As a mom navigating her way through a high-risk pregnancy, news of one more complication just leaves you with more questions and concerns. When the news is that your baby is not in the optimal position, your questions go something like this: Will my baby turn on its own? Will I need external cephalic version? Can I even have that? Is it safe? Will I need to have a C-section?
For Many Pregnant Moms, Webster Technique is the Key to a Safer Birth

If your particular high-risk situation doesn't automatically require Cesarean, a mal-presentation greatly increases that chance. Even in the case of low-risk pregnancies, abnormal position near the end of term commonly results in surgical birth. In fact, 2003 data from the National Center for Health Statistics shows that 87.2% of all breech presentations were delivered by Cesarean. Today, the rate is almost 100%, as OBs are no longer trained to deliver breech.

If your baby has not moved into its optimal position by approximately 36–37 weeks, your doctor may suggest attempting external cephalic version. In this procedure, your doctor tries to turn your baby while still in the uterus by pushing on the baby with his or her hands through your abdomen. This procedure can bring about complications for any mom, including vaginal bleeding, premature rupture of membranes, fetal distress and premature labor. For many high-risk pregnancy situations, external cephalic version would not be recommended due to these possible complications. For some high-risk pregnancies, external cephalic version is contraindicated, meaning it is not even considered as a possible option due to the high likelihood that it would cause serious problems.

So, once you and your doctor realize that your baby is not optimally positioned, the most likely approach in a high risk pregnancy is to wait and see if your baby will spontaneously turn. If your doctor is comfortable with the idea of external cephalic version in your case, you may weigh the pros and cons and decide to give it a try. Unfortunately, according to the American College of Obstetricians and Gynecologists (2000), external version only has a 58% success rate. If you cannot try, or are not comfortable trying, external cephalic version, or if it is unsuccessful, you are usually left waiting again for your baby to turn on his or her own. At this point, you will be well aware that if your baby has not turned head-down by the time you begin labor, you will need a C-section. What else can you possibly do other than just wait? What other options do you, as a concerned mother, have to attempt to prevent this scenario?

Let's take a step back and talk about the “whys” of abnormal presentation. Remember that your baby has innate programming that helps him or her know what to do during growth and development. Most babies do assume a vertex position before labor, because their instincts direct them to. This is the same way they innately know to push with their feet off the top of the uterus during contractions or to latch on to a breast even when they have never before seen one. So why hasn’t your baby assumed the vertex position? Because your baby didn’t get the programming to know to do that? Of course not.
Something is preventing the natural process from occurring in your situation. In some cases, it can be a structural issue within the womb, such as a fibroid or other space occupying presence. Often, pre-term labor is accompanied by abnormal presentation because the “time to turn” in the baby’s programming had not yet occurred. However, according to Danforth’s Obstetrics and Gynecology, there is no apparent cause for the failure to go vertex over 50% of the time. It would be ludicrous to assume that over 50% of the fetuses in abnormal position simply “didn’t get the memo”. So, it logically follows that something is preventing the baby from turning.

In the late seventies, Larry Webster, DC, founder of the International Chiropractic Pediatric Association, noted a connection between subluxations of the sacral and pelvic bones and abnormal fetal positioning. He developed a gentle chiropractic adjusting technique (called the Webster Technique) to restore movement and alignment in the sacrum and observed that babies would regularly turn to the vertex position on their own after the adjustment. During his career, Dr. Webster himself claimed a success rate over 90%, working with approximately 1,000 pregnant moms.

The success of this approach may be related to examining simple anatomy. The uterus is physically attached to the pelvis and sacrum by way of the utero-sacral ligaments behind the uterus and the round ligaments in front and the broad ligament on each side. During pregnancy, the increased physical loads on the skeleton and the presence of the hormone relaxin in soft tissues make it easy for the sacrum and pelvic bones to shift and become subluxated. Extended bed rest can also contribute to sacral subluxations, as can improper postures and minor traumas. When this occurs, the ligaments described above may be pulled and create undue tension in the uterus.

This uterine tension may decrease the ability of the baby to move into a more desirable position for birth. Imagine pulling on two sides of a balloon. The balloon shortens and becomes rigid in response to the pulling forces. The same thing occurs with the uterus, essentially trapping the baby in whatever position it was in at the time of subluxation. Until the pull on the uterus can be removed, the constraint will remain and the baby may not be able to force its way into the vertex position. Moms experiencing intra-uterine constraint will often report a decrease in the baby’s movement, or a development of jerky, tense movements, indicating that the baby’s ability to move is restricted.
The Webster chiropractic adjustment begins the process of realigning the sacrum, which may relieve the pull that creates the tension in the uterus. Once that tension is removed, your baby may be free to follow its instincts and assume its best possible position for birth. This adjustment involves no external forces on the baby directly, and it is very comfortable and extremely safe. There have been numerous case reports examining this clinical outcome.

The Webster analysis and adjustment is recommended as a specific analysis and adjustment throughout pregnancy to enhance normal pelvic function throughout pregnancy in preparation for birth. Unfortunately, many women wait until the seventh or eighth month when mal-position has been diagnosed by the birth provider to seek out a chiropractor trained in this adjustment. Starting this care at the “eleventh hour” is not the best approach. Chiropractic works to facilitate normal neuro-biomechanical function, and this is therefore advantageous throughout pregnancy. Continued adjustments throughout pregnancy and right up until birth may help create a safer and easier birth for the mother and baby.

Due to its proposed success in balancing the pelvis in pregnancy, the Webster technique should be the logical first choice for mothers and birth practitioners to facilitate normal function throughout pregnancy. Should a woman not hear of the Webster technique until later in pregnancy, it is still prudent for her to seek out this natural approach to restore pelvic bio-mechanics and potentially optimize natural function. Without undue tension to her uterus, the baby has more room for movement and proper in-utero development. Free of pelvic and sacral subluxations, the nerve system function may be significantly enhanced and the birth canal’s diameter may be maximized, thus decreasing your chances for difficult labor and additional complications during delivery. Due to the gentle nature of the Webster technique, it is a safe adjustment throughout pregnancy.

How do you find a chiropractor who is trained in the Webster Technique? The best resource is the “Find a Doctor” search on the website of the International Chiropractic Pediatric Association (ICPA), www.icpa4kids.org. All the doctors listed have special interest and training in the care of pregnant mothers, infants and children. Their active listing on the website shows their continued recognition with the ICPA.