CASE STUDY

Resolution of Breech Presentation Following Application of Webster Technique: A Case Report

Helya Dashtkian DC¹ & Heather Whittle-Davis DC, F.I.C.P.A., C.C.E.P. ²

Abstract

**Objective:** To discuss the outcome of chiropractic care using the Webster Technique on a pregnant female with breech presentation of fetus.

**Clinical Features:** A 25 year old female sought chiropractic care at 31 weeks gestation to avoid cesarean section due to breech presentation, which was confirmed by her Ob/Gyn. The patient also had low back pain that was exacerbated by the pregnancy.

**Interventions and Outcomes:** The patient was evaluated using Webster Technique protocol and was found to have sacro-iliac subluxations, as well as trigger points along the round ligament. Webster Technique was administered a total of two times to address subluxations and trigger points. The fetus shifted from the breech position to transverse after the first visit. After the second visit, the fetus shifted from transverse to vertex. The patient continued to seek chiropractic care due to pregnancy related low back pain.

**Conclusions:** The patient avoided cesarean section and had an uncomplicated vaginal delivery following administration of the Webster Technique protocol.

**Keywords:** Chiropractic, pregnancy, Webster Technique, intrauterine constraint, breech, external cephalic version, cesarean section, vertebral subluxation

Introduction

Intrauterine constraint is defined as any force external to the developing fetus that obstructs the normal movement of the fetus. In addition, intrauterine constraint can prevent the fetus from obtaining the optimal vertex, head down, position prior to delivery.² Approximately 3-4.6% of all singleton pregnancies result in a breech presentation.² In the United States 86% of infants with breech presentation are delivered by cesarean section.³ This number may have largely been influenced by the results of the Term Breech Trial, which was published in the *Lancet*.⁴

The study found that cesarean section was associated with both reduced mortality and serious morbidity in the newborn period.⁵ While cesarean section is the method of choice for breech presentation, it still has its risks including hemorrhage, cardiac arrest, venous thromboembolism, and major infection compared with uncomplicated vaginal delivery.⁶ For these reasons it is best to avoid cesarean section altogether and explore other options.

The only other option within the medical community is to undergo External Cephalic Version (ECV). This is an attempt to turn the breech baby into a cephalic presentation manually by the obstetrician. This is usually done after 36 weeks in a hospital setting or doctor’s office while the baby’s heart rate is being monitored by a fetal monitor. The mother may be given an injection of tocolytic medicine to relax the uterus and prevent uterine contractions.

1. Private Practice of Chiropractic, Jupiter, FL, USA
2. Private Practice of Chiropractic, Kennesaw, GA, USA
The doctor maneuvers the bottom of the fetus with one hand while pushing down on the head with the other in a counter clockwise fashion. The position is confirmed via ultrasound and if any complications occur, the doctor would perform an emergency c-section. The success rate for ECV is reported to be 80% before 37 weeks and 63% after 37 weeks; while other sources report it to be as low as 25% for women having their first baby. Complications for ECV are listed as 2% and can include premature rupture of the membranes, umbilical cord entanglement, preterm labor, fetal femur fracture, uterine torsion, and fetomaternal hemorrhage. If one has no desire to have an ECV but still wants to avoid a c-section, there are other alternative approaches which include moxibustion, acupuncture, laser, perinatal massage, and knee chest position. However, with the exception of moxibustion, none of these therapies have any supporting literature.

A chiropractic technique developed by Dr. Larry Webster in 1978 has shown successful outcomes in breech presentations in a number of cases in the literature. The Webster Technique is defined as a specific chiropractic analysis and adjustment that reduces interference to the nerve system and facilitates biomechanical balance in pelvic structures, muscles, and ligaments.

The success rate for ECV is reported to be anywhere from 63-80% compared to an 82% success rate reported by chiropractors certified in Webster Technique by the International Chiropractic Pediatric Association (ICPA). If no alternative care is sought in a breech presentation, the chances of undergoing a cesarean section are high. The rates can be as high as 85.1%, which was the rate of breech babies that underwent c-section in 2003.

The purpose of this paper is to describe successful chiropractic care in the case of a pregnant female whose fetus is in the breech position.

**Case Report**

**Clinical Features**

The patient was a 25 year old female who presented to a chiropractic office 31 weeks into her pregnancy. She sought care with hopes of avoiding a c-section due to the breech presentation of the fetus. She was referred to the chiropractor by her obstetrician who had recently performed an ultrasound which confirmed the breech position.

**Intervention & Outcomes**

The chiropractor used a fetoscope at the beginning of each visit to determine the position of the fetus. The Webster Technique protocol was then implemented while the patient was lying prone on the chiropractic table using a pregnancy pillow and drop away piece to support the belly and increase patient comfort. The protocol consists of the bilateral “heel to buttoc” test to visualize leg lag. The leg that lags behind the other is the side of posteriority of sacrum, which is the side that is given a low force chiropractic adjustment while the patient is in the side lying position on the table. In this case, a left posterior rotated sacrum was found and the line of drive for the adjustment was posterior to anterior and medial to lateral at the space between the left posterior superior iliac spine and the second tuber cle of the sacrum. In the second part of the protocol, the patient was supine and the chiropractor palpated for trigger points along the round ligament on the right side. These trigger points were identified as taut and tender muscle fibers. They were treated by applying a gentle pressure from inferior to superior and lateral to medial with her thumb until the taut fiber loosened and released.

During the first visit, the Webster Technique was utilized to address subluxations at the sacrum and associated trigger points. After that visit, the patient reported feeling “lots of movement” within four hours of the adjustment. She felt the fetus had shifted from a breech position to a transverse position. The chiropractor was able to confirm this using a fetoscope.

She returned for the second visit one week after starting care. The Webster Technique was utilized to address sacrum posteriority, as previously described. Also, cervical and thoracic adjustments were performed based on Diversified technique analysis in order to correct subluxations at those levels. After the second visit, the patient attended a prenatal visit and the obstetrician confirmed that the fetus was in a vertex position. She was 33 weeks into the pregnancy. The patient continued to receive Diversified chiropractic adjustments for resolution of low back pain until delivery. She had an uncomplicated vaginal delivery.

**Discussion**

Several factors are associated with an increased risk of breech delivery such as first baby, older mother, uterine malformations, pelvic tumors, sight of placental attachment, and low volume of amniotic fluid. While not all of these factors can be resolved by Webster Technique, this technique can be useful in relieving tension due to sacral rotation, thus causing the restoration of the proper biomechanics of the pelvic bowl.

The risks associated with Webster Technique are far less dangerous than the risks associated with ECV, and the success rates seem to be very close. As stated previously, the success rate for ECV is reported to be anywhere from 63-80% compared to an 82% success rate reported by chiropractors certified in Webster Technique by the International Chiropractic Pediatric Association (ICPA). If no alternative care is sought in a breech presentation, the chances of undergoing a cesarean section are high. The rates can be as high as 85.1%, which was the rate of breech babies that underwent c-section in 2003.

**Conclusion**

This case of a 25 year old female who presented with complete breech presentation of her fetus experienced resolution of the breech presentation followed by a normal vaginal delivery. The only intervention used was two applications of Webster Technique.

This study is limited by the fact that it is based on one individual’s experience with the Webster Technique According to some sources, rates of version have varied from 0% to 33% and are more likely to occur prior to 34 weeks, while few will do so after that. Nonetheless, the Webster Technique may be a valuable option for someone who opts to have a vaginal delivery but does not feel comfortable with undergoing the ECV procedure. More extensive studies on
Webster Technique and its effectiveness compared to ECV are in order as well as the Webster Technique’s overall role in healthcare benefits during pregnancy.

References