

Breech Birth

The Webster Technique: a chiropractic technique with obstetric implications

RA, *J Manipulative Physiol Ther* 2002;25 (6) 1-9. (also reported in the Webster Breech Technique study reported in the ICPA newsletter (Nov/Dec 2001).

One hundred eighty seven members of the International Chiropractic Pediatric Association (ICPA) were surveyed regarding their use of the Webster Technique for intrauterine constraint (breech position which often necessitates cesarean section). One hundred twelve surveys were accepted for the study and 102 (92%) described resolution of the breech presentation. The condition remained unresolved in 10 (9%) of the cases.

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

The Webster Technique, which can help avoid the costs and/or risks of cesarean section, should be a part of the health care management of expectant mothers who are facing the possibility of a breech presentation.

Analysis and adjustment for breech presentations. Bagnell L and Gardner-Bagnell K *Today's Chiropractic* March/April 1999. Pp. 54-57

This paper includes five case studies that demonstrate the effects of chiropractic on breech presentations of the fetus. Most, but not all, of the cases were adjusted using the Webster Breech Technique.

Case #1: A 29-year old female presented at 34 weeks with midwife confirmed breech presentation. C2 and T5 were adjusted at first adjustment, left Logan at second visit. One week after first adjustment midwife confirmed a vertex presentation. Baby born naturally without drugs or medical intervention of any kind.

Case #2: 30-year-old at 32 weeks gestation with a midwife confirmed breech presentation. Within two days midwife confirmed vertex position of fetus. Baby was born naturally.

Case #3: 36-year-old presented 37 weeks gestation with breech presentation. MD confirmed a transverse presentation of fetus. One day after the adjustment the baby turned. Baby was born naturally three weeks later.

Application of the Webster in-utero constraint technique: a case series. Kunau, PL. *J of Clinical Chiropractic Pediatrics*. 1998;3:211-6

The purpose of this paper is to present a brief review of the medical versus chiropractic management of breech presentation and includes a description of the Webster in-utero constraint technique and the author's application of the technique with six pregnancies.

All 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.

From the *International Chiropractic Pediatric Newsletter* November/December 1997:

The Webster In Utero Constraint Technique, by correcting the mothers subluxations; results in a significant amount of babies turning in utero and avoiding birth trauma associated with breech births and C-sections. DCs have formed alliances with midwives, birthing centers and obstetricians. Presented are two letters from ICPA members:

We employed the method approximately every day for a week. (I employed the procedure at 36 weeks of pregnancy). Subsequently, during the next week on Kathy s examination, she was near medical intervention (the doctors were planning on manual turning), the sonogram demonstrated that the baby was turned in the proper position. The baby delivered naturally with no trauma. Matthew Foreman, DC, McKes Rock, PA

A chiropractor s wife was referred to me by a midwife who was under the gun for time. She said that if she did not turn by Monday, she would have to go for a version. We saw her Wednesday, Thursday and Saturday. She was clear on Monday. The midwife checked her the next day and indeed the head was down. We are now six for six. Dr. Kevin Ross of Tempe, AZ.

Scientific ramifications for providing pre-natal and neonate chiropractic care.
Anrig-Howe C., *The American Chiropractor* May/June 1993. pp. 20-23

The Webster in-utero constraint turning technique, a chiropractic procedure, has been shown with high success to clinically correct or reduce in-utero constraint. Chiropractic pre-natal care may be the first opportunity to decrease morphogenic changes caused by extrinsic conditions. ”

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