**Womens experiences of Pelvic Girdle Pain (PGP) and their care.**

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I had heard about SPD (symphysis pubis dysfunction) from many pregnant women before in groups that I have held, but only recently heard of PGP (Pelvic girdle pain), which encompasses a collection of uncomfortable symptoms and is also known as SPD. A contributing factor being relaxin a hormone which is released during pregnancy and helps to soften and relax ligaments in the pelvis ultimately to help facilitate childbirth.

In wanting to find out what support is available for women I made a request via Facebook for women to come forward with their experiences of this condition.

 **The questions posed asked:**

* About their experience in general.
* Whether they felt listened to by their health care provider.
* Whether they felt supported and understood.

The number of women getting in touch with me was surprising, as I discovered that this was in fact effecting many women. Although unfortunately when I began reading these stories, what I found myself reading felt quite alarming.

**Women expressed how they were initially received by their health care providers:**

* **‘Dr had to google PGP as he didn’t know what it was’**
* **‘Nothing can be done; just rest it’ll go after pregnancy’**
* **‘Invest in as many box sets as you can and rest’**
* **‘It's just your ligaments stretching, it's what happens when your pregnant’**

Many women expressed that they were not taken seriously, regarding the pain they were experiencing and felt like they were making a fuss over nothing.

**Support they were offered:**

* **One appointment with a physiotherapist during pregnancy who offered women :**
* **A sheet of exercises**
* **A support belt/band**
* **Crutches**

**Doctors who offered:**

* **Paracetamol**
* **Co-codamol (up to 8 x a day)**
* **Dihydrocodeine (up to 6x a day)**

**Obstetricians who offered:**

* **Early induction .**

Many women were apprehensive about taking the analgesics especially due to the possibility of side effects and how the baby would be affected in utero and after the birth. They felt the exercises which were given didn’t help, neither did the belt and if crutches were provided, they caused another dimension of difficulty, especially when already struggling to tend to their young children.

They felt unsupported by the NHS HCP’s and alone. In some cases, undermining their confidence in the NHS to support that when they would be ready to give birth.

It was felt that some doctors and midwives lacked knowledge.

Some women paid to have private care which helped them to be regain their mobility and confidence to birth their babies naturally.

**Individual women described how PGP affected them physically during their pregnancy.**

* Pain standing, pain sitting, pain laying down and pain walking.
* Pain gradually worsened as pregnancy progressed.
* Unable to care for other children.
* Wheelchair bound.
* Crawling home.

One woman talked about her experience of being in so much pain she was not able to get off the couch, sleep, shower, not able to make meals for herself. She didn’t want to drink because it hurt to get up to wee. Ultimately messing herself at times.

Another lady talks about how she suffered with hyperemesis gravidarum during her pregnancy as well as PGP and there were times where she was in so much pain she couldn’t move and vomited where she lay and her husband had to help clean up.

**Individual women described how PGP affected them mentally during pregnancy.**

* Humiliated.
* Ashamed.
* Useless.
* Disabled.
* Weak.
* Pathetic.
* Asking ‘is this my fault?’.

Many women felt they had to isolate themselves from friends and family as they felt so embarrassed. They felt their identity was lost. They blamed themselves.

Many women felt that not only did their mental health deteriorate their physical health was affected more so due to the suffering they were experiencing from the PGP.

**How did it affect labour and childbirth?**

* Inductions offered earlier although women advised against this due to health problems which may arise for the baby.
* Opening legs was painful and midwives didn’t understand.
* Made birth difficult.
* Many women ended up with a caesarean.

One woman recounts her experience: ‘I explained that I did not want to try a vaginal birth due to the pain I was already in, I was completely immobile and didn't want to have to birth on my back, they said I shouldn't have a c section’. After a few more days Iasked if I could have a c section, once again told that they wouldn’t induce me earlier than 39 weeks either, and told me I could either stay in hospital until birth or go home and 'put up with it'

**The effects on women after their pregnancy and into motherhood.**

Some women decided that their experience of PGP was so traumatising that they do not want to have any more children. Some take 2 forms of contraception to prevent falling pregnant.

One woman recounts her experience:

“I could not do a lot of the things a mother does. Couldn't bath my baby, couldn't carry my baby in a sling and feel my baby on my chest as I went for a walk. Again, I felt useless, and that my baby deserved better than me. I felt I had lost who I was, where was the old me? Would I ever be able to walk properly again? I hated myself.
My mental health deteriorated. Unknown to me at the time, I was suffering from PTSD & PND. I was afraid of large crowds, and couldn't handle being in a room of more than 2 or 3 people and they were only a select few people. My sister sought help for me, but they never got back to me.”

This account echoes what many women expressed. The lack of continuity of care, how they felt like they were being passed back and forth and how this has jilted their confidence in the NHS service providers.

One mother, who experienced PGP throughout all three of her pregnancies said:

“Overall, I have felt that PGP is recognised and understood a little better than 10 years ago when I had my first child, however, this I feel could still be greatly improved. I think it would be immensely helpful for women to be further educated on the condition during pregnancy and be aware to look out for and understand symptoms and know how to help themselves better, providing more of a prevention ethos”

**To conclude,** what I am hearing throughout this research I have conducted is that pregnant women throughout Devon are offered support, however it is minimal and of which does not seem to help very much. The information and education during pregnancy surrounding PGP is lacking seemingly with both doctors and midwives. Ultimately pain relief is what a lot of women will end up leaning towards to help themselves. But to what detriment to the unborn baby?

Women who have accessed private treatment for PGP have found it beneficial and seemed to achieve better outcomes. Unfortunately, this is not an option for a lot of women.

Feeling suicidal and completely disempowered is not how a woman should begin her motherhood journey but these are in some cases how women are left feeling.

Women have expressed their gratitude at being able to take part in this project , some exclaimed it has helped them on their healing journey.

Perhaps there are improvements which could be made, can you feedback to me your thoughts?

What can we do?