

CHIROPRACTIC CARE THROUGH PREGNANCY AND BIRTH

CARE DURING PREGNANCY

A pregnant woman should consult a general practitioner early in the pregnancy (usually within the first week). The first office visit should take place around the 12th week (but no later than the 16th week of gestation).

The pregnant female's first post-conception visit to an allopathic physician lasts about two hours. During this time, administrative details including the patient's age, marital status, and gravidity are recorded, along with an accurate menstrual history. Traditional prenatal care dictates that the expectant mother be seen by a midwife and/or doctor every four weeks, until week 28; every two weeks from weeks 29-36; and weekly thereafter. Part of every allopathic prenatal visit includes measuring weight, blood pressure and fundal height, a urinalysis and examination for signs of edema.

It is appropriate to address a pregnant woman's physical condition with the use of pharmacotherapy. However, chiropractic care, using adjustive therapy to provide spinal correction and pain relief provides a logical and safe alternative. DC's should establish a regular schedule of appointments with their pregnant patients in order to help them deal with the stress and trauma that the gestating fetus may place on their bodies. Once a regular schedule of chiropractic care has been established, the DC typically will see his or her patient more often than the obstetrician does; especially during the early months and the final weeks of pregnancy. Due to this fact the doctor of chiropractic is better able to note changes in the patient which may indicate danger to the fetus. Further, the frequency of chiropractic visits places the DC in an ideal position to order or perform routine exams and lab tests.

LOW BACK PAIN AND PREGNANCY

Low back pain is one of the most common conditions associated with pregnancy. As many as 50 percent of pregnant women experience this problem. There are many indications that chiropractic care is beneficial for the reduction of low back pain. However, despite its potential benefits during pregnancy, only a few studies have been published describing chiropractic approaches to adjusting the pregnant patient. Esch and Zachman suggest that full spine adjusting as indicated should be implemented on the pregnant patient, prior to the onset of significant weight gain, for low back stabilization, abdominal strengthening, and postural training.

A special table is not required for the chiropractic treatment of a pregnant woman, provided she can be positioned to avoid pressure on the abdomen. A table with an abdominal drop-piece is sufficient to perform techniques that require the patient to be prone. Cervical spine adjusting should be performed in a manner consistent with the subluxation findings for the patient. These adjustments can be done with the patient either sitting or supine. Sitting and side posture cervical adjusting can be done throughout pregnancy. The thoracic spine may be adjusted in the usual postero-anterior method using a pillow support or a dorsolumbar drop piece. Anterior thoracic adjustments are quite beneficial for the pregnant patient, because of the multiple fixations that are commonly found in the upper back during late pregnancy.

A doctor of chiropractic may adjust pelvic fixations during pregnancy. However, late in a pregnancy, the Logan Basic Technique is ideal, due to its low force characteristic, its balancing of the sacrum, its tendency to produce good full-body relaxation, and due to ligamentous laxity that occurs in women during the third trimester.

Contraindications to manipulation in pregnancy include excessive vaginal bleeding (at any time during the pregnancy), premature labor, placenta previa, placenta abruptio, ectopic pregnancy, and the incidence of ruptured amniotic membranes without labor. However, if mild toxemia should occur, spinal adjustments may be of benefit to the patient, since general adjusting treatment mobilizes the body's disease mechanism and decreases interference with normal homeostatic patterns. Internal adjustments such as those via the rectum can be of benefit in the relief of coccydynia.

NUTRITION DURING PREGNANCY

Since expectant mothers are eating for two instead of one, nutrition is of the utmost importance. Not only is nutrition crucial for the mother, but for the developing child as well. By now we have all heard about the connection between neural tube defects and a folic acid deficiency. Besides encouraging good nutritional habits the doctor of chiropractic should make sure that the pregnant patient is taking good quality prenatal vitamins. Another important mineral for expectant mothers is calcium. During pregnancy, a woman's requirements for calcium double to at least 1,200 mg per day. A calcium deficiency can lead to the development of osteoporosis in a pregnant woman. As the time for lactation nears, if adequate calcium sources are not available, calcium may be leached from within the mother's own bones for milk production. Calcium is also crucial for good dental health. Together with Vitamin C and high quality complex proteins, it can help to maintain teeth in a healthy condition, and avoid occasional bleeding of the gums. The importance of Vitamin C during pregnancy is yet another reason why pregnant women must quit smoking, since the habit depletes the body of Vitamin C.

MORNING SICKNESS

Approximately 50 percent of pregnant women experience some degree of nausea and vomiting during the first three months of pregnancy, a condition commonly known as "morning sickness". Chiropractic physicians should advise their pregnant patients to eat small meals on a more frequent basis, and to snack on whole grain crackers containing nut butter and cheese. These crackers or whole wheat toasts can be kept near bed for consumption early in the morning. DC's may also consider recommending nutritional supplements for patients, such as 50 mg of B6 every four hours, and 400 mg of magnesium for a short period of time, to help combat morning sickness. Encapsulated herbs such as ginger, and herbs in tea form such as red raspberry leaf, basil, ginger, and peppermint may provide the patient with some relief of nausea.

BIRTH TRAUMA AND CHIROPRACTIC

Science is now starting to document something chiropractors have been observing and warning about for years. For decades chiropractors have been warning the public of the danger to newborns from the common birth processes used today. Birth is a natural phenomenon that should not be viewed or treated as a medical condition. However, in an attempt to “manage” the birth process, many problems are created.



The most prevalent danger chiropractors have been warning about when it comes to the birth process is the creation of subluxations. A subluxation is a misalignment of the spinal bones that puts pressure on the nerves. Numerous articles and symposiums have relayed scientific documentation of damage that occurs to the nervous system in the neck of newborns during the common birth process. This damage ranges from mild subluxations in the upper neck to more serious subluxations involving spinal cord damage and central nervous system problems.

Many authorities suggest that the position of the mother coupled with the pulling from the delivering physician has a lot to do with the creation of these subluxation related problems. When the delivering mother is lying on her back she is not only working partially against gravity but she has reduced the pelvic opening size. These two factors then require the attending physician to pull harder on the head of the child. This increased pulling and twisting during the birth process, coupled with a decrease in the pelvic opening and a non-alignment with gravity often set the stage for birth trauma, subluxation and the resulting problems.

Health consequences to the newborn from birth trauma range from immediate and severe to hidden problems that may take years to surface. Some of the more immediate and tragic results that have been documented are spinal cord and brain stem injuries, brain bleeding and swelling, broken clavicles, shoulder dislocations, neurological deficits, breathing problems and even sudden infant death syndrome (SIDS).

The long-term consequences are as varied as the nerve system itself. Some of the more commonly mentioned problems that have been linked to traumatic birth are learning disabilities, headaches, visual and hearing problems, certain palsies, and a host of immune functional problems.

Experts are suggesting that birth be handled as a normal and natural process. Many experts suggest the birthing position of choice is in an upright position of either sitting or squatting. The less force used, if any, the better. Chiropractors have been stressing for years the importance of having a newborn checked for vertebral subluxations. The importance of a developing child being free from nerve interference from subluxation cannot be understated.

CHIROPRACTIC INVOLVEMENT IN THE OBSTETRIC FIELD

Changes in legislation and the evolving role of doctors of chiropractic in the community health setting make it difficult to state precisely what will be the future for DC's in the area of obstetrics. However, since the musculoskeletal system comprises almost 70 percent of the body, and due to the increased stress and strain placed on the body by a developing fetus, chiropractic care almost certainly will continue to gain popularity and support as a component of prenatal healthcare.

Pregnant patients should be scheduled for chiropractic treatments on a more frequent basis than they are seen in the allopathic or the osteopathic setting. During the second trimester it is suggested that patients be seen every week to two weeks, and schedule regular visits for urinalysis and to check blood pressure. During the last trimester, it is suggested that patients be seen weekly and especially for numb and tingling hands and feet, backache, edema, hypertension, heartburn, and hemorrhoids.

Accupuncture, while not considered a part of traditional chiropractic care can be performed by chiropractors in some states. It has been shown that acupuncture can be very helpful during pregnancy – from the time of conception through post-partum recovery. Stimulation of UB meridian point 67 was successful in treating women with breech fetal presentation in 60 percent of cases, when it was performed during weeks 34-35. In one study, Greenwood and Richardson used auriculotherapy to promote vaginal delivery in patients who have undergone a previous cesarean section. They state in their study that five out of six patients attempted vaginal delivery after cesarean section, and only one patient required a second cesarean section; this was due to cephalopelvic disproportion, and the large size of the baby. One baby experienced difficulty after aspiration of meconium, but development proceeded normally.

Chiropractic physicians have an important role in prenatal care and can work effectively with obstetricians and other caregivers during pregnancy. Chiropractic physicians possess the patient rapport, training, and diagnostic and treatment armamentarium required to provide effective care from the antenatal period through postpartum recovery. At present chiropractic is one of the only health-care professions capable of managing whole family health care (not just musculoskeletal, but holistic health) without the use of dangerous drugs or surgery. In cases such as pregnancy when drugs often are contraindicated, chiropractic is an ideal choice of care to ensure the health of both mother and baby.