**YOU’VE HAD AN APPOINTMENT WITH MRS ASHLING MOORE DO BMAS, TO ASSESS AND TREAT YOUR SPD. HERE IS A RECAP OF THE INFORMATION SHE GAVE YOU…**

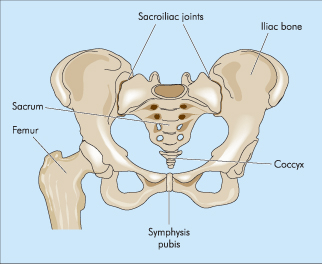
OSTEOPATHIC TREATMENT OF SPD

You’ve already had an appointment with Ashling, the osteopath/acupuncturist. She has taken a thorough medical history, as usual, and undertaken a full orthopaedic examination to diagnose the condition. Then any one of the following may be have been undertaken:-

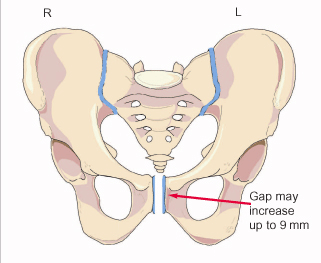
* Evaluation/treatment of the SIJs and pubic symphysis
* Soft tissue techniques on the muscles/ligaments
* Ligament release techniques
* Diaphragmatic release
* Blocking techniques (blocks under the pelvis to relieve pressure)
* Webster’s technique (to treat malpositioned babies, often associated with SPD)
* Application of ice
* Exercise advice
* Posture advice
* Acupuncture
* Acupressure

This advice sheet is not to be taken on its own. It is intended as an aide memoire to follow up osteopathic/acupuncture treatment.

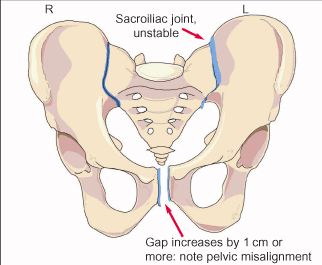
The majority of women who receive osteopathic treatment for SPD, both before or after the baby is born, will experience a positive response, particularly if the cause lies in pelvic misalignment. Osteopathic treatment aims to address the root cause of the problem instead of addressing only the symptoms. From an Osteopathic point of view, it is better for a woman with even mild SPD to get treatment early on to prevent the problem from becoming more severe later or impeding the birth of your baby.



THE ‘NORMAL GAP’



Following delivery ligaments will take 3 to 5 months to fully return to their normal state to make the symphysis pubis a strong joint again.



SYMPTOMS OF SPD

These vary with the severity of the condition and symptoms will be experienced differently for every woman. It has been found that the severity of the symptoms does not relate to the degree of separation at the symphysis pubis joint and therefore, in the presence of pain, a separation between 5 and 9mm is diagnostic. The pain may remain static, i.e. in just one place, such as the front of the pelvis, or in other cases it may start in one area and move to other areas. It is likely that you will experience a combination of the following symptoms:-

* Pain over the symphysis pubis joint
* Pain described as a deep bruising, burning or stabbing pain
* Tender to touch – having the fundal height measured may be painful
* Lower back pain – especially in the sacroiliac area
* Hip, groin and lower abdominal pain
* Reduced hip range of motion, abduction (moving out to the side) especially painful
* Radiating pain to the inner thigh
* Waddling/shuffling gait
* Increased pubic pain on normal activity eg walking, parting and lifting the legs
* Audible click/grinding sound coming from the pelvis (at the symphysis pubis) especially on turning over in bed
* Bladder dysfunction (temporary incontinence with changes in position).

Because the pelvis serves as an anchoring point for many of our muscles and the pelvic joints play an important role in weight-bearing activities, osteopaths often hear from their patients that they have difficulty with the following:-

* Rolling over in bed
* Going up or down stairs
* Getting in and out of cars
* Sitting down/getting up
* Putting on clothes
* Bending
* Lifting/standing on one foot
* Lifting heavy objects
* Getting moving, especially after sleep
* Getting in/out of the bath
* Difficulty walking with a long stride.

**SELF HELP INFORMATION**

It is important to ask for help and to accept help at every opportunity. As you know, I had SPD myself and the following points were what I found to be useful. If you find anything else helpful, please let me know and I’ll add it to the list. The key points to remember are:

* Take tiny steps to go up stairs one at a time, setting off with your better leg, if you have one, and bringing the second leg to meet the first before going up another step.
* Walking sideways upstairs is often easier
* Going down the stairs lead with the most painful leg
* Use a pillow between the legs when sleeping and under the ‘baby bump’
* Sit without crossing the legs and sit evenly on both buttocks
* Stand with weight even on both feet
* Keep the legs symmetrical when moving, sitting, standing and lying down
* Avoid lifting (especially wriggly, heavy toddlers!), avoid twisting, prolonged standing, strenuous activity, vacuum cleaning, pushing heavy shopping trolleys, etc.
* If you must lift a toddler, only do so if they climb up to your level on a sofa, chair etc. It can take their weight whilst you give the necessary hug without having to bend down or lift!
* Get a swivel car-seat for your baby/toddler. Expensive, but worth it!
* Bend the knees and keep the legs ‘glued’ together when turning in bed and getting in/out
* Silk/satin sheets and PJs can help to make it easier to turn over in bed
* Get a slide sheet from the OT’s at the hospital or from the internet
* Try different ways of turning in bed, eg turning under or over with your knees together and squeeze your buttocks • roll in and out of bed keeping your knees together
* Ask OT department to get you an over the bed device that can help you to turn or sit up.
* Move slowly and without sudden movements. Be extremely careful not to slip
* Think about your choice of shoes – are they going to make you trip potentially, or do they make your toes claw to keep them on? The foot fully covered is best. Small heel is best.
* Rest – take the weight of the body off the pelvis whenever possible.
* Rest side-lying with a pillow between your legs.
* Sit down for tasks usually completed standing eg getting dressed, ironing, preparing food etc
* Use a large plastic bin-liner bag on the car seat to make it easier to enter the car backwards and then swing the legs into the car as one unit
* Shower rather than bathe
* Avoid breast-stroke when swimming
* Some, not many women, get relief from a pelvic support belt
* If the pain is severe elbow crutches or a wheel-chair can help take the weight off the pelvis and aid mobility.
* Buy a metre of brightly-coloured ribbon! Yes, really! It is important as you reach term to record how far apart your knees can separate without pain when lying on your back (your pain-free range). This distance should be recorded in your birthing plan and by cutting the length of ribbon the same as the pain-free gap - so that during the birth care can be taken not to move your legs further apart than this. Cut and attach the ribbon to the front of your obstetric notes. Its purpose is to act as a constant reminder to your midwife/doctor to take extra special care of you.
* Osteopathic treatment does not promote the use of painkillers and non-steroidal anti-inflammatory medication (NSAID’s) in pregnancy but if you feel you need to seek your GP’s advice first.
* Plan or think ahead about every task! Ask yourself, “How can I make it easier?”, “Do I have everything I need?”, “Do I really need that?”, Get a partner or friend to bring everything onto one floor to save going up and down stairs.
* Don’t drive if you think you would be unable to hit the brake hard with your leg in an emergency stop.
* Listen to your body – do not do too much of any one thing ie don’t walk too far, don’t sit for too long, don’t exercise for too long.
* Consider alternative positions if you desire sexual intercourse, eg lying on your side or kneeling on all fours
* Be as active as possible within your own limits.
* Walk with shorter strides than usual.
* Avoid all high impact sports which need you to swivel on one leg eg racket sports.
* If it hurts – don’t do it!
* And remember, most people have no idea how you feel both physically and mentally. They can say and do things that might hurt or upset you without realising!

**During labour**

Use gravity to help the baby move downwards by staying as upright as possible: kneeling, on all fours, standing. These positions can help labour to progress and avoid further strain on your pelvis.

Try to avoid lying on your back or sitting propped up on the bed because these positions reduce the pelvic opening and may slow labour.

The squatting position and birthing stool may be uncomfortable positions for labour. After you have had your baby

You should move about as much as possible after the baby, within the limits of your pain.

Be aware, medication to relieve pain may cover up the discomfort of your SPD, so be careful and continue to avoid the aggravating activities, as you did before you had your baby.

Most women’s SPD symptoms disappear in the week following the birth. If you still have symptoms 10-14 days after the birth, you should come back for another assessment and treatment.

**Looking after your baby**

• when breastfeeding, ensure you are in a comfortable position with your lower back well supported and good circulation in your legs (don't cross them or sit on them). When possible, sit in a firm but comfortable chair to feed your baby with a cushion or small towel supporting your lower back and ensure your feet are flat on the floor

• change nappies on a surface at waist height

• do not lift your baby often, ask dad or a helper to do it initially

• carry your baby in front of you, not on one hip

• kneel at the side of the bath rather than leaning over

• lower the cot side when lifting or lowering your baby

• keep your baby close to you when moving him or her in and out of a car seat

• if you have to carry the baby in a car seat, hold him or her in front of you, not on your hip

• do not lift your baby in and out of high shopping trolleys.

**Exercise and sport after the birth**

• continue your pelvic floor muscle exercises three times a day

• continue any gentle abdominal (tummy) and hip exercises given to you

• continue to be careful when exercising until you are symptom free

• avoid high impact activities for a few months

• avoid any activities which bring back the pain.

Remember: SPD is common and treatable. The sooner it is identified and assessed, the better it can be managed.

Good luck and call or text me to arrange an appointment for any follow-ups for you or your baby on 07974247088.

Best wishes,

Ashling Moore

GOsC Registered Osteopath, Naturopath, BMAS and AAGPH Registered Acupucturist and Food Intolerance Tester.