A 2014 prospective cohort study of pregnant women with low back pain found that most pregnant patients undergoing chiropractic treatment reported clinically relevant improvement at all time points. Patients reported no serious adverse events.\(^1\)

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.”\(^2\)

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.\(^3\)

A 2013 Cochrane review summarized a number of CAM treatments for LBP and pelvic pain in pregnancy. Low-quality evidence supports exercise. Adding any of the following to exercise was beneficial to pelvic and back pain: physical therapy, OMT, acupuncture, a multi-modal intervention including manipulation, or a rigid pelvic belt.\(^4\)

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.”\(^5\)

A 2012 systematic review on adverse events related to spinal manipulation during pregnancy and postpartum stated: “There are only a few reported cases of adverse events following spinal manipulation during pregnancy and the postpartum period identified in the literature. While improved reporting of such events is required in the future, it may be that such injuries are relatively rare.”\(^6\)

References


