

## A Guide For Midwives

### Identifying Women with Symphysis Pubis Dysfunction (SPD/PGP)

#### History:

- Previous trauma.
- History of low back pain.
- Previous history of SPD/PGP.

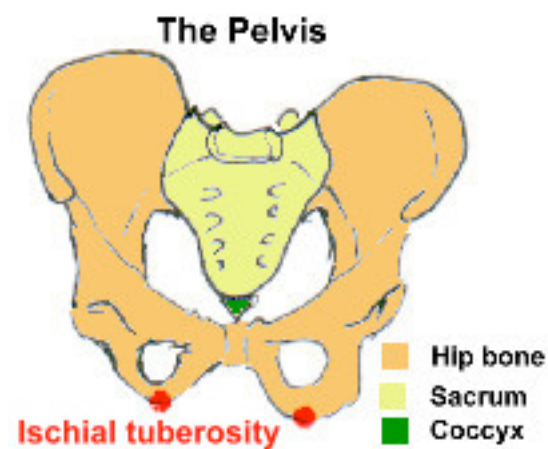
#### Signs and Symptoms:

- Women may experience one or more of these signs or symptoms:-
- Pain. pubic pain, suprapubic pain, sacroiliac or lumbar pain. Pain radiating to the buttock, groin or leg and down the inner thigh. Internal pain which feels perineal in nature.
- Pain on palpation of symphysis and/or the sacroiliac joints
- Query Pubic Diastasis; where there is a gap of 1 cm at the symphysis pubis
- Difficulty or inability to walk or walk with normal strides. Uses waddling gait - penguin walk
- Pain on unilateral weight bearing
- Difficulty with movements such as turning in bed and getting in/out of car
- Tight hip adductors with difficulty in abducting legs.
- Unable to get up onto an examination bed.
- Unable to or has difficulty getting in and out of a bath or shower with a lip.
- Concern or anxiety over cause of pain and recovery.



#### Daily Limitations:

- Difficulty in:*
- Getting dressed
- Getting in and out of a car and chair.
- Turning over in bed.
- Climbing steps or stairs.
- Shopping and household activities.
- Sexual intercourse.
- May experience loss of independence, self-esteem and depression.



#### General Screening:

##### *Standing:*

- Evaluate postural balance - check level of trochanters and iliac crests.
- Is there foot pronation?

##### *Supine:*

- Leg equality- compare each medial malleoli.
- Check level of ASIS and level of symphysis pubis.
- Is there a gap in the SP Joint, or swelling or tenderness on one side of the SP Joint ?
- Measure leg abduction with knees bent. Never exceed this during pregnancy or labour.

##### *Seated:*

- Seated on the floor with the sacrum against a wall. Measure for leg length discrepancy.

### **Immediate suggestions/advice:**

Stand with even weight on both feet.

Sit without crossing the legs. Sit evenly on both buttocks.

Use a pillow in the small of the back when seated.

Turn over in bed with knees together. Use bridging technique.

Try to keep knees together when doing activities such as getting in and out of a car.

Try to use the shower instead of the bath.

Brace the lower abdominal and pelvic muscles whenever you need to bend or lift e.g. lifting a child, vacuuming, hanging washing, pushing a shopping trolley or pushchair.

Refer to other SPD/NZ Resource Group information sheets for more detailed assistance.

### **Home Care:**

Rice or wheat packs can be beneficial. Place in a towel directly over the symphysis pubis and/or sacroiliac joints depending on the area of pain.

### **Labour and Birth**

Women with SPD/PGP are not high risk. They should not be precluded from having a home birth or giving birth in a Birth Centre. The home provides better access for women labouring and birthing at home. Portable Birth Pools are available for home use.



### **The Pain Free Gap**

Measure the distance between the knees for a comfortable separation. Make sure the knees are not separated further than this distance at any time. Use non supine positions such as standing supported squats, all fours and leaning over a bean bag and water birth. make sure that there is adequate help to get in and out of the pool and the legs do not separate

### **Breastfeeding**

Breastfeeding does not make SPD/PGP worse. Many women continue to experience pain around the pelvic joints following an easy birth which may not resolve for several months and are told that the pain will disappear straight after birth. It is important to refer to appropriate help now. Many women experience severe pelvic pain pre-menstrually so breastfeeding helps to eliminate or reduce this.

### **Referral:**

Women's Health Physiotherapist, knowledgeable and experienced in the management of SPD/PGP for assessment, adjustment, treatment and support belt for Symphysis Pubis Dysfunction. Many women have had a good resolution with osteopathic treatments. Some areas do not have Physiotherapists who are experienced with treating SPD/PGP which is a musculo-skeletal disorder

Special information groups for SPD/PGP such as the **SPD/NZ-Resource Group**

### **Other Physical Therapies**

Registered Osteopath or Chiropractor experienced in pregnancy and postnatal care.

Acupuncturist,  
Alexander teacher,  
Pilates instructor.

Bowen Therapy  
Cranial Sacral Osteopathy  
Shiatsu

Orthobionomy  
Myofascial release

### **Postnatal referral to Woman's Health Physiotherapist and/or Occupational Therapist**

Referral to or seen on the ward postpartum with postnatal exercises modified to suit condition.

Postnatal follow-up appointments with physiotherapist on discharge from birth centre or hospital.

Ongoing care at home, disability aids and regular professional appointments and assessments

### **SPD/PGP**

It has taken a long time to have this condition recognised.

Symphysis Pubis Dysfunction (SPD) is becoming more widely referred to as Pelvic Joint Pain (PGP) more frequently. We are using the combination so those searching for information will be able to access information more easily.

We chose [www.pelvicjointpain.org.nz](http://www.pelvicjointpain.org.nz) for our website so it would encompass the above as well as coccyx pain.

Some international websites have attracted unwanted attention when they have used Symphysis Pubis Dysfunction.

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