

Pregnancy and Labor

It is a common observation that birthing seems to be more comfortable for women who were under chiropractic care during pregnancy. The following studies mention how common spinal problems are during pregnancy (up to 90%). The chiropractic drug-less approach is ideally suited for pregnancy care.

The role of chiropractic in pregnancy. Vallone S. *Int J Chiropractic Assn. Review* Summer 2002. p 47-51

By encouraging regular chiropractic and maternal self care (which includes good nutrition, regular stretching and exercise and stress management) we can improve our patient s probability of a successful natural delivery. ”

Complementary and alternative medicine in pregnancy: a survey of North Carolina certified nurse-midwives. Allaire AD, Moos WK, Wells SR. *Obstet Gynecol* 2000;95(1):19-23.

In this survey of 82 certified nurse-midwives, 93.9% reported that they recommended patients to alternative health care providers. 57.3% said they referred women to chiropractors.

Follow-up of patients with low back pain during pregnancy. Brynhildsen J, Hansson A, Persson A, Hammar M. In: *Obstetrics & Gynecology*, Feb 1998; 91(2): 182-6.

Women with severe low back pain during pregnancy have an extremely high risk for experiencing a new episode of more severe low back pain during future pregnancies and when not pregnant.

Note: According to revised guidelines from the American College of Obstetrics and Gynecology, vaginal delivery should be routine in women who previously underwent cesarean section birth, *Journal Of The American Osteopathic Association*, Feb.1989, Vol.89 No.2, p.164.

An effective drug-free approach to premature contractions. Phillips C. *ICA Review* Oct. 1998.

Dr. Carol Phillips has done an amazing job of integrating chiropractic with CranioSacral^a therapy to develop a number of techniques to help women in labor and pregnancy. Using simple procedures, she teaches healthcare providers unique methods of helping their pregnant patients and young children.

She writes:

What is it about chiropractic care and pregnancy? Why do so many women who receive care during pregnancy always ask us, How in the world do other women get through pregnancy without adjustments? ”

This paper presents a simple procedure that doctors can teach spouses and birth assistants in order to prevent and correct one of the most serious complaints associated with imbalance – premature contractions.

Back Labor: a possible solution for a painful situation. Phillips C. *ICA Review* July/August 1997.

From 50-75% of pregnant women experience the acute, severe, low back pain that is back labor. Dr. Phillips writes: "Many first time mothers mistakenly think back-labor is what childbirth is supposed to feel like. Let me assure you IT IS NOT. "Dr. Phillips offers a biomechanical approach to back labor. Dr. Phillips states, "Back labor is not a very common finding in patients who have received chiropractic and craniosacral therapy throughout pregnancy. "

Dr. Phillips offers approaches that will help the baby turn so as to prevent back labor and methods that a chiropractor, labor companion or any birth attendant may use to help a woman in labor relax the pelvis, reduce pelvic tension and permit a back labor presentation to turn the baby to a more natural position for delivery.

Hypolumbarlordosis: a predisposing factor for preeclampsia. Kanayama N. Maradny EE, Kajiwara Y. et al. *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 1997;75: 115-121.

About 1 in 200 pregnant women suffer from preeclampsia with hypertension and albuminuria (protein in urine) and which can lead to seizures, coma and death. No one knows what causes it.

The authors studied pregnant women to see if there was a relationship between their spinal shape, particularly the lumbar (lower back) spinal shape and preeclampsia. It was revealed that women with decreased lumbar spine curves had more preeclampsia. Interestingly, they also found that patients with reduced lumbar curves had decreased blood flow to the iliac artery than normal pregnant women.

Case history: premature labor. Cohen Eddy, D.C., F.I.C.A. *Chiropractic Pediatrics* Vol 1 No. 4 May 1995.

A chiropractor's wife experienced premature labor at 32 weeks of gestation. She was also diagnosed with severe endometriosis resulting in inflammation of the ovaries and was informed that she would never be able to become pregnant and recommendation for treatment was laparoscopic surgery.

Patient refused treatment. She went to a hospital where the M.D.s wished to inject oxytocin to stop her contractions. The author writes:

While at the hospital, the patient's husband adjusted her. The intensity of the contractions decreased somewhat. However the contractions maintained the same frequency of every five minutes. "She was adjusted C-2, using the toggle recoil technique. Contractions reduced markedly and then discontinued completely

Patient then continued with weekly adjustments until the occurrence of labor and

delivery at 40 weeks gestation, with no complications. The patient's newborn infant was checked and adjusted 20 hours after the birth. ”

Some preterm labor may have a neurologic condition that responds to correcting/reducing vertebral subluxation complex. Chiropractic and prenatal reference manual. Peet, JB, The Baby Adjusters, Inc. 1992. Shelburne, VT.

The effects of chiropractic treatment on pregnancy and labor: a comprehensive study. Fallon J. *Proceedings of the world chiropractic congress.* 1991; 24-31.
The hormonal changes that occur during pregnancy can change the shape of the spinal curves and overall posture which can affect organ systems.

In this study Dr. Fallon describes her work with 65 women who received chiropractic care from at least the tenth week of pregnancy through labor and delivery. These women experienced mean labor times significantly reduced compared to controls.

Women who were primagravidae (first pregnancy) who received chiropractic care averaged 24% shorter labor times than average for primagravidae women.
Women who were multiparous (had had at least one child prior) averaged 39% shorter labor times versus controls.

Adjustive procedures for the pregnant chiropractic patient. Esch S., Zachman Z. *Chiropractic Technique.* May 1991; 3(2): 66-71.

This is a discussion of the technique and modifications needed to facilitate spinal adjustments for the pregnant patient. The authors used pillows under the abdomen and flexed the knees while prone to reduce stress on the low back.

Back pain during pregnancy and labor. Diakow, PRP, Gadsby, TA, Gadsby JB et al. *J Manipulative Physiol Ther* Vol. 14, No. 2 Feb. 1991.

From the abstract:

An interview of 170 consecutive female patients: of the 170 pregnancies with reported back pain, 72% also reported back labor...The treated group experienced less pain during labor.

Eighty-four percent of patients receiving spinal manipulative therapy reported relief of back pain during pregnancy. There was significantly less likelihood of back labor when spinal manipulative therapy was administered during pregnancy.

The effect of chiropractic treatment on pregnancy and labor: a comprehensive study. Fallon J. New York, NY: Yeshiva University. From 1991, World Chiropractic Congress Abstracts.

One half of all pregnant women complain to their obstetricians about backache (LeBan et al. 1983); it can be demonstrated that chiropractic care significantly reduces the mean labor time.

Back pain during pregnancy Ostgaard HC, Anderson GBJ. *Spine*, 1991; 16(4): 432-436.

428 pregnant women who had back pain before pregnancy and 375 pregnant women with no previous back pain were followed at regular intervals. Back pain occurred twice as often in the group with a back-pain history.

Chiropractic and pregnancy, a partnership for the future. Fallon J. *ICA Review* Nov/Dec 1990. Pp. 39-42.

This paper discusses neurological conditions associated with subluxation in pregnancy: brachia neuralgia, compression of the brachial plexus causing tingling and numbness in the shoulder and arm; neuralgia paresthetica, compression of the lateral femoral cutaneous nerve causing pain and paresthesia of the thigh; intercostal neuralgia, compression of the intercostal nerves causing radiating pain between the ribs; sciatic neuralgia, compression of lumbar plexus causing pain of the pelvic region and/or radiating down leg; coccydynia, pain at site of coccyx; separation of the symphysis pubis, causing pain at the symphysis pubis and SI joint; Carpal tunnel syndrome, compression of median nerve; Bell s Palsy, compression of CN VII causing paralysis of facial muscles; traumatic neuritis, motor and sensory deficits of L5, S1 and S2 after labor.

Chiropractic care during pregnancy. Webster L, *Today & Chiropractic* Sept/Oct 1989

Dr. Webster writes:

Perhaps the best testimonial to the effectiveness of chiropractic care during pregnancy can best be summed up in my own personal experience while I was a student at Logan College. During my wife s first pregnancy, she received regular chiropractic care. During her second pregnancy she did not (due to the fact that I was overseas). Her medical doctor (who incidentally was anti-chiropractic) made this statement: I hate to admit it, but I can tell the difference in you. Would you find someone to give you chiropractic care? ”

Pregnancy and chiropractic care. Penna M. *American Chiropractic Association Journal of Chiropractic*. Nov. 1989 p.31

From the summary:

Regular adjustments can make pregnancy less stressful and delivery less uncomfortable. Chiropractic treatment can continue safely until the day of delivery. ”

Labour pain: correlations with menstrual pain and acute low-back pain before and during pregnancy. Melzack R, Belanger E. *Pain*, 1989; 36:225-229.

Viscerosomatic reflexes may be responsible for low back pain during birth. Low back pain was significantly correlated with labour pain. Both menstrual pain and the increased labour pain may derive from the same mechanisms.

Low back pain during pregnancy. Berg. G. et al. *Obstetrics Gynecology*, 1988;71:71-75.

Sacroiliac dysfunction is common in pregnancy and manipulation is found to help.

Low back pain in pregnancy. Fast A et al *Spine* 1987 12(4): 368-371.

A study of 200 New York women indicated that 56% suffered low back pain during pregnancy and the most frequent onset of the pain was during the 5th to 7th months.

AMA study shows that pregnant women under chiropractic care have easier pregnancy and delivery. *American Medical Association records released in 1987 during trial in U.S. District Court Northern Illinois Eastern Division, No. 76C 3777.* Irvin Hendryson, M.D. a member of the American Medical Association board of trustees, did a clinical study which revealed that pregnant women who received chiropractic adjustments in their third trimester were able to carry to term more frequently and deliver children with more comfort.

This information was suppressed and never revealed to the public or media. In the meantime, the AMA continued to attack chiropractic as unscientific and dangerous. ”

Medical expert state that less painkillers needed during delivery if patient under chiropractic care. Freitag, P. Expert testimony of Pertag, M.D., Ph.D. comparing results of two neighboring hospitals. *U.S. District Court Northern Illinois Eastern Division, No. 76C 3777, May 1987.*

A study was conducted in which chiropractic adjustments were incorporated into patients pregnancies. It revealed that the need for painkillers during delivery was reduced by half under chiropractic care. It was revealed that this study was suppressed by the AMA because it showed chiropractic effectiveness.

Conservative obstetrical procedures - part 11 Tyler R., *Digest of Chiropractic Economics*, March/April, 1983, 25(5): 18-19.

In the last trimester of pregnancy, especially in the last month, when the likelihood of difficulties and discomfort is greater, frequency of visits may be increased to up to three visits a week.

Chiropractic cares for the pregnant patient. Moore P. *Digest of Chiropractic Economics*. May/June, 1983, 25(6): 60-61.

The frequency of visits of the pregnant patient should not vary drastically from ordinary proper procedure. ”

Effect of pressure applied to the upper thoracic (placebo) versus lumbar areas (osteopathic manipulative treatment) for inhibition of lumbar myalgia during labor. Guthrie R, Martin R. *Journal Of The American Osteopathic Association*, Dec. 1982, Vol. 82 No. 4, pp.247-251.

From the abstract:

In a study of 500 women during labor, 352 experienced pain in the lumbar area during labor, an incidence of 70.4%.

One of the most interesting findings of the study was the association of back pain during labor and abnormal fetal presentation.

Application of pressure to the lumbar area to inhibit lumbar pain reduced the need for major narcotic pain medication and minor tranquilizing medication.

More on OMT in obstetric care. *Journal of the American Osteopathic Association* Vol 74, March 1975, Wentling, P:

In the past, I have delivered over 6,000 babies. Each one of the mothers has received osteopathic manipulative therapy. Specifically, I move the sacroiliacs, keep the pelvis lined up, and loose. I feel that this helps to facilitate deliveries. ”

What is the role of osteopathic manipulative therapy in obstetric care? For normal patients? For patients with problems (e.g. toxemia of pregnancy)? Fedlman H. *Journal Of The American Osteopathic Association*, Nov. 1974, Vol.74, p. 194.

Manipulation makes the patient feel more comfortable and closer to her doctor, and the doctor s placing of his hands on her body is a symbolic gesture of caring among the impersonal relationships between people in society today. ”

What is the role of osteopathic manipulative therapy in obstetric care? For normal patients? For patients with problems (e.g. toxemia of pregnancy)? Hampton D. *Journal Of The American Osteopathic Association*, Nov.1974, Vol.74, p. 192.

Manipulation keeps the segments of the pregnant woman s structure moving freely and normally. It permits a constant free flow of all body fluids and a normal venous supply to control function. During the second 6 weeks of pregnancy, the growing fetus and expanding uterus often settle in the hollow of the sacrum and relief of nausea may be achieved...manipulation...results in an easier pregnancy and an easier delivery. The return of the mother to prepartum health also is expedited by manipulation. Manipulation has a part in the prevention and cure of toxemias....

The short leg syndrome in obstetrics and gynecology. Sicuranza BJ, Richards J, Tisdall, LH *American J of Obstetrics and Gynecology*. May 15, 1970. pp.217-219. Of 63 women found to have this syndrome, 90% achieved excellent relief with osteopathic therapy.

Cervical lesions in congenital pyloric stenosis. Decker, CE, *Western Osteopath*, 1928 (Feb.) 22:7-9.

A woman in her sixth month of pregnancy began to vomit, occasionally in a projectile manner. No evidence of toxemia could be found urine, pulse, blood pressure, etc. were

normal. Physical examination revealed a left subluxation of the axis. This was corrected. The vomiting ceased immediately and no recurrence was reported.

Vertebral lesions and the course of pregnancy in animals. Burns, L. *Journal Of The American Osteopathic Association* Vol. 23 No. 3 November 1923. From the paper (p.157):

Dr. L.M. Whiting of South Pasadena, has reported the evil effects of vertebral lesions upon the course of pregnancy and labor in several articles and lectures. She reports many normal pregnancies followed normal labor and normal young in women in whom there are no vertebral lesions, but she reports no normal pregnancies followed by normal labor in any case in which lumbar, innominate or lower thoracic lesions were found on examination. ”

Dr. Jeanette Bolles, of Denver, reports several families in which no children were born until the correction of a lumbar lesion, and that pregnancy often followed the correction. ”

Dr. A.V. Fish, Sapulpa, Oklahoma, reports an interesting case. After four years of sterile married life, the correction of lesions involving the innominate and the fifth lumbar vertebrae was followed by an almost normal pregnancy. The patient became pregnant within two weeks after the correction."

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