Symphysis Pubis Dysfunction (SPD)

Obstetrics & Gynaecology
Women & Children’s Group

This leaflet has been designed to give you important information about your condition and to answer some common queries that you may have.
Introduction

This leaflet has been given to you 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 side 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 the labour process.

What is SPD?

SPD describes pain in the front of the pelvic girdle. The discomfort is often felt right over the pubic bone at the front, below the tummy, around the sides of your hips or lower back. You may also have:

- Difficulty with walking
- Pain when standing on one leg, e.g. climbing stairs, dressing or getting in and out of the bath
- Pain and/or difficulty moving your legs apart, e.g. 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 e.g., turning in bed
- Difficulty lying in some positions
- Pain during normal activities of daily life
- Pain and difficulty during sexual intercourse

With SPD these symptoms can all be varied and wearing, intermittent, upsetting and irritating. There is a wide range of symptoms and they vary in some women and this does not mean it is going to get worse. If you get the right advice during your pregnancy, it usually can 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.

Management

During pregnancy you will need general advice to help you to self-manage your condition, see list below:

- Be as active as possible within pain limits
- AVOID activities that aggravates pain
- Ask for help and accept help with household chores, involve your partner, family and friends
- Rest when you can—you may need to sit down more often
- Sit down to get undressed
- AVOID standing on one leg
- Wear flat supportive shoes
- AVOID standing to do tasks such as ironing
- Try to keep knees together when moving in and out of the car—plastic bag on the seat may help you swivel
- Sleep in a comfortable position, e.g. lie on your side with a pillow between your legs
- Try different ways to get in and out of bed e.g. turning under or over with your knees together and squeeze your buttocks
- Roll in and out of bed keeping knees together
- Take the stairs one at a time (go upstairs with your less painful leg and downstairs with more painful one, or go upstairs backwards, or on your bottom)
- Plan your day—bring everything you need downstairs in the morning and have everything to hand
- Consider alternative positions if you desire sexual intercourse, e.g., 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 weight (shopping bags, wet washing, vacuum cleaners, toddlers)
- Vacuuming
- Pushing heavy objects like supermarket trolleys, or pushchairs, especially uphill
- Carrying anything one handed

Also you can see your GP for medication for pain relief.

**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 trauma.

**During Labour:**
- Use gravity to help the baby move downwards by as staying upright as possible: kneeling, on all fours, standing. These positions can help the labour progress and **AVOID** further strain on the 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 maybe an uncomfortable position for labour
- Please note: it is important as you reach term to record how far apart your knees can separate when lying on your back (your pain free range). The distance should be recorded in your birth plan so that during the birth care is taken not to move your legs further apart than this

**Postnatal**

Most women’s SPD disappear within the week following birth. If symptoms still remain 10-14 days following birth, you should refer to GP for further treatment and follow up care.

**Looking after baby:**
- When breast feeding, ensure comfortable position with your lower back well supported and good circulation to lower legs
- change nappies on a flat surface at waist height
- do not lift baby often
- carry baby in front of you, not on one hip
- kneel at the side of the bath rather than leaning over it
- lower the cot when lifting or lowering your baby
- keep baby close to you when moving him or her in and out of a car seat
Information for Patients & Visitors

- do not lift your baby in and out of high shopping trolleys
- continue pelvic floor exercises
- AVOID high impact sports for a few months
- AVOID any activities which bring on back pain

Reference Section
Pelvic Partnership
www.pelvicpartnership.org.uk

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

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

Concerns and Queries
If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which situated on C Floor.
Alternatively you can email: nlg-tr.PALS@nhs.net

Confidentiality
Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Zero Tolerance - Violent, Threatening and Abusive Behaviour
The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:
- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy
The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

For more information about our Trust and the services we provide please visit our website: www.nlg.nhs.uk
Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, you may speak to any member of the nursing staff, the designated keyworker within the department or the Trust Moving & Handling Coordinator.

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

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