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

			Quality asses	ssment			No of pat	ients		Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + Standard treatment	Standard treatment	Relative (95% Cl)	Absolute	Quality	Importance
Pain intensit values)	y during pre	gnancy - p	oain intensity in	the morning (n	nedian) (follov	v-up 7 days; mea	asured with: Visu	al analogue	scale; rang	e of scores: 0-100; Bett	er indicated I	oy lower
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	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 intensit values)	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 indicat values)											y lower
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	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 intensit	y during pre	gnancy (fo	ollow-up 5 weeks	s; measured w	ith: Numerical	l rating scale; rai	nge of scores: 0-	10; Better in	dicated by	lower values)		
1 (Nicolian 2019)	randomised trials	serious <sup>3</sup>	no serious inconsistency	no serious indirectness	serious <sup>4</sup>	none	96	103	-	MD 0.9 lower (1.56 to 0.24 lower)	⊕⊕OO LOW	CRITICAL
Pelvic relate values)	d functional	disability/	functional statu	s during pregn	ancy (follow-ເ	up 5 weeks; mea	sured with: Oswe	estry disabil	ity index; ra	inge of scores: 0-100; B	etter indicate	d by lower
1 (Nicolian 2019)	randomised trials	no serious	no serious inconsistency	no serious indirectness	serious <sup>4</sup>	none	96	103	-	MD 3.5 lower (7.27 lower to 0.27 higher)	⊕⊕⊕O MODERATE	CRITICAL

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

#### Management of pelvic girdle pain in pregnancy

			Quality asses	sment			No of pat	ients		Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + Standard treatment	Standard treatment	Relative (95% Cl)	Absolute	Quality	Importance
		risk of bias										
Adverse effe	cts during p	regnancy	- adverse events	during treatm	ent (assessed	d with: Self-repor	ted)					
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	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 effe	cts during p	regnancy	- acupuncture s	pecific adverse	e 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) <sup>5</sup>	⊕⊕⊕⊕ HIGH	IMPORTANT
Adverse effe	cts during p	regnancy	- non-specific ad	lverse events								
1 (Nicolian 2019)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious <sup>6</sup>	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 ex	perience and	satisfact	ion with care - N	o pain relief fr	om treatment	(follow-up 7 days	; assessed with:	Self-admin	istered que	stionnaire)		
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>6</sup>	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 ex	perience and	satisfact	ion with care - T	reatment harm	ful (follow-up	7 days; assesse	d with: Self-admi	nistered qu	estionnaire	)		
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>7</sup>	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 ex	perience and	satisfact	ion with care - T	reatment no he	elp (follow-up	7 days; assesse	d with: Self-admi	nistered qu	estionnaire	within 1 week of treatme	ent)	

#### Management of pelvic girdle pain in pregnancy

			Quality asses	ssment			No of pati	ents		Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + Standard treatment	Standard treatment	Relative (95% Cl)	Absolute	Quality	Importance
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	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 exp	perience and	satisfacti	on with care - T	reatment good	or very good	help (follow-up 7	′ days; assessed	with: Self-a	dministere	d questionnaire)		
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	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	t birth to the	neonatal	unit (assessed v	vith: Medical B	irth Register)							
2 <sup>‡</sup>	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>6</sup>	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

<sup>1</sup> 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.

<sup>2</sup> Evidence downgraded by 1 level due to serious imprecision surrounding small sample size.

<sup>3</sup> Evidence downgraded by 1 level due to high risk of bias regarding measurement of the outcome.

<sup>4</sup> 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).

<sup>5</sup> Absolute effect manually calculated as 0 events in control arm.

<sup>6</sup> Evidence downgraded by 2 levels because 95% CI crosses two default MIDs for dichotomous outcomes (0.8 and 1.25).

<sup>7</sup> Evidence downgraded by 1 level because 95% CI crosses one default MID for dichotomous outcomes (0.8 or 1.25).

<sup>‡</sup> 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 ass	essment			No of	patients		Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + Standard treatment	Non-penetrating sham acupuncture + Standard treatment	Relative (95% Cl)	Absolute	Quality	Importance
Pain inte values)	ensity during	ı pregnan	cy - pain intens	ity in the mor	rning (median	) (follow-up 7 da	ys; measured wif	th: Visual analogue	scale; ran	ge of scores: 0-100; Better in	dicated k	oy lower
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious <sup>2</sup>	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	⊕000 VERY LOW	CRITICAL
Pain inte values)	ensity during	j pregnan	cy - pain intens	ity in the eve	ning (median)	(follow-up 7 day	vs; measured wit	h: Visual analogue	scale; ran	ge of scores: 0-100; Better inc	licated b	y lower
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious <sup>2</sup>	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	⊕000 VERY LOW	CRITICAL
Pain inte values)	ensity during	j pregnan	cy - pelvic girdl	e pain discor	nfort (median	) (follow-up 7 da	ys; measured wit	h: Visual analogue	scale; ran	ge of scores: 0-100; Better in	dicated k	y lower
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious <sup>2</sup>	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-re	elated function by lower va	onal disal alues)	bility/functional	status during	g pregnancy (	median) (follow-i	up 7 days; measu	ured with: Disability	/ rating inc	lex questionnaire; range of so	ores: 0-	I00; Better

#### Management of pelvic girdle pain in pregnancy

			Quality ass	essment			No of	patients		Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + Standard treatment	Non-penetrating sham acupuncture + Standard treatment	Relative (95% Cl)	Absolute	Quality	Importance
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious <sup>2</sup>	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-re Better ir	elated function idicated by I	onal disal ower valu	bility/functional ies)	status during	g pregnancy (i	median) (follow-i	up 7 days; measi	ured with: Oswestry	y disability	index questionnaire; range o	f scores	: 0-100;
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious <sup>2</sup>	none	58	57	-	acupuncture + standard median 35 (95% Cl from 30 to 42), non-penetrating sham acupuncture + standard median 37 (95% Cl from 30 to 42), p=0.47	⊕OOO VERY LOW	CRITICAL
Adverse	effects duri	ng pregn	ancy - Experien	ce of de qi se	nsation (asse	essed with: Self-a	dministered que	estionnaire)				
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	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 duri	ng pregn	ancy - Fainting	(assessed wit	th: Self-admin	istered question	naire)					
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious <sup>3</sup>	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 duri	ng pregn	ancy - Haemato	ma (assessed	d with: Self-ad	Iministered ques	tionnaire)					
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious <sup>3</sup>	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

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			Quality ass	essment			No of	patients		Effect		
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	Quality	Importance
Adverse	effects duri	ng pregna	ancy - Needle pa	ain (assessec	l with: Self-ad	ministered ques	tionnaire)					
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious <sup>3</sup>	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 duri	ng pregna	ancy - Sleepines	ss (assessed	with: Self-adr	ninistered quest	ionnaire)					
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious <sup>3</sup>	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)	⊕000 VERY LOW	IMPORTANT
Adverse	effects duri	ng pregna	ancy - Slight ble	eding (asses	sed with: Self	-administered q	uestionnaire)					
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious <sup>3</sup>	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)	⊕000 VERY LOW	IMPORTANT

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

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

			Quality asse	ssment		-	No of	patients	E	ffect		
No of studie s	Design	Risk of bias	Inconsistenc y	Indirectne SS	Imprecisi on	Other consideration s	Acupuncture + Standard treatment	Physiotherapy- delivered in- home exercise advice + Standard treatment	Relative (95% Cl)	Absolute	Qualit y	Importanc e
Adverse	e effects duri	ng pregna	ancy - serious ad	verse events	(assessed wi	th: Self-reported)	1					
1 (Wede nberg 2000)	randomise d trials	very seriou s <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	very serious <sup>3</sup>	none	0/28 (0%)	0/18 (0%)	RD 0 (-0.09 to 0.09)	0 fewer per 1000 (from 90 fewer to 90 more)	⊕000 VERY LOW	IMPORTAN T
Adverse	effects duri	ng pregna	ancy - minor adve	erse events (a	ssessed with	: Self-reported)						
1 (Wede nberg 2000)	randomise d trials	very seriou s <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>4</sup>	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)	⊕000 VERY LOW	IMPORTAN T
Women	's experience	and satis	sfaction with care	e - Treatment	excellent or g	good help (follow	-up 1 weeks; asses	sed with: Self-report	t questionnaire)	)		
1 (Wede nberg 2000)	randomise d trials	very seriou s <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>4</sup>	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)	⊕000 VERY LOW	IMPORTAN T
Admissi	ion at birth to	the neor	natal unit (non-ev	ent)								
1 (Wede nberg 2000)	randomise d trials	very seriou s <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	very serious <sup>3</sup>	none	0/28 (0%)	0/18 (0%)	RD 0 (-0.09 to 0.09)	0 fewer per 1000 (from 90 fewer to 90 more)	⊕000 VERY LOW	IMPORTAN T

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

CI: confidence interval; RD: risk difference; RR: risk ratio

<sup>1</sup> 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.

<sup>2</sup> Evidence downgraded by 1 level as 22% of the physiotherapy group had only back pain

<sup>3</sup> Evidence downgraded by 2 levels due to very serious imprecision surrounding small sample size.

<sup>4</sup> 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 asse	ssment			No c	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% Cl)	Absolute	Quality	Importance
Pain intensit values)	y during pre	gnancy	- pain intensity	in the morning	g (median) (fo	ollow-up 7 days;	measured with	: Visual analogue sca	ile; range	of scores: 0-100; Bette	er indicated I	oy lower
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	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; values)											r indicated b	y lower
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	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 effe	cts during p	oregnanc	y - adverse eve	nts (assessed	with: Self-re	ported)						
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	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 ex	perience and	d satisfa	ction with care	- No pain relie	f from treatm	ent (follow-up 7	days)					
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>3</sup>	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)	⊕000 VERY LOW	IMPORTANT
Women's ex	perience an	d satisfa	ction with care	- Treatment ha	armful (follow	-up 7 days)						

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			Quality asse	ssment			No c	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% Cl)	Absolute	Quality	Importance
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	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 ex	perience an	d satisfa	ction with care	- Treatment no	o help (follow	-up 7 days)						
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>3</sup>	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 ex	perience an	d satisfa	ction with care	- Treatment g	ood or very g	ood help (follow	-up 7 days)					
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	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 a	t birth to the	e neonata	al unit									
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>3</sup>	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 <sup>1</sup> 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.

<sup>2</sup> Evidence downgraded by 1 level due to serious imprecision surrounding small sample size.
 <sup>3</sup> Evidence downgraded by 2 levels because 95% CI crosses two default MIDs for dichotomous outcomes (0.8 and 1.25).

			Quality ass	essment			No of patier	nts		Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manual therapy (Chiropractic treatment)	Standard treatment	Relative (95% Cl)	Absolute	Quality	Importance
Pain inten indicated	sity during p by lower valu	regnancy les)	- pain intensity t	oetween week 21	l and 30 of p	regnancy (follow-u	up 6 weeks; measured	d with: Visual	analogue so	ale; range of scores:	0-100; B	etter
1 (Gausel 2017)	randomised trials	very serious¹	no serious inconsistency	no serious indirectness	very serious <sup>2</sup>	none	25	21	-	MD 3.7 lower (15.92 lower to 8.52 higher)	⊕OOO VERY LOW	CRITICAL
Pain inten indicated	sity during p by lower valu	regnancy les)	- pain intensity t	oetween week 33	3 and 40 of p	regnancy (follow-u	up 6 weeks; measured	d with: Visual	analogue so	ale; range of scores:	0-100; B	etter
1 (Gausel 2017)	randomised trials	very serious¹	no serious inconsistency	no serious indirectness	very serious <sup>2</sup>	none	24	21	-	MD 3.9 lower (21.81 lower to 14.01 higher)	⊕OOO VERY LOW	CRITICAL
Pelvic-rela disability	ated function index (ODI) q	al disabil uestionn	ity/functional stat aire; range of sco	tus during pregn pres: 0-100; Bette	ancy - pelvio er indicated	c-related functiona by lower values)	al disability at week 30	) of pregnanc	y (follow-up	6 weeks; measured v	with: Osv	vestry
1 (Gausel 2017)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>2</sup>	none	25	21	-	MD 2.6 higher (6.58 lower to 11.78 higher)	⊕OOO VERY LOW	CRITICAL
Days off v	vork/sick leav	ve during	pregnancy or pri	or to maternity I	eave - New s	ick leave due to p	elvic girdle pain and/o	or lower back	pain (weeks	; 19-30)		
1 (Gausel 2017)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>3</sup>	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 w	vork/sick leav	/e during	pregnancy or pri	or to maternity I	eave - New s	ick leave due to p	elvic girdle pain and/o	or lower back	pain (week	31-36)		
1 (Gausel 2017)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>3</sup>	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

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

CI: confidence interval; MD: mean difference; RR: risk ratio

<sup>1</sup> 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.

<sup>2</sup> 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) <sup>3</sup> 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 asse	ssment			No of patien	ts		Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manual therapy (Craniosacral therapy) + Standard treatment	Standard treatment	Relative (95% Cl)	Absolute	Quality	Importance
Pain inte values)	nsity during	pregnanc	y - pain intensity	y in the morni	ing (median)	(follow-up 7 day	s; measured with: Visu	al analogue	scale; rang	ge of scores: 0-100; Better in	dicated k	oy lower
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious²	none	63	60	-	manual therapy + standard median 27 (95% Cl from 25 to 36), standard median 35 (95% Cl from 34 to 46), p=0.02	⊕000 VERY LOW	CRITICAL
Pain inte values)	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 le ralues)											y lower
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious²	none	63	60	-	manual therapy + standard median 58 (95% Cl from 48 to 60), standard median 66 (95% Cl from 55 to 67), p=0.08	⊕OOO VERY LOW	CRITICAL
Pain inte values)	nsity during	pregnanc	y - pelvic girdle	pain discomf	ort (median)	(follow-up 7 day	s; measured with: Visu	al analogue	scale; ranç	ge of scores: 0-100; Better in	dicated b	y lower
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious <sup>2</sup>	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	⊕000 VERY LOW	CRITICAL
Pelvic-re indicated	lated functio I by lower va	onal disabi lues)	lity/functional st	tatus during p	pregnancy (n	nedian) (follow-u	p 7 days; measured wit	h: Disability	rating ind	ex questionnaire; range of so	cores: 0-	I00; Better

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			Quality asse	ssment			No of patien	ts		Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manual therapy (Craniosacral therapy) + Standard treatment	Standard treatment	Relative (95% Cl)	Absolute	Quality	Importance
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious <sup>2</sup>	none	63	60	-	manual therapy + standard median 58 (95% Cl from 50 to 66), standard median 61.5 (95% Cl from 54 to 72), p=0.30	⊕000 VERY LOW	CRITICAL
Pelvic-re scores: (	lated functio 0-100; Better	nal disabi indicated	ility/functional st by lower values	atus during p )	pregnancy (n	nedian) (follow-u	p 7 days; measured wit	th: Oswestry	/ Disability	Index questionnaire-revised	version;	range of
1 (Elden 2008a)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious <sup>2</sup>	none	63	60	-	manual therapy + standard median 40 (95% Cl from 34 to 46), standard median 48 (95% Cl from 40 to 56), p=0.02	⊕000 VERY LOW	CRITICAL
Days off	work/sick lea	ave during	g pregnancy or p	prior to mater	nity leave - S	ick leave (follow	-up 7 days)					
1 (Elden 2013)	randomised trials	no serious risk of bias	no serious inconsistency	very serious <sup>1</sup>	very serious <sup>3</sup>	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)	⊕000 VERY LOW	IMPORTANT

CI: confidence interval; RR: risk ratio

<sup>1</sup> Evidence downgraded by 2 levels as 47% of the sample are women with severe pelvic pain.
 <sup>2</sup> Evidence downgraded by 2 levels due to very serious imprecision surrounding small sample size.
 <sup>3</sup> 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 asses	ssment			No of	patients	E	Effect		
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	Quality	Importance
Pain intensit lower values	y during pre	gnancy ·	pain intensity i	n pelvic regio	n at morning	(measured with	: Visual analogue scale a	fter 6th weekly session; rai	nge of sc	ores: 0-100;	Better ir	idicated by
1 (Melkersson 2017)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	none	31	39	-	MD 9 lower (19.78 lower to 1.78 higher)	⊕⊕OO LOW	CRITICAL
Pain intensit lower values	y during pre	gnancy -	pain intensity i	n pelvic regio	n at evening	(measured with:	Visual analogue scale af	ter 6th weekly session; rar	ige of sco	ores: 0-100; E	Better in	dicated by
1 (Melkersson 2017)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	none	29	33	-	MD 18 lower (29.97 to 6.03 lower)	⊕⊕OO LOW	CRITICAL
Pain intensit	y during pre	gnancy -	pain in symphy	/sis (measured	d with: Visua	I analogue scale	after 6th weekly session	; range of scores: 0-100; B	etter indi	cated by low	er value	s)
1 (Melkersson 2017)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	none	28	27	-	MD 3 lower (11.54 lower to 5.54 higher)	⊕⊕OO LOW	CRITICAL

CI: confidence interval; MD: mean difference

<sup>1</sup> 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.

<sup>2</sup> 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)

			Quality as	sessment			No of patien	ts		Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Pelvic girdle support belt + Information	Information	Relative (95% Cl)	Absolute	Quality	Importance
Pain inter	nsity during p	regnancy	- pain intensity (m	easured with: Vi	sual analogue s	cale: range of sco	res: 0-100; Better indic	ated by low	er values	)		
1 (Kordi 2013)	randomised trials	very serious <sup>1</sup>	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-rela values)	ated function	al disabilit	ty/functional statu	s during pregnar	ncy - (measured	with: Oswestry di	sability index question	naire; range	of score	s: 0-100; Better ind	icated by	lower
1 (Kordi 2013)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	none	34	31	-	MD 5.6 lower (9.86 to 1.34 lower)	⊕OOO VERY LOW	CRITICAL

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

<sup>1</sup> 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. <sup>2</sup> 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 inhome exercise advice and information

			Quality as	sessment			Νο	of patients		Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Pelvic girdle support belt + Information	Physiotherapy-delivered in-home exercise advice + Information	ed Relative ce (95% Absolute Cl)		Quality	Importance
Pain inte	ensity during	pregnan	cy - pain intensit	y (measured wi	ith: Visual ana	logue scale; rang	je of scores: 0-100	; Better indicated by lower	values)			
1 (Kordi 2013)	randomised trials	very serious <sup>1</sup>	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

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			Quality as	sessment			No	of patients		Effect		
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% Cl)	Absolute	Quality	Importance
Pelvic-re values)	lated functio	nal disab	bility/functional s	tatus during pr	egnancy - (me	asured with: Osw	estry disability in	dex questionnaire; range c	of scores	: 0-100; Better i	ndicated by	lower
1 (Kordi 2013)	randomised trials	very serious <sup>1</sup>	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

<sup>1</sup> 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.

			Quality assess	ment			No of patients			Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physiotherapy-delivered in-home exercise advice	Standard treatment	Relative (95% Cl)	Absolute	Quality	Importance	
Pain intensit	ty during preg	Inancy - F	Pain intensity (mea	asured with: \	Visual analog	gue scale after 12	weeks treatment; range of s	cores: 0-10; I	Better inc	licated by lower va	alues)		
1 (Mirmolaei 2018)	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	ed with: Visual analogue scale after ous <sup>2</sup> serious <sup>3</sup> none		88	83	-	MD 2.07 lower (2.9 to 1.24 lower)	⊕OOO VERY LOW	CRITICAL	
Pelvic-relate Better indica	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 <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	88	83	-	MD 9.94 lower (14.71 to 5.17 lower)	⊕000 VERY LOW	CRITICAL	

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

CI: confidence interval; MD: mean difference

<sup>1</sup> 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.

<sup>2</sup> Evidence downgraded by 1 level because 15% of the sample are women with back pain only

<sup>4</sup> 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 asse	ssment			No of patien	ts		Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physiotherapy- delivered in-home exercise advice + Standard treatment	Standard treatment	Relative (95% Cl)	Absolute	Quality	Importance
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 values)												
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	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 intensit values)	y during pre	gnancy -	- pain intensity i	n the evening	(median) (foll	ow-up 7 days; m	easured with: Visual a	nalogue sc	ale; range	of scores: 0-100; Bette	r indicated b	y lower
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	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 effe	cts during p	regnancy	y - adverse ever	nts during trea	tment							
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	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 ex	perience and	satisfac	ction with care -	No pain relief	from treatme	nt (follow-up 7 da	ays)					

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			Quality asse	ssment			No of patient	ts		Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physiotherapy- delivered in-home exercise advice + Standard treatment	Standard treatment	Relative (95% Cl)	Absolute	Quality	Importance
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>3</sup>	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)	⊕000 VERY LOW	IMPORTANT
Women's ex	perience and	l satisfac	tion with care -	Treatment ha	rmful (follow-	up 7 days)						
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	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 ex	perience and	l satisfac	tion with care -	Treatment no	help (follow-u	up 7 days)						
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	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 ex	perience and	l satisfac	tion with care -	Treatment go	od or very go	od help (follow-u	p 7 days)					
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	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 a	t birth to the	neonata	l unit									
1 (Elden 2005/2008b)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>3</sup>	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)	⊕000 VERY LOW	IMPORTANT

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

<sup>1</sup> 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.

<sup>2</sup> Evidence downgraded by 1 level due to serious imprecision surrounding small sample size'.
 <sup>3</sup> 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 asso	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physiotherapy-delivered in- home exercise advice + Information	Information	Relative (95% Cl)	Absolute	Quality	Importance
Pain inte	nsity during p	oregnancy	y - pain intensity (	measured with:	Visual analo	ogue scale after 6	weeks treatment; range of sco	ores: 0-100; E	Better inc	licated by lower va	lues)	
1 (Kordi 2013)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	none	34	31	-	MD 14.1 lower (22.14 to 6.06 lower)	⊕000 VERY LOW	CRITICAL
Pelvic-re indicated	elvic-related functional disability/functional status during pregnancy - (measured with: Oswestry disability index questionnaire after 6 weeks treatment; range of scores: 0-100; Better dicated by lower values)											
1 (Kordi 2013)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	none	34	31	-	MD 4.2 lower (8.55 lower to 0.15 higher)	⊕000 VERY LOW	CRITICAL

CI: confidence interval; MD: mean difference

<sup>1</sup> 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.

<sup>2</sup> 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 asse	essment			No of patier	nts		Effect		
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% Cl)	Absolute	Quality	Importance
Pain intens	sity during p	oregnand	y - pain intensit	y (median) (m	easured with	n: Visual analogu	e scale at 38 weeks ges	tation; range of	scores:	0-100; Better indicated by I	ower val	ues)

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			Quality asso	essment			No of patier	nts		Effect		
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% Cl)	Absolute	Quality	Importance
1 (Nilsson- Wikmar 2005)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious²	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 <sup>3</sup>	⊕000 VERY LOW	CRITICAL
Pelvic-rela Better ind	ated functior icated by lov	nal disab wer value	ility/functional s	status during p	pregnancy (n	nedian) (measure	ed with: Disability rating	index question	naire at 3	8 weeks gestation; range o	f scores	: 0-100;
1 (Nilsson- Wikmar 2005)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>2</sup>	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 <sup>3</sup>	⊕OOO VERY LOW	CRITICAL

CI: confidence interval; IQR: interquartile range

<sup>1</sup> 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.

<sup>2</sup> Evidence downgraded by 2 levels due to very serious imprecision surrounding small sample size.
 <sup>3</sup> 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 asso	essment			No of p	atients		Effect		
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% Cl)	Absolute	Quality	Importance
Pain inter	nsity during	pregnan	cy - pain intens	ity (median) (ı	measured wi	th: Visual analog	gue scale at 38 weeks	gestation; range of so	cores: 0-1	100; Better indicated by Ic	wer valu	ues)
1 (Nilsson- Wikmar 2005)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>2</sup>	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 <sup>3</sup>	⊕OOO VERY LOW	CRITICAL
Pelvic-rel Better inc	ated functio	nal disat wer valu	oility/functional es)	status during	pregnancy	(median) (measu	red with: Disability Ra	ting Index questionna	aire at 38	weeks gestation; range c	of scores	:: 0-100;
1 (Nilsson- Wikmar 2005)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious²	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 <sup>3</sup>	⊕OOO VERY LOW	CRITICAL

CI: confidence interval; IQR: interquartile range

<sup>1</sup> 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.

<sup>2</sup> Evidence downgraded by 2 levels due to very serious imprecision surrounding small sample size.

<sup>3</sup> p value for group effect including 3 arms of trial, see clinical evidence table for more information.

	ouppoi	t bon			pervie gii	alo support	bolt					
			Quality asso	essment			No of patier	ıts		Effect		
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% Cl)	Absolute	Quality	Importance
Pain inten	sity during p	oregnand	cy - pain intensi	ty (median) (m	easured with	n: Visual analogu	e scale at 38 weeks gest	ation; range of	scores: (	0-100; Better indicated by lo	ower valu	ues)
1 (Nilsson- Wikmar 2005)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>2</sup>	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 <sup>3</sup>	⊕OOO VERY LOW	CRITICAL
Pelvic-rela Better ind	ated functior icated by lov	nal disab wer value	ility/functional s es)	status during p	pregnancy (m	nedian) (measure	d with: Disability rating	index question	naire at 3	8 weeks gestation; range o	f scores	0-100;
1 (Nilsson- Wikmar 2005)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>2</sup>	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 <sup>3</sup>	⊕OOO VERY LOW	CRITICAL

### 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

CI: confidence interval; IQR: interquartile range

<sup>1</sup> 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.

<sup>2</sup> Evidence downgraded by 2 levels due to very serious imprecision surrounding small sample size.

<sup>3</sup> p value for group effect including 3 arms of trial, see clinical evidence table for more information.