

# Back and pelvic girdle pain in pregnancy

Pregnancy-related pelvic girdle pain (PGP) is common and treatable. Early advice can reduce pain and help you stay active.

**Call 999 or go to A&E now**  
**New loss of bladder or bowel control.**  
**Numbness around your genitals, bottom or inner thighs.**  
**Severe or worsening weakness in both legs.**

Contact maternity services now if you are 16 weeks pregnant or more  
Call the GHFT Maternity Advice Line on 0300 422 5541. It is open 24 hours a day.  
Call if you are unwell or worried about your pregnancy, including bleeding, leaking fluid, regular contractions, fever, or a change in your baby's movements.  
If you are under 16 weeks, contact your midwife or CHG. Use NHS 111 when CHG is closed and you need urgent advice.

## What is pelvic girdle pain?

PGP is pain around the joints and muscles of the pelvis during or after pregnancy. It may affect the front or back of the pelvis, lower back, hips, groin or thighs.

PGP does not harm your baby. It does not mean your pelvis is damaged or that you must put up with the pain.

## Common symptoms

- Pain when walking, using stairs, standing on one leg, getting in or out of a car, turning in bed or moving your legs apart.
- Clicking or grinding around the pelvis, or pain during sex.
- Pain that makes sleep, work, caring responsibilities or everyday movement difficult.

## Ask for help early

Contact your midwife, CHG or a pelvic health physiotherapist if pain is affecting daily life, getting worse, or not settling with the advice in this leaflet. A physiotherapist can assess your movement and check for other causes.

## Moving and managing daily activities

There is no single best position for everyone. Use the ideas that reduce your pain, change position regularly and avoid pushing through worsening pain.

- Pace activity. Break larger jobs into smaller parts, take short rests before pain builds up and change position about every 20 to 30 minutes.
- Sit with your back supported and both feet on the floor. Avoid sitting cross-legged or on the floor for long periods if this increases pain.
- Stand with your weight as evenly as you can on both legs. Wear supportive, comfortable shoes.
- Use stairs one step at a time if this is easier and reduce unnecessary trips. Sleep on the less painful side with a pillow between your knees and another under your bump.
- Avoid heavy lifting, carrying a child on one hip, and bending or twisting while lifting.
- Swimming can help some people. Avoid breaststroke if the leg movement makes your pain worse.



Four practical ways to reduce strain

### Getting out of bed

Roll onto your side. Keep your knees together, lower both feet and push up with your arms.

### Getting into a car

Sit first, then move both legs together. Reverse the movement to get out.

### Getting dressed

Sit down and support your foot on a low stool rather than balancing on one leg.

### Lifting a light object

Face the load, bend your hips and knees, keep it close and avoid twisting.

If a movement increases pain, stop, make it smaller or try a different method. A physiotherapist can adapt these ideas for you.

## Staying active and getting treatment

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### Activity and exercise

Keep gently active within your comfort. Complete rest can lead to stiffness and loss of strength, but activity that clearly worsens pain should be reduced or changed.

- Choose short, manageable periods of walking or another comfortable activity.
- Continue gentle pelvic floor and abdominal exercises if they are comfortable and you have been shown how to do them.
- Do not force stretches or repeat exercises that make pain worse. A physiotherapist can tailor exercises for your back, hips, abdomen and pelvic floor.

### Pain relief in pregnancy

#### Medicines

**Paracetamol is the first-choice painkiller in pregnancy for most people. Follow the packet, use the lowest dose that helps and take it for the shortest time needed.**

**Do not take ibuprofen or another anti-inflammatory painkiller during pregnancy unless a doctor who knows you are pregnant has advised it.**

**Ask a pharmacist, midwife or doctor before taking another medicine. If pain remains severe, a clinician can discuss other pregnancy-compatible options.**

### Local pelvic health physiotherapy

You can self-refer to the Gloucestershire Hospitals pelvic health physiotherapy service or call 0300 422 8527. Treatment may include individual exercise advice, practical movement advice, a non-rigid support belt, crutches or other aids. Hands-on treatment may be offered when appropriate.

[GHFT pelvic health and self-referral](#). For print users: [gloshospitals.nhs.uk](https://gloshospitals.nhs.uk), search 'pelvic health'.

### Work, home and severe pain

- Ask about temporary changes at work, such as more breaks, less lifting, less standing or fewer stairs. An occupational health review may help.
- Ask family or friends for help with shopping, cleaning, lifting and caring tasks where possible.
- If you can hardly move, need stronger pain relief or are struggling to cope, contact your midwife, physiotherapist or CHG the same day. You may need aids, equipment or a medical review.
- Tell someone if pain is affecting your mood or sleep. Support is available and severe pain should not be managed alone.

#### Reduced movement can increase the risk of a blood clot

**Get urgent medical advice for new pain, swelling, warmth or redness in one leg. Call 999 for sudden breathlessness, chest pain, coughing blood or collapse.**

# Birth planning and recovery

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## Planning for labour and birth

- Tell your midwife and birth team that you have PGP. Record comfortable positions and movements in your birth plan.
- During examinations and birth, support both legs and keep movements within a comfortable range. Try side-lying, kneeling or upright positions if these suit you.
- Water can make movement more comfortable. All usual pain-relief options, including an epidural, remain possible.
- Most people with PGP can have a vaginal birth. PGP alone is not usually a reason for early induction or a caesarean birth.

## After your baby is born

PGP usually improves after birth, although about 1 in 10 people have ongoing pain. Build activity up gradually and continue any aids or physiotherapy advice you still need.

- Ask for further assessment if pain is not improving, is getting worse or is limiting your recovery.
- PGP is more likely in a future pregnancy. Early advice and good fitness before another pregnancy may reduce its impact.

## How to contact CHG

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Use the CHG online contact form for non-urgent medical advice or call 01285 653122 or 01285 653184. When CHG is closed, use NHS 111 for urgent advice. Call 999 in an emergency.

[CHG appointments and online contact](https://cirencesterhealthgroup.co.uk/appointments/). For print users:  
[cirencesterhealthgroup.co.uk/appointments/](https://cirencesterhealthgroup.co.uk/appointments/)

The Avenue Surgery: 1 The Avenue, Cirencester, GL7 1EH.

St Peters Road Surgery: 1 St Peters Road, Cirencester, GL7 1RF.

If you need help reading this leaflet, another format, or want to report unclear information, please contact CHG.

## Trusted further information

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[NHS: Pelvic pain in pregnancy](https://nhs.uk/pregnancy/common-symptoms/pelvic-pain/)

[nhs.uk/pregnancy/common-symptoms/pelvic-pain/](https://nhs.uk/pregnancy/common-symptoms/pelvic-pain/)

[RCOG: Pelvic girdle pain and pregnancy](https://rco.org.uk/search/pelvic-girdle-pain-and-pregnancy)

For print users: [rco.org.uk](https://rco.org.uk/search/pelvic-girdle-pain-and-pregnancy), search “Pelvic girdle pain and pregnancy”.

[GHFT: Looking after your back and pelvis in pregnancy](https://gloshospitals.nhs.uk/search/looking-after-your-back-and-pelvis-in-pregnancy)

For print users: [gloshospitals.nhs.uk](https://gloshospitals.nhs.uk/search/looking-after-your-back-and-pelvis-in-pregnancy), search “Looking after your back and pelvis in pregnancy”.

[POGP pelvic health videos](https://thepogp.co.uk/pelvic_health_videos_-_english.aspx)

[thepogp.co.uk/pelvic\\_health\\_videos\\_-\\_english.aspx](https://thepogp.co.uk/pelvic_health_videos_-_english.aspx)