

Pelvic Pain During and After Pregnancy

Pregnancy comes with a myriad of aches, pains and conditions. Along with low back pain and sciatic type symptoms, many women also experience pubic pain. This pain typically shows up during and continues on throughout pregnancy. For some women, this pain will continue long after the postpartum stage. Women report a feeling of intense pressure in the pubic area accompanied by round ligament pain. Any time round ligament pain is accompanied by low back or pelvic pain; it is an indication that there is dysfunction in the pubic symphysis joint. Any activity that involves lifting one leg seems to be particularly painful. Moving or turning over in bed, lifting a leg to put on pants or shoes, getting in and out of the car; these and other activities can be difficult for someone with Symphysis Pubis Dysfunction (SPD).

Relaxin is a hormone produced during pregnancy that rises during the first trimester and then again in the final weeks. During pregnancy relaxin influences the remodeling of collagen which increases the elasticity of muscles, tendons, ligaments and tissues of the birth canal in preparation for delivery. The pelvis is a ring made up of three joints, the symphysis pubis (SP), and two sacroiliac joints. If one of these joints becomes misaligned and fixated, the other 2 joints will undergo more stress. Although the production of relaxin is beneficial in loosening the taught ligaments of the pelvic area in preparation for birth, unfortunately it leaves the body vulnerable to frequent pelvic misalignments. After pregnancy and over time, the pelvic ligaments could be stretched either by injury or excess strain and in turn may cause SPD. Other risk factors of developing SPD include:

- Multiparity (more than one pregnancy)
- Having large babies
- Pre-existing symphysis pubis problems
- Past pelvic / sacroiliac / low back pain
- Past trauma (car accident, obstetric trauma, etc.) that may have damaged the pelvic girdle area.

Relaxin also allows for the postural changes that occur during pregnancy. Our low back arch becomes steeper and the curve in our neck decreases so that we tend to hang our head down low (even though we can't even see our toes anyway). These changes in the spine affect the pelvis which in turn affects the knees, lower legs, ankles and feet. As we gain weight and our posture changes, our stride lengthens. But for those with pelvic pain, that stride shortens. Many women report that taking too long of a step results in sharp pain to the pubic area.

Self help management techniques include:

- When getting into bed sit on the edge keeping knees close together, lie down on your side, lifting both legs at the same time. Reverse this to get up.
- Try not to attempt to pull yourself up from lying on your back.

- Keep knees together when rolling over in bed.
- Sleep with a pillow between the legs; add more in other areas for support.
- When getting into a car: Sit down first and then swing legs keeping them together.
- Avoid sofas and chairs that are too low or too soft.
- Avoid any movement with your knees apart.
- Take smaller steps when walking.
- Avoid twisting, bending or squatting.

Many women find floating in a heated pool relieves the pain.

Chiropractic care can be very beneficial in reducing SPD. The majority of women who receive chiropractic treatment for SPD, both before and after the baby is born, will experience a positive response, particularly if the cause lies in pelvic misalignment. Chiropractic treatment aims to address the root cause of the problem instead of addressing only the symptoms. From the Chiropractic point of view, it is better for a woman with mild SPD to get treatment early on to prevent the problem from becoming more severe later on.

References

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