



THE INTERNATIONAL SOCIETY FOR
OSTEOPATHIC HEALTHCARE

www.isohc.org

Developing Osteopathic Practice

25th, March, 2021.

REPORT ON THE FOLLOWING CONSULTATION:

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline Antenatal care

Draft for consultation, February 2021

And specifically regarding the following section of care guidelines:

Antenatal care [U] Management of pelvic girdle pain in pregnancy

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Contents

Summary.....	3
ISOHC COMMENTARY AND FEEDBACK.....	6
THE DRAFT RECOMMENDATIONS.....	6
COMMENTS ON RECOMMENDATION 1 4.12 22:.....	7
Comment 1.....	7
Comment 2.....	7
Comment 3.....	8
Comment 4.....	8
LITERATURE SEARCHES.....	10
COMMENTS ON SEARCH STRATEGIES:.....	10
Comment 5.....	10
Comment 6:.....	11
Additional search criteria.....	13
Comment 7.....	13
Comment 8.....	16
EXCLUDED RESEARCH.....	16
Comment 9.....	16
FACTORS IN ADDITION TO PELVIC GIRDLE PAIN.....	17
Additional musculoskeletal factors.....	17
Comment 10.....	17
Non musculoskeletal system outcomes.....	17
Comment 11.....	17
EVIDENCE OF SIMILAR EFFECTS TO USUAL CARE, AND OF PREVENTION OF LOW BACK PAIN OR PELVIC GIRDLE PAIN.....	19
Comment 12.....	19
ADVERSE EVENT REPORTING.....	20
Comment 13.....	20
ECONOMIC ANALYSIS – APPENDIX J.....	20
Comment 14.....	20

Summary.

The International Society for Osteopathic Healthcare is established to provide information regarding osteopathic practice, for its members, practising osteopaths, the general public and other interested stakeholders. The ISOHC hosts a clinical special interest group for Women's Health, Obstetrics, Mother and Baby Support services given by osteopaths and practitioners utilising osteopathic philosophies in practise.

The ISOHC has considered the draft NICE guidelines for the Antenatal Care and found them lacking in substance and relevance regarding manual therapy services in general and services provided by Osteopaths in particular.

The guidelines consider only pelvic girdle pain as something that manual therapy in general may be recommended for, and does not include other presentations that affect pregnancy women, and may be amenable to manual therapy.

We have strong concerns that the literature search strategies utilised has compromised the data retrieval which has led to the omission of important and relevant information regarding the use of manual therapy and the therapeutic role of osteopaths in health service provision for pregnant women. We fear that this may therefore weaken the guidelines and lead to a reduced quality of service for women in the perinatal period.

We have strong concerns that this will adversely impact on the care currently experienced by women in the perinatal period, and the care services provided to pregnant women.

In the UK the osteopathic profession has gained Allied Health Profession Status¹ and can provide an overlap of a range of services with the physiotherapy profession, as well as providing its own care modalities. Hence references to interventions such as exercise and self-care advice, currently discussed under the remit of physiotherapy service provision should also include a recommendation to utilise osteopathic service provision. These elements of care provision are given by both professions and use the same science / evidence base and so recommendations should be for all the manual therapy allied health professionals' services, of **both** professions, to improve the access to healthcare for pregnant women, and to women in the perinatal period. Osteopaths have the competence and the scope of practice to provide health services in this regard, as well as for (but not limited to) the application of manual therapy and osteopathic techniques in the management of pain related conditions.

¹ **Chief Allied Health Professions Officer extends her remit to two additional professions**

3 April 2017

NHS England has extended the remit of the Chief Allied Health Professions Officer to two additional regulated professions.

Since 1 April 2017, Operating Department Practitioners (ODPs) and Osteopaths have joined the existing 12 health professionals currently within the remit of the Chief Allied Health Professions Officer at NHS England. <https://www.england.nhs.uk/2017/04/chief-allied-health-professions-officer-extends-her-remit-to-two-additional-professions/?fbclid=IwAR3JRlltC4GllhiBTQdziS7Z1jbZEm0K4xHqYmwCZGC00JkV2hSjVT2hXezQ>

The osteopathic profession (with over 5000 currently registered with the General Osteopathic Council (GOsC) sees many hundreds of pregnant patients on a weekly basis, and this represents an important part of the overall health service delivery for the antenatal and perinatal period.

As part of the AHP team, osteopaths have been joining with the other members of the 14 professions, to support care delivery and care options for patients. There have been various strategy documents² and calls to action³ regarding AHP service provision which include the need to:

“Support integration, addressing historical service boundaries to reduce duplication and fragmentation”

As osteopaths, as frontline, first contact practitioners, osteopaths are an important part of the health service team, enabling patient assessment, referral and direct care when appropriate, and are working hard considering how best to support the NHS and care services⁴, in general and in this period of COVID care.⁵ It is vitally important that osteopaths, as key AHP workers, can support the NHS, and be used to alleviate pressure on critical care services in times of crisis, and we do not wish the lack of inclusion in any care guidelines to hinder this cooperative dynamic. It is clear that Osteopaths can provide an independent but linked first contact practitioner role as antenatal care service providers, focusing mainly on MSK health issues, and the profession should be used as such.

The NICE guidelines are a key element in care commissioning in NHS services, and if they do not reflect provision by all AHP’s we consider this a significant barrier to information about service possibilities, hinders patient choice and may impact negatively on care pathways for pregnant women, and women in the antenatal and perinatal period. The role of osteopaths includes manual therapy, but also includes key components of care that AHP’s should address such as self-care advice, education, referral services, and inter-professional liaison.

See figure 1.



² NHS ENGLAND: Allied Health Professions into Action Using Allied Health Professionals to transform health, care and wellbeing. 2016/17 - 2020/21 [#AHPsintoAction](#)

³ AHPs into Action Using Allied Health Professionals to transform health, care and wellbeing. [ahp-framework-v1-9.pdf](#)

⁴ Osteopathy as an Allied Health Profession (AHP): Lessons from MDT work in the UK NHS [Link](#)

⁵ Parliamentary Committees. Written responses. From the General Osteopathic Council.

<https://committees.parliament.uk/writtenevidence/4510/html/>

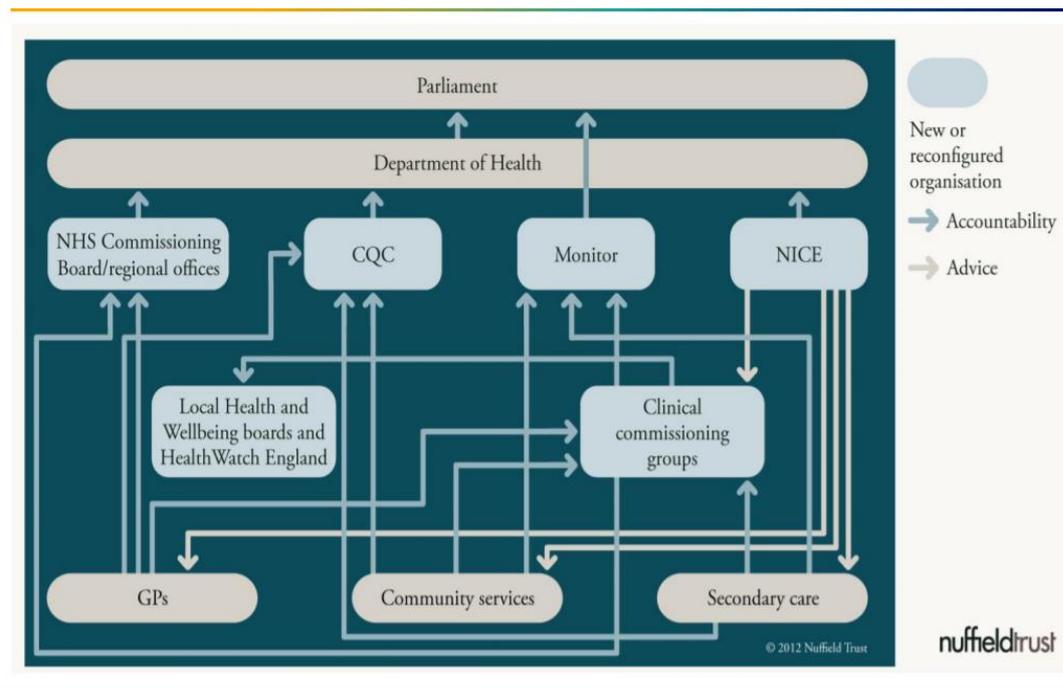


Figure 1 From footnote 4

Recommendations for the antenatal period must also reflect the lived experiences of women, and their care choices and in omitting reference to the care provision by the osteopathic profession we believe this significantly impacts on women's health choices. We feel there is a range of evidence in support of the osteopathic role in antenatal care, and as such this should be reflected in the NICE Antenatal Guidelines. In addition, we highlight that many patients seek private rather than NHS services, and the guidelines should reflect this component of care provision – such that osteopathic and physiotherapy services provision across all modes of delivery should be a part of the guidelines. The guidelines should not relate solely to service provision given within the NHS only. **The communities (of patients and healthcare professionals) that the National Institute for Health and Care Excellence speaks to and for, should be inclusive and representative of all statutory regulated health professions in the UK, and all their patients and clients.**

We submit a range of comments in this report, and hope that these will be taken into consideration.

ISOHC COMMENTARY AND FEEDBACK

THE DRAFT RECOMMENDATIONS

NB *ITALICS DENOTE NICE-DOCUMENT QUOTES*. Text not in italics represents commentary by ISOHC.

Pelvic girdle pain 21

Recommendation 1 4.12 22

7 **Pelvic girdle pain**

8 1.4.12 For women with pregnancy-related pelvic girdle pain, consider referral to
9 physiotherapy services for:

- 10 • exercise advice **and/or**
11 • a non-rigid lumbopelvic belt.

For a short explanation of why the committee made the recommendation and how it might affect practice, see the [rationale and impact section on pelvic girdle pain](#).

Full details of the evidence and the committee's discussion are in [evidence review U: management of pelvic girdle pain in pregnancy](#).

22 *Why the committee made the recommendation*

23 *There was evidence of varying quality from several randomised controlled trials that*

24 *exercise advice from a physiotherapist may reduce pain intensity and pelvic-related*

25 *functional disability. The committee recommended referral to physiotherapy services*

26 *rather than a physiotherapist because information and advice could be given over*

27 *the telephone or in an email or letter rather than in a face-to-face appointment.*

28 *Moderate quality evidence from 1 randomised controlled trial showed that a non-rigid*

29 *lumbopelvic belt together with general information about anatomy, body posture and*

1 *ergonomic advice reduced pelvic girdle pain intensity, compared with exercise*

2 *advice and information, and information only. However, it did not have an impact on*

3 *functional status in daily activities. No evidence was identified about adverse effects*

4 *of using a lumbopelvic belt. Providing a non-rigid lumbopelvic belt was also found to*

5 be cost effective based on an economic evaluation, but because the clinical

6 evidence base was limited, the committee agreed not to make a strong

7 recommendation.

8 How the recommendation might affect practice

9 Current practice for pregnancy-related pelvic girdle pain is to offer analgesics (for

10 example, paracetamol) and provide information about lifestyle and health changes.

11 Some hospitals also have access to physiotherapy services. Providing a lumbopelvic

12 belt is not current practice in all units, so the committee recognised that the

13 recommendation may have cost implications. However, health economic modelling

14 showed that it is cost effective even if women are referred for physiotherapy. The

15 recommendation may increase the number of pregnant women seeking referral to

16 physiotherapy services.

COMMENTS ON RECOMMENDATION 1 4.12 22:

Comment 1

Line 25: The guidelines should not relate only to that service provision given within the NHS only, and should not exclude an existing component of the AHP service provision. The Communities that the National Institute for Health and Care Excellence should be inclusive and representative of all statutory regulated health professions in the UK, and all their patients and clients. Osteopaths as AHP's should be included as a recommended service – osteopaths are employed within the NHS as AHPs and work across a range of positions, including MKS services, as well as in GP practices for example, as well as in private practice. Osteopaths' scope of practice includes the provision of antenatal care services. Osteopathic service providers can (and do) provide telehealth and not-in-person services, as well as face to face consultations.

Comment 2

Line 29. Osteopaths are trained in and are competent to give advice and education on anatomy and posture, in general and in pregnancy. We would like to see the guidelines reflect that osteopaths can provide this component in their service provision. We would also like to highlight that many osteopaths routinely discuss the use of support belts in their management of pregnant patients, and the guidelines should reflect that this is a service that osteopaths can offer.

Comment 3

Line 10. Osteopaths are trained in and are competent to discuss and deliver advice on lifestyle and health changes. We would like to see the guidelines reflect that osteopaths can provide this component in their service provision.

Comment 4

On communication with women, and on information about antenatal services.

Osteopaths do not perform the midwifery, nursing and / or obstetrician role of antenatal screening or specific health guidance and antenatal monitoring, for example.

However, osteopaths through their engagement with many pregnant women and their partners, are aware of many fears, concerns, confusions and lack of awareness that women and their partners may have, and that this can impact on their experiences and choices during their antenatal and perinatal period, and which may impact on bonding and care giving skills within the new family unit.

As such osteopaths are important contributors to conversations that enable women and their partners to understand the need for communication with their main antenatal care team, and osteopaths, as well as physiotherapists, are well placed to help women and their partners find appropriate care and support.

The following papers should inform stakeholders as to the patient's lived experiences of consulting with osteopaths during the antenatal period and highlight the fact that the profile of the patients seeking osteopathic care, and the cost-benefit-risk profiles in this regard are not fully researched. As many patients are and will continue to seek osteopathic care during pregnancy, it is vital that more data is gathered about this service provision.

In this regard much future research on collaborative team working between AHP's and other antenatal care / service providers would be highly valuable, and so **we recommend inter-disciplinary research be undertaken as a priority.**

Where it is clear that patients are seeking osteopathic care, it would also be appropriate for the NICE guidelines to **reflect and recommend that more education for medical and healthcare professionals be provided**, to reduce stereotypes and outdated knowledge of training and education, skills and competence profiles of osteopaths, to clarify and remove barriers to health care that could significantly benefit women in the antenatal period.

See table 1 on next page.

INTERNATIONAL SOCIETY FOR OSTEOPATHIC HEALTHCARE COMMENTARY – NICE ANTENATAL CARE GUIDELINES CONSULTATION

Table 1

STUDY	POPULATION	INTERVENTION	COMPARISON / DETAILS	OUTCOMES
Experiences of pregnant women receiving osteopathic care	Pregnant patients who were undergoing osteopathic care in northern NSW and south-east Queensland, Australia. Data were analysed thematically.	Osteopathic care	This phenomenological study used semi-structured interviews with pregnant women to ascertain their experiences of receiving osteopathic care	<ul style="list-style-type: none"> • Osteopathic care provided symptom relief, particularly for low back and pelvic pain. • Participants wanted a natural childbirth with minimal medical intervention if possible. • Osteopathic care was perceived as helping prepare women's bodies for birth and in so doing helped alleviate anxieties associated with childbirth and with entering the mainstream medical system. • Conclusions: Pregnant women receiving osteopathic care reported experiencing physical and mental health benefits both during pregnancy and in the post-natal period.
Prevalence and characteristics of women who consult with osteopathic practitioners during pregnancy; a report from the Australian Longitudinal Study on Women's Health (ALSWH)	The study sample was obtained via the Australian Longitudinal Study on Women's Health (ALSWH). The women answered questions about consultations with osteopathic practitioners, pregnancy-related health concerns and attitudes to CM use.	Osteopathic care	A total response rate of 79.2% (1835) was obtained. Of these, 104 women (6.1%) consulted with an osteopath during pregnancy for a pregnancy-related health condition. Women were more likely to consult an osteopath if they suffered from back pain, sadness, weight management issues, or had a history of retained placenta.	Women are visiting osteopaths for help with common pregnancy health complaints, highlighting the need for research to evaluate the safety, clinical and cost effectiveness of osteopathy in pregnancy.
Sheraton A, Streckfuss J, Grace S. Experiences of pregnant women receiving osteopathic care. <i>J Bodyw Mov Ther.</i> 2018 Apr;22(2):321-327. doi: 10.1016/j.jbmt.2017.09.007. Epub 2017 Sep 11. PMID: 29861226.				
Frawley J, Sundberg T, Steel A, Sibbritt D, Broom A, Adams J. Prevalence and characteristics of women who consult with osteopathic practitioners during pregnancy; a report from the Australian Longitudinal Study on Women's Health (ALSWH). <i>J Bodyw Mov Ther.</i> 2016 Jan;20(1):168-172. doi: 10.1016/j.jbmt.2015.03.004. Epub 2015 Mar 21. PMID: 26891652.				

LITERATURE SEARCHES

Appendix B – Literature search strategies Literature search strategies for review question: What interventions are effective in treating mild to moderate pelvic girdle pain during pregnancy?

COMMENTS ON SEARCH STRATEGIES:

The PICO review was as follows:

(page 6: <https://www.nice.org.uk/guidance/GID-NG10096/documents/evidence-review-12>)

12 Summary of the protocol

13 Please see Table 1 for a summary of the Population, Intervention, Comparison and Outcome
14 (PICO) characteristics of this review.

15 **Table 1: Summary of the protocol (PICO table)**

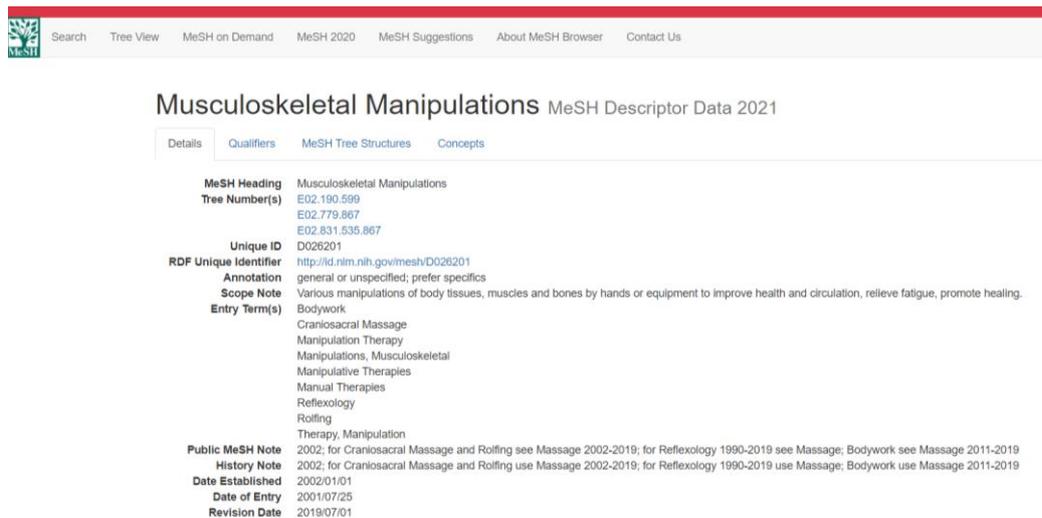
Population	Pregnant women with mild to moderate pelvic girdle pain
Intervention	<ul style="list-style-type: none"> • Acupuncture/Acupressure exercises • Analgesics - only opiates and paracetamol will be considered • Ice packs and heat packs • Manual therapy • Pelvic girdle support • Physiotherapy-delivered advice • Pillow • Reflexology
Comparison	<ul style="list-style-type: none"> • No treatment • Any other intervention listed above
Outcomes	<p>Critical outcomes</p> <ul style="list-style-type: none"> • Pain intensity (pain levels) during pregnancy (pain intensity during labour or birth will not be considered) • Pelvic-related functional disability/functional status during pregnancy (such as ability to perform daily activities) <p>Important outcomes</p> <ul style="list-style-type: none"> • Adverse effects during pregnancy • Days off work/sick leave (during pregnancy or prior to maternity leave) • Days in hospital admitted to antenatal ward for treatment of pelvic girdle pain (exclude admission for labour or early labour) • Women's experience and satisfaction • Admission at birth to the neonatal unit

16 For further details, see the review protocol in appendix A.

Comment 5

The search strategies should have included various MeSH headings, and the term manual therapy, as this is an included intervention of interest in the PICO.

Mesh headings of value, which don't appear to have been used:



MeSH Descriptor Data 2021

Musculoskeletal Manipulations

Details Qualifiers MeSH Tree Structures Concepts

MeSH Heading Musculoskeletal Manipulations
Tree Number(s) E02.190.599
E02.779.867
E02.831.535.867
Unique ID D026201
RDF Unique Identifier http://id.nlm.nih.gov/mesh/D026201
Annotation general or unspecified; prefer specifics
Scope Note Various manipulations of body tissues, muscles and bones by hands or equipment to improve health and circulation, relieve fatigue, promote healing.
Entry Term(s) Bodywork
Craniocacral Massage
Manipulation Therapy
Manipulations, Musculoskeletal
Manipulative Therapies
Manual Therapies
Reflexology
Rolling
Therapy, Manipulation
Public MeSH Note 2002; for Craniocacral Massage and Rolling see Massage 2002-2019; for Reflexology 1990-2019 see Massage; Bodywork see Massage 2011-2019
History Note 2002; for Craniocacral Massage and Rolling use Massage 2002-2019; for Reflexology 1990-2019 use Massage; Bodywork use Massage 2011-2019
Date Established 2002/01/01
Date of Entry 2001/07/25
Revision Date 2019/07/01

Comment 6:

ISOHC was only able to utilise a search of free online databases when preparing this report.

Search of Pubmed, using terms ‘pregnancy’ and ‘manual therapy’ revealed 1284 results, 25/3/21.

61 of these are meta analyses.

209 were randomised controlled trials.

116 were systematic reviews.

10 of these were highly relevant to manual therapy and low back pain and pelvic girdle pain management in pregnancy.

9 of these were not detected in your searches – or at least have not been included in the included or excluded lists. **We believe this is a significant omission which should be address, and we believe these papers should be analysed.**

One of the papers was a systematic review and meta analysis which you excluded as it was an abstract only – we deal with this below.

The list of the 10 papers found through this simple search are:

1. [The effectiveness of complementary manual therapies for pregnancy-related back and pelvic pain: A systematic review with meta-analysis.](#)

Hall H, Cramer H, Sundberg T, Ward L, Adams J, Moore C, Sibbritt D, Lauche R.

Medicine (Baltimore). 2016 Sep;95(38):e4723. doi: 10.1097/MD.0000000000004723.

PMID: 27661020 **Free PMC article.** Review.

2. [Interventions for preventing and treating low-back and pelvic pain during pregnancy.](#)

Liddle SD, Pennick V.

Cochrane Database Syst Rev. 2015 Sep 30;2015(9):CD001139. doi: 10.1002/14651858.CD001139.pub4.

PMID: 26422811 **Free PMC article.** Review.

3. [Osteopathic manipulative treatment for low back and pelvic girdle pain during and after pregnancy: A systematic review and meta-analysis.](#)

Franke H, Franke JD, Belz S, Fryer G.

J Bodyw Mov Ther. 2017 Oct;21(4):752-762. doi: 10.1016/j.jbmt.2017.05.014. Epub 2017 May 31.

PMID: 29037623 Review.

4. [Osteopathic manipulative treatment in gynecology and obstetrics: A systematic review.](#)

Ruffini N, D'Alessandro G, Cardinali L, Frondaroli F, Cerritelli F.

Complement Ther Med. 2016 Jun;26:72-8. doi: 10.1016/j.ctim.2016.03.005. Epub 2016 Mar 7.

PMID: 27261985 Review.

5. [Interventions for preventing and treating pelvic and back pain in pregnancy.](#)

Pennick V, Liddle SD.

Cochrane Database Syst Rev. 2013 Aug 1;(8):CD001139. doi: 10.1002/14651858.CD001139.pub3.

PMID: 23904227 Updated. Review.

6. [Recommendations for physical therapists on the treatment of lumbopelvic pain during pregnancy: a systematic review.](#)

van Benten E, Pool J, Mens J, Pool-Goudzwaard A.

J Orthop Sports Phys Ther. 2014 Jul;44(7):464-73, A1-15. doi: 10.2519/jospt.2014.5098. Epub 2014 May 10.

PMID: 24816503 Review.

7. [Manipulative therapy for pregnancy and related conditions: a systematic review.](#)

Khorsan R, Hawk C, Lisi AJ, Kizhakkeveettil A.

Obstet Gynecol Surv. 2009 Jun;64(6):416-27. doi: 10.1097/OGX.0b013e31819f9ddf.

PMID: 19445815 Review.

8. [Chiropractic Care for Adults With Pregnancy-Related Low Back, Pelvic Girdle Pain, or Combination Pain: A Systematic Review.](#)

Weis CA, Pohlman K, Draper C, daSilva-Oolup S, Stuber K, Hawk C.

J Manipulative Physiol Ther. 2020 Sep;43(7):714-731. doi: 10.1016/j.jmpt.2020.05.005. Epub 2020 Sep 6.

PMID: 32900544 Review.

9. [Chiropractic treatment of pregnancy-related low back pain: a systematic review of the evidence.](#)

Stuber KJ, Smith DL.

J Manipulative Physiol Ther. 2008 Jul-Aug;31(6):447-54. doi: 10.1016/j.jmpt.2008.06.009.

PMID: 18722200 Review.

10. [The Effectiveness of Non-Pharmaceutical Interventions Upon Pregnancy-Related Low Back Pain: A Systematic Review and Meta-Analysis.](#)

Koukoulithras I Sr, Stamouli A, Kolokotsios S, Plexousakis M Sr, Mavrogiannopoulou C.

Cureus. 2021 Jan 30;13(1):e13011. doi: 10.7759/cureus.13011.

PMID: 33728108 **Free PMC article.**

Additional search criteria

Comment 7

A pubmed search including the terms osteopathy and pregnancy revealed 49807 studies.

Adding the term OMT - which is an often applied key word and stands for Osteopathic Manipulative Therapy / Treatment reduced this list to 60 results.

4 of these were systematic reviews relating to pregnancy low back pain and or pelvic girdle pain, and manual therapy.

2 of these were included in the above list.

The remaining two are available as full text articles and so should have been included in your literature review. Again, **we feel this is a significant oversight, and the papers in question reveal possibly relevant and likely provisional important data on the use of manual therapy (specifically osteopathic care) in relation to the management of pregnancy related MSK pain.**

We feel these papers should be reviewed, to evaluate if they inform the guidelines or not. The papers are:

[Pregnancy Research on Osteopathic Manipulation Optimizing Treatment Effects: The PROMOTE Study A Randomized Controlled Trial](#)

Kendi L. HENSEL, Steve BUCHANAN, Sarah K. BROWN, Mayra RODRIGUEZ, des Anges CRUSER

Am J Obstet Gynecol. Author manuscript; available in PMC 2016 Jan 1.

Published in final edited form as: Am J Obstet Gynecol. 2015 Jan; 212(1): 108.e1–108.e9. Published online 2014 Jul 25. doi: 10.1016/j.ajog.2014.07.043

PMCID:

PMC4275366

Abstract

Objective

To evaluate the efficacy of Osteopathic Manipulative Treatment (OMT) to reduce low back pain and improve functioning during the third trimester in pregnancy and improve selected outcomes of labor and delivery.

Study Design

PROMOTE was a randomized, placebo-controlled trial of 400 women in their third trimester. Women were randomized to usual care only (UCO), usual care plus OMT (OMT), or usual care plus placebo ultrasound treatment (PUT). The study included seven treatments over nine weeks. The OMT protocol included specific techniques administered by board-certified OMT specialists. Outcomes were assessed using self-report measures for pain and back-related functioning, and medical records for delivery outcomes.

Results

There were 136 women in the OMT group, 131 in PUT, and 133 in UCO. Characteristics at baseline were similar across groups. Findings indicate significant treatment effects for pain and back related functioning ($P < .001$ for both), with outcomes for the OMT group similar to that of the PUT, but both groups were significantly improved compared to UCO. For secondary outcome of meconium-stained amniotic fluid there were no differences between the groups.

Conclusion

OMT was effective for mitigating pain and functional deterioration compared to the UCO group; however OMT did not differ significantly from PUT. This may be attributed to PUT being a more active treatment than intended. There was no higher likelihood of conversion to high risk status based on treatment group. Therefore, OMT is a safe, effective adjunctive modality to improve pain and functioning during their third trimester.

[Osteopathic Manipulative Treatment of Back Pain and Related Symptoms during Pregnancy: A Randomized Controlled Trial](#)

John C. LICCIARDONE, Steve BUCHANAN, Kendi L. HENSEL, Hollis H. KING, Kimberly G. FULDA, Scott T. STOLL

Am J Obstet Gynecol. Author manuscript; available in PMC 2011 Jan 1.

Published in final edited form as: Am J Obstet Gynecol. 2010 Jan; 202(1): 43.e1–43.e8. Published online 2009 Sep 20. doi: 10.1016/j.ajog.2009.07.057

PMCID:

PMC2811218

Abstract

Objective:

To study osteopathic manipulative treatment (OMT) of back pain and related symptoms during the third trimester of pregnancy.

Study design:

A randomized, placebo-controlled trial was conducted to compare usual obstetrical care (UOBC) and OMT (UOBC+OMT), UOBC and sham ultrasound treatment (UOBC+SUT), and UOBC only. Outcomes included average pain levels and the Roland Morris-Disability Questionnaire (RMDQ) to assess back-specific functioning.

Results:

Intention-to-treat analyses included 144 subjects. The RMDQ scores worsened during pregnancy; however, back-specific functioning deteriorated significantly less in the UOBC+OMT group (effect size, 0.72; 95% CI, 0.31-1.14; P=.001 vs. UOBC only; and effect size, 0.35; 95% CI, -0.06-0.76; P=.09 vs. UOBC+SUT). During pregnancy, back pain decreased in the UOBC+OMT group, remained unchanged in the UOBC+SUT group, and increased in the UOBC only group, although no between-group difference achieved statistical significance.

Conclusion:

Osteopathic manipulative treatment slows or halts the deterioration of back-specific functioning during the third trimester of pregnancy.

The 2 overlap papers:

[Interventions for preventing and treating low-back and pelvic pain during pregnancy](#)

Sarah D Liddle, Victoria Pennick, Cochrane Pregnancy and Childbirth Group

Cochrane Database Syst Rev. 2015 Sep; 2015(9): CD001139. Published online 2015 Sep 30.
doi: 10.1002/14651858.CD001139.pub4

PMCID:

PMC7053516

[The effectiveness of complementary manual therapies for pregnancy-related back and pelvic pain: A systematic review with meta-analysis](#)

Helen Hall, Holger Cramer, Tobias Sundberg, Lesley Ward, Jon Adams, Craig Moore, David Sibbritt, Romy Lauche

Medicine (Baltimore) 2016 Sep; 95(38): e4723. Published online 2016 Sep 23.
doi: 10.1097/MD.0000000000004723

PMCID:

PMC5044890

Comment 8

Whilst both of these papers cannot point to strong evidence in support of manual therapy for pelvic girdle pain, **they do highlight other aspects of interest which we feel should have been commented on in the NICE guidelines. We discuss these below.**

EXCLUDED RESEARCH

In Appendix K there is a list of excluded studies. The reasons for exclusion are listed alongside the title of the paper. Some are listed as being a journal article only, implying that the actual research is not available for appraisal.

Comment 9

We are surprised to see the paper by Franke et al⁶ being excluded as it was apparently only available as an abstract. This is concerning as this paper is freely available as a full text article, and as it is a systematic review and a meta analysis it should have met the inclusion criteria and so have been analysed. **We feel this is a significant oversight which should be addressed.** The full text link is here: <https://core.ac.uk/download/pdf/154925175.pdf>

The summary of this review is included below.

STUDY	ABSTRACT
Osteopathic manipulative treatment for low back and pelvic girdle pain during and after pregnancy: A systematic review and meta-analysis	Background: To examine the effectiveness of osteopathic manipulative treatment (OMT) for low back pain (LBP) in pregnant or postpartum women. Methods: Randomized controlled trials unrestricted by language were reviewed. Outcomes were pain and functional status. Mean difference (MD) or standard mean difference (SMD) and overall effect size were calculated. Results: Of 102 studies, 5 examined OMT for LBP in pregnancy and 3 for postpartum LBP. Moderate-quality evidence suggested OMT had a significant medium-sized effect on decreasing pain (MD, -16.65) and increasing functional status (SMD, -0.50) in pregnant women with LBP. Low-quality evidence suggested OMT had a significant moderate-sized effect on decreasing pain (MD, -38.00) and increasing functional status (SMD, -2.12) in postpartum women with LBP. Conclusions: This review suggests OMT

⁶ Franke, H., Franke, J. D., Belz, S., Fryer, G., Osteopathic manipulative treatment for low back and pelvic girdle pain during and after pregnancy: A systematic review and meta-analysis, Journal of Clinical Chiropractic Pediatrics, 17, 1468-1468, 2018

	produces clinically relevant benefits for pregnant or postpartum women with LBP. Further research may change estimates of effect, and larger, high-quality randomized controlled trials with robust comparison groups are recommended.
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This paper has a number of findings, and as the search was conducted in a more recent time frame and included a wider inclusive literature capture strategy (as recommended by Cochrane) **we believe its finding should supersede those of other reviews**, which do not find evidence in support of manual therapy and / or osteopathy for pelvic girdle pain or low back pain.

FACTORS IN ADDITION TO PELVIC GIRDLE PAIN

Wider benefits of manual therapy given to women during pregnancy and in the antepartum period may be present, whether given by osteopaths or other AHPs such as physiotherapists, beyond specific pelvic girdle pain.

Additional musculoskeletal factors

Comment 10

We are concerned that pelvic girdle pain is the only musculoskeletal presentation included in the antenatal services. This, despite low back pain and back pain being included in the literature searches as terms for the various database searches in Appendix B.

Pelvic girdle pain is not the only MSK complaint that causes significant distress to and reduction of quality of life in pregnant women. Low back pain⁷ is a significant presentation for which many pregnant women seek help from osteopaths⁸ in the antenatal period. **We feel its omission in the NICE antenatal guidelines is a very significant oversight, which should be addressed.**

Non musculoskeletal system outcomes

Comment 11

There may be additional benefits that manual therapy in the antenatal period, may provide for pregnant women during the pregnancy and the peripartum period. Non-musculoskeletal outcomes may be influenced by manual therapy – in other words some obstetrics outcomes may be affected by manual therapy intervention, and this is a potential significant contribution to maternal and obstetric services that should not be overlooked and warrants urgent research to potentially reduce

⁷ Annelie Gutke, Jill Boissonnault, Gill Brook, and Britt Stuge. Journal of Women's Health. Apr 2018.510-517. <http://doi.org/10.1089/jwh.2017.6342>

⁸ Majchrzycki M, Wolski H, Seremak-Mrozikiewicz A, Lipiec J, Marszałek S, Mrozikiewicz PM, Klejewski A, Lisiński P. Application of osteopathic manipulative technique in the treatment of back pain during pregnancy. Ginekol Pol. 2015 Mar;86(3):224-8. doi: 10.17772/gp/2066. PMID: 25920314.

maternal and infant morbidity. Whilst the evidence for this is currently insufficient to impact on obstetric care guidelines, **we strongly recommend that interprofessional research be undertaken in this regard.**

Some of the reported obstetric and non-musculoskeletal outcomes that have been linked to the application of manual therapy are listed in figure 2.⁹ The evidence for such outcomes is insufficient to form any strong view or recommendation, but, if supported by rigorous future research this would be a very beneficial adjunct to standard obstetric care.

Additionally, manual therapy applied to the pelvic floor may be of benefit in reducing intrapartum tissue damage and reduce long term morbidity for women post partum.¹⁰ Skilled practitioners such as women's health trained osteopaths and women's health trained physiotherapists can provide such services and health advice, and thus would have a role to play in a vital health service to improve the care for women in the peripartum period, Accordingly we recommend that **the range of presentations that NICE guidelines consider, and that could be provided by manual therapy AHPS such as physiotherapists and osteopaths, be increased.**

There are also reports that manual therapy may be of benefit during labour and delivery for pain relief¹¹ and we feel that **the scope of future NICE guideline reviews should consider the intrapartum period as well as the antepartum period.**

⁹ Lavelle JM. Osteopathic Manipulative Treatment in Pregnant Women. *J Am Osteopath Assoc* 2012;112(6):343–346.

¹⁰ Beckmann MM, Stock OM. Antenatal perineal massage for reducing perineal trauma. *Cochrane Database Syst Rev.* 2013 Apr 30;(4):CD005123. doi: 10.1002/14651858.CD005123.pub3. PMID: 23633325.

¹¹ Smith CA, Levett KM, Collins CT, Dahlen HG, Ee CC, Sukanuma M. Massage, reflexology and other manual methods for pain management in labour. *Cochrane Database Syst Rev.* 2018 Mar 28;3(3):CD009290. doi: 10.1002/14651858.CD009290.pub3. PMID: 29589380; PMCID: PMC6494169.

Figure 2

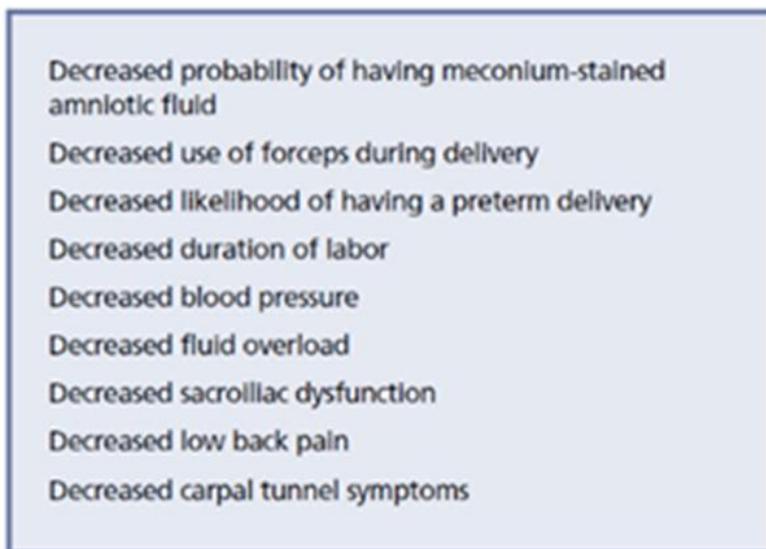


Figure. *Benefits of osteopathic manipulative treatment in pregnant women.*^{11,12,14,15,18,19,24-26}

JAOA • Vol 112 • No 6 • June 2012 • 345

EVIDENCE OF SIMILAR EFFECTS TO USUAL CARE, AND OF PREVENTION OF LOW BACK PAIN OR PELVIC GIRDLE PAIN

Comment 12

Preliminary observation of the studies identified indicates that manual therapy / osteopathic manipulation may be of equivalent benefit to usual care¹², and as such should be acknowledged by the NICE guidelines as **potentially providing an increased opportunity for care if patients were to be referred for osteopathy services**. We recommend that the additional data identified in this

¹² Hall H, Cramer H, Sundberg T, Ward L, Adams J, Moore C, Sibbritt D, Lauche R. The effectiveness of complementary manual therapies for pregnancy-related back and pelvic pain: A systematic review with meta-analysis. *Medicine (Baltimore)*. 2016 Sep;95(38):e4723. doi: 10.1097/MD.0000000000004723. PMID: 27661020; PMCID: PMC5044890.

report be analysed to evaluate the possible benefits of including osteopathic care as an additional service stream to physiotherapy services.

ADVERSE EVENT REPORTING

Comment 13

Preliminary observations of the data revealed in this report shows that although adverse event reporting is low, that the nature of adverse events reported IS low or no risk¹³, and that therefore manual therapy and osteopathic are appear safe for pregnant women. We believe that given that many pregnant patients are seeing osteopathic and manual therapy providers, it is important information for healthcare professionals and the public alike to be aware of. **We consider that the NICE guidelines should include sections on evidence relating to the safety of interventions, as well as effectiveness.**

ECONOMIC ANALYSIS – APPENDIX J

Comment 14

The cost benefit analysis conducted thoroughly on the paper discussing the use of lumbopelvic support belts in pregnancy is useful, but of course represents a cost analysis for NHS budgeting purposes. Whilst this is clearly necessary, we would advocate that cost benefit analysis for pregnant women is also considered – as in loss of days off work, having to take maternity leave early because of pain and functional disability issues, and the subsequent cost both economically and emotionally to the new family unit, and for any social support claims that might need to be made by the patient, as well as any long term health and well being and emotional consequences that might impact on infant care, and on the quality of life and functioning of the woman post-partum, which may place additional costs onto general health services. There is evidence that such a cost benefit of exercise therapy for pain related sick leave¹⁴ and that whilst there was low quality evidence for manual therapy including osteopathy for improvement in functional disability reported in the same paper, this should be a strong priority for a research call within the NICE guidelines. **We would recommend that inter-disciplinary and economic cost analysis for the patient is included within research strategies, and related data to be included in the NICE guidelines.**

END REPORT.

¹³ Franke H, Franke JD, Belz S, Fryer G. Osteopathic manipulative treatment for low back and pelvic girdle pain during and after pregnancy: A systematic review and meta-analysis. *J Bodyw Mov Ther.* 2017 Oct;21(4):752-762. doi: 10.1016/j.jbmt.2017.05.014. Epub 2017 May 31. PMID: 29037623.

¹⁴ Little SD, Pennick V. Interventions for preventing and treating low-back and pelvic pain during pregnancy. *Cochrane Database Syst Rev.* 2015 Sep 30;2015(9):CD001139. doi: 10.1002/14651858.CD001139.pub4. PMID: 26422811; PMCID: PMC7053516.