



National Maternity Hospital

Vita Gloriosa Vita ~ Life Glorious Life

Hello, you are reading this to help you manage your pelvic and/or back pain. We would suggest trying out the advice within and if, after allowing your body some time to respond. Please see the exercises at the end of the leaflet along with a link to videos of these exercises. If you need further support please contact us at physio@nmh.ie.

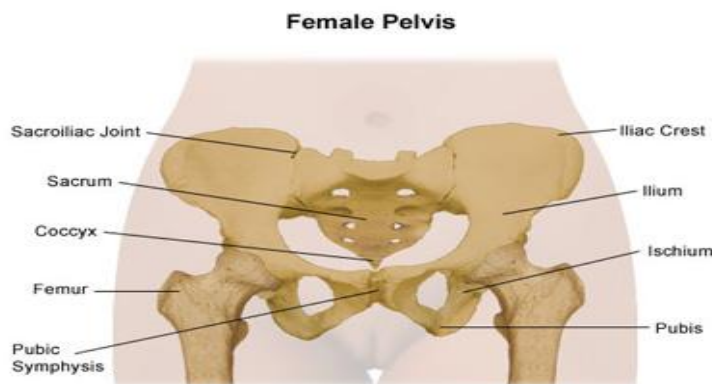
What is Pelvic Girdle Pain?

Pelvic Girdle Pain (PGP) is the term given to pain in the joints that make up your pelvic girdle. It is common but not normal and can affect 1 in 5 women during pregnancy. There are many causes of PGP which may include:

- Uneven movement of the pelvic joints
- Changes in the activity of the tummy, pelvic girdle, hip and / or pelvic floor muscles can affect the stability of the pelvic girdle
- Previous injury to the pelvis
- Hormonal changes that occur during pregnancy
- The position of your baby
- Weakness or spasm in the muscles which help to support the pelvis and the lower back

The Pelvic Girdle

The pelvic girdle consists of the sacrum bone at the back, which is a continuation of the spine, and the two ilium or hip bones. At the back, the ilium and sacrum form the sacroiliac joints, one on each side. Both ilia are connected by cartilage at the front, to form the symphysis pubis joint. These joints are also reinforced by strong ligaments.



Signs and Symptoms

- Pelvic pain can vary from mild to severe. It may affect the symphysis pubis joint, groin, inner thighs, sacroiliac joints, buttocks, lower back, coccyx and can often radiate to the vagina
- You may feel a clicking or grinding sensation in the pelvis as you move, particularly at night time
- You may have tenderness and swelling over the pubic area
- Difficulty walking
- Difficulties with activities requiring standing on one leg (climbing stairs, dressing)
- Difficulties with movements requiring separation of the legs (getting in or out of the car, bed or bath)
- Limited or painful hip movements (difficulty turning in bed)
- Pain and difficulty with sexual intercourse

Management during Pregnancy

To manage your PGP and back pain in pregnancy and postnatally it helps to keep as active as you can and to follow some general advice to help with every day activities. You may also see a physiotherapist for an individual appointment. If your maternity physiotherapist cannot be accessed quickly, you may wish to consider a private Chartered Physiotherapist working in Women's Health.

Your physiotherapist will conduct a thorough assessment of the spine and pelvis and can recommend a range of treatment options and advice. Treatment may include manual therapy to ensure your spinal, pelvic and hip joints are functioning well together and exercise therapy to strengthen and balance the muscles that are essential to help control of the pelvis. A support belt may be provided if appropriate and in some case crutches may be used to help with walking.

General advice tips during pregnancy:

- Be as active as possible within the limits of your pain
- Avoid activities that make your symptoms worse
- Rest when you need to
- Ice can be useful for short term relief for pubic joint pain. Use a bag of frozen peas wrapped in a pillowcase or cloth on the joint for 20mins to help settle throbbing and swelling
- Heat therapy can be helpful for sacroiliac, hip and lower back pain. Use a warm water bottle or microwavable heat pack to sooth aching joints
- Avoid / reduce non-essential weight bearing activities – stairs, shopping, lifting

Why am I getting Lower Back/Coccyx pain?

It is very common to get backache/tailbone/sciatica during pregnancy.

During pregnancy, the ligaments in your body naturally become softer and stretch to prepare you for labour. This can put more demand on our muscles causing them to tire or become overworked.



Preventing and easing **back pain/sciatica** in pregnancy

Try these tips:

- bend your knees and keep your back straight when you lift or pick something up from the floor
- avoid lifting heavy objects where possible
- wear supportive shoes to evenly distribute your weight
- keep your back well supported when sitting at work and at home – look for maternity support pillows
- get enough rest, particularly later in pregnancy
- use a mattress that supports you properly – you can put a piece of hardboard under a soft mattress to make it firmer, if necessary
- ensure your remaining physically active
- trial spikey ball release of your gluteal muscles (as per video) and/or piriformis stretch (exercises 6 and 7)
- consider an exercise such as Pilates.

Easing **coccygeal pain** in pregnancy:

- sit with roller up towels under your thighs or else a towel underneath your buttocks to provide relief when sitting
- focus on stretches such a child's pose or piriformis stretch (exercises 6 and 7)

- practice 5 minutes of diaphragmatic breathing daily, focusing on release of the muscles around the coccyx
- practice pelvic floor exercises with emphasis on the engagement and release of the pelvic floor
- Try spikey ball release of your gluteal muscles

Management for delivery and labour

Many women with PGP and lower back pain have an uncomplicated vaginal delivery. Your pelvic pain can be managed well in delivery. Make sure that your consultant and midwife are aware of your symptoms. Discuss your preferences with your birth partner. There are a few small things to be aware of prior to delivery that can help:

- Keep upright for as long as possible during labour
- Use your ball and birthing stool to help to encourage baby to move down
- Aim to change position regularly throughout labour
- Measure how far apart your knees will open before pain is experienced and aim to keep your legs within this pain-free range as much as possible during labour and delivery. Advise your midwife of this distance also
- Note what positions are comfortable for you and for how long you can spend in these positions in the weeks leading to delivery.
- Try to avoid positions that involve putting your feet on the hips or shoulders of attending staff or support partners where possible
- If lying on your back for delivery with assistance to hold your legs, try to place one of your own arms behind each leg to assist and aim for symmetry with both legs

Pain Relief




Pain relief options are unchanged by your PGP and there is no evidence that epidural or spinal anaesthesia should not be used if required.

If you are using an epidural analgesia try to make small adjustments to your position during labour. Again, be mindful of the comfortable distance to have your knees separated your epidural might mask this discomfort.

Elective Caesarean section (CS)

There is no evidence that a CS is beneficial for women with PGP or aids recovery, prognosis or recurrence of PGP.

Positions in labour for PGP

| First stage of labour | Positions | Pictures |
|---|--|--|
| | <ul style="list-style-type: none"> • If pain and disability with gait, adopt an upright position and restrict unnecessary movement • Avoid asymmetrical postures that compromise the sacroiliac joints • A birthing pool or exercise ball can be recommended (Boissonault, 2001) |  |
| Second stage of labour | | |
| <p>The following positions can aid in maintaining pelvic balance during delivery.</p> | <ul style="list-style-type: none"> • Upright and forward leaning. • 4 point kneeling. • Assisted squatting. • Lying on the back, flexed position of the lower limbs with the patient supporting her own legs helps to increase the pelvic outlet (Rost et al., 2006, Engelen et al., 1995) |  |
| With Epidural: | <ul style="list-style-type: none"> • Semi-reclined with legs supported on bed is acceptable within the pain free range of hip abduction. • Side-lying with the leg supported as long as the top leg is not too widely abducted. |  <p>(AVE beds, Progressive Surgical Ltd) www.progressivesurgical.com</p> |

Management after your baby is born

Pelvic and lower back pain may persist after delivery in some women. Most women will find it has improved postnatally and settles within the first 12 weeks. Recurrence of symptoms around the time of your period is also common but reduces in time. It is important that pain relief is effective and given regularly when required following delivery

Continue to use your aids or belts to assist your mobility if needed.

The advice that you followed in pregnancy is still helpful even though you have delivered your baby.

It is especially important that you take the time to strengthen the muscles around your pelvis following your pregnancy. Continue with your exercise programme and perhaps attend one of the classes below, a clinical Pilates class or a pelvic health physiotherapist to help you to a full recovery.

Postnatal Physiotherapy Classes

We are currently running a weekly ‘Healthy Bodies After Birth’ class for postnatal women. This will be held online. You are welcome to attend up to three months postnatally.

**To secure a link please email:
njordan@nmh.ie**

Practical Advice - Making the Everyday Easier

Good body mechanics (how you hold and move your body) and strong muscles for support can help to reduce pain. Be aware there are very few ‘bad’ postures but any posture for a prolonged period of time may cause discomfort.

Good body mechanics generally means keeping your ears, shoulders, and hips roughly in line. By thinking about how you move now, you can also protect against back pain in the future. Don’t be afraid of movement. Your pelvis will become stiff and sore if you are not moving.

Consider activities that are painful for you now. Is there a way you can reduce how often you have to carry out these activities? If not, is there a way you can modify it in some way to make it less painful. Often it is not the activity that causes pain, but how we do it.

The following is a detailed breakdown of how to perform day to day activities that because of your pelvic girdle pain may have become very challenging and painful. These

are suggestions only, be aware that you might find a different way to carry out these tasks that may suit your body better.

Comfort measures for sleeping

If you have hip pain at night or find your arm is going 'dead' try placing a pillow under your waist – all the way through so you are actually lying over it, not just propping something under your bump at the front. Lie on the less painful side while sleeping.

Some people like to apply heat to the hips before bedtime, or bring a hot pack to bed and rest it against their back or over their hips. Using your spikey ball to do some release work on your glutes before bed, may also be helpful.

A pillow between the knees gives comfort to some people but not to all. It is not essential and if it doesn't make you feel better then get rid of it! 'Listen to your own body' is your good advice. It may of course be that your pillow is slightly too big or slightly too small – try various sizes until you feel comfortable. We generally recommend trying to keep your knees, hips and ankles in line and supported by pillows as you sleep but if you find something else that works, then follow what works for you!

If you really can't sleep sometimes it's sometimes better to get up out of bed. Go and sit on your ball, move around a bit or do a few gentle stretches with your upper body before you return to bed. The body will usually rest better after it has done a little something, so see if you can 'reset' your pelvis before trying to sleep again. Try not to lie in bed feeling uncomfortable, frustrated and agitated that you should be asleep but aren't!

Getting in and out of bed

1. Get into bed like a see saw – as your head goes down your legs come up.
2. Sit on the edge of the bed and give yourself plenty of space between your bum and the pillows.
3. Lower your head to your pillow, let your legs swing up and literally swing into the bed
4. Use momentum to get your body from sitting to lying on your side without much effort from your muscles at all! Just have the confidence to go for it.



The opposite also applies to get out of bed.

1. Lie on your side with your shins and feet near the edge of the bed
2. Lift your feet off the edge of the bed and at the same time push up with your arms to come into a sitting position.

3. Again use momentum to bring you in to sitting. Think of your body as a lever, the weight of your legs will bring your upper body to sitting.

Moving in Bed

To turn to the right side from lying on your back:

1. Pull in your tummy muscles, bum muscles and pelvic floor to help support the pelvis
 2. Bend up both knees
 3. Dig your feet in, dig your elbows in, lift your bottom up off the bed and shift your body slightly to the left, by doing this you are creating space to roll into
 4. Now reach your left arm across your body, turn your head to the right, roll your knees to the right and roll on in one piece on to your right side.
5. To turn from one side to the other
- Go on to your back first then roll from your back to the other side.
6. Or 'go around the front'
- From your right side, push up on your right elbow and then get your hands on the bed like a press up position
 - Dig in your feet and push your hips up to the ceiling to come on to all fours
 - Keeping your knees together, take your weight in your feet and hands, lift the knees and twist them to the left then let your left hip come down on to the bed. Lie down on to your left side

If things are becoming very difficult try and get a silky sheet for your bed and wear silky pyjamas which will reduce friction and allow you to slide around the bed a little more easily. A sliding sheet or *snoozle* sheet may also be helpful.

Sitting

While posture is important, remember any posture for a prolonged period is going to cause discomfort. It is recommended to get up and move about every 30 minutes.

When you sit, try to sit tall, almost as if someone is lifting you up out of your waist. Drop your shoulders and imagine a helium balloon coming out the top of your head. Keep your chin level with the floor and keep the back of the neck long.

You might find it comfortable to put a cushion or folded up towel under your sit bones. This tilts the pelvis and makes it easier for you to sit up straight. You may also like a pillow behind your back for support. If you have coccyx pain a specific coccyx cushion may be of benefit.

If you sit all day in work speak to your employer about an ergonomic assessment and see what additional supports in terms of back supports, suitable chairs, standing desks may be potentially available to you.

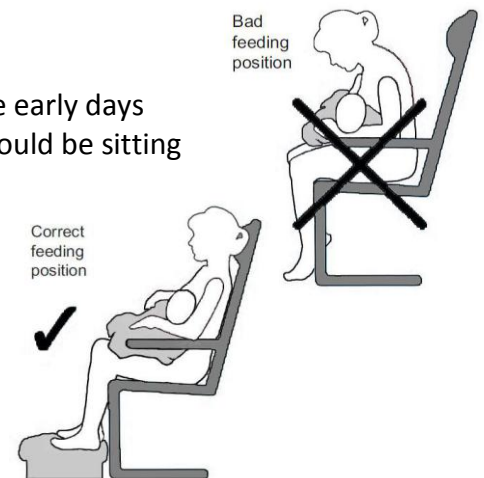
Sometimes putting one foot up on something – like a few reams of paper under your desk can relief discomfort in the mid back.

Be mindful of how you sit at home in the evenings, especially if you are sore towards the end of the day. While the sofa may look inviting, try not to spend too much time slouched in it without moving. Vary your seating position, prop yourself up with pillows for support or spend a little time on your yoga ball to loosen out your hips and pelvis if you have been sitting all day.

Postnatal feeding postures

Be mindful of your posture when feeding baby, particularly in the early days when you are trying to get feeding established. Remember you could be sitting for a long time trying to get the hang of feeding or as baby cluster feeds.

Sit in a well supported chair and use cushions to help support the weight of your baby. Think of bringing your baby up to you rather than you coming down to your baby to feed. Little changes in the early days can help to prevent your back and pelvis becoming sore as baby gets bigger.



Getting dressed

Sit down to get dressed and undressed. A long handled shoe horn can be helpful for shoes. Popping your foot up on a little stool or using a grabber aid may help to put on socks.

Getting in and out of the car

Apply the same principles as sitting. Don't drive for too long and use pillows or a folded up towel under your sit bones to fill in the 'bucket seat' in the car and support you in a good posture.

Getting in and out of the car –keep your knees together and swivel around to get in and out of the car. Use a plastic bag on the seat to reduce friction and allow you to move easier. Park in the 'parent and child' spaces when available, to give you some extra space to maneuver.

Walking on the stairs

- Go up one step at a time.
 - Good leg up first, then bring the bad leg up alongside it.
- Go down one step at a time.
 - Bad leg down first, then bring the good leg down alongside it. If you are really struggling on the way up it might help to stand up on your tip toes first, then lift the good leg up, followed by the 'bad leg.'

Sex

Consider alternative positions with sexual intercourse, e.g. lying on your side or kneeling on all fours

Toddlers and Children

Try to instill some independence from early on where possible. Invite toddlers to climb up on to your knee for cuddles. Ask them to climb up on to the sofa for example, before you lift them, rather than trying to lift them up all the way from the floor. You can use a little stool to help with lifting them in and out of the car or the cot. Be careful to remove the stool when you are finished using it!

Grow a little more tolerant to toys and mess! When possible encourage children to tidy up themselves or even bring toys into bundles so you don't have to bend down as often. Leave things out and tidy up once at the end of the day – same principles apply, bend your knees, keep your back straight and use your legs to get up and down rather than just leaning down and reaching to the floor from standing which can pull on your back.

Try to avoid always carrying toddlers on one hip and alternate sides. When possible try to avoid carrying them for long periods as this can put extra pressure on your pelvis.

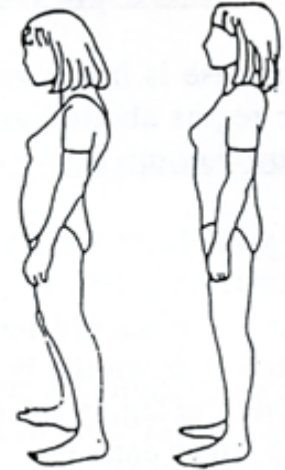
Housework

Break up large household tasks work into smaller ones. Do a little then have a rest. Where possible, avoid lifting, bending, pushing and pulling too much. Ask for help with task such as hovering, emptying the dishwasher and changing beds as these involve a lot of bending and twisting.

When loading or emptying the washing machine bend your knees and get down straight in front of it – don't bend over and twist to put things in or take heavy wet washing out. Keep your feet and face in the same direction when lifting and moving object

Standing

- Stand with equal weight through both legs and try to avoid long period standing on one leg or leaning all your weight to one side.
- Weight back into your heels, toes soft, knees soft
- Drop your shoulders and imagine there is a helium balloon coming out the top of your head
- Don't tuck your bum in
- You should feel taller, lighter and more comfortable
- Granted it is an effort to maintain good posture all day but when you are standing for long periods of time and you feel uncomfortable, adjust your posture and you should feel relief.



Exercise

Remember your guideline for exercise in pregnancy is 150 mins over the course of the week but this can be broken down into smaller, more achievable blocks. In general, small amounts of activity are helpful in managing pain. Pacing is very important so it is better to do a small amount often, than too much at once. You should aim to do a combination of cardiovascular and strength training.

Your exercise is especially important in treating your pelvic girdle pain as we want to try and strength the muscles with support the pelvis and lower back.

Don't focus on what you can't do, instead focus on what exercise you are able to do! It can be a very frustrating time if you love to be active but some small adjustments to your training will help you to stay mobile.

Try yoga, Pilates, swimming or simply go to the pool and walk or do some exercises in water. It is possible to continue doing weight work but you will need to speak to a qualified antenatal trainer to teach you how to scale workouts for your pelvic girdle pain. Short walks are also encouraged as tolerated. Remember movement is good and gentle movement is safe for your pelvis

Stay strong

Pelvic and back pain can vary in intensity and severity so as with any exercise during pregnancy, learn to connect to your body and do not do if it is making your pain worse.

Although it is important not to over-do things and cause yourself extra pain. Being physically deconditioned and unfit is not helpful in your recovery, in the short or long term

LISTEN TO YOUR BODY!

Sometimes you just need to rest. You can do most things if you just modify and give yourself a little extra time to do them. You may be slower and things will take longer but you'll get there!

If you feel you really aren't coping with the pain you might need to take a few days off to let the pain settle down. Do some gentle rocking movements on your ball, use your ice or heat or pain relief. Talk to your doctor about taking regular paracetamol for a few days if the pain is severe – one tablet every now and again is generally ineffective.

Walking

Supportive footwear is important to provide strong foundations for walking. Ensure your footwear has an arch support.

Use your feet and ankles! Imagine you are walking on wet grass in your bare feet and don't really want to touch the ground.

Move yourself along using your bum muscles to propel you and try to move straight forward rather than waddling side to side.

Pace yourself, remember this is not the type of pain you can 'walk off!'

We recommend that you should only walk for about 60% of what might cause you pain – for example if walking ten minutes causes you pain, stop after six minutes. Rest then go again. You can do several short walks per day but don't push yourself into pain. (I.e. you can do 10x 6min walks but don't walk for 60mins at once).

Remember to breathe!

Correct breathing lays the foundation for healing and strengthening through your 'core'. It allows you to build the foundation you need for movement. Think of your abdomen like a cylinder with your pelvic floor making up the bottom, your diaphragm is the top and your tummy and back muscles will make up the walls of the cylinder. When we are coping with pain we often hold tension through these muscles. It helps to let go of this tension to relieve pain.

Exercise Programme

The exercises below are a good starting point for some things you can do at home. The key to any exercise programme is consistency.

Complete the first 3 exercises daily, 3 times a day.

Pick 2 of the **mobility** exercises to complete daily, alternating exercises if you like

Pick 2 of the **strengthening** exercises to complete at least 3 times a week.

Complete exercises on the exercise ball daily.

1. Lower abdominal exercises.

- Gently pull in the abdominal muscle supporting the weight of your baby (the muscle below your belly button to your pubic bone).
- Keep breathing and hold for 10 seconds and release.
- Repeat 10 times.
- This exercise can be done in side lying, on all 4's, sitting or standing. A variety of positions during the day can be helpful. It's a functional muscle so remember to use them for function as you stand up, turn in bed etc

2. Pelvic floor muscles

- Your pelvic floor muscles are important for stability of your pelvis, not just to prevent leaking
- Remember squeeze and release are of equal importance
- Try to lift your back passage forwards up towards your front passage without tightening your buttocks. Hold for 3 secs and fully release.
- Repeat 10 times. Over time, try to do 10 fast lifts and then hold a slower lift for longer, repeating 10 times

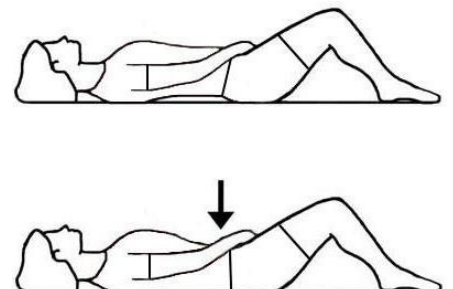
3. Diaphragmatic Breathing

- Sit and do some deep breathing exercises:
- Inhale, allow your belly to rise and expand as your lungs fill with air and feel your pelvic floor relax down to your back passage
- As you exhale, feel your belly fall and contract as your diaphragm moves back upward
- Complete for 3-5 minutes

Mobility:

4. Pelvic Tilt

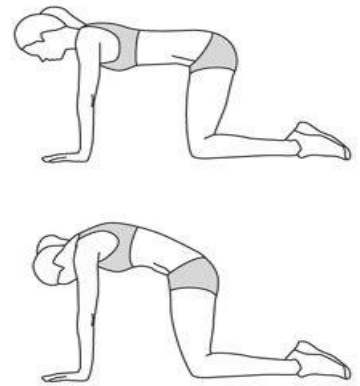
- If tolerated, lie on your back with your knees bent.
- Gently engage your tummy muscles and tilt your spine squeezing your bum muscles.
- Imprint your spine into the mat as you inhale



- Release and roll the pelvis forward as you exhale
- Progress to gradually lifting the bones of your spine off the mat as far as tolerated.

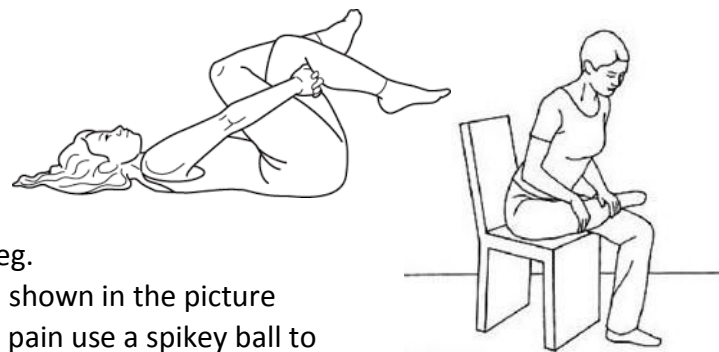
5. All fours – rocking and the cat exercise

- Balance your weight evenly on your hands and knees with your shoulders over your hands and hips over your knees.
- Initially, slowly rock back and forth transferring your weight from hands to knees to loosen the hips and pelvic region, as is comfortable.
- Breathe in and as you breathe out, gently pull in your lower abdominal muscles and tilt your spine into an arch with your tailbone and head down.
- Try to stretch out any areas of the spine that are stiff with as much movement as your baby will allow.
- Slowly return to neutral position.
- It can be a nice position to practice your pelvic floor and lower abdominal exercises



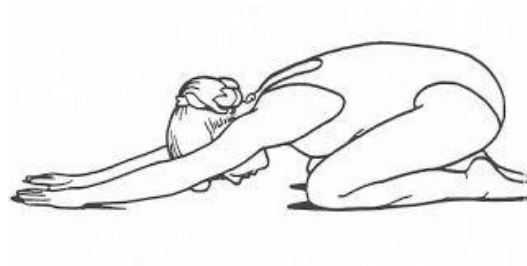
6. Piriformis stretch 'figure 4'

- Lying on your back as tolerated (below is to stretch the right)
- Bend your right knee and place your right ankle over your left knee
- Bend your left knee so that it causes a stretch in the right buttock
- This left leg can be supported by you holding it or against a ball or wall
- Hold 20-30 secs and repeat on the other leg.
- This exercise can also be done in sitting as shown in the picture
- Alternatively, or for those with pubic joint pain use a spikey ball to help release these muscles



7. Child's Pose

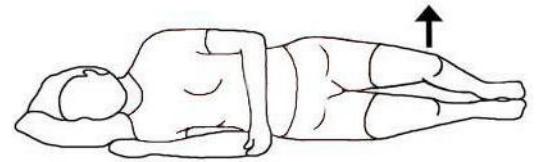
- Kneeling on all 4
- Bring bum back to heels
- Walk hands out in front until you feel a comfortable stretch in your lower back
- Hold for 30s
- You can crawl your hands to one side for a stretch of the lateral muscles in the spine. Repeat both sides



Strengthening: 10-12 reps, 2-3 sets

8. Clamshell

- Lie on your side with knees bent and feet together.
- Your shoulders, hips and ankles should be roughly in line
- Gently engage your tummy and pelvic floor muscles
- Lift your top leg moving your knees apart but keeping your feet together, keep your pelvis still throughout
- Slowly return to the starting position.
- Repeat with the other leg.



9. Sit to stand

- Feet tucked underneath you slightly
- Lean forward
- Push into your feet (keep leaning forward!)
- Straighten your knees (keep leaning forward!)
- Squeeze your buttocks until your legs are straight
- Finally straighten up your body
- Start with a higher chair and low repetitions and build as it becomes easier



10. Wall Slide (Modified Squat / Sit to Stand)

- Place your yoga ball against the wall and lean against it, with your feet shoulder width apart and even weight down through both feet



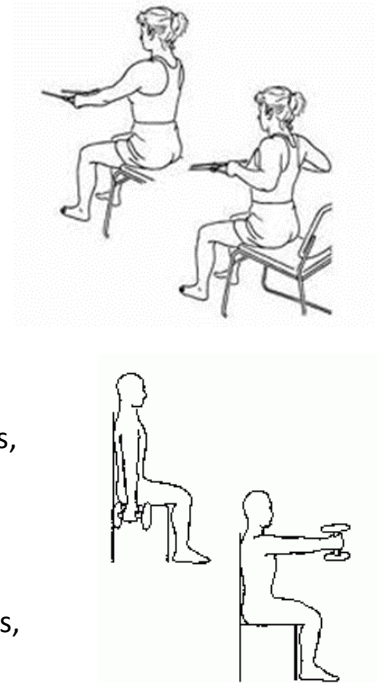
- Gently pull in the tummy muscles
- Bend your knees to roll the ball down the wall as far as comfortable
- Straighten your knees to come back to standing and roll the ball back to your start position

11. Seated Upper body

Upper Body strengthening with small hand weights, a tin of beans or a resistance band combined with tummy strengthening.

Ensure you are sitting nice and tall.

- **Shoulder Row:** with a theraband under your feet or tied securely in front of you.
Keep your elbows tucked in and draw them behind you.
Slowly release and repeat.
- **Shoulder flexion:** with a theraband under your feet or a light weight
Raise your arms straight in front of you to just above 90 degrees, keep your shoulders back and down i.e. away from your neck.
- **Shoulder abduction:** with a theraband under your feet or light weight
Raise your arms out straight to the side to just above 90 degrees, keep your shoulders back and down i.e. away from your neck.



12. Sitting on your ball

The ball can be a great place to start some gentle movement of the muscles around the pelvis. It works well on days when you are sore and achy and cannot get up and down off the floor. It's also a great place to do some upper body and abdominal strengthening and a nice way to get some feedback for your pelvic floor. Below are just some examples of things you could start:

- Rolling backwards and forward – this is a pelvic tilt modified on the ball
- Rolling side to side – nice for loosening out the hips
- Circles
- Figure 8s



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e. Overhead stretch

- Raise your right arm over your head and feel a comfortable stretch down the right hand side of your body. Think of lifting each rib up away from the lower one. Breathe in / out and return to a tall seated position. Hold for 10s



f. Toe taps

- Lift your right heel from the ground slowly (you can progress to lifting the toes if steady)
- Try to keep your weight centered and don't lean from side to side

g. Fitball rotations

- Lift both arms overhead and breathing out, take both arms to one side of your hip
- Keep both hips facing forward throughout the movement as you look over your shoulder
- Release and raise both arms overhead as you breathe in and repeat to the other side



Equipment/Aids

Tennis balls or spikey massage balls can be useful in massaging out muscles in buttocks, inner thighs, calf muscles, arch of foot or low back.

A yoga ball can help to manage pain – to sit on or lie over. Exercise balls vary in size – on average, a 65 cm or 55cm is suitable, depending on your height and how soft the ball is. Balls should have a CE safety mark and should be burst resistant.

The optimum sitting position on the ball should allow 90 degrees at hips and knees.

Pelvic / low back supports may also help in the management of PGP. Please try on a belt before buying to see if it eases your pain and gives you support. Remember a belt is an aid, not a solution. You still need to do your strengthening exercises, even with a belt.

Useful Resources

- Chartered Physiotherapists in Women's Health & Continence (CPWHC) - www.iscp.ie
- Association of Chartered Physiotherapists Women's Health UK-- www.acpwh.org.uk

- Pelvic Partnership (a volunteer support group of women who have all had personal experience of PGP)- www.pelvicpartnership.org.uk
- Pelvic Instability Network Scotland –www.pelvicinstability.org.uk

If you have any questions about the information within this leaflet or regarding your condition please send an email to: physio@nmh.ie and we will be in touch.

On-line Resources

PGP Resources

<https://apps.apple.com/ca/app/rost-moves-mamas/id1037318395>

<https://www2.hse.ie/conditions/child-health/pelvic-girdle-pain-in-pregnancy/what-is-pelvic-girdle-pain.html>

<https://pelvicpartnership.org.uk/>

Link to our PGP Youtube videos

Bed Mobility:

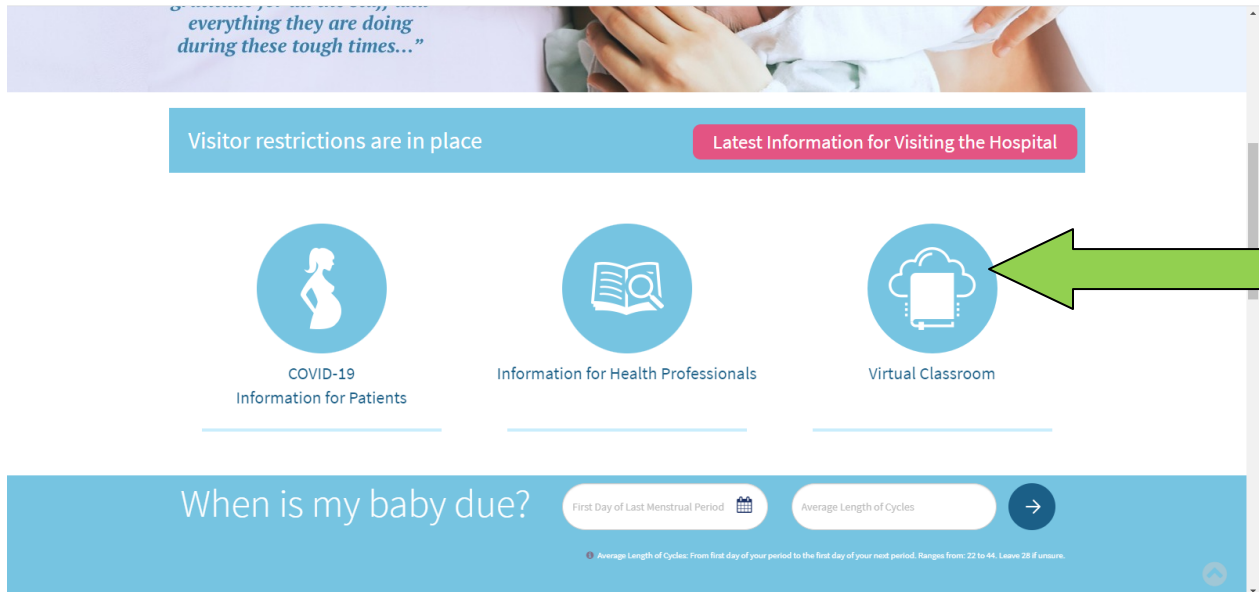
<https://www.youtube.com/playlist?list=PLttO1pYTORo3U5CkSIJ09wIW5LjYgdbt2>

Exercises:

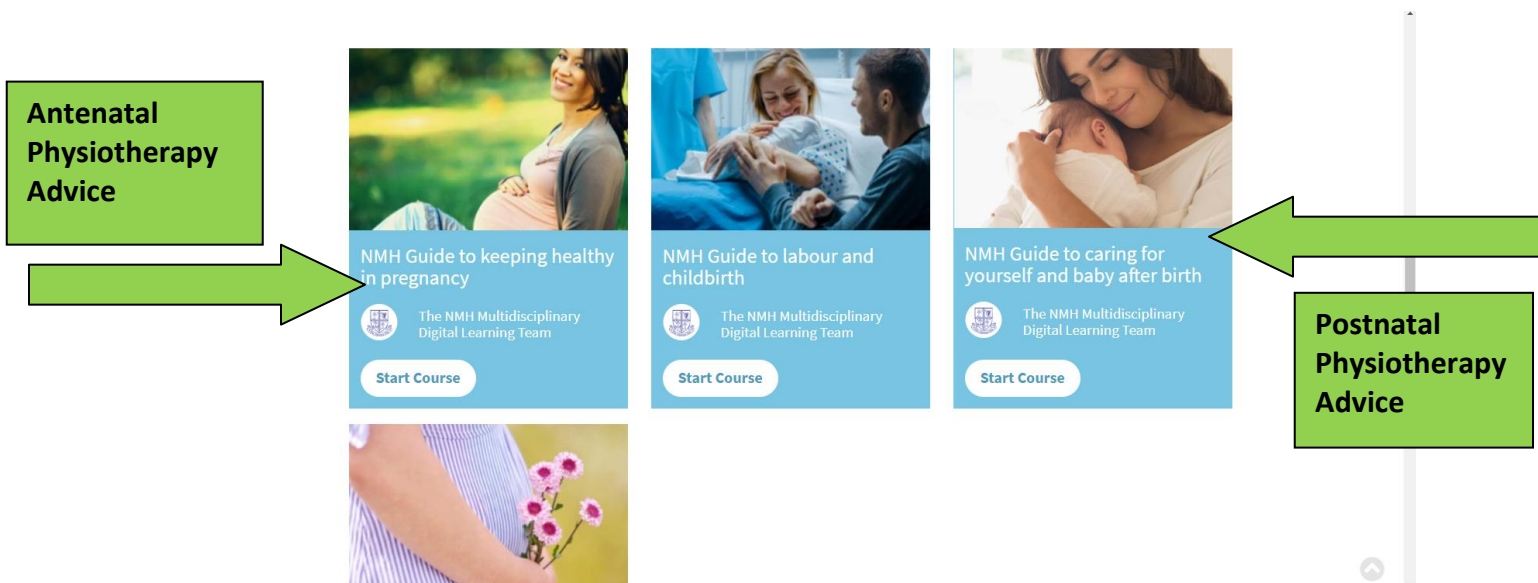
<https://www.youtube.com/playlist?list=PLttO1pYTORo2rIZboKXsWZgmjKHLowUAY>

How to Access NMH Physiotherapy Information online

1. Visit www.nmh.ie
2. Scroll down until you see the *Virtual Classroom*



3. Select your required module



For Antenatal Physiotherapy Advice:

Physiotherapy Advice



and created a series of educational modules for women delivered via a new virtual classroom.

This information will be updated over time so please keep checking back to look at it again. We hope you find this helpful and please let us know what you think by sending a message to feedback@nmh.ie.

- ☐ Caring for you and your baby in pregnancy
- ☐ Physical activity
- ☐ Eating well in pregnancy
- ☐ Smoking and alcohol during pregnancy
- ☒ Medications and pregnancy
- ☐ Minding your mental health
- ☐ Medical social work support

For Postnatal Physiotherapy Advice:

**Advice for the
initial days
after delivery**



checking back to look at it again.

LOOKING AFTER YOURSELF IN THE POST NATAL PERIOD

- ≡ New beginnings ☐
- ≡ The post natal ward ☐
- ≡ **Common concerns** ☐
- ≡ Recovery after a caesarean section ☐
- ≡ Going home with your new baby ☐

LOOKING AFTER YOURSELF AT HOME AFTER CHILDBIRTH

- ≡ Adjusting to parenthood ☐
- ≡ Post natal depression ☐
- ≡ Eating well ☐
- ≡ More information on minding yourself after childbirth ☐

- ≡ When to seek help ☐
- ≡ Sex and contraception after childbirth ☐

KEEPING YOURSELF HEALTHY WITH EXERCISE

- ≡ **Restarting exercise after childbirth** ☐
- ≡ Breathing exercises to strengthen your core ☐
- ≡ Pelvic floor exercises ☐
- ≡ Abdominal exercises ☐
- ≡ Looking after your back ☐

GUIDE TO FEEDING YOUR BABY

- ≡ Feeding basics ☐
- ≡ Winding your baby ☐
- ≡ How to recognise that your baby is getting enough milk ☐

BREASTFEEDING



**Advice for the long
term recovery and
return to activity
and exercise**