Current management of pregnancy-related back pain: A national survey of UK physiotherapists

Annette Bishop, Mel Holden, Reuben Ogollah, Nadine E Foster
on behalf of the EASE BACK study team
Back pain in pregnancy

• More than two-thirds of pregnant women experience it

• The pain
  – usually starts around the 18th week of pregnancy
  – increases with advancing pregnancy
  – is usually worse at night
  – usually reduces after childbirth

• By 2 years post-partum, back pain rates are similar to pre-pregnancy rates
  – Some women develop a long-lasting pain and disability problem
Impacts on women and services

Negatively affects:

- Endurance capacity for standing, sitting and walking
- Activities of daily living, including work and sleep
- Ability to stay at work - sick leave
- Enjoyment of the pregnancy

Reports of:

- Increasing number of affected women requesting induction of labour or even elective caesarean section before due date
EASE BACK study

Evaluating acupuncture and standard care for pregnant women with low back pain

• Collaboration between
  – Arthritis Research UK Primary Care Centre
  – Prof Khalid Ismail and Prof Christine Kettle
  – Clinicians at University Hospital North Staffs and Staffordshire and Stoke-on-Trent Partnership Trust
EASE BACK phase 1

A mixed methods study

**Part A:** Surveys of physiotherapists to explore current practice, including use of acupuncture
(n=1093 surveyed; 57% response rate n=629)

**Part B:** Focus groups and interviews with midwives, physiotherapists, and women with back pain
(n=52 participants; in 6 FGs and 18 interviews)
A mixed methods study

**Part A:** Surveys of physiotherapists to explore current practice, including use of acupuncture (n=1093 surveyed; 57% response rate n=629)

**Part B:** Focus groups and interviews with midwives, physiotherapists, and women with back pain (n=52 participants; in 6 FGs and 18 interviews)
Aims of the survey

• To describe current physiotherapy standard care and acupuncture treatment for the management of back pain (with and without pelvic girdle pain) in pregnant women in the UK

• To inform the interventions for a pilot RCT testing the additional benefit of acupuncture to standard care for women with pregnancy-related LBP
Study design and setting

• A cross-sectional postal survey of UK based physiotherapists who treat women with pregnancy related back pain

• Sampled from members of 3 CSP Professional Networks
  – Association of Chartered Physiotherapists in Women’s Health (n=242 mailed)
  – Acupuncture Association of Chartered Physiotherapists (n=501 mailed)
  – McKenzie Institute Mechanical Diagnosis and Therapy Practitioners (n=350 mailed)
Survey questionnaire

• Personal and practice factors
  – Gender, years in practice, band, clinical interests, relevant postgraduate training, use of acupuncture

• Reported clinical behaviour using a case vignette
  – Group or individual, advice, treatment, details of episode of care

• If acupuncture use reported
  – Number of points, usual points used, needle manipulation, duration of treatment

• Open questions
Results

- Overall response rate = 57.5% (629/1093) of which 499 reported experience in managing pregnant women with back pain
- 92% female
- Mean years in practice = 21.5 years (SD 10.4)
- Work setting
  - 40% exclusively NHS
  - 32% exclusively non-NHS
  - 28% combined
Usual care

• Most women would be seen in individual face-to-face appointments (86%)

• Around half (49%) of women would be seen 3-4 times

• Episode of care typically 3-6 weeks (54%)

• The majority (61%) of episodes of care left ‘open’ for the duration of pregnancy
Respondents reported they would provide wide ranging advice

<table>
<thead>
<tr>
<th>Advice</th>
<th>% (n)</th>
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</thead>
<tbody>
<tr>
<td>Postural stresses during pregnancy</td>
<td>97.8 (408)</td>
</tr>
<tr>
<td>Adaptations in posture to help pain</td>
<td>94.7 (395)</td>
</tr>
<tr>
<td>Work</td>
<td>88.7 (370)</td>
</tr>
<tr>
<td>Continuing with everyday activities</td>
<td>86.8 (362)</td>
</tr>
<tr>
<td>Oral advice on self-management</td>
<td>84.4 (352)</td>
</tr>
<tr>
<td>Pacing between activities and rest</td>
<td>83.7 (349)</td>
</tr>
<tr>
<td>Home exercise programme</td>
<td>82.0 (342)</td>
</tr>
<tr>
<td>Use of pillows</td>
<td>81.1 (338)</td>
</tr>
<tr>
<td>Temporary/self-limiting nature of the pain</td>
<td>80.8 (337)</td>
</tr>
<tr>
<td>Adaptation of lifting techniques</td>
<td>80.6 (336)</td>
</tr>
</tbody>
</table>
Usual care - treatment

A variety of treatments for the described patient were reported
A variety of treatments for the described patient were reported:

<table>
<thead>
<tr>
<th>Treatment</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home exercise programme</td>
<td>93.8 (391)</td>
</tr>
<tr>
<td>Stabilisation exercises</td>
<td>92.6 (386)</td>
</tr>
<tr>
<td>Pelvic floor exercises</td>
<td>77.9 (325)</td>
</tr>
<tr>
<td>Support belts</td>
<td>54.9 (229)</td>
</tr>
<tr>
<td>Manual therapy</td>
<td>47.9 (206)</td>
</tr>
<tr>
<td>Supportive pillows</td>
<td>42.7 (178)</td>
</tr>
<tr>
<td>Supervised exercises</td>
<td>36.0 (10)</td>
</tr>
<tr>
<td>Strengthening exercises</td>
<td>35.3 (147)</td>
</tr>
<tr>
<td>Heat</td>
<td>32.6 (136)</td>
</tr>
<tr>
<td>Massage</td>
<td>32.1 (134)</td>
</tr>
</tbody>
</table>
Acupuncture

• 75% trained in acupuncture
• 68% use acupuncture in MSK conditions
• 37% use acupuncture for pregnancy-related LBP
• 71% use western/medical acupuncture
• 16% TCM/traditional acupuncture
• The choice of acupuncture points varied widely
### Choice of acupuncture points

Most commonly reported points for the vignette patient

<table>
<thead>
<tr>
<th>Local (n=92)</th>
<th>% (n)</th>
<th>Distal (n=80)</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BL25</td>
<td>34.8 (32)</td>
<td>GB34</td>
<td>30.9 (25)</td>
</tr>
<tr>
<td>BL23</td>
<td>33.7 (31)</td>
<td>LI4</td>
<td>24.7 (20)</td>
</tr>
<tr>
<td>GB30</td>
<td>26.1 (24)</td>
<td>BL60</td>
<td>19.8 (16)</td>
</tr>
<tr>
<td>BL26</td>
<td>23.9 (22)</td>
<td>LR3</td>
<td>19.8 (16)</td>
</tr>
<tr>
<td>BL24</td>
<td>18.5 (17)</td>
<td>BL62</td>
<td>17.3 (14)</td>
</tr>
<tr>
<td>BL28</td>
<td>14.1 (13)</td>
<td>ST36</td>
<td>16.0 (13)</td>
</tr>
<tr>
<td>BL27</td>
<td>13.0 (12)</td>
<td>BL40</td>
<td>13.6 (11)</td>
</tr>
<tr>
<td>HJJ</td>
<td>10.9 (10)</td>
<td>GB41</td>
<td>8.6 (7)</td>
</tr>
<tr>
<td>BL54</td>
<td>7.6 (7)</td>
<td>BL57</td>
<td>7.4 (6)</td>
</tr>
<tr>
<td>BL22</td>
<td>7.6 (7)</td>
<td>SI3</td>
<td>6.2 (5)</td>
</tr>
</tbody>
</table>

EASE BACK phase 2: pilot RCT

• On-going
• Interventions informed by the survey, interviews and focus groups
• Usual care:
  • A self-management booklet of education and advice
  • Onward referral to 1-to-1 physiotherapy
• Acupuncture
  • Up to 20 needles in situ
  • 6-8 sessions
  • 20-30 minutes duration
  • DeQi elicited
Acknowledgements

- Acupuncture Association of Chartered Physiotherapists
- Association of Chartered Physiotherapists in Women’s Health
- McKenzie Institute of Mechanical Diagnosis and Therapy Practitioners
- All the physiotherapists who participated in the survey

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