

# POSTERIOR PELVIC PAIN

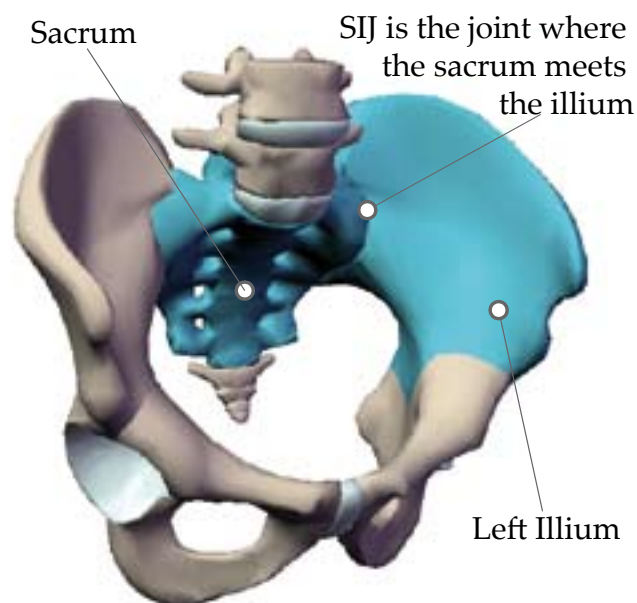
## Understanding Pelvic Pains In Pregnant Women

**P**osterior pelvic pain (PPP) is felt at or near the sacroiliac joints of your pelvis as a result of sacroiliac joint dysfunction. These are joints located at the 2 dimples of the lower back. The pain often feels deep within your lower back and can occur on one or both sides of your back. In some cases, pain radiates down to the buttock and the back of the thigh.

PPP begins on average around the 18th week of pregnancy and becomes more intense over time. The pain usually resolves within 3 months post delivery. But in some cases it can become chronic and disabling.

### What are the Sacroiliac joints?

The sacroiliac joints (SIJ) are formed between the sacrum, a triangular-shaped bone in the lower portion of the spine, and the right and left ilium of the pelvis. The SIJ is a strong and stable weight-bearing joint that permits very little movement due to its natural structure,



source: visiblebody & core concepts



absorbing impact from the legs to the spine during activities such as walking, running and jumping.

Keeping the SIJ stable are two specific mechanisms:

1. The rough, groove-like connecting surfaces of the sacrum and ilium interlock and help stabilise the joint.
2. The SIJ is strengthened by a mesh of ligaments and muscles such as the core stabilizers. Core muscles, such as transversus abdominis and multifidus, act as active stabilizers by actively contracting to create a compressive force over the SIJ, gripping the joint firmly together.

Posterior pelvic pain arises when the stability of SIJ is compromised.

### Why does it happen?

Pregnancy affects the mechanisms stabilising the SIJ which stresses the joint.

1. Hormones (relaxin) released during pregnancy relax the ligaments of the body to allow the pelvis to enlarge, in preparation for childbirth.
2. The growing uterus 'stretches' and thereby weakening some of the core muscles around the pelvis.

Moreover, the additional weight and altered walking pattern associated with pregnancy can add significant mechanical strain on the sacroiliac joints.

## What are the symptoms?

PPP is the most common back pains experienced during pregnancy. Signs of posterior pelvic pain / sacroiliac joint dysfunction include:

- Deep, boring pain in the back of the pelvis (around the sacroiliac joints)
- Pain occasionally radiating to the groin and thighs.
- Pain worse with standing, walking, climbing stairs, resting on one leg, getting in and out of a low chair, rolling over and twisting in bed, and lifting. Pain improves when lying down.
- If there is inflammation and arthritis in the SI joint, you may experience stiffness and a burning sensation in the pelvis.

## Diagnosing PPP

Your doctor and/or physiotherapist will conduct a thorough history and physical examination that includes your description of symptoms, a series of tests designed to look at the stability, movement, and pain in the sacroiliac joints and surrounding structures. Imaging, such as CT scan and X-ray may also help in the diagnosis. However, due to the concerns of exposure to radiation, such procedures are generally avoided.

## Treatment and Management

The first-line treatment of pregnancy-related sacroiliac joint dysfunction is physiotherapy and core stability exercises of the trunk and pelvic girdle. Sometimes, a sacro-iliac belt is prescribed to complement the core stability exercises and quick pain relief. Exercises form a large part of the treatment and in some cases, mobilisation (a gentle form of manipulation) of your hip, back or pelvis may be used to correct any underlying movement dysfunction. Other manual techniques include muscle energy technique (MET) and myofascial release. It is vital to engage a physiotherapist skilled in treating pregnancy-related pain to prevent the dysfunction from developing into a chronic condition.

Other treatments include anesthetic and steroidal injections into the SIJ that can help in pain relief. Oral anti-inflammatory medications are often effective in pain relief as well. However, these two treatments may be contra-indicated during pregnancy.

## Back Care Tips

When resting in bed,

- Try lying on your side with a pillow placed between your knees and another under your tummy. Side lying takes stress off your lower back without reducing blood flow to the placenta. A pillow between the legs helps support the weight of the top leg, reducing lower back strain.
- If your waist sags down into the bed, place a small rolled up towel under your waist. Or, you may purchase 'L-shaped' maternity pillows.
- Avoid lying on your back for long periods of time, particularly after 19 weeks of pregnancy. This is because the weight of baby and uterus can compress blood vessels and your spine, reducing the blood flow to the placenta and baby.

When standing, maintain a good posture to alleviate the stress in your back and pelvis.

- Stand upright as though as someone is pulling on a string attached to the top of your head.
- Keep your abdomen and buttocks pulled in to reduce the curvature in your lower back. Do not hold your breath. This is the pelvic tilt position.
- Keep your knees slightly bent when standing as locking the knees can increase the amount of curvature on your lower back.

When sitting,

- Choose a good straight-backed chair.
- Maintain a pelvic tilt and avoid slouching with your knees level with your hips. Use a footstool if the chair is too high and it is not adjustable.
- Place a small pillow or towel in the small of your back if you need extra support.

The pelvic tilt position can be used to stretch and relax the lower back muscles.

- Stand against the wall with feet a little apart.
- Keep your back straight and knees slightly bent, flatten your lower back against the wall and tilt your pelvis forward, without lifting your rib cage. Do not hold your breath while doing this.
- Maintain the pelvic tilt for 10 seconds and do it for 10 times. You will feel a nice stretch in your lower back while doing it.

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