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## A guide for family and friends

Someone you know has **Symphysis Pubis Dysfunction (SPD)**. This booklet aims to explain about the condition and answer some of the questions you might have.

### About this leaflet

This leaflet has been written by women with SPD and their families, and is based on the experiences of women in the Pelvic Partnership Support Group. It is aimed at relatives and friends supporting a woman with SPD during or after pregnancy.

### About the Pelvic Partnership

The Pelvic Partnership is run by volunteers, all of whom have had personal experience of SPD. If you would like to talk to someone directly, please call us on 01235 820921.

The Pelvic Partnership aims to give information and support to minimise the impact of pelvic pain on women, to prevent deterioration and to achieve a quick recovery. We feel that giving as much information as possible as soon as possible empowers women to make informed decisions about their care and their needs, particularly in what they can ask from medical professionals. It also helps to know that you are not the only one with SPD.

The Pelvic Partnership takes no responsibility for any action you do or do not take as a result of reading this information. We recommend that you seek advice from your medical practitioner, midwife or physiotherapist and this information is not a substitute for doing so.

### What is Symphysis Pubis Dysfunction? (SPD)

Symphysis Pubis Dysfunction is the name given to pain and mobility problems caused by instability of the pelvis during pregnancy. Pregnancy hormones cause the pelvic ligaments to soften, allowing movement of the pelvic joints and causing pain. The pelvis is a closed system of bone and muscle so any change in movement at one joint will affect the function of all the others. The combination of unstable joints, the weight of the baby and changes in the centre of gravity and posture can result in severe pelvic pain. The pelvis can be damaged by trauma, e.g. a fall or a blow to the area, or by labour itself (quite unusual).

### The Symptoms of SPD

The primary symptom of SPD is discomfort or pain in the pelvic region. Most commonly the pain is centred on the pubis symphysis (the joint at the front of the pelvis) but can also be felt in the sacro-iliac joints (the lower back), the hips, the groin, the lower abdomen and radiating down the inner thighs.

The severity of the pain differs greatly from woman to woman. Some women will experience only mild discomfort from time to time whilst others will suffer prolonged and extreme pain. Some women can hear their pelvis "click" as they walk or turn over in bed. Almost all women with SPD will find it difficult to open their legs without severe pain.

### The Effects of SPD

SPD can be mild or it can be extremely debilitating. All weight bearing activities have the potential to cause pain. Many women with SPD have difficulty walking. It may be necessary to use a walking aid such as crutches, a walking frame or wheelchair. Even standing for any length of time could be painful.

Even for those not so severely affected, pelvic instability can affect day-to-day life profoundly. Previously simple activities such as getting in and out of bed, climbing the stairs, getting in and out of the bath, driving, standing up, dressing, bending down, or turning over in bed can become difficult and painful.

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The effects of SPD are not only physical. There are often practical problems to overcome as daily tasks such as shopping/cleaning/cooking/caring for family etc. all still have to be done. It is particularly difficult if the woman has small children to care for. There are often financial implications as the woman may find herself unable to continue to work, or have to cut her hours or go to half pay etc.

SPD can also have psychological effects. It can be hard to have to admit you need help with the most basic of tasks. The woman may resent her disability, she may feel that she is a burden to her family and friends and may even feel guilty about her condition. If she is housebound she can feel very isolated and lonely. Relationships can suffer as everyone deals with this sudden change in circumstance. Pregnancy is traditionally regarded as a time of great joy and anticipation so it can be difficult to reconcile this with the reality of feeling awful. Some women feel a sense of failure; they feel that their bodies have betrayed them and the delight in expecting a new baby can be tainted by a fear of not recovering after the birth.

***SPD does not harm the baby in any way.***

### **What people may say about SPD**

To date there has been little research into SPD; consequently many people (including health professionals) do not have much information about either SPD or its treatment. SPD can sometimes be dismissed as part of the "normal aches and pains of pregnancy" or considered "a new and trendy condition that didn't exist in my day!" Neither of these is correct. Although the number of women affected appears to be on the increase (around 1 in 30 at the John Radcliffe Women's Centre in Oxford has pelvic pain) pelvic dysfunction in pregnancy was first described by Hippocrates. Snelling (1870) defined it saying "the affection appears to consist of a relaxation of the pelvic articulations (joints), becoming apparent suddenly after parturition (birth) or gradually during pregnancy; and permitting of a degree of mobility of the pelvic bones which effectually hinders locomotion and gives rise to the most peculiar, distressing and alarming sensations". (1)

### **Living with SPD**

SPD should be taken seriously – taking proper care in the short term could result in a faster and more complete recovery in the long term. (This may need to be stressed to women with SPD and their partners as they might find it hard to adjust to living with SPD).

It is important to listen to the body and recognise its limitations. Pain is indicative that something is wrong; pushing through it often leads to further problems. Rest is vital, although total bed rest is not usually necessary (it can be counterproductive as the joints will stiffen if not used). Most women find that gentle pottering about is the best option, avoiding strenuous activities, especially lifting and twisting, and reducing household chores.

### **Birth and Beyond**

Many women with SPD in pregnancy will find that many of the symptoms improve significantly after the birth. Others will find that the birth worsens the condition (or indeed causes it). This is the time when bed rest for a few days can be helpful in aiding recovery. In all cases it is likely that the woman will need extra help and support in the first few days/weeks/months with a new baby. It can be useful to imagine the worst-case scenario and plan accordingly – this way you can confront difficult practical issues before they arise. (For example: who can offer assistance with baby care and housework? Can the bed or cot be moved downstairs? etc.)

Many women find that they improve with correct treatment – rest, pain medication, physiotherapy and strengthening exercises can all help. There may be good days and bad days but the condition can often be managed effectively. Some women report that the symptoms return or worsen shortly before or during a period.

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A few women do go on to experience long term pain and immobility. Regrettably there is no miracle cure. Each woman will need to be assessed individually as no two cases of SPD are the same. X rays and MRI scans can help to decide the course of treatment. There are treatment options available that might help, such as specialised physiotherapy (both exercises and manipulation), pain management, occupational therapy. Counselling, support groups etc may also be helpful. In some very specific cases surgery might be recommended, but this is still rare.

### How You Can Help

There are two important ways you can help - by offering ***practical assistance and emotional support***.

The level of help needed will vary from woman to woman, depending on how severely she is affected with SPD. Generally any help you can offer will be appreciated. Below are a few specific suggestions:

- Help with general housework Vacuuming and ironing are particularly difficult for women with SPD. The weight of the vacuum cleaner combined with the small repetitive movements can strain the joints, and standing or sitting for more than a few minutes can be difficult.
- Help with childcare – looking after the children for a few hours can allow the woman time to rest. Providing them with a really physical activity (e.g. bike riding/swimming/going to the park) is often really appreciated as not only does it tire them out, it also eases the sense of guilt that the children are missing out on their normal fun activities
- Help with shopping – doing the shopping or accompanying the woman on the weekly shop.
- Help with cooking – a freezer full of meals is a godsend in the early weeks with a new baby. A woman with SPD may find standing for a long time cooking very painful.
- After the birth – help with caring for the baby, particularly bathing and nappy changing as it can be painful to bend down.

Some women with severe SPD may also need help with personal care, getting in and out of the bath/dressing etc. It can be difficult to give (and receive) such care.

### ***Being emotionally supportive is extremely important:***

- Listening and Understanding. Allow the woman to express her feelings (whatever they are and they may be bleak!). Try not to judge, you may feel that the pregnancy was a terrible idea, that the condition is exaggerated, or that she should never ever have another baby. But now is not the time to voice these opinions. It is very likely that the woman is aware of all these things already, and probably feels guilty about what she and her family are going through. She needs all the support you can give at this time. You may also need to develop extra tolerance as her pain and frustration can often lead to irritability!
- Help to ease feelings of isolation I can be depressing to be housebound. Visiting often/helping with trips out to meet others is often greatly appreciated
- Accompany women to medical appointments As well as the obvious practical help with transport it can be useful to have someone else to listen, ask questions and generally support their needs. If women have difficulty getting to appointments, particularly just after birth, it can be helpful to ask the GP, Midwife or health visitor to visit the house.

### ***Remember that this situation can also be difficult for family and carers.***

SPD affects not only individual women, but also those around them, and they too may need emotional support and practical and help. It can be hard to see someone you care for in pain. Partners can also feel isolated and not get the attention they need. Seek support if you feel you need it. Support should be available from your GP or health visitor, and there are also carers groups designed to support and give practical help to carers.

Thank you for taking the time to read this booklet. We hope it has been helpful.

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### Useful contacts

- Carers Centres
- Homestart: 08000 686368; [www.home\\_start.org.uk](http://www.home_start.org.uk)
- National Centre for Disabled Parents 0800 0184730
- National Childbirth Trust: 0208 992 2616; [www.nct-online.org](http://www.nct-online.org)
- Parentline 01865 726600. Confidential support for parents under stress.
- SPOD (Sexual and Personal Relationships of the Disabled) 0171 6078851

### References:

1. Snelling FG (1870); relaxation of the pelvic symphyses during pregnancy and parturition; Am J Obs vol. 2 no. 4:561-596

### Acknowledgments:

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We are grateful for the support of Didcot Town Council

This leaflet was written by women with Symphysis Pubis Dysfunction (SPD) for women with SPD.

The Pelvic Partnership takes no responsibility for any action you do or do not take as a result of reading this information. We recommend that you seek advice from your medical practitioner, midwife or physiotherapist and this information is not a substitute for doing so.

*Produced December 2002*

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## Join The Pelvic Partnership

By joining The Pelvic Partnership you will receive our newsletter with all the latest information about how to treat, cope and live with SPD, it also has a list of useful contact numbers, dates of support groups, lectures and events that could be a real benefit to you.

We are a registered Charity run by volunteers and we rely on your donation for our existence. This allows us to pay for regular newsletter production and postage, production, printing and postage costs for our information leaflets for those who do not have internet access, and to improve awareness of SPD among healthcare professionals. Please help us to continue with these activities by joining or making a donation.

### The cost of membership is:

£19 for ordinary membership for one year.

£10 for ordinary membership for six months.

£30 international for one year.

*If you cannot manage the full rate at present, please send us what you can.*

Extra donations and fundraising ideas are very welcome - the more income we have the more we can achieve. Please complete the Gift Aid Declaration to increase the value to us of your donation by 28 %. All we need is a Gift Aid Declaration from each tax-paying member or donor. If you are not a tax-payer, your partner can complete the Gift Aid Declaration if they are a tax payer and they are paying the membership.

Please complete the form and send it with a cheque payable to:

"The Pelvic Partnership" to: 26 Manor Green, Harwell, Oxon, OX11 0DQ.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Cheque enclosed for: £ \_\_\_\_\_

Donation of: £ \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for joining the Pelvic Partnership. We are trying to find out about people who contact The Pelvic Partnership and use the information to improve our support and gain funding for the group. Personal details will always remain confidential.

- Website: [www.pelvicpartnership.org.uk](http://www.pelvicpartnership.org.uk)
- General enquiries: [enquiries@pelvicpartnership.org.uk](mailto:enquiries@pelvicpartnership.org.uk)
- Support for SPD: [support@pelvicpartnership.org.uk](mailto:support@pelvicpartnership.org.uk)

- Membership: [membership@pelvicpartnership.org.uk](mailto:membership@pelvicpartnership.org.uk)
- Call The Pelvic Partnership on: 01235 820 921
- If you are enquiring from Ireland: 028 4063 8116