

Special Populations—Pregnancy

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Pelvic floor function

A very small, preliminary, comparative study aimed to evaluate whether 1 session of spinal manipulative therapy (SMT) would alter pelvic floor muscle function.¹ Eleven pregnant women in their 2nd trimester were compared to 15 non-pregnant women using ultrasonographic imaging as a measurement tool. Results showed no changes occurred in the control group following SMT, but the pregnant women were able to relax pelvic floor muscles. This suggests SMT could aid vaginal delivery if relaxation does not occur naturally.

Low back pain (LBP) in pregnancy

- A 2016 meta-analysis evaluated manual therapies (massage, chiropractic and osteopathic) for the management of LBP and pelvic girdle pain in pregnant women.² The study found massage and osteopathic manipulation were beneficial for pain compared to usual care and relaxation, but no differences were found when compared to sham treatments. Additionally, there were limitations in the evidence including risks of publication and methodological biases and a lack of strong control comparisons. More high-quality research is needed.
- A 2015 survey of Canadian obstetricians found referrals for chiropractic care for LBP are limited. The study concludes that improved interprofessional relations could contribute to optimizing care for pregnant women with back pain.³
- A 2015 Cochrane systematic review stated, “There is low-quality evidence that exercise may reduce pregnancy-related LBP and moderate- to low-quality evidence suggesting that any exercise improves functional disability and reduces sick leave more than usual prenatal care. Evidence from single studies suggests that acupuncture or craniosacral therapy improves pregnancy-related pelvic pain, and osteomanipulative therapy or a multi-modal intervention (manual therapy, exercise and education) may also be of benefit.”⁴
- A 2014 systematic review found that for LBP in pregnancy, “two acupuncture studies with low risk of bias showed both clinically important changes and statistically significant results. There was evidence of effectiveness for osteopathy and chiropractic. However, osteopathy and chiropractic studies scored high for risk of bias. Strength of the evidence across studies was very low.”⁵
- A 2014 systematic review found that “all included studies on exercise therapy, and most of the studies on interventions combined with patient education, reported a positive effect on LBP in pregnancy.” It stated that 5 studies using manual therapy (manipulation, mobilization or massage) reported positive effects, but due to multiple interventions (including exercise) the effects of manipulation alone could not be separated out.⁶
- A 2013 RCT conducted by George et al. concluded, “A multimodal approach to low back and pelvic pain in mid pregnancy benefits patients more than standard obstetric care.”⁷

References

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