

Pregnancy and chiropractic: a narrative review of the literature

Borggren, C. **Journal of Chiropractic Medicine Volume 6, Issue 2**, June 2007, Pages 70-74

Abstract

Objective: The purpose of this article is to review the literature on the topic of chiropractic care during pregnancy.

Methods: A PubMed search was performed using the terms pregnancy and chiropractic. Sources were cross-referenced to obtain further articles and research information after reviewing the articles obtained through the search.

Results: Thirty-three references were used for this review. The current literature reports favorable results on the use of chiropractic care throughout pregnancy.

Conclusions: Chiropractic evaluation and treatment during pregnancy may be considered a safe and effective means of treating common musculoskeletal symptoms that affect pregnant patients. The scarcity of published literature warrants further research.

Excerpt: "A Review of statistics reported that primigravida women who seek chiropractic care throughout gestation have, on average, a 25% shorter labor time whereas multiparous women who seek chiropractic care throughout their pregnancy have, on average, 31% shorter labor times."

The Webster Technique: a chiropractic technique with obstetric implications.

Pistolese, R. J Manipulative Physiol Ther. 2002 Jul-Aug;25(6):E1-9.

Abstract

Objective: To survey members of the International Chiropractic Pediatric Association (ICPA); regarding the use of the Webster Technique for managing the musculoskeletal causes of intrauterine constraint, which may necessitate cesarean section.

Methods: Surveys were mailed to 1047 US and Canadian members of the ICPA.

Results: One hundred eighty-seven surveys were returned from 1047 ICPA members, constituting a return rate of 17.86%. Seventy-five responses did not meet the study inclusion criteria and were excluded; 112 surveys (11%) provided the data. Of these 112 surveys, 102 (92%) resulted in resolution of the breech presentation, while 10 (9%) remained unresolved.

Conclusion: The surveyed doctors reported a high rate of success (82%) in relieving the musculoskeletal causes of intrauterine constraint using the Webster Technique. Although the sample size was small, the results suggest that it may be beneficial to perform the Webster Technique in month 8 of pregnancy,

when breech presentation is unlikely to spontaneously convert to cephalic presentation and when external cephalic version is not an effective technique. When successful, the Webster Technique avoids the costs and/or risks of external cephalic version, cesarean section, or vaginal trial of breech. In view of these findings, the Webster Technique deserves serious consideration in the health care management of expectant mothers exhibiting adverse fetal presentation.

Application of the Webster In-Utero Constraint Technique: A Case Series

Kunau, PL. *J of Clinical Chiropractic Pediatrics* Vol 3 No. 1, 1998.

Abstract

Objective: The purpose of this paper is to present a brief review of the medical versus chiropractic management of breech presentation. This paper includes a description of the Webster In-Utero Constraint Technique and the author's application of the technique with *six pregnancies*.

Design: A case series.

Setting: Private practice.

Patients: Amish women of varying ages and parity who had developed third trimester breech malpositions.

Outcome Measures: Correction of the malposition was determined by palpation using Leopold's maneuver and verified by medical doctors.

Results: *All [6] cases were successfully treated using the Webster In-Utero Constraint technique. One woman had a failed external cephalic version attempt by a medical doctor. Five of the deliveries were uncomplicated; one birth is still pending as of this writing.*

Conclusion: The author has presented a series of women with successfully corrected breech malpositions using a chiropractic technique developed by Larry Webster, D.C.

Chiropractic Care of Women During Pregnancy and the Possible Success at Resolving Dystocia: A Case Series

Alcantara, J *ACNM Annual Meeting*, Boston, May 2008.

Abstract

Objective: To describe the chiropractic care of pregnant women and the possibility of resolving dystocia.

Clinical Features: Dystocia is defined as abnormal or difficult labor due to problems with power (maternal expulsive forces), passenger (fetal presentation, position and/or development) and/or passage (maternal bony pelvis and/or birth canal). One woman had been in labor for 30 hours and her cervix was only dilated at 3 centimeters. She dilated to 4 centimeters within 45 minutes and gave birth within 10 hours following chiropractic care. The second case involved a woman with rupturing of her first membrane 12 hours before the adjustment and had not yet experienced a single active contraction despite the use of nipple stimulation and homeopathic and herbal remedies. Labor started naturally within 10 minutes after receiving an adjustment. She was evaluated later in the day when the midwife felt no progress was being

made. The situation rapidly changed within 20 minutes after her second adjustment. The third case involved a woman in active labor for 6 hours when she was adjusted. The baby fully engaged immediately after the chiropractic adjustment and was born within 30 minutes.

Intervention and Outcome: The patients were cared for using the Activator Technique. Following chiropractic care at the birthing center, the patient's dystocia eased with normal delivery of their babies.

Conclusion: These three case reports provide practice-based evidence on the effectiveness of chiropractic care in resolving dystocia.

Chiropractic Care of a Patient with Dystocia & Pelvic Subluxation

Alcantra, J. J. Pediatric, Maternal & Family Health - February 1, 2009

Abstract

Objective: To report on the successful collaboration of chiropractors and midwives, we describe the care of a woman in labor with problems associated with dystocia.

Clinical Features: The patient is a 26-yr-old nulliparous female attended to during a home birth delivery with 3 midwives and her chiropractor. With lack of cervical dilation, descent and diminished uterine contractions along with decreased fetal heart tones at 23 hours of labor, all involved decided to initiate chiropractic care with the Webster Technique.

Interventions and Outcomes: *The result of using Webster Technique was stronger and more frequent contractions with stabilized fetal heart tones. At 28 hours, the fetus was determined to be asynclitic. Synclitism describes the condition of parallelism between the plane of the pelvis and that of the fetal head. The midwives attempted various patient positioning and more homeopathic remedies, performing a surgical rupture of the patient's membranes with recommendation of further chiropractic care. At 34 hours of labor, the attending chiropractor performed the psoas release and ½ hour later, the patient was at complete cervical dilation. The labor progressed rapidly thereafter and a healthy baby girl was born.*

Conclusion: The successful birthing outcome of a patient with dystocia through the cooperative efforts of the patient's midwives and chiropractor is described. We advocate continued co-operation in similar patients and for further investigation in this field

The Chiropractic Care of a Gravid Patient with a History of Multiple Caesarean Births and Vertebral Subluxation

Alcantara, J. (Accepted for publication. *JVSR*, March 2008.)

Abstract

Objective: To demonstrate the role of chiropractic care in the management of a gravid patient with pregnancy-related low back pain and two prior Caesarean births.

Clinical Features: A 29 year old gravid female was provided chiropractic care to alleviate her low back pain. The patient had two surgical Caesarean deliveries for two previous births due to "failure to advance

during labor and associated fetal distress.” In addition to the low back complaint, she wanted to undergo a trial of chiropractic care to possibly enable her to have a natural childbirth.

Intervention and Outcome: The patient was cared for primarily with the Webster Technique, employing a drop-piece mechanism for the sacral adjustment. The patient’s low back complaints were ameliorated along with a successful vaginal birth.

Conclusion: This case report provides supporting evidence on the effectiveness of chiropractic care in patients with pregnancy-related musculoskeletal complaints, and the possibility for facilitating vaginal birth despite previous Caesareans. We encourage further research into this area of care.

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Chiropractic spinal manipulation for low back pain of pregnancy: a retrospective case series.

Lisi AJ. J Midwifery Womens Health. 2006 Jan-Feb;51(1):e7-10.

Abstract

Low back pain is a common complaint in pregnancy, with a reported prevalence of 57% to 69% and incidence of 61%. Although such pain can result in significant disability, it has been shown that as few as 32% of women report symptoms to their prenatal provider, and only 25% of providers recommend treatment. Chiropractors sometimes manage low back pain in pregnant women; however, scarce data

exist regarding such treatment. This retrospective case series was undertaken to describe the results of a group of pregnant women with low back pain who underwent chiropractic treatment including spinal manipulation. Seventeen cases met all inclusion criteria. The overall group average Numerical Rating Scale pain score decreased from 5.9 (range 2-10) at initial presentation to 1.5 (range 0-5) at termination of care. Sixteen of 17 (94.1%) cases demonstrated clinically important improvement. The average time to initial clinically important pain relief was 4.5 (range 0-13) days after initial presentation, and the average number of visits undergone up to that point was 1.8 (range 1-5). No adverse effects were reported in any of the 17 cases. The results suggest that chiropractic treatment was safe in these cases and support the hypothesis that it may be effective for reducing pain intensity.

Sacroiliac subluxation: a common, treatable cause of low-back pain in pregnancy.

Daly JM Fam Pract Res J. 1991 Jun;11(2):149-59.

Abstract

A retrospective review of 100 consecutive pregnancies, involving 94 women receiving prenatal care at a rural western New York family practice, was conducted. Back pain was spontaneously reported to the physician by 23 women in 23 pregnancies. Eleven of the 23 women met diagnostic criteria for sacroiliac subluxation. These criteria include absence of lumbar spine and hip pathology, pain in the sacral region, a positive Piedallu's sign (asymmetrical movement of the posterior superior iliac spines upon forward flexion), a positive pelvic compression test, and asymmetry of the anterior superior iliac spines. A cohort of 11 women meeting criteria for sacroilia subluxation was treated with rotational manipulation of the sacroiliac joints. After manipulative therapy, 10 of the 11 women (91%) had relief of pain and no longer exhibited signs of sacroiliac subluxation.

Back pain during pregnancy and labor.

Diakow PR J Manipulative Physiol Ther. 1991 Feb;14(2):116-8.

Abstract

A retrospective study of 400 pregnancies and deliveries was undertaken by interview of 170 consecutive female patients presenting to five chiropractic offices in the Niagara Peninsula. Back pain was reported during 42.5% (170) of the pregnancies and 44.7% (179) of the deliveries. There was a statistically significant association between back pain during the two events (p less than .001). Of the 170 pregnancies with reported back pain, 72% (122) also reported back labor. A subsample of 170 painful pregnancies was divided into those that had received manual manipulation and those that had not. The treated group experienced less pain during labor (p less than .001).
