

# REFRAMING BELIEFS ABOUT PREGNANCY-RELATED PELVIC GIRDLE PAIN

Pulsifer J, Britnell S, Sim A, Adaszynski J, Dufour S



**THE STRONGEST PREDICTOR OF RESOLUTION OF PREGNANCY-RELATED PELVIC GIRDLE PAIN (PPGP) IS HAVING THE BELIEF THAT IT WILL GO AWAY**



## STABLE

The pelvis is resilient and adaptable to the demands of pregnancy, childbirth and childcare while maintaining its stable structure.



## SAFE

Postural and pelvic structural changes are normal, safe and necessary to support the growing demands of pregnancy and childbirth.



## SELF MANAGEABLE

Pain education, emotional wellbeing, sleep optimization, exercise and external supports that promote independence are the most helpful strategies to reduce pelvic girdle pain.



# FACTS TO HELP REFRAME BELIEFS ABOUT PREGNANCY-RELATED PELVIC GIRDLE PAIN

Pulsifer J, Britnell S, Sim A, Adaszynski J, Dufour S



## STABLE

### HORMONES

All pregnant people have hormonal changes to accommodate the demands of pregnancy, which alter tissue sensitivity, flexibility, and systemic inflammatory processes in the body.

It is helpful for people with PPGP to understand that hormones can create increased sensations and flexibility but the pelvis remains robust throughout pregnancy.



### JOINT CHANGES

There is no current evidence correlating relaxin levels and PPGP. The pregnant pelvis has normal changes to increase tilt and width of the pubic symphysis and sacroiliac joints.

People with PPGP should be reassured that these changes are healthy and adaptive for pregnancy and birth.



### VARIED MOVEMENTS

Misguided beliefs about lack of pelvic stability and the need to keep the core contracted and legs together can lead to muscle guarding, increased sensitivity, and fear of movement.

People with PPGP should be reassured it is safe and beneficial to move in novel and diverse ways that are comfortable to them.



## SAFE

### POSTURE ADAPTATIONS

Posture and postural changes in pregnancy do not coincide with pain intensity or the development of PPGP.

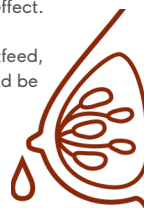
People with PPGP should be reassured that postural adaptations in pregnancy are healthy, necessary and normal.



### LACTATION

Lactation does not worsen or prolong PPGP and has been proposed to have a global anti-inflammatory protective effect.

People who wish to chestfeed, breastfeed or pump should be encouraged to do so without fear of worsening or prolonging PPGP.



### VAGINAL BIRTH

Vaginal births have a lower risk of severity and persistence of PPGP.

Education regarding the safety and benefits of vaginal birth as well as support to reduce associated fears should be primary interventions for people with PPGP.

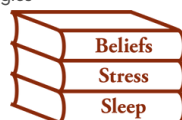


## SELF-MANAGEABLE

### LIFESTYLE AND EDUCATION

PPGP is influenced by the stress response system, emotional wellbeing and sleep.

Pain can be improved through individualized pain education, lifestyle counselling and daily living movement strategies that empower people with PPGP to self-manage.



### PHYSICAL ACTIVITY

Exercise has been shown to help reduce PPGP in pregnancy and to prevent PPGP if started prior to pregnancy.

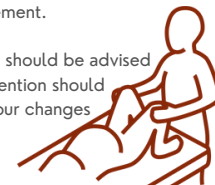
Pregnant people should be encouraged to obtain the minimum recommended activity in pregnancy for maternal and fetal health benefits and to prevent and reduce PPGP.



### EXTERNAL SUPPORTS

Belts and manual therapies can be used to create sensory-motor changes through novel proprioceptive input that promotes confidence and safety in movement.

People with PPGP should be advised that primary intervention should emphasize behaviour changes that empower self-management.



**PREGNANCY-RELATED PELVIC GIRDLE PAIN IS CHANGEABLE**

For original supporting references, please consult the full text article.