Symphysis Pubis Dysfunction (SPD)

Your health professional has given you this leaflet to explain and advise you about SPD, related to your pregnancy. SPD is a term used to describe pain experienced in the front, back and sides of your pelvis. This leaflet will help you understand more about it, how you can adapt your lifestyle and how you can look after yourself during and after your pregnancy and the labour process.

SPD is common. The sooner it is identified and assessed, the better it can be managed.

Introduction
About one in five pregnant women experience mild discomfort in the back or especially the front of the pelvis during pregnancy. If you have any symptoms that do not improve within a couple of days or interfere with your normal day-to-day life, you may have SPD and should ask for help from your midwife, GP or physiotherapist.

Women experience different symptoms and these are more severe in some women than others. If you understand how SPD may be caused, what treatment is available, and how you can help yourself, this may speed up your recovery, reducing the impact of SPD on your life.

Shading indicates areas of pain
What is SPD and how is it diagnosed?
SPD describes pain in the symphysis pubis joint at the front of the pelvic girdle. The discomfort is often felt right over the pubic bone at the front, below your tummy, around the sides of your hips or in your lower back. You may experience pain in all or some of the areas shaded in the diagrams above.

The diagnosis of SPD is based on certain signs and symptoms which you may experience during your pregnancy or afterwards. Having one or more of them may indicate the need for a physiotherapy assessment followed by advice on appropriate management.

You may also have:
• difficulty with walking
• pain when standing on one leg, eg climbing stairs, dressing or getting in and out of the bath
• pain and/or difficulty moving your legs apart, eg getting in and out of a car
• clicking or grinding in the pelvic area – you may hear or feel this
• limited or painful hip movements eg, turning in bed
• difficulty with lying in some positions, eg on your side
• pain and difficulty during normal activities of daily life
• pain and difficulty during sexual intercourse.

With SPD the degree of discomfort you feel may vary from being intermittent and irritating to being very wearing and upsetting.

Your GP, midwife or physiotherapist should always listen to what you say and not dismiss your signs and symptoms as normal aches and pains of pregnancy.

How many women get SPD?
This condition is common, about one in five pregnant women will have some pelvic pain. There is a wide range of symptoms and in some women it is worse than in others, but having some symptoms does not mean you are automatically going to get worse. If you get the right treatment early during pregnancy, it can usually be managed well, in some cases the symptoms will go completely. However, in a small percentage of women, SPD may persist longer after birth, particularly if left untreated.

What causes SPD?
Sometimes there is no obvious explanation for the cause of SPD. Usually it is a combination of factors, including:
• change in the activity of the muscles in your stomach, pelvis, hip and pelvic floor, which can lead to the pelvic girdle becoming less stable
• a previous fall, accident or weakness that has damaged your pelvis or hips
• hormones released during pregnancy can lead to increased looseness in all ligaments and muscles throughout the body, destabilising joints
• occasionally, the position of the baby may produce symptoms related to SPD.
Susceptibility is increased if:
• you have had previous injury to your pelvis
• you have had SPD in a previous pregnancy
• you have a hard physical job or workload
• you have increased body weight and body mass index before and/or by the end of the pregnancy.

Management
You will need general advice to help you self manage your condition (see overleaf) and you may need one or more of the following referrals:
• your GP or midwife can refer you to The Physiotherapy Department for assessment of your pelvic joints, followed by treatment (as necessary) and advice on how to manage your condition
• your GP for medication for pain relief.

During pregnancy:
• be as active as possible within pain limits
• avoid activities that make the pain worse
• ask for and accept help with household chores and involve your partner, family and friends
• rest when you can – you may need to rest and sit down more often
• sit down to get dressed and undressed
• avoid standing on one leg
• wear flat, supportive shoes
• avoid standing to do tasks such as ironing
• try to keep your knees together when moving in and out of the car – a plastic bag on the seat may help you swivel
• sleep in a comfortable position, eg lie on your side with a pillow between your legs
• try different ways of turning in bed, eg turning under or over with your knees together and squeeze your buttocks
• roll in and out of bed keeping your knees together
• take the stairs one at a time (go upstairs leading with your less painful leg and downstairs with the more painful one, or go upstairs backwards, or on your bottom)
• plan you day – bring everything you need downstairs in the morning and have everything to hand
• consider alternative positions if you desire sexual intercourse, eg lying on your side or kneeling on all fours.

Avoid activities which make the pain worse:
• standing on one leg
• bending and twisting to lift or carry a toddler or baby on one hip
• crossing your legs
• sitting on the floor
• sitting or standing for long periods
• lifting heavy weights (shopping bags, wet washing, vacuum cleaners, toddlers)
• vacuuming
• pushing heavy objects like supermarket trolleys or pushchairs, especially uphill
• carrying anything in only one hand.

Physiotherapy
It is important that if your pain does not settle with general advice, you are referred to a physiotherapist. A physiotherapist will assess your pelvic alignment and stability, and can offer a range of treatment options and specific advice.

Treatment
Physiotherapy aims to improve your spinal and pelvic joint position and stability, relieve pain and improve muscle function. Treatment may include:
• manual therapy to ensure your spinal, pelvic and hip joints are moving correctly
• exercises to stretch out tighter tissue and to help strengthen and improve stability of your stomach, back, pelvis and hips
• advice including: back care, lifting advice, suggested positions for labour and birth, looking after your baby or other toddlers, positions for sexual intercourse
• other types of pain relief, eg TENS, ice/heat
• exercises in water
• provision of equipment such as pelvic support belts, crutches or wheelchairs
• Acupuncture to help relieve your symptoms.

Your physiotherapist will see you during your pregnancy, as necessary. You may need several visits to control your pain and improve your stability. If the pain persists treatment can continue after you have had your baby.

Exercising during pregnancy:
• take moderate exercise, but do not start new sporting activities
• don't indulge in intensive or extensive periods of exercise
• avoid high impact exercise such as running, racket sports and aerobics
• swimming may be of benefit, but avoid breast stroke and leg kicks
• walk with shorter strides than usual
• generally avoid any activity which increases your pelvic girdle pain.

Labour and birth
Women with SPD can have a normal vaginal birth. Women worry that the pain will be worse if they have to go through labour, but this is not the case when good care is taken to protect the pelvic joints from further strain and trauma. You can choose your place of birth, including birthing centre, home birth or water birth options. The latter may well be the most comfortable option for women with SPD.
**During labour**

Use gravity to help the baby move downwards by staying as upright as possible: kneeling, on all fours, standing. These positions can help labour to progress and avoid further strain on your pelvis.

Try to avoid lying on your back or sitting propped up on the bed because these positions reduce the pelvic opening and may slow labour.

The squatting position and birthing stool may be uncomfortable positions for labour.

Please note: it is important as you reach term to record how far apart your knees can separate without pain when lying on your back (your pain-free range). This distance should be recorded in your birthing plan so that during the birth care can be taken not to move your legs further apart than this.

**After you have had your baby**

You should move about as much as possible after the baby, within the limits of your pain. Be aware, medication to relieve pain may cover up the discomfort of your SPD, so be careful and continue to avoid the aggravating activities, as you did before you had your baby.

Most women’s SPD symptoms disappear in the week following the birth. If you still have symptoms 10-14 days after the birth, you should be referred to a physiotherapist for assessment and receive treatment from your midwife or GP.

**Looking after your baby**

- when breastfeeding, ensure you are in a comfortable position with your lower back well supported and good circulation in your legs (don't cross them or sit on them). When possible, sit in a firm but comfortable chair to feed your baby with a cushion or small towel supporting your lower back and ensure your feet are flat on the floor
- change nappies on a surface at waist height
- do not lift your baby often
- carry your baby in front of you, not on one hip
- kneel at the side of the bath rather than leaning over
- lower the cot side when lifting or lowering your baby
- keep your baby close to you when moving him or her in and out of a car seat
- if you have to carry the baby in a car seat, hold him or her in front of you, not on your hip
- do not lift your baby in and out of high shopping trolleys.

**Exercise and sport after the birth**

- continue your pelvic floor muscle exercises three times a day
- keep up the exercises given to you in hospital
• continue gentle abdominal (tummy) and hip exercises given to you by your physiotherapist when you were pregnant
• after your baby is born, continue to be careful when exercising until you are symptom free
• avoid high impact activities for a few months
• avoid any activities which bring back the pain.

Remember: SPD is common and treatable. The sooner it is identified and assessed, the better it can be managed.

Support belt suppliers and helpful websites

Mothercare Maternity Support Belt (Nexcare belt)
www.mothercare.com

Pelvic Partnership
www.pelvicpartnership.org.uk

Association of Chartered Physiotherapists in Women's Health
www.acpwh.org.uk

Chartered Society of Physiotherapy (CSP)
www.csp.org.uk

Further information
Please do not hesitate to phone the Women's Health Physiotherapist on 01206 742550 if you have any further concerns or queries.

Your views
If you or a family member has recently been in either Colchester General Hospital or Essex County Hospital for any reason, you can tell us about your experience by visiting the www.nhs.uk website and then click on the "give GP and hospital feedback" section.

The Trust respects patients' views on our services and would greatly appreciate hearing from you if you have any comments on this leaflet. If so, you can phone the Patient Information Service on 01206 742930, write to the address on the front of this leaflet or email your comments to info@colchesterhospital.nhs.uk

Women's Health Physiotherapy Maternity Services
Colchester General Hospital
Turner Road
Colchester
CO4 5JL

Tel: 01206 742550