

Birth trauma revisited

The birth process; even under natural and controlled conditions, is potentially traumatic," according to Abraham Towbin, M.D. [1]

This being true, it is imperative that chiropractors understand the necessity of caring for the pregnant patient as well as educating her regarding the benefits of chiropractic care before, during and after pregnancy. This may require additional training and even certification in prenatal, perinatal and pediatric chiropractic.

Chiropractors need to view birth as a process and not necessarily as an event. From a chiropractic model of health care, many traumatic births can be avoided, or at the very least, minimized greatly.

Chiropractic care during pregnancy decreases low back pain and reduces labor time by 50- 60%. [2]

Specific spinal adjustments keep the pelvis in proper alignment, making the delivery quicker and easier with less chance of injury to the mother or child. It also allows freedom from interference of normal nerve energy, which is vital for the child's normal, healthy development [3].

One of the main causes of birth trauma is the positioning of the laboring mother-to-be. Modern obstetrical procedures place the woman about to give birth on her back (supine), which is detrimental to the process of birth. In this position, the woman must work against gravity. The baby must ascend up and out the birth canal.

The enlarged uterus places pressure on the abdominal aorta, the major blood supply to the uterus itself, which will slow or stop uterine contractions. The uterus also places pressure on the major nerves to the uterus as well as the muscles of the legs. This decreases the woman's strength and her ability to use the muscles for delivery of the baby.

Most midwives and midwifery birthing centers recommend a hand and knees position or the squatting position for giving birth to minimize potential birth trauma to the mother and baby.

With the mother in the supine position and the baby quagmired by the slowed or stopped labor, it becomes necessary to save the baby who is usually in distress at this point.

The attending physician has several options at his or her disposal. Keep in mind that Towbin described the traumatic birth as a result of longitudinal traction combined with hyperflexion and/or hyperextension and rotation along the vertebral axis. [1]

First, the attending physician may use his or her hands to pull the baby's head. It is not uncommon for doctors to use their entire body weight for leverage with a foot placed on the delivery table for extra pulling force. Towbin cites the Duncan study of fetal infant cadavers requiring 90 pounds of pull force to de-cerebrate and 120 pounds to decapitate.

Secondly, they may use forceps, which are known to cause spinal cord transectioning, skull fractures, intracranial hemorrhage, cerebral palsy due to anoxia and a lowered I.Q. Burnier describes the pull force used with forceps to be somewhere between 90 and 140 pounds. [4]

The attending physician may also use a vacuum extraction device, which may result in cephalhematoma, intracranial hemorrhage or retinal hemorrhage; When the vacuum is unsuccessful, forceps are again employed. .

If these methods of intervention are not successful in rescuing the distressed baby, a surgical procedure may be used. A Cesarean section is thought to be less traumatic on the mother and baby. In fact, the maternal morbidity rate is increased due to hemorrhaging, infection and urinary tract injuries. C-sections also increase the risk of skull and extremity fractures during the procedure and vacuum and forceps are often utilized.

Other complications of the interventions that the chiropractor should be aware of include: extremity fractures, Erb's palsy, facial nerve palsy, Klumpke's paralysis and cerebral palsy. Towbin states, "infants who survive the initial effects may be left with severe nervous system defects." [1]

In addition, respiratory distress may result from vagus nerve interference. Visceral injuries may be present from forceful forceps delivery. Research is replete with information on sudden infant death syndrome and birth trauma as Kent describes in his article, "Subluxation and SIDS." [5]

Decapitation has also occurred following difficult and traumatic birth. One case in particular, according to the Jerusalem Post, "The baby died after his head emerged from the birth canal with the help of a suctioning device. The baby's shoulders became stuck, when the delivery team pulled hard on the baby's head, it separated from his body." [6]

The process of labor and delivery are no doubt traumatic on the mother and baby causing vertebral subluxations in both. Anrig and Forrester describe, "the abnormal position of the fetus may cause abnormal developmental effects of the hypertrophied cartilage and early articular structures, and therefore, be the precursor of spinal asymmetry and the vertebral subluxation complex with resulting long standing consequences." [7]

Murphy relates early degenerative changes on radiographs of children following trauma to the cervical spine. [8] He is referring to a motor vehicle accident, but one could hypothesize that the trauma of birth could also lead to even earlier degenerative changes.

It is essential that the chiropractic profession takes those fundamental skills taught in chiropractic colleges and refines them through advanced training. It is then imperative that the profession be provided with the necessary training to improve the skills and be provided with the necessary tools to communicate it to the world.

Children are sick, unhealthy and even dying. Other health professions are recognizing the efficacy of chiropractic care for pregnant patients and children. Otherwise they would not be attaching chiropractic pediatrics.

As one medical doctor stated 20 years ago, "I believe since my involvement in chiropractic that the sooner the child can be examined for subluxation and the sooner the subluxation can be corrected, the better the result will be. Chiropractic care should begin shortly after they are born."

He continued, "I feel strongly that we should change the orthodox obstetrical methods of child delivery. They are very abnormal procedures. Modern child delivery methods are against the normal delivery process evolved by evolution for thousands of years."

"And if the medical profession would recognize this major fact," he concluded, "vertebral subluxations due to the birth process would be greatly reduced also, and our children, the hope of our future world, would enter this world more normal, expressing a greater degree of their potential." [9]

References

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