

FACT SHEET — SIJ / PELVIC

Pregnancy and Postpartum Pelvic Girdle Pain

Understanding and managing pelvic pain during and after pregnancy

Pelvic girdle pain (PGP) affects approximately 1 in 5 pregnant women and is one of the most common causes of back and pelvic pain in women of childbearing age. It can also persist or develop after delivery. PGP is frequently underdiagnosed and undertreated — many women are told it is a normal part of pregnancy and will resolve. For many it does, but for a significant minority appropriate treatment makes a substantial difference.

Why it happens

The hormone relaxin, produced during pregnancy, loosens the ligaments of the pelvis to allow the sacroiliac joints and pubic symphysis to accommodate the growing baby and facilitate delivery. This ligamentous laxity, while necessary, can make the SIJ and pubic symphysis hypermobile and painful, particularly under load. The altered pelvic mechanics and changed centre of gravity further increase demand on the surrounding muscles.

Relaxin levels remain elevated for several months after delivery — particularly during breastfeeding. This means postpartum PGP can persist or worsen before it improves.

Symptoms

- Pain at the posterior pelvis, sacrum, or pubic symphysis
- Pain that is worse with walking, particularly on uneven ground
- Pain with asymmetric loading: climbing stairs, getting in and out of a car, standing on one leg
- A clicking or grinding sensation in the pelvis
- Pain that improves with lying down and symmetrical positions
- In postpartum: pain that is worse with lifting the baby, particularly when flexed forward

Treatment

Pelvic stability exercises	Specific exercises to strengthen the deep stabilising muscles of the pelvis and lumbopelvic region. The foundation of recovery. Guided by a physiotherapist or osteopath.
SIJ belt	A sacroiliac belt provides external compression that reduces pain significantly for many women. Worn during activities that aggravate symptoms.
Manual therapy	Gentle SIJ mobilisation, soft tissue work, and specific techniques are safe and effective in pregnancy. Choose a practitioner experienced in obstetric presentations.
Lifting technique	Particularly postpartum — lifting the baby with a neutral spine and minimal asymmetric loading reduces SIJ stress. Practical guidance on infant lifting is a key part of management.

Activity modification	Avoiding asymmetric activities, wide leg movements, and prolonged standing or walking reduces load on the unstable pelvis.
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Related fact sheets

Sacroiliac joint dysfunction	Mechanical SIJ pain in non-pregnant adults.
Pilates and yoga for back pain	Core stability as the foundation of pelvic rehabilitation.
Lower back pain in pregnancy	Lumbar back pain distinct from pelvic girdle pain.

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