



The Wellness Family

Dr. Schroeder Keeps You Informed

The Webster Technique

Many years ago, if a mother was told that her unborn baby was in the wrong position (i.e. breech, transverse, face/brow) it was assumed that the safest course of action was a C-section. While there were other options such as "External Cephalic Version" by an obstetrician, there were risks involved that a C-section could avoid. This has resulted in over 30% of births being by C-section, 20% of which are due to malpresentation. As the rate of C-sections has risen, so has the rate of pregnancy-associated deaths.^{1,2}

In the 1970's, chiropractor, Dr. Larry Webster, found a connection between a sacral subluxation (pelvic misalignment) and fetal malposition. The presence of this subluxation pattern may cause ligament tension which could result in undue uterine tension making it more difficult for the fetus to move into optimal position for birth. He discovered a simple way to determine the presence of, and provide chiropractic care for, this misalignment and resultant ligament tautness or in-utero constraint. The result of the procedure was that many babies were naturally able to assume the normal vertex (head down) position.³

What is In-Utero Constraint?

In her article "The Webster Technique – A Chiropractic Analysis and Adjustment for Pregnant Women", Dr. Jeanne Ohm defines intrauterine constraint (or in-utero constraint) as a condition where fetal movement is restricted, resulting in potential adverse effects to its development throughout pregnancy. Furthermore, limited movement and space in the uterus can lead to malpresentation in various forms: breech, transverse, posterior as well as asynclitic presentations."⁴

She goes on to discuss the labor difficulties that may result from in-utero constraint including increased pain or dystocia (slow or difficult labor), the need for medical interventions as well as a more traumatic birth experience for both mother and baby.

To truly understand this cause and effect, picture a basketball net hanging from a ring. If the net is twisted the basketball can't get through. The net must be hanging evenly for the ball to easily pass. The same is true of the mother's uterus. The sacrum is one of the bones in the pelvic ring, like the ring of the basketball hoop. The uterine ligaments attach to this bony pelvic ring like the strings of the net. If a sacral subluxation has caused an uneven pull in the ligaments attached to the uterus, this may result in the uterus being tense. When this happens, the uterine wall becomes more rigid and the fetus has more difficulty moving. The result of which is called in-utero constraint.

What is the Webster Technique?

A simple Google search provides the following definition which was provided to the website "Spinning Babies" by

Dr. Jeanne Ohm: "A chiropractic adjustment called the Webster Technique is a specific sacral adjustment to help facilitate the mother's pelvic alignment and nerve system function. This in turn balances pelvic muscles and ligaments, reduces torsion to the uterus and offers a greater potential for optimal fetal positioning."⁵

The Webster Technique is performed by a trained Doctor of Chiropractic. The doctor will determine which side of the pelvis has the sacral rotation by checking muscle tension through the leg muscles that attach to the pelvis. Then an adjustment to the sacrum will be performed to realign it in the pelvic ring. Afterward, the doctor will make a contact with a few ounces of pressure on the mother's abdomen, over a pelvic ligament. Once the tension is released the uterine wall should relax allowing the fetus to more easily move into the optimum position for delivery.



More midwives and obstetricians are recognizing the value of the Webster Technique as a non-invasive approach to malpresentations.

Dr. Claudia Anrig, co-editor of the Pediatric Chiropractic textbook, was one of only two instructors to receive official endorsement by Dr. Webster to teach his technique. It was during this time that she developed the Advance Webster Technique – adapting the sacral adjustment and ligament contact to address breech, transverse, and face/brow presentation – which was used by Dr. Webster in his practice. The Advanced Webster Technique has been taught and used effectively by the chiropractic profession for over 30 years.³

Who benefits from the Webster Technique?

The Webster Technique proves to be most beneficial when chiropractic care is sought early in the pregnancy, as this may decrease the need for medical intervention. If the fetus has unrestricted movement throughout the entire pregnancy then there is no need for external maneuvers or C-section deliveries.

External maneuvers, like External Cephalic Version or others, are risky with only about 58% success.⁶ Interestingly, one of the signs of a failed version is "a uterus tense to palpation",² meaning that the uterus is tense or tight, which is exactly what the Webster Technique theoretically addresses.

A much safer option, the Webster Technique, is not known to convey any risk to the fetus or the mother because **it is not an obstetrical maneuver.**³ It has nothing to do with the actual baby itself and everything to do with the mother's pelvic function. By removing an existing subluxation the body begins to function properly allowing the fetus the opportunity to move more freely into the proper position.

When should Chiropractic Care start?

A sacral subluxation is not a dislocation but is basically what happens when a joint moves beyond what is a natural position or range. Regular Chiropractic adjustments during each trimester may help to avoid any sacral subluxation at all, which means that the Webster Technique may never even be necessary as the uterus will remain symmetrical with no twists or tension.

However, even the most well-adjusted spine may have a sacral subluxation especially if the pregnant patient has a fall, performs repetitive movements, spends long periods of time sitting, needs extended bed rest, or experiences any other outside force to their pelvis.

Many women have made a choice to make Chiropractic Care a major part of their entire pregnancy, including seeing their Family Wellness Chiropractor for pre-conception care and wellness advice resulting in a more quality labor and delivery.

The Webster Technique is Effective

In the past few years more than a dozen case studies have proven the effectiveness of the Webster Technique.⁷ As such, more and more midwives and obstetricians are recognizing the value of the Webster Technique as a non-invasive approach to malpresentations and refer their patients to Family Wellness Chiropractors.

In a 2010 survey (Mullin et al.) of 187 midwives from across the US, it was reported that 88% of respondents had referred patients to chiropractors and of those who had referred, 94% referred for fetal malposition.⁸

Lauren Feder, M.D., in her book *Natural Pregnancy* states, "Chiropractic preventative care is recommended during pregnancy, as it is known for easing delivery. The Webster Technique relaxes the pelvic structures and ligaments in pregnant women with a success rate of 82% in turning

babies from breech position."⁹ Dr. Judy Forrester, a prenatal chiropractic expert shares in the textbook, *Pediatric Chiropractic*, Dr. Webster reported having a successful version (head down position) in 97% of adverse in-utero presentations.³

When considering the fact that the Webster Technique avoids any external force being applied to the uterus and more importantly the fetus, it is by far the safest alternative potentially reducing the likelihood of a C-section.

What's next?

Many mothers assume that a successful outcome from the Webster Technique means that their unborn baby suffered no ill effects. However, while in this unnatural, restricted position, the fetus was under a great amount of pressure (for up to eight to twelve weeks).

In-utero constraint may result in posture issues, jaw and lactation issues, hip dislocation, torticollis or club foot.

In addition to these obvious symptoms of in-utero constraint, birth strain may also result in subluxations and there exist silent signs of interference to the nervous system. If a baby shows any of these signs consider having their spine checked. These signs include: colic, reflux, constipation, positional discomfort, extended arching, difficulty sleeping, a weak immune system, respiratory issues or digestion problems.

More Information

To learn more about the Webster Technique visit the American Pregnancy Association's website at americanpregnancy.org and search "Chiropractic Care During Pregnancy".

Resources:

1. Answers Prove Elusive as C-section rate rises; Rita Rubin, USA Today, January 7, 2008
2. Williams Obstetrics, 23rd Edition, McGraw Hill Companies, 2010 ISBN 0-07-149701-3
3. Anrig, CA and Plaugher, G. Pediatric Chiropractic. Baltimore: Lippincott, Williams & Wilkins – Wolters Kluwer Health; 2012
4. www.theamericanchiropractor.com/articles-techniques/5152-the-webster-technique-a-chiropractic-analysis-and-adjustment-for-pregnant-women.html
5. spinningbabies.com/learn-more/techniques/professional-help
6. Obstet Gynecol. 2008 Nov;112(5):1143-51. doi: 10.1097/AOG.0b013e31818b4ade.
7. www.chiropracticpediatricresearch.net
8. Mullin, L. 'Attitudes and Views on Chiropractic: A Survey of United States Midwives'. Complementary Therapies in Clinical Practice 17.3 (2011): 135-140. Web.
9. Feder, L. Natural Baby and Childcare. Long Island City: Hatherleigh Press; 2006

All websites accessed in June 2015



Dear Patient,

Dr. Schroeder is dedicated to providing you with the absolute best in family wellness care. So take a moment today to discuss with your Family Wellness Chiropractor any concerns you may have regarding your family's overall health and wellness.

This newsletter is provided to you by:

The Chiropractic Office of
Dr. Cameron Schroeder
12 10th Ave W
Lisbon, ND 58054
701.683.5272