

Symphysis Pubis Dysfunction - SPD

Symphysis Pubis Dysfunction, often referred to as SPD for short, is a pain in the ar*e. Well actually it is a pain in the groin, hips, back, stomach and ar*e. It is caused during pregnancy by the production in the body of the hormone Relaxin which softens the ligaments in your pelvis in order to make your baby's passage through your pelvis as easy as possible. Although it is unsure why, some women produce too much of this hormone. This causes the ligaments to soften too much which allows for increased movement in the pelvis. This can lead to a great deal of pain and discomfort.

Symptoms

- * Pain in the pubic area and groin (the pubis symphysis) is the most common symptom.
- * Many women also suffer from lower back (sacroiliac joints) pain, pain in buttock area (posterior pelvic pain), lower abdomen and hip pain. It can also radiate down the inner thigh.
- * It is common to feel a grinding or clicking in the pubic area when walking.
- * The pain is often made worse by separating your legs, walking, getting in or out of a car, going up or down stairs or moving around in bed.

Diagnosis

Fortunately more GP's, midwives and obstetricians are recognising and diagnosing SPD. It is usually diagnosed from your own description of your symptoms. They may also exam you to look at the stability, movement and pain in your pelvic area. Once diagnosed you should be immediately referred to a physiotherapist who has experience dealing with SPD.

Some women do find it a struggle to be taken seriously but it is important you persevere. If your GP or midwife is unhelpful ask to see someone else. Take along information on SPD and explain your symptoms in detail. It is vital you get a fast diagnosis so treatment can start as soon as possible.

Treatment

During pregnancy the influence of hormones and the weight of the growing baby pressing down means a 'cure' is often not possible, however much can be done to ease the pain. It is important that the first thing that happens is that the alignment of your pelvis is checked and manipulated if necessary. A physiotherapist can do this but make sure it is one with experience of SPD. Exercises can be given to strengthen the muscles around the joints to offer better support. A support belt can help hold the pelvis together and in more extreme cases crutches or even a wheelchair is necessary to limit painful activities.

Painkillers can be prescribed if the pain is bad but they are limited during pregnancy. A GP will find a suitable medication for the particular patient. Other treatments such as TENS and acupuncture have been found to be beneficial.

Long term surgery is sometimes offered in extreme cases but this doesn't always bring a positive outcome and should be discussed at length with health professionals.

There are many things that can be done to help ease the symptoms by the individual. SPD is not a condition it is recommended you push so it is important sufferers know their limits and get help where necessary. Other helpful suggestions include:

- * Plan the day to avoid unnecessary trips up/down the stairs. Use a backpack to carry things down in the morning needed for the day.
- * Online shopping might be hard work at first but saves so much time and effort in the long run.
- * Have a baby changing station upstairs and downstairs to avoid frequent trips up and down stairs with a baby.
- * A cordless phone or extension means you can keep the phone close by.
- * Cleaning can be difficult. Accept offers of help and allow your standards to adapt to your SPD – the house doesn't need to be spotless!
- * A perching stool in the kitchen can make cooking easier.
- * Keep snacks and flasks of drinks upstairs to avoid unnecessary trips.
- * Try not to sit in one position for too long as this can cause stiffness and discomfort. Take regular short walks (even just round the room).
- * Get a seat you are comfortable in and surround it with all the things you need for the day (phone, book, remote control etc).
- * Sitting in bed with your legs straight can put extra pressure on the Symphysis Pubis. A chair is better.
- * In bed: Get into bed carefully, sit on the edge of the bed and keeping your knees together, and lay on your side. Then keeping your knees and legs inline roll onto your back/ side. Keep your knees together at all times (a dressing gown cord can help insure this in your sleep).

* Satin or Silk Pyjamas make turning over in bed so much easier.

* A folded towel or cushion between the legs can help make sure the pelvis is properly in line. A V shaped cushion can be used to support your growing bump at the same time.

* When dressing sit down to avoid standing on one leg. Slip on shoes reduce the amount of bending you have to do.

* Using a shower to wash may be easier to avoid climbing into the bath. A shower seat will make showering easier.

* If you do use the bath, sit on the edge and swing your legs over together if you can, or step over carefully holding onto something to avoid putting weight on one leg. Use your arms to take a lot of your body weight when coming out of the bath. Try to bath when someone else is in the house so you can get help if you find it difficult getting out.

Labour

A birth plan can help you during labour. Write one before hand explaining briefly what SPD is and how it affects you. (i.e. SPD is pain in the joints of the pelvis caused by pregnancy. I cannot lie on my back or walk without crutches). Measure your pain free gap (taken by lying on your back with your knees bent and measuring how far you can open your legs without pain) this distance should not be exceeded during delivery and should be considered particularly during an epidural or instrumental delivery when you may not have control over your legs. Include your wishes for pain relief both during labour and postnatally.

Different positions for labour and internal examinations should be considered to avoid hip abduction (legs opened too far). These include all fours, lying on left side, or kneeling. If stitching is required the midwife may be able to do this without putting legs into stirrups (lithotomy position). If the lithotomy position is used ensure both legs are moved together and are up for as short a time as possible.

Talk it all through with your partner before hand so he can help remind people of your needs.

Once Baby is here

A lot of women notice a difference to the symptoms almost straight away but don't expect miracles. It takes a long time for your body to get back to normal after having a baby and the pregnancy hormones are floating around up to 6 months after baby is born. Carry on the exercises even if you are feeling better and get as much help as possible.

There is a common misconception that breastfeeding increases the recovery time for SPD but there is no evidence based research to back this up. Many women find it a wonderful way to bond with their baby and is a way to be involved even if mobility is restricted.

If you are bottle feeding plan ahead and make up bottle in advance. A night and day feeding system or even just a travel kettle and jug upstairs to heat bottles can reduce night time trips up and down stairs to collect bottles.

Some women find when there periods return the SPD symptoms recur. This is due to the hormonal changes and pain killers and limiting painful activities can help ease this time.

Many women with SPD also experience Post-natal Depression (PND) because of the physical problems suffered postnatally combined with the changes involved with a new baby. Around 1 in 10 women experience PND and women who have had difficult pregnancies or deliveries are more likely to experience it. It is important to seek help early as it is treatable.

If you have had SPD in one pregnancy it is likely, although not inevitable, that it will recur in subsequent pregnancies. If left untreated the symptoms can appear earlier and be more painful so it is important to start actively treating SPD from the start with physiotherapy. It is best to leave further pregnancies until your body has recovered and a gap of 2 - 3 years is usually recommended to reduce likelihood of the SPD flaring up again.

If you have had SPD it can appear that everyone has an opinion on whether you should have another baby but the decision is yours and your partners only. Having a baby is not just about pregnancy, birth and the early months and most women with SPD eventually regain their mobility. The memories of the pain and problems subside but the joy of the child remains.

About the Author

[Symphysis Pubis Dysfunction - SPD](#) was brought to you by [Pregnancy Advice by Madmums](#)

