Birthlight CPD 2009

Yoga for pregnancy-related pelvic girdle pain (PGP)

Pelvic Girdle Pain (PGP) is the official new label that replaces the former condition of Symphysis Pubis Dysfunction (Association of Chartered Physiotherapists in Women's Health leaflet - http://www.acpwh.org.uk/docs/ACPWH-PGP_Pat.pdf). This development fits well with Birthlight's approach as since the 80s I have taught that SPD should not be considered in isolation from the sacro-iliac joints but rather that the whole pelvic girdle needs to be acted upon in therapeutic yoga when helping pregnant women and new mothers with pelvic joint instability.

As yoga teachers specialised in prenatal and postnatal yoga we need to pay particular attention to this increasingly common condition: official figures point to 1 in 5 pregnant woman affected by PGP in the UK. Our main objectives must be the following:

- never to cause PGP from the practice of yoga asana, whether in pregnancy or post-natally: this means erring on the side of caution with wide stretches
- alleviate the discomforts felt by PGP sufferers in yoga classes with appropriate, specially designed and tested therapeutic yoga practices. This is what the Birthlight approach to PGP with micro-movements of the pelvis offers.

How is PGP diagnosed?

- Mild to severe pain over the pubic bone or across one side or both sides of lower back (though different from sciatic pain)
- Pain felt whenever movements require *asymmetrical stretch* of SP or SI ligaments: walking, getting up or downstairs, getting in and out of cars, in and out of bed, turning over in bed
- Pain felt when *legs are open wide*

What is the recommended management of PGP and what are the resources that PGP sufferers actually turn to?

1. *Physiotherapy assessment* (after referral by GP or midwife), followed by advice on appropriate management is the most common resource. Besides treatments sufferers are offered specific advice on Do's and Don'ts that can help to maintain daily activities if the level of pain is tolerable to maintain them. (See ACPWH leaflet referred to above for list)
2. *Complementary therapies*: osteopaths and acupuncturists are the therapists that PGP sufferers most often turn to. As yoga teachers we can reinforce the efficacy of treatments with supporting routine practices. Many complementary practitioners are not aware of Birthlight yoga teachers' capacity to do this and we need to take time to explain our practice to local practitioners in our regions.
3. *Use of support equipment*: various types of pelvic belts are available. The most common one is distributed by Mothercare.
4. *Pain relief*: from Tens machines to pain killers.
5. *A combination of all the above is most common*

Why do more women have PGP now? A tentative explanation

When trying to understand trends we need to consider changes in lifestyle as a whole. Jean Sutton linked the increase of OP babies to the use of soft furniture after TV sets reached every home. I have not found any explanation in the literature but this is what I think:
First of all, Asian women have less PGP so there may be a link with diet. But within Europe, Swiss women suffer significantly less from PGP: they walk and ski/snowboard much more than we do. In

the UK most women work sitting (usually with not the best posture) and then go to the gym or strong yoga or pilates classes: they start exercising without relaxing first, on tense muscles, and do not have the recommended long relaxations that integrate the effect of stretching on muscles after exercising. The contrast between the two modes of sitting/intensive work outs is very strong on the female body. This might contribute to explain why both women who are quite unfit and overweight and super-fit slim women tend to suffer most from PGP during pregnancy. The former are too lax and the latter are over-stretched (including pelvic floor muscles): there is a lack of elasticity, the ability for muscles to contract and release in equal amounts.

Risk factors

Certainly as yoga teachers we must be attentive to commonly listed risk factors…

- PGP in a previous pregnancy
- increased risk of PGP after two pregnancies (particularly with short gaps)
- postural conditions (lordosis, scholiosis)
- hypermobility of joints in general
- a small percentage of women suffer severely from PGP without any clear causing factor being identified even by experts

…but additionally, we need to carefully assess less obvious factors that impinge directly on yoga practice

With an increasing ratio of yoga teachers suffering from PGP during and after their pregnancies, we need to ensure that yoga does not get a bad name.

1. In the majority of cases: a focus on alignment must be our priority:

- our teaching nugget: '*everybody is wonky'* makes us identify the short leg and the long leg and possible imbalances that will create SI problems with weight increase during pregnancy and carrying babies later on
- lower back-hip-knee-foot dynamics: tendency to lock knees, in-turning knees collapsing foot arches, week big toes, pronounced difference between left and right side are all compounding factors for PGP.
- SI-hip joint-shoulder dynamics: as per our teaching nugget: *'a rectangle on springs'*. In pregnancy if hips and shoulders are not aligned we look at the SI joints. If these are not aligned, action is needed. Looking at the evolution of the supporting rectangle as babies inside grow to full term is our remit and all the yoga we teach must contribute to alignment, strength and elasticity of the babies *belt and braces muscles'* upholding this rectangle.
- **Basically, if we do not take care that pregnant women in our classes have an optimal spinal alignment in Asanas, we can inadvertently cause PGP even if we avoid wide angle poses and deep lunges**.

2. **The Don'ts** in the lists of practices to be avoided by sufferers reduce discomfort but also **weaken the supporting muscles of the pelvis,** as do the support belts if worn most of the time. During yoga classes we must be careful to have a gentle approach with strengthening pelvic muscles when women wear support belts and have restricted movements overall.

3. **Women diagnosed with PGP are disempowered:** pain rather than joy can become the dominant aspect of their pregnancies. Yoga has a lot to offer to help sufferers relax and reduce the inevitable anxieties associated with PGP. Breathing is an empowering tool if practised every day.

Yoga's benefits for PGP

- Slow, low impact stretches allow time to feel pain thresholds and limits

- Deep breathing enables stretching of deep skeletal muscles, of particular importance in the pelvic area (transverse abdominis, rectus and lower back muscles)
- Relaxation is key to re-structuring after safe stretching, allowing the body to find optimal alignment and comfort zones.
- With yoga we cultivate awareness and this increases our understanding of what alleviates or aggravates pelvic pain in ourselves and in others.

Birthlight Pelvic Micro-Movements for PGP

These micro-movements have evolved slowly over twenty years of Francoise's teaching and observation of pregnant women and new mothers affected by PGP, including a number of yoga teachers. Reviews of current literature over the years (see bibliography attached) have prompted the development of a yoga-based approach to PGP as gentle and very effective. Moreover risks of developing the condition again in subsequent pregnancies seem to be eliminated or considerably reduced when applying the Birthlight approach. This has encouraged further research and resulted in the development of a specific set of simple practices, that now needs to be evaluated in order to gain evidence-based recognition.

Hand-outs of the micro-movements for PGP are distributed to course participants at CPD days. Sources for anatomic diagrams of the female pelvis are diverse. Diagrams taken from Blandine Calais Germain's book are acknowledged with gratitude for teaching purposes.

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CPD day: Basic points and a few examples of Birthlight Micro-Movements for PGP

How do the micro-movements work?

In several ways:

- *from the inside out*, using core muscles (for example, the action of the pelvic floor can be considerable in - Birthlight teaching nugget- 're-stringing the hammock' of the rectus abdominis as babies grow inside to full term. Because the apophysis of the rectus is embedded in the transverse abdominis and rests right above the symphysis pubis), this contributes to keep the two sides of the symphysis closer together.
- *from the action of small muscles on main muscles* (for example the piriformis in relation to the glutes)
- *from the use of 'relaxed stretching'* to release both physical and psychological tensions located in specific points and compromising pelvic balanced mobility (for example the psoas, if chronically tense due to either postural habits or past trauma or both, can call for compensation with overuse of the SI ligaments).

More detailed explanations are offered around these examples with visual aids.

Associated practices:

1. Awareness of the attachments of the pelvic floor, front and back (rectus, levators, muscles linking pelvic and thoracic diaphragms) using relaxed stretching with extended exhalation.
2. Pelvic centring in relation to the spine: *Birthlight centring exercise* with concentric circles, using full yogic breath. This develops an awareness of the full mobility of pelvic floor muscles in relation to

the future birth passage, creating an immediate connection with birthing muscles as well as an awareness of 'core stability'

3. Isotonic practices for strength and stability: using resistance and breath (example of micro-movement for aligning the lumbar curve, pushing from floor or blocks with hands in a sitting position)

Birthlight focus on 'zero balance' positions (centre of gravity is optimally balanced) and easy strain-free transitions

This focus is primary in all Birthlight courses. It is relevant to PGP and in a number of instances, teaching transitions the easy yoga way has been sufficient to decrease inflammation and make daily life possible for women sufferers. The repeated strain of getting up and down kneeling with one knee at a time cannot be emphasised enough, particularly for mothers of toddlers in their second pregnancy.

- *Zero balance in supine position* (for pregnant women in mid/late pregnancy go to sitting and all fours. Micro moves (feet, hips, hands) and micro-tilts for optimal alignment of the pelvis. Sacral balance. Experimenting with arm movements. Importance of cranio-sacral alignment.
- *Zero balance in sitting position on chairs*: 'golden triangle' for pregnant women (Hips-knees-feet) and 'golden square' for new mothers. Sit bones press, micro-twists, ocean wave and sun wheel.
- *Zero balance on all fours (possibly the most important for yoga classes)*

  Teaching nugget: 'free tail wagging' and teaching points for helping women to find their true centre of gravity on all fours.

  Practice of 'stable stretching' with micro-balances.

  Awareness of vertebrae and disc mobility and blocks through kitten and cat rolls, barrel rolls, multiple U stretches, crocodile waggle, isotonic foot presses and hand presses, micro movements of neck, knee and foot presses using aids.

- *Zero balance in mountain pose*

  Stability is reached from a number of micro-movements and we learn to identify the muscles involved in order to strengthen those that support stability in slow motion before standing like a mountain.

  Mini-peacock walk for awareness and self correction of tilting patterns

  4 micro-moves of the pelvis using 'four corners of the feet' stable base.

  Engaging the obliques in easy standing twists

  Centring with 'Bamboo Mama' exercise

  Micro-knee-hip rotations (inward/outward)

  Practices of nutation and counternutation of the pelvis using feet movements

  Alternate tip-toe rises (exercises shown by Cat Morgans and Belinda Staplehurst)

Transitions

- from standing to the floor and up again: the most damaging if not well managed in case of PGP: the Birthlight way taught on all our courses with an all fours stretch in between
- from sitting to standing and down again (sitting on a chair as a semi-squat progressive practice): 'aligning the rectangle' (like ladies who carry large heavy baskets on their heads in other parts of the world) to get up from a squat and alight in a squat)
- from sitting to kneeling: ergonomic use of minimal movements
- from sitting or kneeling to lying down: ergonomic movements
- from one side to the other to turn in bed without aggravating PGP.

Birthlight (not so) silly 'yoga walks'

For giving PGP sufferers full range of movements without pain: benefits of aerobic exercise, fun and enjoyment of bodies that make women forget about pain.

Initial awareness of possible walking movements that do not cause asymmetry of the pelvis: steps and softness of knees

Practice of moving up stairs and down stairs (using blocks) as simple best practice for PGP sufferers

Shiva walk

Charlie Chaplin of course

Martial arts sweeps

Zig-Zag feet

Wheel walk

All these walks strengthen the obliques and reinforce the connection between upper and lower body that tends to be lost when PGP is experienced.

Isotonic exercises standing to wall

Warrior to wall

Safe side stretch

Isotonic round the clock stretch

Safe dancer stretch using chair support

Partner Hi 5s

Going deeper within: relieving pain and preparing for 'birthing lightly' with directed breath and sounds

The Association of Chartered Physiologists for Women's Health gives the clear public health message that 'most women with PGP can have a normal vaginal birth' and that they should be able to choose their place of birth as they wish, including birthing centre or home birth options. As yoga teachers we need to uphold this important message with our classes.

Birthing positions for PGP sufferers including supported sideways birthing position.

Practice of how to move comfortably in labour when suffering from PGP in ways that enhance labour progress.

We need to help PGP sufferers in labour to rely on the use of their core muscles and micro-movements.

Practices with O sounds in a kneeling forward supporting position

Practices with A sounds in a relaxed supporting sitting position (Birthlight teaching nugget: 'on your rockers' position)

Slow release of muscles around the baby's journey through the three openings of the pelvis: particular importance of the sacral muscles

Use of hand pressure to locate the effect of breath and sound (sacrum, rhombus de Michaelis, pelvic diaphragm, chamber of Douglas, bladder)

'In-practice relaxation' is an invaluable help for labour.

Postpartum pelvic re-structuring using Birthlight micro-movements

Following labour: postnatal recovery micro-movements of the pelvis are crucial

for reducing the risks of more severe postpartum PGP.

See Birthlight's Five Steps to Postnatal Recovery leaflet . (available in the 'Class Resources' section of the Members Area)

The first four practices are most relevant for PGP.

Practice of gradual transition to pelvic floor involvement using two bandhas.

Heart strength

For PGP sufferers, yoga can promote inner strength and resolve 'from the heart' that neutralises the feelings of incapacity, inadequacy and instability that PGP can cause.

The 'sealing heart strength' mudra is the ending of choice for the CPD.

Yoga for pregnancy-related pelvic girdle pain

Short reading list

Association of Chartered Physiotherapists in Women's Health 2007 (review 2010) Pregnancy-Related Pelvic Girdle Pain: Guidance for Mothers-to-be and New Mothers pdf guide

Bø, Kari et al, editors 2007 Evidence-based Physical Therapy for the Pelvic Floor: Bridging science and clinical practice. Elsevier.

Calais-Germain, Blandine 2003 The Female Pelvis: Anatomy and Exercises
Eastland Press, Seattle.

Farhi, Donna 1996 The Breathing Book: Good health and vitality through essential breath work
Henry Holt publishers.

Rőst, Cecile 2007 (1998) Relieving Pelvic Pain During and After Pregnancy: How women can heal chronic pelvic instability. Hunter House Publishers, Alameda, Ca.

Stein, Amy 2009 Heal Pelvic Pain: a proven stretching, strengthening and nutrition program for relieving pain, incontinence, IBS and other symptoms
McGraw Hill books, USA.

Wise, D. and R. Anderson 2006 A Headache in the Pelvis, 4th ed. Occidental, CA: National Center for Pelvic Pain Research.