CASE STUDY

Resolution of Breech Presentation Confirmed by Ultrasound Following Webster’s Technique

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Abstract

Objective: To describe the results from chiropractic care of a patient presenting with a breech pregnancy using the Webster Technique analysis with Activator Adjusting Instrument thrust.

Clinical Features: A 30 year old woman in her 34th week of pregnancy with her second child presented for a regular chiropractic visit after having an ultrasound that determined the baby was in a breech position. She had a previous cesarean section and was continuing chiropractic care with hopes of avoiding another cesarean section.

Intervention and Outcome: Webster Technique was used to analyze the patient and a light force adjusting instrument (Activator Adjusting Instrument) was used to administer an adjustment. Trigger point therapy was also performed according to Webster protocol. After three adjustments, the fetus moved from a breech position to a normal vertex or head down position.

Conclusion: Webster Technique protocol while using the Activator Adjusting Instrument along with trigger point therapy was successful in decreasing sacral subluxation and the fetus assumed a normal vertex position according to a follow-up ultrasound.

Key Words: Subluxation, Webster’s Technique, Activator Adjusting Instrument, Pregnancy, Breech Presentation, Intrauterine Constraint, Chiropractic, External Cephalic Version

Introduction

The occurrence of breech presentation in the United States today is 3.2%.¹ Breech deliveries were quite common until the mid-1900s when cesarean births became a safer alternative with the advent of antibiotics and improved anesthesia.² Today, however, it is hard for an expectant mother who has a breech presentation to find a doctor that is willing to assist her with a breech delivery.

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Breech presentation is defined as a fetus presenting with the buttocks or feet rather than the head.³ When a woman in her third trimester of pregnancy finds out that her baby is breech, the next likely step is to become educated on her choices up to and through the delivery. Many women would likely think that they would learn what their choices are when their baby is breech from their doctor however, for 87% of women they learn this information from books, family/friends and not from their doctor or midwife.⁴
Studies have been done to compare the effectiveness of planned cesarean sections versus planned vaginal births of those with breech presentation at term. The results of one study shows that planned cesarean sections have a lower risk of neonatal problems compared to planned vaginal deliveries. The medical profession offers one option for women with a breech presentation. External cephalic version (ECV) is a maneuver used to modify the fetal position to cephalic. Current advice for management of breech presentation is that all uncomplicated cases should be offered ECV or an elective caesarean section. In 2002, 13% of cesarean deliveries were performed because of breech positioning and 86% of babies that were breech were delivered by a cesarean section.

Webster’s Technique is a chiropractic technique that is used to restore normal pelvic biomechanics and has been shown to be associated with normal presentations. The purpose of this case study is to describe the resolution of breech presentation in a 30 year old woman undergoing chiropractic care following Webster’s Technique.

Case Report

Patient History

The patient was a 30 year old female presenting to the office when she was 12 weeks pregnant. The patient was having right sacroiliac pain for several weeks and thought that chiropractic care could help. Five months prior, she had discontinued chiropractic care that she was receiving for one year after her symptoms had resolved. At 34 weeks of pregnancy it was determined by ultrasound that the baby was in a breech position. She had a previous cesarean section at term when she was 25 years old because of a breech position and sought chiropractic care in hopes of avoiding another cesarean section if possible.

Chiropractic Examination

An ultrasound at 34 weeks confirmed the breech positioning of the baby and the Webster Technique was initiated. The first part of the Webster analysis is to check for posterior rotation of the sacrum that may be resulting in subluxation of the sacroiliac joints. With the patient in the prone position, the patient’s legs were flexed towards her buttocks. In this case, her right leg did not approximate to her buttocks as well as her left leg did, indicating a posterior sacrum on the right side.

The Activator Adjusting Instrument was used to reduce the right posterior rotation of the sacrum, rather than using a side lying position with a manual contact. The Activator Technique has clinical research to show that it is an effective technique to address subluxations and has been researched since 1986. The tip of the Activator Adjusting Instrument was placed half way between the S2 tubercle and the PSIS on the patient’s right side. One thrust was delivered and leg lag was reassessed and was found to be resolved.

The next part of the Webster Technique is to assess trigger points in the round ligaments of the uterus. The round ligament begins at the fundus of the uterus and goes inferior and lateral towards the labia majora to connect with the inguinal ligament. Trigger points that are found along the round ligament indicate posterior torque of the uterus.

Webster Technique protocol assesses the contralateral round ligament for trigger points. The patient’s left round ligament was assessed for trigger points and revealed distinct nodules. To correct this, a slight pressure was applied to the area for a period of approximately one minute with the inferior hand in a lateral to medial direction.

Chiropractic Care and Outcomes

The patient received a total of three chiropractic adjustments using Webster Technique to analyze the patient and the Activator Adjusting Instrument to provide the thrust. After the third adjustment it was determined by ultrasound that the baby moved to a vertex position. The patient did have a previous cesarean section and was advised by her medical doctor that if she did not go into labor by 40 weeks that they would perform another cesarean section. At 40 weeks she was admitted for a non-emergency cesarean section.

Discussion

In a 2008 study by Witkop it was determined after examining over 7,000 women that “a nonvertex fetus at 35 weeks had a 45% chance of spontaneous version by delivery.” Comparing this statistic to the success rates of EVCs and chiropractic’s Webster Technique will help us understand further the choices women today are faced with and the effectiveness of their outcomes.

It is not agreed upon between all professions what the best way is to resolve a breech presentation pregnancy. In the medical model, ECVs are carried out either in the labor ward or in a delivery room next to the operating room. Patients are given a choice of tocolysis with nifedipine, ritodrine, or neither. ECV is done with the patient supine and the doctor providing manual pressure to the woman’s abdomen while monitoring the baby during ultrasound in order to turn the fetus to achieve a vertex presentation. The success rates of ECVs were 52.2% in a study size of 500 women in a 2010 study. Other sources report a success rate anywhere from 38.4% to 65%. However, ECV done before 37 weeks has not been shown to be effective in changing breech presentation.

External cephalic versions are portrayed to mothers as being a simple and effective way to turn a breeched baby. However, there are several complications that women should be aware of when making decisions about methods to use.

ECVs have been associated with abruptio placentae, fetal bradycardia, prenatal cranial hemorrhage, umbilical cord prolapse, vaginal bleeding, and even death. Although incidence of complications from ECVs may be low, they are still present. The American College of Obstetricians and Gynecologists recommend that ECVs only be attempted in settings in which cesarean delivery services are readily available.

In a 2002 study by Caukwell it was determined that women are not given all of their options when they have a breech.
presentation with the results of this study showing that half of women surveyed were not educated about what ECVs were and were not offered to have an ECV. Instead, the majority were offered an elective caesarean section. It was also suggested in the study that by offering ECVs to women the rate of breech births would decrease from 78% to 41% and that the caesarean section rates would decrease from 29% to 15% for these women. But again, the complications involved need to be weighed to determine if an ECV should be done or if other options would be better suited.

Webster Technique was developed as a method to correct sacral subluxations and resolve neurobiomechanical sequelae. The sacral subluxations looked at within the Webster Technique can be described as a segmental subluxation arising from abnormal spinal biomechanics. Webster Technique is defined as a specific chiropractic analysis and adjustment that reduces interference to the nervous system and facilitates biomechanical balance in pelvic structures, muscles and ligaments. Intrauterine constraint obstructs normal fetal movement and can prevent the fetus from moving to a vertex, or head down position for delivery. Chiropractors who use this technique report an 82% resolution rate for the breech presentation, significantly higher than that of ECVs which range in the literature from a success rate between 38.4% and 65%.

**Conclusion**

Women are faced with different choices when it comes to management of intrauterine constraint. ECVs do not come without risks and many women may choose to try chiropractic care first to address pelvic neurobiomechanics. It is suggested that the Webster Technique along with the Activator adjustment be further analyzed to determine the effectiveness in relieving pelvic subluxation and its relationship to a healthy pregnancy.

**References**