



Interventions targeting sickness absence among pregnant women in health care settings and workplaces – a systematic review

Aim

To evaluate the effectiveness of interventions in health care settings and workplaces targeting sickness absence among pregnant women.

Background

Sickness absence during pregnancy is increasingly high. In Norway and Denmark the average sick leave is 40-48 days. It is argued that sickness absence is higher than necessary, and that pregnancy is being medicalized. To decrease costs and improve adherence to the labour market among pregnant women, it is relevant to identify successful initiatives.

Methods

- Study design:** Randomized controlled trials (RCTs) and quasi-experimental studies.
- Primary outcome:** Sickness absence during pregnancy (days/weeks or number of periods).
- Databases:** PubMed, Scopus, CINAHL, PsycINFO, Clinicaltrials.gov, and the WHO trial registry
- Quality assessment:** Based on instruments from the Joanna Briggs Institute.

Results

- Of 1,243 identified studies 9 were quality assessed, and 5 RCTs were included.
- All interventions were conducted in health care settings in Sweden and Norway.
- Two RCTs examined the effect of complementary and alternative medicine, and three RCTs examined the effect of physical training.
- Across the studies, the frequency of pregnant women on sick leave was lower in the intervention groups than in the control groups, but only in a 12-week exercise program the frequency was significantly lower (22% vs. 30%, $p=0.04$).

Conclusions

- The 5 included RCTs were all from Scandinavian health care settings.
- Only a 12-week exercise program demonstrated a significant effect.
- Interventions including physical activity need to be further explored, and other types of interventions incorporating health care settings and workplaces are requested.
- Studies should measure sickness absence based on valid methods, measure compliance to the intervention, and provide transparency of statistical methods.

Authors

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