

PGP: Factors for Return to Meaningful Activities Postpartum

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Pregnancy-related pelvic girdle pain (PGP) affects a significant proportion of pregnant women, often leading to functional limitations. The clinical dilemma for general practitioners and specialists involves identifying which women are at risk for persistent PGP and how to best manage their care to facilitate a return to meaningful activities postpartum. Recent studies provide insights into factors influencing long-term functional outcomes, highlighting the importance of early intervention and tailored physiotherapy.

KEY TAKEAWAYS

- **The Pivot:** Long-term functional outcomes for PGP extend beyond immediate postpartum, with factors influencing activity engagement up to 3 years.
- **The Data:** Specific factors, including pain intensity and fear-avoidance beliefs, are associated with the ability to engage in meaningful activities.
- **The Action:** Clinicians should consider early, individualised physiotherapy and address psychological factors to improve long-term PGP outcomes.

Background

Pelvic girdle pain (PGP) is a common condition during pregnancy, characterised by pain in the posterior pelvic region, symphysis pubis, or both.¹ The impact of PGP can extend beyond pregnancy, affecting a woman's ability to engage in daily activities and maintain quality of life postpartum.² Understanding the factors that influence long-term functional outcomes is essential for effective clinical management and patient counselling.²

Study Design & Findings

A study investigated whether women who experienced PGP during pregnancy were able to engage in meaningful activities at 4 months and 3 years post partum, and identified factors associated with long-term functional outcomes.² The research aimed to provide clarity on the trajectory of recovery and the determinants of functional return.² Another study, a 3-year follow-up of a randomised controlled trial, also investigated the ability of women with pregnancy-related PGP to engage in meaningful activities at 4 months and 3 years post partum.¹ This study specifically focused on factors associated with return to meaningful activities following physiotherapy for PGP during pregnancy.¹ Both studies sought to identify predictors of long-term functional recovery.^{1,2} A qualitative content analysis provided insights from women and healthcare professionals regarding the prevention of pregnancy-related PGP.³ While this study did not directly address long-term functional outcomes, it underscored the importance of early identification and management strategies, which are pertinent to preventing chronic issues.³

The studies collectively indicate that a significant proportion of women with PGP during pregnancy continue to experience limitations in meaningful activities at 4 months and 3 years postpartum.^{1,2} Factors identified as being associated with poorer long-term functional outcomes include higher pain intensity during pregnancy, greater disability scores, and specific psychological factors such as fear-avoidance beliefs.^{1,2} Conversely, early engagement in physiotherapy and adherence to prescribed exercises were associated with improved outcomes.¹ The qualitative analysis highlighted the desire among women for more consistent and earlier information regarding PGP prevention and management from healthcare professionals.³

Limitations & Next Steps

The studies provide valuable insights into the long-term course of PGP. However, the generalisability of findings may be limited by specific study populations. Further research could explore the efficacy of different physiotherapy interventions and the optimal timing for psychological support to address fear-avoidance and other cognitive factors. Longitudinal studies with larger and more diverse cohorts would strengthen the evidence base for PGP management guidelines.

Clinical Implications and Recommendations

The consistent finding that a significant proportion of women continue to experience PGP-related limitations postpartum underscores the need for a paradigm shift in clinical practice. Healthcare professionals, including obstetricians, general practitioners, and physiotherapists, should adopt a proactive approach to PGP management. This includes routine screening for PGP during antenatal appointments, comprehensive pain assessment, and early referral to specialised physiotherapy services. Emphasising the importance of adherence to prescribed exercise programs and providing ongoing education about pain management strategies are crucial for empowering women to take an active role in their recovery.

Furthermore, the identified psychological factors, such as fear-avoidance beliefs, highlight the need for a biopsychosocial approach to PGP management. Integrating psychological support, such as cognitive behavioural therapy (CBT) or pain education, alongside physical therapy interventions, could significantly improve long-term functional outcomes. Clinicians should be trained to identify psychological distress and fear-avoidance behaviours, and to facilitate appropriate referrals to mental health professionals when indicated. Tailored interventions that address both the physical and psychological dimensions of PGP are likely to yield more sustainable improvements in meaningful activity engagement.

The qualitative insights regarding the desire for earlier and more consistent information from healthcare professionals point to a critical gap in current patient education. Developing standardised, evidence-based educational materials and ensuring their consistent delivery across all points of care could significantly improve patient understanding and engagement in preventative and management strategies. This could include information on risk factors, self-management techniques, and the benefits of early physiotherapy intervention. Ultimately, a multidisciplinary approach that integrates early identification, targeted physical therapy, psychological support, and robust patient education is essential for optimising the return to meaningful activities for women experiencing PGP postpartum.

CLINICAL IMPLICATIONS

The persistent nature of pelvic girdle pain for many women, extending years postpartum, underscores a gap in current clinical practice. It is not enough to simply manage symptoms during pregnancy; the evidence points to a need for a more proactive, long-term approach. General practitioners and obstetricians should consider early screening for PGP risk factors and refer patients for physiotherapy interventions promptly, rather than waiting for symptoms to become debilitating or chronic. The emphasis on psychological factors, such as fear-avoidance beliefs, suggests that a multidisciplinary approach, potentially involving psychological support, could significantly improve patient outcomes.

The qualitative data indicating women's desire for earlier and more consistent information about PGP prevention and management is a clear directive for healthcare providers. This is not merely about patient satisfaction; it is about empowering women with knowledge that can influence their engagement with therapy and their long-term functional recovery. The industry, particularly developers of digital health tools, could play a role here by creating accessible, evidence-based resources that support patient education and self-management, integrated with clinical care pathways.

Ultimately, the data compels a shift from reactive symptom management to proactive, preventative, and holistic care for pregnancy-related PGP. This includes a greater emphasis on individualised physiotherapy, addressing psychological barriers to recovery, and ensuring that women receive comprehensive information from the outset. Neglecting these aspects not only impacts individual women's quality of life but also places an avoidable burden on healthcare systems due to prolonged disability.

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