

“POST PARTUM HEALTH FOR MOTHERS”

Being a new mother places great demands upon the body. As well as the sleep deprivation associated with caring for a newborn child, there is also the stress and strain placed on the musculoskeletal system associated with bending over, lifting and carrying.

Other common tasks that potentially place strain on the back and pelvis include pushing a pram, bending over to change nappies and getting children in and out of car seats.

A new mother's spine and pelvis are especially vulnerable to injury with these activities for several reasons.

Firstly, pregnancy and delivery can sometimes stretch and / or traumatise the muscles of the abdomen and pelvic floor, causing them to weaken and making them more difficult to activate or work. These muscles are essential for supporting and protecting our pelvis and spinal structures, especially during and bending or lifting tasks. Some women develop severe low back and pelvic pain after pregnancy and birth that is made worse with even the simplest activity such as rolling over in bed, standing or walking. Often, this is associated with pain in the pubic region that can extend into the groin, hips and thigh. Sometimes this is referred to as SPD or Symphysis Pubis Dysfunction / Pubic Symphysis Dysfunction.

It is important to remember that this is NOT a diagnosis, but a collection of symptoms. Therefore, there is no definitive treatment for this problem. Each woman with low back, pelvic, pubic symphysis or groin pain needs to be assessed by a clinician (usually a physiotherapist) with expertise in this area, in order that an individually tailored treatment plan can be determined. This involves loosening up or releasing some areas of the spine or pelvic region while at the same time teaching the woman how to work other muscles more effectively and restoring muscle balance. Education regarding the cause of an individual's specific problem (pathology), correct lifting and carrying technique and advice on daily activity is also essential.

Muscle weakness and altered control of the spine and pelvis can occur in women who have undergone Caesarean sections as well as those who have spontaneous vaginal deliveries. Interventions such as the use of stirrups and forceps may lead to greater trauma and strain to the pelvic region and can (but will not necessarily) increase the risk of problems.

Another factor that make post partum mothers more vulnerable to low back and pelvic pain include the ligamentous laxity that occurs to facilitate birth.

Once the baby is born, hormonal levels drop rapidly towards normal levels, but it does take many months for these levels to fully return to normal. During this time, the spinal and pelvic structures are not as well “connected”. Good muscle control is essential for the baby to move normally and if this is not present, ligamentous and joint strain can occur.

There are reported cases of women continuing to experience pain and problems 10 years after the birth of their child. There is no need for this to happen as long as the cause and nature of the problem are identified and addressed at an early stage.



Women experiencing post partum or post delivery low back and pelvic pain should ask their doctor or GP for a referral to the Women's Health team at their local hospital or to a physiotherapist with expertise in the management of low back and pelvic pain. They should not accept advice "to wait and see what happens to the symptoms" or advice that suggests "the symptoms will last up to a year and then settle".

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For more advice on post partum health for mothers or any other medical treatment please contact us on **0870 2000 878** or info@puresportsmed.com

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