to be treated differently to standard back pain as some of the normal treatments for back pain can make pelvic girdle pain worse.

If the advice in this leaflet does not help your pain, or you develop pain in your pubic bone over your bladder, please self-refer to physiotherapy (<https://www.ghc.nhs.uk/our-teams-and-services/adult-physiotherapy/musculoskeletal-physiotherapy-self-referral-form>) or speak to your GP about how to access a Maternity Physiotherapist who will be able to treat your problem.

Pelvic girdle pain

Your pelvic girdle or pelvis is made up of two 'hip' bones (called ilia) joined to a bone called the sacrum at the back. The two 'hip' bones are connected at the front by a joint called the symphysis pubis. The joints between the sacrum and the 'hip' bones at the back are called sacro-iliac joints. All these joints are strengthened by ligaments and normally are very stiff.

What happens to these joints during pregnancy?

To help your baby move through your pelvis when it is born, your body softens the ligaments in your pelvis. This causes the joints around your pelvis to move more during and just after pregnancy.

What causes pelvic girdle pain?

We are still learning about the exact causes of pelvic pain, but it is thought that this softening, along with your posture, weak muscles, and differences in the way the right and left pelvic joints move, can cause too much stress on the joints, ligaments and muscles of the pelvis. Pelvic girdle pain can sometimes be mistaken for sciatica, but studies show that only around 1% of women suffer from sciatica during pregnancy.

What are the symptoms of pelvic girdle pain?

The pain is often on one side and may be strongest around one of your buttocks. It may appear to jump from side to side or be accompanied by a general back pain or pain at the front of your pelvis, near your bladder. It can send shooting pains into your buttock or down the back of your legs. You may also have pain in your hips. One or both of your legs may feel very weak, and you may not be able to lift your legs, especially when lying down.

What makes the pain worse?

The pain is usually made worse by lying on your back, turning over in bed or walking and standing from a sitting position. It is often worse at night and the amount of night pain will probably be related to how active you are during the day. Separating your legs, especially when sitting in a slumped position or lying down can be painful.

At what stage in pregnancy does it occur?

Pelvic girdle pain can begin as early as 2-3 months or as late as the last few days before delivery. If the pain comes on at the very end of pregnancy, it may be due to the baby's head 'engaging' or moving down into the pelvis. If this is the case, it is not usual to have pain after delivery. If you experience pelvic girdle pain in one pregnancy it is more likely to happen earlier in your next pregnancy, and without professional advice or treatment, may be more severe.

How is it diagnosed?

A maternity physiotherapist will assess how stable your pelvic joints are, examine your back to make sure the symptoms are not coming from there, and take a detailed look at how the muscles of your tummy, back, pelvis and hip are working.

How will it be treated?

If your pelvic joints are found to be moving more than is normal, you will initially be given a pelvic support belt. In around 80% of women, these give instant relief and can be worn safely for as long as you need them. You may need mobilisation (a gentler form of manipulation) of your hip, back or pelvis. Exercises - especially for the tummy and pelvic floor muscles - form a large part of the treatment and are aimed at making your back and pelvis more stable. You will also be given advice on how to make normal daily activities less painful and on how to make the delivery easier.

Will it affect my labour?

With the correct advice, it is rare for pelvic girdle pain to cause any problems in labour. If possible, it is advisable to avoid lying on your back to deliver your baby - upright or kneeling positions protect the pelvic joints and are generally more comfortable. If you have to sit on the bed during labour, sitting as upright as possible makes separating your legs easier.

What can I do to help myself?

- *Stand tall and try not to slouch.* Imagine that someone is making you taller by pulling a string attached to the top of your head. Tightening your pelvic floor muscles and your tummy muscles will help make this easier.
- *Move little and often.* You may not feel the effects of what you are doing until later in the day or after you have gone to bed.
- *Rest regularly,* either by lying on your side, kneeling forward over some cushions or by sitting upright with your back well supported. Don't rest for too long as you might feel worse when you get up.
- *Try kneeling on your hands and knees* regularly throughout the day. This is an excellent position for back and pelvic pain. Try rounding your back up into a hump shape (tucking your tailbone underneath you) and then arching your back in the opposite direction so that you stick your bottom out (called humping and hollowing!). Repeating this in a rocking motion can be very useful for back or pelvic pain.
- *Sitting upright* in a dining type chair will help your back more than sitting in a soft chair or sofa. Try placing a small towel, rolled into a sausage shape, in the hollow of your back to support it in a slightly arched position. If you have to sit for long periods, try to get up and walk around every 20 minutes.
- *Don't push through the pain.* If you experience this pain on activity, try continuing with a change of position or perhaps leave the task until later. Alternatively get help with the task.
- *Avoid lying on your back* or sitting slumped, particularly with your legs straight (i.e. with your feet up on the sofa or in the bath).
- *Avoid heavy lifting or pushing* (supermarket trolleys can be especially painful). If you have to lift or carry anything, hold it close to your body, bend your knees rather than your back (as if squatting) and try not to twist. If you have a toddler or small child to care for, see if they can climb onto a chair or sofa before you pick them up. Try to encourage older toddlers to climb into their car seats or highchairs themselves if possible.
- *Don't stand on one leg.* Go up the stairs one at a time and put your underwear, trousers, socks and shoes on in a sitting position.
- *Sleeping on your side* with a wedge-shaped pillow placed under your tummy has been shown to reduce back pain. You could also try lying on your side (preferably your left side as this increases blood flow to your placenta) with a pillow or two placed between your knees and another under your bump. If your waist sags down into the bed, try placing a small rolled up towel under your waist. The alternative is to buy a long sausage shaped maternity pillow. This often makes it easier to turn over as you only have one pillow to reposition.
- *Sleeping on a softer surface can help.* Try placing a duvet under your sheet.
- *Performing regular pelvic floor exercises* is important during pregnancy and can help control the extra movement that leads to pelvic girdle pain. If you are unsure what these are or how to perform then, ask your midwife or physiotherapist. *Pelvic floor exercise leaflet:*
www.gloshospitals.nhs.uk/media/documents/Pelvic_floor_exercises_for_women_GHPI0259_12_20.pdf

Useful contacts

- Ask your pharmacist
- Patient UK - www.patient.co.uk
- NHS Choices, www.nhs.uk/conditions/

If you have further questions:

- Please self-refer to Physiotherapy using the below link: <https://www.ghc.nhs.uk/our-teams-and-services/adult-physiotherapy/musculoskeletal-physiotherapy-self-referral-form>
- *Call the practice on 01285 653184 or 01285 653122*
- If you require **urgent** medical advice 111 (24 hours)
- In an **emergency** call **999**