

APA Submission to Clinical Practice Guidelines: Pregnancy Care

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Executive Summary

The Australian Physiotherapy Association (APA) welcomes the opportunity to make a submission in response to the consultation paper, *Clinical Practice Guidelines: Pregnancy Care*. On behalf of the physiotherapy profession, we are pleased to inform this preliminary consultation and are keen to support work that will result in more effective guidelines.

Overall, the APA supports these guidelines and recognises the important role these play in supporting high quality, safe pregnancy care and contribute to improved outcomes for all mothers and babies.

In particular though, the APA would like to provide recommendations around the guidelines on physical activity. This includes highlighting the important role of physiotherapy in antenatal care and referring to further research and resources available in relation to physical activity during pregnancy.

The APA would like to highlight the following executive points that emphasise the role of physiotherapy in antenatal physical activity:

- Physiotherapists provide individualised advice regarding safe exercise **for healthy pregnant women**, as well as offer pre-screening for individuals wishing to undergo group exercise classes or perform a home exercise program.
- Physiotherapists **assess, treat and manage conditions** related to pregnancy, including pelvic floor dysfunction, pelvic girdle pain and other musculoskeletal conditions with specific exercise prescription.
- Antenatal treatment provided by trained physiotherapists **prevents long term pregnancy-related issues**, including pelvic floor dysfunction (Level 1 Evidence), and supports women to establish and maintain lifelong healthy habits.

Thank you again and the APA welcomes any further discussion on this topic.

Introduction

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. The APA represents more than 28,000 members who conduct more than 23 million consultations each year. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

Physiotherapy is an evidence-based health profession providing safe and high quality based on the work of a growing cohort of clinician researchers. Their work is accessible via a number of highly regarded sources.

The Journal of Physiotherapy (the Journal) is the official journal of the Australian Physiotherapy Association publishing significant research with important implications for physiotherapy. The Journal's Impact Factor (IF) in 2018 (released in mid-2019) increased by 22 per cent on the previous year. The IF, which measures the average number of citations per paper within a given period, is regarded as a reflection of a journal's quality and importance and is a strong influence on where authors submit their papers. Consequently, the Journal is the No. 1 ranked scientific journal in the rehabilitation category.

Usage of the Journal on Elsevier's ScienceDirect platform is strong, with a 45% increase in full text downloads, to 791,508 in 2019. The Journal was accessed on ScienceDirect, the world's leading source for scientific, technical and medical research, in at least 115 countries during 2019: 37% of downloads were from Europe, 22% from North America, and 18% from both Asia and Australia/New Zealand.

The APA is a co-founder and ongoing supporter of the Physiotherapy Evidence Database known as PEDro. PEDro is a free database of more than 45,000 randomised trials, systematic reviews and clinical practice guidelines in physiotherapy.

All trials on PEDro are independently assessed for quality and given a PEDro quality rating. PEDro is produced by the Institute for Musculoskeletal Health, School of Public Health at the University of Sydney and is hosted by Neuroscience Research Australia

(NeuRA).

The APA established the charitable trust Physiotherapy Research Foundation (PRF) in 1988 to promote, encourage and support research advancing physiotherapy knowledge and practice. The PRF provides grants to support innovative physiotherapy research.

One of the key focuses of the APA and, particularly the PRF, is on translating clinical research into practice.

Recommendations

Recommendation 1

In relation to Section 1.3 Physical Activity, the APA recommends that the following is recognized:

Physiotherapists offer individualised assessment and treatment/prevention of a number of common conditions during pregnancy (including pelvic girdle pain, lower back pain, pelvic floor dysfunction), provide specific education (based on assessment findings and previous level of fitness) and subsequently prescribe individualised exercise programs. There is very good evidence for the treatment and prevention of common pregnancy-related conditions with exercise and physical activity guided by trained physiotherapists (Augustina et al., 2020; Wesnes and Lose, 2013).

Recommendation 2

This recommendation is in relation to evidence-based recommendation 7: Advise women that regular moderate-intensity physical activity during pregnancy is associated with a range of health benefits and is generally not associated with adverse outcomes.

The APA considers there is no evidence to suggest that regular exercise during pregnancy is detrimental to woman or growing foetus (Grade B evidence) (RANZGCOG Guidelines) and thus the description of 'generally' may deter women as it evokes a level of uncertainty (potential barrier to commencing regular physical activity). Thus, the APA recommends the removal of the word generally.

Recommendation 3

In relation to recent evidence on the effects of leisure time physical activity during pregnancy the APA recommends that the following topics and research also be considered in these guidelines.

Effect on common conditions in pregnancy

Pelvic girdle and lower back pain	There is evidence to suggest that pregnant women experiencing pelvic girdle pain who are prescribed stabilisation exercises, as guided by a physiotherapist, significantly reduce their pain and associated disability (Augustina et al., 2020). Evidence collated from
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	systematic reviews indicate exercise guided by physiotherapists, along with individualised education, greatly reduces risk of lower back pain in pregnant women (van Benton et al., 2014).
Pelvic Floor Dysfunction	There is a Grade A recommendation (based on Level 1 evidence) for women who perform pelvic floor exercises as part of their exercise regime, under the guidance of a trained pelvic floor physiotherapist, to significantly reduce their risk of urinary incontinence and other pelvic floor dysfunction (Wesnes and Lose, 2013).
Excessive gestational weight gain control	Women who undergo supervised, moderate-intensity exercise programs are less likely to gain excess weight during pregnancy (OR 0.60, 95%CI 0.46-0.79), (Perales et al., 2020; Nascimento et al., 2012).
Gestational hypertension and diabetes	Regular moderate-intensity exercise during pregnancy has been shown to reduce risk of gestational hypertension (OR 0.39, 95%CI 0.23-0.67), and diabetes (OR 0.48, 95%CI 0.28-0.84) (Perales et al., 2020), as well as lower the need of insulin therapy/improve the metabolic profile of women with diagnosed gestational diabetes (Bianchi et al., 2020).
Mental health	Studies are looking into the effect of regular moderate-intensity exercise on mood and depressive symptoms in the antenatal population, as well as risk of postnatal depression after birth (Tardiff, 2020). There is some evidence to suggest supervised aerobic exercise during pregnancy reduces depressive symptoms (95%CI 1-7) (Robledo-Colonia et al., 2012).

Recommendation 4

In regards to the definitions of levels of physical activity (Table 3), the APA considers it may be beneficial to include tables from the *RANZCOG Exercise During Pregnancy Guidelines (2020)* for target heart rate as a guide of ‘moderate-intensity’ exercise, as well as the Rating of Perceived Exertion, aiming for between 12-14 (“somewhat hard”) or a rating of 15-16 (equating to “hard”) for vigorous exercise. For reference, these tables are provided below.

Table 1. *Target heart rate zones for normal-weight pregnant women [19]*

Maternal age	Target heart rate (bpm)
< 20 years	140 – 155
20 – 29 years	135 – 150
30 – 39 years	130 – 145
> 40 years	125 – 140

Table 2. *Rating of perceived exertion*

6	
7	very, very light
8	
9	somewhat light
10	
11	fairly light
12	
13	somewhat hard
14	
15	hard
16	
17	very hard
18	
19	very, very hard
20	

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