

# Physical Activity and Yoga-Based Approaches for Pregnancy-Related Low Back and Pelvic Pain

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## Keywords

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## ABSTRACT

**Objective:** To conduct an integrative review to evaluate current literature about nonpharmacologic, easily accessible management strategies for pregnancy-related low back and pelvic pain (PR-LBPP).

**Data Sources:** PubMed, CINAHL, Cochrane Database of Systematic Reviews.

**Study Selection:** Original research articles were considered for review if they were full-length publications written in English and published in peer-reviewed journals from 2005 through 2015, included measures of pain and symptoms related to PR-LBPP, and evaluated treatment modalities that used a physical exercise- or yoga-based approach for the described conditions.

**Data Extraction:** Electronic database searches yielded 1,435 articles. A total of 15 articles met eligibility criteria for further review.

**Data Synthesis:** These modalities show preliminary promise for pain relief and other related symptoms, including stress and depression. However, our findings also indicate several gaps in knowledge about these therapies for PR-LBPP and methodologic issues with the current literature.

**Conclusion:** Although additional research is required, the results of this integrative review suggest that clinicians may consider recommending nonpharmacologic treatment options, such as gentle physical activity and yoga-based interventions, for PR-LBPP and related symptoms.

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## Pregnancy-related low back and pelvic pain are prevalent, disabling, and costly to the individual and society.

care use, and quality of life (Bergstrom, Persson, & Mogren, 2016; Gutke, Lundberg, Ostgaard, & Oberg, 2011). Although most women who experience PR-LBPP find relief and recover during the initial postpartum period, approximately 40% of women continue to experience pain or disability at 6 months postpartum (Bjelland, Stuge, Engdahl, & Eberhard-Gran, 2013; Olsson, Nilsson-Wikmar, & Grooten, 2012), 30% at 12 months postpartum (Robinson, Vollestad, & Veierod, 2014), and close to 10% at 24 months postpartum (Bergstrom et al., 2014; Wu et al., 2004). Numerous physical and psychosocial risk factors have been identified for PR-LBPP, particularly with relation to chronicity. Risk factors for onset and for chronicity of PR-LBPP are outlined in Table 2.

### Urgency for Cost-Effective, Nonpharmacologic Treatment Options

Women report PR-LBPP symptoms as very difficult to endure, physically and psychologically, with effects on daily life activities and quality of life (Persson, Winkvist, Dahlgren, & Mogren, 2013). However, it is estimated that only 32% of women with PR-LBPP report their symptoms to health care providers; when symptoms are reported, only 25% of providers recommend any treatment, which is typically in the form of prescription medications (Borg-Stein, Dugan, & Gruber, 2005; Mota et al., 2014). Authors of several qualitative and mixed-methods studies to

explore PR-LBPP treatment decision making indicated that a significant number of women seek relief through complementary health approaches such as yoga or other related physical activities (Ekdahl & Petersson, 2010; Mota et al., 2014; Persson et al., 2013; Sadr, Pourkiani-Allah-Abad, & Stuber, 2012). Furthermore, many women prefer to follow PR-LBPP management recommendations from friends or colleagues, not health professionals (Persson et al., 2013). Given the prevalence and negative effect of back pain on quality of life during pregnancy, that so few women seek treatment is cause for concern. This suggests that health care providers should increase screening and advise informed treatment options for women with PR-LBPP.

The interest in and awareness of back pain in the general population and the pregnant population has grown over the past several decades because of its effects on quality of life and costs to society, including days lost at work, disability payments, and workers' compensation claims (Bergstrom et al., 2016; U.S. Burden of Disease Collaborators, 2013). Although most women with PR-LBPP do not seek treatment during pregnancy, health care costs and sick leave use rise when the pain becomes chronic after pregnancy (Bergstrom et al., 2016). With the potential of these pregnancy-related conditions to become chronic and continue long past the postpartum period, understanding PR-LBPP and its sequelae is an important and relevant public health issue. Research about nonpharmacologic, easily accessible, and cost-effective treatments that may prevent or relieve PR-LBPP is important for symptom management science. Therefore, an integrative review was performed to evaluate current literature about physical activity, including

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**Table 1: Terminology and Definitions**

Terminology	Definition
Pregnancy-related low back pain and pelvic pain (PR-LBPP)	Pain occurring for more than 1 week during pregnancy and possibly continuing into the postpartum period; encompasses low back pain (LBP) and pelvic girdle pain; onset typically after 20 weeks gestation.
Low back pain (LBP)	Pain and discomfort located in the lumbar region, localized below the 12th rib and above the inferior gluteal folds, with or without leg pain; may be more severe during postpartum period; often affected by postural changes.
Pelvic girdle pain	Pain focused in the pelvic region; pain is experienced between the posterior iliac crest and the gluteal fold, particularly near the sacroiliac joints, with or without pain in the pubic symphysis; pain may radiate to the posterior thigh and calf; may be more disabling than LBP.

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