

Insights Into Chiropractic

Discerning the true nature of an alternative health care method

Chiropractic and the Pregnant Patient

INTRODUCTION

A medical community improperly informed about the benefits of chiropractic care, combined with lack of communication between the members of organized medicine and the chiropractic profession have resulted in a diminished quality of health care for our mutual patients. The common myth embraced and perpetuated by the uninformed medical professional is that chiropractic treatment holds no benefits for the pregnant patient at best, and at worst represents a danger to the pregnant patient and unborn child. This misunderstanding and lack of communication has resulted in unnecessary suffering for many pregnant patients.

This issue of this continuing series of newsletters documents the benefits of spinal manual therapy for the pregnant patient in the areas of back pain, labor, and delivery. A review of treatment frequency recommendations is discussed, also.

BACK PAIN & LABOR

In 1991, Diakow et al(1) published a retrospective study of 400 pregnancies in the *Journal of Manipulative and Physiological Therapeutics*. The study investigated the relationship between the presence of back pain during pregnancy and labor, and the effects of chiropractic treatment on back pain and labor.

The study found that back pain was experienced during 42.5 percent of the pregnancies and 44.7 percent of the labor periods. This finding demonstrated an association between the likelihood of back pain during labor (back labor) if

back pain was present during the course of the pregnancy.

Of the 400 pregnancies, 37 patients received manual manipulative therapy for relief of symptoms. In this group relief of back pain was reported in 84 percent. No instances of adverse effects as a result of the treatment were reported, indicating the relative safety of the procedures.

The authors also reported a decreased likelihood of back labor in the treated group leading them to conclude, "If this effect can be confirmed by future study, one of the most severe aspects of labor pain may be prevented. Women with lower back pain during pregnancy could be identified as a higher risk group, and several treatment strategies such as back school, exercise or manipulation could be tried."(1)

In addition, an earlier study tested the application of manual therapy applied in the lumbosacral area during labor as treatment for inhibition of lumbar labor pain.(2)

Steady manual pressure was applied to the lumbar area beginning with the onset of uterine contraction which was slowly released following contraction. The results of the treatment were compared to a second group of subjects who received a placebo treatment consisting of steady manual pressure applied to the thoracic spine (T2-7) throughout uterine contraction with slow release of pressure following contraction. This second group acted as a modified "control" group because of the concern raised about the effectiveness of any manual treatment due to the "laying on of hands."

The results of this study are very interesting in terms of the patients' subjective perception of pain and the objective measure of the use of pain killing narcotic medication. The subjects receiving the lumbar-applied manual therapy reported an average 81 percent level of pain relief from back labor. Eighty-eight percent said they required less pain medication than anticipated.

The authors go on to state, "The matched pairs (thoracic and lumbar) differed significantly on the amount of pain medication received. The thoracic group received 16 doses and the lumbar group received three doses of narcotic (Demerol) pain medication during labor."(2)

Finally, Fallon(3) reports that subjects who received chiropractic treatment from at least the tenth week of pregnancy through labor and delivery experienced mean labor times significantly reduced compared to controls.

Primagravidae subjects receiving chiropractic care averaged 24 percent shorter labor times and multiparous subjects receiving chiropractic care averaged 39 percent shorter labor times versus controls. (See Table 1)

These findings suggest that chiropractic treatment could play an important expanded role in prenatal care. A working relationship between medical obstetricians, family practice physicians, and experienced chiropractors could result in shorter labor times, decreased use of pain medications and increased quality of care for patients.

A cooperative effort is even more attractive when considering the relative safety of chiropractic treatment for musculoskeletal pain compared with medical alternatives such as medications.

The risks to the mother and unborn child from the use of medication during pregnancy and labor are well documented, however, the indexed literature fails to report even one adverse incident or accident due to the chiropractic treatment of gravid females.

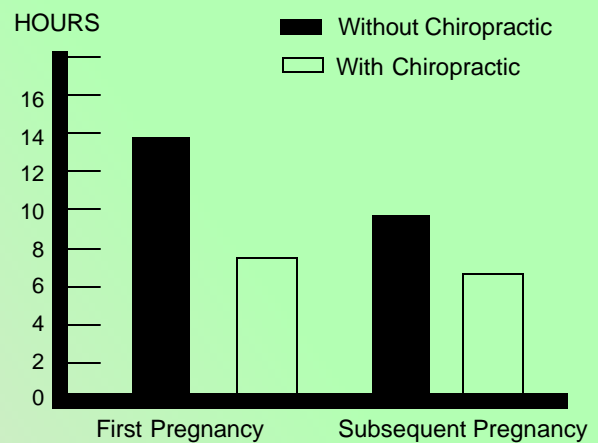


Table 1. Labor times with and without chiropractic treatment.

SUGGESTED TREATMENT FREQUENCIES

"The frequency of visits of the pregnant patient should not vary drastically from ordinary proper procedure."(4)

This quote demonstrates the fact that treatment of the pregnant patient requires little modification from usual treatment protocols. However, with a greater understanding of the benefits of chiropractic treatment, the average chiropractor finds a larger number of asymptomatic patients requesting "wellness" care during the gestation period. Fortunately, a number of authors have discussed their experience and a brief summary of their findings is presented below.

The initial treatment frequency varies in the literature from one to three times per week in the first two to three weeks. Thereafter, a schedule of one office visit per week or one office visit every other week through the remainder of the first and second trimesters is suggested. (4,5) In the last trimester, when the likelihood of difficulties and discomforts is greater, frequency of visits may be increased to up to three visits per week, especially in the last month.(6)

The reported frequencies of treatment are included here as a guideline and none of the authors cited give any statistical data to support their recommendations. Unfortunately, this is the case with most forms of treatment (medical

or chiropractic) that have not been subjected to rigorously controlled outcome studies.

SUMMARY & CONCLUSION

Chiropractic treatment has been shown to have the documented benefits of relief or reduction of back pain during pregnancy. Furthermore, chiropractic treatment during pregnancy may reduce back labor, one of the most severe aspects of pain during labor.

The application of manual methods during labor and delivery significantly reduces pain, suffering, and the use of pain-relieving narcotics and represents a safe alternative or adjunct for both mother and child.

The safety of chiropractic treatment during pregnancy is an especially attractive feature when considering alternative forms of treatment proposed by the medical community. The indexed literature (Index Medicus) was searched for reported complications and/or adverse reactions/incidents as a result of spinal manipulative therapy for pregnant patients. No reported incidents were found.

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