



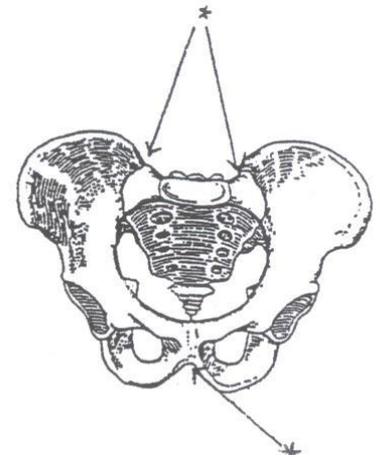
## Pelvic joint instability in pregnancy

Do your expecting mums or new mums experience pain in their lower back, pubic symphysis or hips?  
Is their pain aggravated when doing single-leg movements, eg walking, going up and down stairs and when  
changing?

Pelvic girdle pain is a subtype of low back pain (LBP), which can occur separately or in conjunction with LBP<sup>1</sup>. Pain is experienced between the posterior iliac crest and the gluteal folds, with emphasis over the sacroiliac joints<sup>2</sup>. Pain may be experienced in the gluteal region, radiate through to the posterior thigh and can occur in conjunction with pubic symphysis pain. Different studies have proposed different theories on the development of pelvic girdle pain. The most plausible hypothesis of pelvic girdle pain is documented as a consequence of hormonal factors, combined with non-optimal stability, leading to biomechanical changes to activities<sup>2</sup>.

Duration and prognosis of pelvic girdle pain varies with each individual. A study performed by Alert et al (2001) highlighted the more areas of the pelvis that are involved, such as both sacroiliac joints and pubic symphysis, the more likely the pain turns chronic<sup>3</sup>. Another study showed women with moderate/severe pelvic pain combined with asymmetric joint laxity were 77% likely to have persistent pelvic pain 8 weeks postpartum<sup>3</sup>.

Although pelvic girdle pain is common during pregnancy, evidence has shown that there are effective management and treatment options that help to reduce pain and improve quality of life for women. Physical exercise that involves stabilisation training and muscle strengthening work has positive outcome measures when performed by a physiotherapist<sup>1</sup>. The use of aids, such as pregnancy belts may also be of benefit, depending on the individual.



\*Indicates areas of instability

At MPFP we will help by

- Providing a thorough physical assessment to identify your patient goals
- Provide your patient with a tailored exercise program addressing any muscle imbalance
- Providing manual therapy to help relieve pain
- Education regarding your patient specific pelvic joint instability
- Recommendation regarding useful aids

<sup>1</sup> Premkumar G. (2005). Perineal trauma: reducing associated post-natal maternal morbidity.

<sup>2</sup> Harvey, M., and Pierce, M. (2015.) Obstetrical Anal Sphincter Injuries (OASIS): Prevention, recognition, and repair.

<sup>3</sup> Australian Council on Healthcare Standard. Clinical Indicator User's Manual 2010

<sup>4</sup> Johansson et al (2014) Pelvic floor muscle activity as predictors of anal incontinence during pregnancy and 1 year after delivery: a prospective cohort study.



M.P.F.P Mornington Peninsula Family Physiotherapy

ph: 5976 4944 fax: 5976 4922

w: [www.mpfp.net.au](http://www.mpfp.net.au) e: [info@mpfp.net.au](mailto:info@mpfp.net.au)

