GRADE tables for review question: What interventions are effective in treating mild to moderate pelvic girdle pain during pregnancy?

Table 5: Clinical evidence profile for comparison of acupuncture and standard treatment versus standard treatment

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + Standard treatment	Standard treatment	Relative (95% CI)	Absolute		
Pain intensity during pregnancy - pain intensity in the morning (median) (follow-up 7 days; measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	107	108	-	acupuncture + standard median 15 (IQR 7 to 29), standard median 27 (IQR 12 to 58), p<0.001	⊕⊕OO LOW	CRITICAL
Pain intensity during pregnancy - pain intensity in the evening (median) (follow-up 7 days; measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	107	108	-	acupuncture + standard median 31 (IQR 12 to 58), standard median 58 (IQR 40 to 74), p<0.001	⊕⊕OO LOW	CRITICAL
Pain intensity during pregnancy (follow-up 5 weeks; measured with: Numerical rating scale; range of scores: 0-10; Better indicated by lower values)												
1 (Nicolian 2019)	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	serious[4]	none	96	103	-	MD 0.9 lower (1.56 to 0.24 lower)	⊕⊕OO LOW	CRITICAL
Pelvic related functional disability/functional status during pregnancy (follow-up 5 weeks; measured with: Oswestry disability index; range of scores: 0-100; Better indicated by lower values)												
1 (Nicolian 2019)	randomised trials	no serious	no serious inconsistency	no serious indirectness	serious[4]	none	96	103	-	MD 3.5 lower (7.27 lower to 0.27 higher)	⊕⊕⊕O MODERATE	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + Standard treatment	Standard treatment	Relative (95% CI)	Absolute		
		risk of bias										
Adverse effects during pregnancy - adverse events during treatment (assessed with: Self-reported)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	43/125 (34.4%)	8/130 (6.2%)	RR 5.59 (2.74 to 11.41)	282 more per 1000 (from 107 more to 641 more)	⊕⊕⊕O MODERATE	IMPORTANT
Adverse effects during pregnancy - acupuncture specific adverse events												
1 (Nicolian 2019)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	32/96 (33.3%)	0/103 (0%)	Peto OR 11.68 (5.49 to 24.85)	330 more per 1000 (from 240 more to 430 more)[5]	⊕⊕⊕⊕ HIGH	IMPORTANT
Adverse effects during pregnancy - non-specific adverse events												
1 (Nicolian 2019)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[6]	none	29/96 (30.2%)	30/103 (29.1%)	RR 1.04 (0.68 to 1.59)	12 more per 1000 (from 93 fewer to 172 more)	⊕⊕OO LOW	IMPORTANT
Women's experience and satisfaction with care - No pain relief from treatment (follow-up 7 days; assessed with: Self-administered questionnaire)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[6]	none	2/108 (1.9%)	3/100 (3%)	RR 0.62 (0.11 to 3.62)	11 fewer per 1000 (from 27 fewer to 79 more)	⊕OOO VERY LOW	IMPORTANT
Women's experience and satisfaction with care - Treatment harmful (follow-up 7 days; assessed with: Self-administered questionnaire)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[7]	none	43/108 (39.8%)	51/100 (51%)	RR 0.78 (0.58 to 1.05)	112 fewer per 1000 (from 214 fewer to 25 more)	⊕⊕OO LOW	IMPORTANT
Women's experience and satisfaction with care - Treatment no help (follow-up 7 days; assessed with: Self-administered questionnaire within 1 week of treatment)												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + Standard treatment	Standard treatment	Relative (95% CI)	Absolute		
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	4/108 (3.7%)	25/100 (25%)	RR 0.15 (0.05 to 0.41)	213 fewer per 1000 (from 148 fewer to 237 fewer)	⊕⊕⊕O MODERATE	IMPORTANT
Women's experience and satisfaction with care - Treatment good or very good help (follow-up 7 days; assessed with: Self-administered questionnaire)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	83/108 (76.9%)	22/100 (22%)	RR 3.92 (2.63 to 5.86)	642 more per 1000 (from 359 more to 1000 more)	⊕⊕⊕O MODERATE	IMPORTANT
Admission at birth to the neonatal unit (assessed with: Medical Birth Register)												
2‡	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[6]	none	10/220 (4.5%)	13/232 (5.6%)	RR 0.81 (0.36 to 1.82)	11 fewer per 1000 (from 36 fewer to 46 more)	⊕OOO VERY LOW	IMPORTANT

CI: confidence interval; IQR: interquartile range; MD: mean difference; OR: odds ratio; RR: risk ratio

[1] Evidence downgraded by 1 level due to high risk of bias regarding deviations from intended interventions, and unclear risk of bias regarding allocation concealment and selection of the reported result.
[2] Evidence downgraded by 1 level due to serious imprecision surrounding small sample size.
[3] Evidence downgraded by 1 level due to high risk of bias regarding measurement of the outcome.
[4] Evidence downgraded by 1 level because 95% CI crosses one MID for continuous outcomes (0.5x SD control = 1.184 for pain intensity, 6.771 for pelvic disability).
[5] Absolute effect manually calculated as 0 events in control arm.
[6] Evidence downgraded by 2 levels because 95% CI crosses two default MIDs for dichotomous outcomes (0.8 and 1.25).
[7] Evidence downgraded by 1 level because 95% CI crosses one default MID for dichotomous outcomes (0.8 or 1.25).
‡ For references see corresponding Forest Plot

Table 6: Clinical evidence profile for comparison of acupuncture and standard treatment versus non-penetrating sham acupuncture and standard treatment

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + Standard treatment	Non-penetrating sham acupuncture + Standard treatment	Relative (95% CI)	Absolute		
Pain intensity during pregnancy - pain intensity in the morning (median) (follow-up 7 days; measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[2]	none	58	57	-	acupuncture + standard median 25 (IQR 18 to 31), non-penetrating sham acupuncture + standard median 24 (IQR 13 to 33), p=0.29	⊕OOO VERY LOW	CRITICAL
Pain intensity during pregnancy - pain intensity in the evening (median) (follow-up 7 days; measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[2]	none	58	57	-	acupuncture + standard median 36 (IQR 30 to 46), non-penetrating sham acupuncture + standard median 41 (IQR 31 to 52) p=0.48	⊕OOO VERY LOW	CRITICAL
Pain intensity during pregnancy - pelvic girdle pain discomfort (median) (follow-up 7 days; measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[2]	none	58	57	-	acupuncture + standard median 36 (95% CI from 21 to 42), non-penetrating sham acupuncture + standard median 41 (95% CI from 26 to 53), p=0.15	⊕OOO VERY LOW	CRITICAL
Pelvic-related functional disability/functional status during pregnancy (median) (follow-up 7 days; measured with: Disability rating index questionnaire; range of scores: 0-100; Better indicated by lower values)												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + Standard treatment	Non-penetrating sham acupuncture + Standard treatment	Relative (95% CI)	Absolute		
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[2]	none	58	57	-	acupuncture + standard median 44 (IQR 30 to 56), non-penetrating sham acupuncture + standard median 55 (IQR 44 to 73), p=0.001	⊕OOO VERY LOW	CRITICAL
Pelvic-related functional disability/functional status during pregnancy (median) (follow-up 7 days; measured with: Oswestry disability index questionnaire; range of scores: 0-100; Better indicated by lower values)												
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[2]	none	58	57	-	acupuncture + standard median 35 (95% CI from 30 to 42), non-penetrating sham acupuncture + standard median 37 (95% CI from 30 to 42), p=0.47	⊕OOO VERY LOW	CRITICAL
Adverse effects during pregnancy - Experience of de qi sensation (assessed with: Self-administered questionnaire)												
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	no serious imprecision	none	54/58 (93.1%)	16/57 (28.1%)	RR 3.32 (2.18 to 5.06)	651 more per 1000 (from 331 more to 1000 more)	⊕⊕OO LOW	IMPORTANT
Adverse effects during pregnancy - Fainting (assessed with: Self-administered questionnaire)												
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[3]	none	5/58 (8.6%)	4/57 (7%)	RR 1.23 (0.35 to 4.34)	16 more per 1000 (from 46 fewer to 234 more)	⊕OOO VERY LOW	IMPORTANT
Adverse effects during pregnancy - Haematoma (assessed with: Self-administered questionnaire)												
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[3]	none	17/58 (29.3%)	17/57 (29.8%)	RR 0.98 (0.56 to 1.73)	6 fewer per 1000 (from 131 fewer to 218 more)	⊕OOO VERY LOW	IMPORTANT

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + Standard treatment	Non-penetrating sham acupuncture + Standard treatment	Relative (95% CI)	Absolute		
Adverse effects during pregnancy - Needle pain (assessed with: Self-administered questionnaire)												
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[3]	none	12/58 (20.7%)	13/57 (22.8%)	RR 0.91 (0.45 to 1.82)	21 fewer per 1000 (from 125 fewer to 187 more)	⊕OOO VERY LOW	IMPORTANT
Adverse effects during pregnancy - Sleepiness (assessed with: Self-administered questionnaire)												
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[3]	none	3/58 (5.2%)	2/57 (3.5%)	RR 1.47 (0.26 to 8.5)	16 more per 1000 (from 26 fewer to 263 more)	⊕OOO VERY LOW	IMPORTANT
Adverse effects during pregnancy - Slight bleeding (assessed with: Self-administered questionnaire)												
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[3]	none	35/58 (60.3%)	34/57 (59.6%)	RR 1.01 (0.75 to 1.36)	6 more per 1000 (from 149 fewer to 215 more)	⊕OOO VERY LOW	IMPORTANT

CI: confidence interval; IQR: interquartile range; RR: risk ratio

[1] Evidence downgraded by 2 levels as 48% of the sample are women with severe pelvic pain.
[2] Evidence downgraded by 2 levels due to very serious imprecision surrounding small sample size..
[3] Evidence downgraded by 2 levels because 95% CI crosses two default MIDs for dichotomous outcomes (0.8 and 1.25).

Table 7: Clinical evidence profile for comparison of acupuncture versus physiotherapy-delivered in-home exercise advice

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + Standard treatment	Physiotherapy-delivered in-home exercise advice + Standard treatment	Relative (95% CI)	Absolute	Quality	Importance
Adverse effects during pregnancy - serious adverse events (assessed with: Self-reported)												
1 (Wedenberg 2000)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[3]	none	0/28 (0%)	0/18 (0%)	RD 0 (-0.09 to 0.09)	0 fewer per 1000 (from 90 fewer to 90 more)	⊕OOO VERY LOW	IMPORTANT
Adverse effects during pregnancy - minor adverse events (assessed with: Self-reported)												
1 (Wedenberg 2000)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[4]	none	2/28 (7.1%)	5/18 (27.8%)	RR 0.26 (0.06 to 1.19)	206 fewer per 1000 (from 261 fewer to 53 more)	⊕OOO VERY LOW	IMPORTANT
Women's experience and satisfaction with care - Treatment excellent or good help (follow-up 1 weeks; assessed with: Self-report questionnaire)												
1 (Wedenberg 2000)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[4]	none	27/28 (96.4%)	14/18 (77.8%)	RR 1.24 (0.96 to 1.6)	187 more per 1000 (from 31 fewer to 467 more)	⊕OOO VERY LOW	IMPORTANT
Admission at birth to the neonatal unit (non-event)												
1 (Wedenberg 2000)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[3]	none	0/28 (0%)	0/18 (0%)	RD 0 (-0.09 to 0.09)	0 fewer per 1000 (from 90 fewer to 90 more)	⊕OOO VERY LOW	IMPORTANT

CI: confidence interval; RD: risk difference; RR: risk ratio
[1] Evidence downgraded by 2 levels due to high risk regarding blinding of participants, missing outcome data (>20% dropout rate in control arm) and other bias (participants in the physiotherapy group received other treatments), and unclear risk of bias regarding randomisation process, measurement of the outcome, and selection of the reported result.
[2] Evidence downgraded by 1 level as 22% of the physiotherapy group had only back pain
[3] Evidence downgraded by 2 levels due to very serious imprecision surrounding small sample size.
[4] Evidence downgraded by 1 level because 95% CI crosses one default MID for dichotomous outcomes (0.8 or 1.25).

Table 8: Clinical evidence profile for comparison of acupuncture and standard treatment versus physiotherapy-delivered in-home exercise advice and standard treatment

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + Standard treatment	Physiotherapy-delivered in-home exercise advice + Standard treatment	Relative (95% CI)	Absolute		
Pain intensity during pregnancy - pain intensity in the morning (median) (follow-up 7 days; measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	107	108	-	acupuncture + standard median 15 (IQR 7 to 29), physiotherapy + standard median 18 (IQR 9 to 37), p=NS	⊕⊕OO LOW	CRITICAL
Pain intensity during pregnancy - pain intensity in the evening (median) (follow-up 7 days; measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	107	108	-	acupuncture + standard median 31 (IQR 12 to 58), physiotherapy + standard median 45 (IQR 21 to 68), p=0.01	⊕⊕OO LOW	CRITICAL
Adverse effects during pregnancy - adverse events (assessed with: Self-reported)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	43/125 (34.4%)	22/131 (16.8%)	RR 2.05 (1.3 to 3.22)	176 more per 1000 (from 50 more to 373 more)	⊕⊕⊕O MODERATE	IMPORTANT
Women's experience and satisfaction with care - No pain relief from treatment (follow-up 7 days)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	2/108 (1.9%)	5/111 (4.5%)	RR 0.41 (0.08 to 2.07)	27 fewer per 1000 (from 41 fewer to 48 more)	⊕OOO VERY LOW	IMPORTANT
Women's experience and satisfaction with care - Treatment harmful (follow-up 7 days)												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + Standard treatment	Physiotherapy-delivered in-home exercise advice + Standard treatment	Relative (95% CI)	Absolute		
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	43/108 (39.8%)	22/111 (19.8%)	RR 2.01 (1.29 to 3.12)	200 more per 1000 (from 57 more to 420 more)	⊕⊕⊕O MODERATE	IMPORTANT
Women's experience and satisfaction with care - Treatment no help (follow-up 7 days)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	4/108 (3.7%)	2/111 (1.8%)	RR 2.06 (0.38 to 10.99)	19 more per 1000 (from 11 fewer to 180 more)	⊕OOO VERY LOW	IMPORTANT
Women's experience and satisfaction with care - Treatment good or very good help (follow-up 7 days)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	83/108 (76.9%)	81/111 (73%)	RR 1.05 (0.9 to 1.23)	36 more per 1000 (from 73 fewer to 168 more)	⊕⊕⊕O MODERATE	IMPORTANT
Admission at birth to the neonatal unit												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	6/125 (4.8%)	9/131 (6.9%)	RR 0.7 (0.26 to 1.91)	21 fewer per 1000 (from 51 fewer to 63 more)	⊕OOO VERY LOW	IMPORTANT

CI: confidence interval; IQR: interquartile range; RR: risk ratio
[1] Evidence downgraded by 1 level due to high risk of bias regarding deviations from intended interventions, and unclear risk of bias regarding allocation concealment and Selection of the reported result.
[2] Evidence downgraded by 1 level due to serious imprecision surrounding small sample size.
[3] Evidence downgraded by 2 levels because 95% CI crosses two default MIDs for dichotomous outcomes (0.8 and 1.25).

Table 9: Clinical evidence profile for comparison of manual therapy (chiropractic treatment) versus standard treatment

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manual therapy (Chiropractic treatment)	Standard treatment	Relative (95% CI)	Absolute		
Pain intensity during pregnancy - pain intensity between week 21 and 30 of pregnancy (follow-up 6 weeks; measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Gausel 2017)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	25	21	-	MD 3.7 lower (15.92 lower to 8.52 higher)	⊕OOO VERY LOW	CRITICAL
Pain intensity during pregnancy - pain intensity between week 33 and 40 of pregnancy (follow-up 6 weeks; measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Gausel 2017)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	24	21	-	MD 3.9 lower (21.81 lower to 14.01 higher)	⊕OOO VERY LOW	CRITICAL
Pelvic-related functional disability/functional status during pregnancy - pelvic-related functional disability at week 30 of pregnancy (follow-up 6 weeks; measured with: Oswestry disability index (ODI) questionnaire; range of scores: 0-100; Better indicated by lower values)												
1 (Gausel 2017)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	25	21	-	MD 2.6 higher (6.58 lower to 11.78 higher)	⊕OOO VERY LOW	CRITICAL
Days off work/sick leave during pregnancy or prior to maternity leave - New sick leave due to pelvic girdle pain and/or lower back pain (weeks 19-30)												
1 (Gausel 2017)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	7/21 (33.3%)	8/21 (38.1%)	RR 0.88 (0.39 to 1.98)	46 fewer per 1000 (from 232 fewer to 373 more)	⊕OOO VERY LOW	IMPORTANT
Days off work/sick leave during pregnancy or prior to maternity leave - New sick leave due to pelvic girdle pain and/or lower back pain (week 31-36)												
1 (Gausel 2017)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	8/28 (28.6%)	10/28 (35.7%)	RR 0.72 (0.36 to 1.45)	100 fewer per 1000 (from 229 fewer to 161 more)	⊕OOO VERY LOW	IMPORTANT

CI: confidence interval; MD: mean difference; RR: risk ratio
[1] Evidence downgraded by 2 levels due to high risk of bias regarding blinding of personnel, selection of the reported result, some baseline imbalances between groups, and unclear risk of bias regarding randomisation process and allocation concealment.

[2] Evidence downgraded by 2 levels because 95% CI cross 2 MIDs for continuous outcomes (0.5 x control group SD =8.25 for pain intensity, 5.57 for pelvic-related disability)
[3] Evidence downgraded by 2 levels because 95% CI crosses two default MIDs for dichotomous outcomes (0.8 and 1.25).

Table 10: Clinical evidence profile for comparison of manual therapy (craniosacral therapy) and standard treatment versus standard treatment

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manual therapy (Craniosacral therapy) + Standard treatment	Standard treatment	Relative (95% CI)	Absolute		
Pain intensity during pregnancy - pain intensity in the morning (median) (follow-up 7 days; measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[2]	none	63	60	-	manual therapy + standard median 27 (95% CI from 25 to 36), standard median 35 (95% CI from 34 to 46), p=0.02	⊕OOO VERY LOW	CRITICAL
Pain intensity during pregnancy - pain intensity in the evening (median) (follow-up 7 days; measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[2]	none	63	60	-	manual therapy + standard median 58 (95% CI from 48 to 60), standard median 66 (95% CI from 55 to 67), p=0.08	⊕OOO VERY LOW	CRITICAL
Pain intensity during pregnancy - pelvic girdle pain discomfort (median) (follow-up 7 days; measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[2]	none	63	60	-	manual therapy + standard median 51.5 (95% CI from 45 to 59), standard median 51 (95% CI from 42 to 70), p=0.43	⊕OOO VERY LOW	CRITICAL
Pelvic-related functional disability/functional status during pregnancy (median) (follow-up 7 days; measured with: Disability rating index questionnaire; range of scores: 0-100; Better indicated by lower values)												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manual therapy (Craniosacral therapy) + Standard treatment	Standard treatment	Relative (95% CI)	Absolute		
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[2]	none	63	60	-	manual therapy + standard median 58 (95% CI from 50 to 66), standard median 61.5 (95% CI from 54 to 72) , p=0.30	⊕OOO VERY LOW	CRITICAL
Pelvic-related functional disability/functional status during pregnancy (median) (follow-up 7 days; measured with: Oswestry Disability Index questionnaire-revised version; range of scores: 0-100; Better indicated by lower values)												
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[2]	none	63	60	-	manual therapy + standard median 40 (95% CI from 34 to 46), standard median 48 (95% CI from 40 to 56), p=0.02	⊕OOO VERY LOW	CRITICAL
Days off work/sick leave during pregnancy or prior to maternity leave - Sick leave (follow-up 7 days)												
1 (Elden 2013)	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[3]	none	15/63 (23.8%)	10/60 (16.7%)	RR 1.43 (0.7 to 2.93)	72 more per 1000 (from 50 fewer to 322 more)	⊕OOO VERY LOW	IMPORTANT

CI: confidence interval; RR: risk ratio
[1] Evidence downgraded by 2 levels as 47% of the sample are women with severe pelvic pain.
[2] Evidence downgraded by 2 levels due to very serious imprecision surrounding small sample size.
[3] Evidence downgraded by 2 levels because 95% CI crosses two default MIDs for dichotomous outcomes (0.8 and 1.25).

Table 11: Clinical evidence profile for comparison of manual therapy (foot manipulation) and physiotherapy-delivered in-home exercise advice versus sham manual therapy (sham foot manipulation) and physiotherapy-delivered in-home exercise advice

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manual therapy (Foot manipulation) + Physiotherapy-delivered in-home exercise advice	Sham manual therapy (sham foot manipulation) + Physiotherapy-delivered in-home exercise advice	Relative (95% CI)	Absolute		
Pain intensity during pregnancy - pain intensity in pelvic region at morning (measured with: Visual analogue scale after 6th weekly session; range of scores: 0-100; Better indicated by lower values)												
1 (Melkersson 2017)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	31	39	-	MD 9 lower (19.78 lower to 1.78 higher)	⊕⊕OO LOW	CRITICAL
Pain intensity during pregnancy - pain intensity in pelvic region at evening (measured with: Visual analogue scale after 6th weekly session; range of scores: 0-100; Better indicated by lower values)												
1 (Melkersson 2017)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	29	33	-	MD 18 lower (29.97 to 6.03 lower)	⊕⊕OO LOW	CRITICAL
Pain intensity during pregnancy - pain in symphysis (measured with: Visual analogue scale after 6th weekly session; range of scores: 0-100; Better indicated by lower values)												
1 (Melkersson 2017)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	28	27	-	MD 3 lower (11.54 lower to 5.54 higher)	⊕⊕OO LOW	CRITICAL

CI: confidence interval; MD: mean difference
[1] Evidence downgraded by 1 level due to high risk of bias regarding blinding of participants/personnel and unclear risk of bias regarding randomisation process and allocation concealment.
[2] Evidence downgraded by 1 levels because 95% CI cross 1 MID for continuous outcomes (0.5 x control group SD = 8 for pelvic pain in the morning at first follow up, 11.5 for pelvic pain in the evening at first follow up, 8.5 for symphysis pain before treatment)

Table 12: Clinical evidence profile for comparison of pelvic girdle support belt and information versus information

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Pelvic girdle support belt + Information	Information	Relative (95% CI)	Absolute		
Pain intensity during pregnancy - pain intensity (measured with: Visual analogue scale: range of scores: 0-100; Better indicated by lower values)												
1 (Kordi 2013)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	34	31	-	MD 34.2 lower (41.62 to 26.78 lower)	⊕⊕OO LOW	CRITICAL
Pelvic-related functional disability/functional status during pregnancy - (measured with: Oswestry disability index questionnaire; range of scores: 0-100; Better indicated by lower values)												
1 (Kordi 2013)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	34	31	-	MD 5.6 lower (9.86 to 1.34 lower)	⊕OOO VERY LOW	CRITICAL

CI: confidence interval; MD: mean difference
[1] Evidence downgraded by 2 levels due to high risk of bias regarding blinding, unclear risk of bias regarding allocation concealment and measurement of the outcome.
[2] Evidence downgraded by 1 levels because 95% CI cross 1 MID for continuous outcomes (0.5 x control group SD = 5.85 for pelvic-related functional disability at baseline).

Table 13: Clinical evidence profile for comparison of pelvic girdle support belt and information versus physiotherapy-delivered in-home exercise advice and information

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Pelvic girdle support belt + Information	Physiotherapy-delivered in-home exercise advice + Information	Relative (95% CI)	Absolute		
Pain intensity during pregnancy - pain intensity (measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Kordi 2013)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	34	31	-	MD 20.10 lower (28.29 to 11.91 lower)	⊕⊕OO LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Pelvic girdle support belt + Information	Physiotherapy-delivered in-home exercise advice + Information	Relative (95% CI)	Absolute		
Pelvic-related functional disability/functional status during pregnancy - (measured with: Oswestry disability index questionnaire; range of scores: 0-100; Better indicated by lower values)												
1 (Kordi 2013)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	34	31	-	MD 1.4 lower (5.13 lower to 2.33 higher)	⊕⊕□OLOW	CRITICAL

CI: confidence interval; MD: mean difference
[1] Evidence downgraded by 2 levels due to high risk of bias regarding blinding, unclear risk of bias regarding allocation concealment and measurement of the outcome.

Table 14: Clinical evidence profile for comparison of physiotherapy-delivered in-home exercise advice versus standard treatment

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physiotherapy-delivered in-home exercise advice	Standard treatment	Relative (95% CI)	Absolute		
Pain intensity during pregnancy - Pain intensity (measured with: Visual analogue scale after 12 weeks treatment; range of scores: 0-10; Better indicated by lower values)												
1 (Mirmolaei 2018)	randomised trials	serious[1]	no serious inconsistency	serious[2]	serious[3]	none	88	83	-	MD 2.07 lower (2.9 to 1.24 lower)	⊕OOO VERY LOW	CRITICAL
Pelvic-related functional disability/functional status during pregnancy - (measured with: Oswestry disability index questionnaire after 12 weeks treatment; range of scores: 0-100; Better indicated by lower values)												
1 (Mirmolaei 2018)	randomised trials	serious[1]	no serious inconsistency	serious[2]	serious[3]	none	88	83	-	MD 9.94 lower (14.71 to 5.17 lower)	⊕OOO VERY LOW	CRITICAL

CI: confidence interval; MD: mean difference

[1] Evidence downgraded by 1 level due to unclear risk of bias regarding randomisation process, allocation concealment, measurement of the outcome, and Selection of the reported result.
[2] Evidence downgraded by 1 level because 15% of the sample are women with back pain only
[4] Evidence downgraded by 1 levels because 95% CI cross 1 MID for continuous outcomes (0.5 x control group SD = 1.36 for pain intensity at baseline, 7.12 for pelvic-related disability at baseline).

Table 15: Clinical evidence profile for comparison of physiotherapy-delivered in-home exercise advice and standard treatment versus standard treatment

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physiotherapy-delivered in-home exercise advice + Standard treatment	Standard treatment	Relative (95% CI)	Absolute		
Pain intensity during pregnancy - pain intensity in the morning (median) (follow-up 7 days; measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	106	108	-	physiotherapy + standard median 18 (IQR 9 to 37), standard median 27 (IQR 12 to 58), p=0.03	⊕⊕OO LOW	CRITICAL
Pain intensity during pregnancy - pain intensity in the evening (median) (follow-up 7 days; measured with: Visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	106	108	-	physiotherapy + standard median 45 (IQR 21 to 68), standard median 58 (IQR 40 to 74) p=0.02	⊕⊕OO LOW	CRITICAL
Adverse effects during pregnancy - adverse events during treatment												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	22/131 (16.8%)	8/130 (6.2%)	RR 2.73 (1.26 to 5.91)	106 more per 1000 (from 16 more to 302 more)	⊕⊕⊕O MODERATE	IMPORTANT
Women's experience and satisfaction with care - No pain relief from treatment (follow-up 7 days)												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physiotherapy-delivered in-home exercise advice + Standard treatment	Standard treatment	Relative (95% CI)	Absolute		
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	5/111 (4.5%)	3/100 (3%)	RR 1.5 (0.37 to 6.12)	15 more per 1000 (from 19 fewer to 154 more)	⊕OOO VERY LOW	IMPORTANT
Women's experience and satisfaction with care - Treatment harmful (follow-up 7 days)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	22/111 (19.8%)	51/100 (51%)	RR 0.39 (0.26 to 0.59)	311 fewer per 1000 (from 209 fewer to 377 fewer)	⊕⊕⊕O MODERATE	IMPORTANT
Women's experience and satisfaction with care - Treatment no help (follow-up 7 days)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	2/111 (1.8%)	25/100 (25%)	RR 0.07 (0.02 to 0.3)	233 fewer per 1000 (from 175 fewer to 245 fewer)	⊕⊕⊕O MODERATE	IMPORTANT
Women's experience and satisfaction with care - Treatment good or very good help (follow-up 7 days)												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	81/111 (73%)	22/100 (22%)	RR 3.32 (2.25 to 4.88)	510 more per 1000 (from 275 more to 854 more)	⊕⊕⊕O MODERATE	IMPORTANT
Admission at birth to the neonatal unit												
1 (Elden 2005/2008b)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	9/130 (6.9%)	6/129 (4.7%)	RR 1.49 (0.55 to 4.06)	23 more per 1000 (from 21 fewer to 142 more)	⊕OOO VERY LOW	IMPORTANT

CI: confidence interval; IQR: interquartile range; RR: risk ratio
[1] Evidence downgraded by 1 level due to high risk of bias regarding deviations from intended interventions, and unclear risk of bias regarding allocation concealment and Selection of the reported result.
[2] Evidence downgraded by 1 level due to serious imprecision surrounding small sample size'.
[3] Evidence downgraded by 2 levels because 95% CI crosses two default MIDs for dichotomous outcomes (0.8 and 1.25).

Table 16: Clinical evidence profile for comparison of physiotherapy-delivered in-home exercise advice and information versus information

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physiotherapy-delivered in-home exercise advice + Information	Information	Relative (95% CI)	Absolute		
Pain intensity during pregnancy - pain intensity (measured with: Visual analogue scale after 6 weeks treatment; range of scores: 0-100; Better indicated by lower values)												
1 (Kordi 2013)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	34	31	-	MD 14.1 lower (22.14 to 6.06 lower)	⊕OOO VERY LOW	CRITICAL
Pelvic-related functional disability/functional status during pregnancy - (measured with: Oswestry disability index questionnaire after 6 weeks treatment; range of scores: 0-100; Better indicated by lower values)												
1 (Kordi 2013)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	34	31	-	MD 4.2 lower (8.55 lower to 0.15 higher)	⊕OOO VERY LOW	CRITICAL

CI: confidence interval; MD: mean difference
[1] Evidence downgraded by 2 levels due to high risk of bias regarding blinding unclear risk of bias regarding allocation concealment and measurement of the outcome.
[2] Evidence downgraded by 1 levels because 95% CI cross 1 MID for continuous outcomes (0.5 x control group SD = 6.90 for pain intensity at baseline, 5.85 for pelvic-related disability at baseline).

Table 17: Clinical evidence profile for comparison of physiotherapy-delivered in-home exercise advice + information + pelvic girdle support belt versus information + pelvic girdle support belt

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physiotherapy-delivered in-home exercise advice + Information + Pelvic girdle support belt	Information + Pelvic girdle support belt	Relative (95% CI)	Absolute		
Pain intensity during pregnancy - pain intensity (median) (measured with: Visual analogue scale at 38 weeks gestation; range of scores: 0-100; Better indicated by lower values)												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physiotherapy-delivered in-home exercise advice + Information + Pelvic girdle support belt	Information + Pelvic girdle support belt	Relative (95% CI)	Absolute		
1 (Nilsson-Wikmar 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	41	40	-	physiotherapy in home + information + support belt median 50 (IQR 18 to 99), information + support belt median 49 (IQR 0 to 98), p=0.82[3]	⊕OOO VERY LOW	CRITICAL
Pelvic-related functional disability/functional status during pregnancy (median) (measured with: Disability rating index questionnaire at 38 weeks gestation; range of scores: 0-100; Better indicated by lower values)												
1 (Nilsson-Wikmar 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	41	40	-	physiotherapy in home + information + support belt median 66 (IQR 21 to 91), information + support belt median 65 (IQR 13 to 92), p=0.58[3]	⊕OOO VERY LOW	CRITICAL

CI: confidence interval; IQR: interquartile range
[1] Evidence downgraded by 2 levels due to high risk of bias regarding blinding, randomisation process and imbalances between groups, and unclear risk of bias regarding allocation concealment and selection of the reported result.
[2] Evidence downgraded by 2 levels due to very serious imprecision surrounding small sample size.
[3] p value for group effect including 3 arms of trial, see clinical evidence table for more information.

Table 18: Clinical evidence profile for comparison of physiotherapy-delivered in-home exercise advice + information + pelvic girdle support belt versus physiotherapy-delivered in-clinic exercise advice + information + pelvic girdle support belt

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physiotherapy-delivered in-home exercise advice + Information + Pelvic girdle support belt	Physiotherapy-delivered in-clinic exercise advice + Information + Pelvic girdle support belt	Relative (95% CI)	Absolute		
Pain intensity during pregnancy - pain intensity (median) (measured with: Visual analogue scale at 38 weeks gestation; range of scores: 0-100; Better indicated by lower values)												
1 (Nilsson-Wikmar 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	41	37	-	physiotherapy in home + information + support belt median 50 (IQR 18 to 99), physiotherapy in clinic + information + support belt median 62 (IQR 0 to 100), p=0.82[3]	⊕OOO VERY LOW	CRITICAL
Pelvic-related functional disability/functional status during pregnancy (median) (measured with: Disability Rating Index questionnaire at 38 weeks gestation; range of scores: 0-100; Better indicated by lower values)												
1 (Nilsson-Wikmar 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	41	37	-	physiotherapy in home + information + support belt median 66 (IQR 21 to 91), physiotherapy in clinic + information + support belt median 59 (IQR 14 to 91), p=0.58[3]	⊕OOO VERY LOW	CRITICAL

CI: confidence interval; IQR: interquartile range
[1] Evidence downgraded by 2 levels due to high risk of bias regarding blinding, randomisation process and imbalances between groups, and unclear risk of bias regarding allocation concealment and selection of the reported result.
[2] Evidence downgraded by 2 levels due to very serious imprecision surrounding small sample size.
[3] p value for group effect including 3 arms of trial, see clinical evidence table for more information.

Table 19: Clinical evidence profile for comparison of physiotherapy-delivered in-clinic exercise advice + information + pelvic girdle support belt versus information + pelvic girdle support belt

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physiotherapy-delivered in-clinic exercise advice + Information + Pelvic girdle support belt	Information + Pelvic girdle support belt	Relative (95% CI)	Absolute		
Pain intensity during pregnancy - pain intensity (median) (measured with: Visual analogue scale at 38 weeks gestation; range of scores: 0-100; Better indicated by lower values)												
1 (Nilsson-Wikmar 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	37	40	-	physiotherapy in clinic + information + support belt median 62 (IQR 0 to 100), information + support belt median 49 (IQR 0 to 98), p=0.82[3]	⊕OOO VERY LOW	CRITICAL
Pelvic-related functional disability/functional status during pregnancy (median) (measured with: Disability rating index questionnaire at 38 weeks gestation; range of scores: 0-100; Better indicated by lower values)												
1 (Nilsson-Wikmar 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	37	40	-	physiotherapy in clinic + information + support belt median 59 (IQR 14 to 91), information + support belt median 65 (IQR 13 to 92), p=0.58[3]	⊕OOO VERY LOW	CRITICAL

CI: confidence interval; IQR: interquartile range
[1] Evidence downgraded by 2 levels due to high risk of bias blinding, regarding randomisation process and imbalances between groups, and unclear risk of bias regarding allocation concealment and selection of the reported result.
[2] Evidence downgraded by 2 levels due to very serious imprecision surrounding small sample size.
[3] p value for group effect including 3 arms of trial, see clinical evidence table for more information.