

Pregnancy and Paediatrics – A Chiropractor's Approach

A visit to a chiropractor during pregnancy may, to some people, seem an inappropriate exercise – especially as chiropractic treatment is sometimes, incorrectly, perceived to be heavy-handed and rough.

In fact, with the gentle techniques used by chiropractors who are skilled in pregnancy and paediatric care, I regard it as playing a vital role in allowing a woman's body to cope with the physical stresses of pregnancy and importantly, in my experience, to prevent or reduce the stresses placed upon the baby before and during birth.



Many women present to my clinic, when pregnant, with low back pain. One of the major reasons for low back pain in pregnancy and for difficulties during labour (dystocia) is poor maternal musculoskeletal health, particularly the strength and alignment of the pelvic structures. This can be a non-symptomatic condition (probably caused by poor postural habits, a lack of appropriate exercise, a sedentary work environment, or as a result of the body compensating for an old injury) that only becomes more apparent as the body goes through the enormous changes it has to make during pregnancy.

Other pains that can occur during pregnancy as a result of poor musculoskeletal function - and which in most cases will also be resolved with treatment and advice - include headaches, sciatica, neck and upper back pain, pubic symphysis pain and/or hip pain.

Trying to live with back pain during pregnancy is not something one should expect as normal; it is an indicator that the body is not adapting to this new stress and could be a problem affecting the baby's positioning and ultimately affecting the delivery process.

The pelvic floor musculature can be described as basket-like with the two bones of the pelvis providing the outer rim of this. If there is a distortion to the pelvic bones (as commonly seen in practice) then there will be a change to the tensions of this muscular basket. The floor of this muscular basket has to dilate greatly to allow delivery and if it is twisted or distorted, owing to pelvic rotation, it's not hard to see that the birth will be difficult or traumatic for mother and baby. There are cases I see where the intrauterine constraint has been such that the baby has not had the space to engage correctly, causing malpresentations such as breech or transverse – these cases can often be successfully treated without the need for some of the more forceful techniques offered elsewhere.

Case Study - Lower Back Pain

33 year old woman, pregnant with first child, presented at 27 weeks with right-sided lower back pain that radiated through her buttock and back of the thigh. This had come on gradually over a few days and had now been established for 2 weeks. Pain was worse when standing and walking which was of concern as she really wanted to carry on some regular exercise during pregnancy. She was still working in a fairly sedentary role.



History was mostly unremarkable – generally fit and well with no previous episodes of back problems. There had been a minor low speed rear-end collision in her car that had taken her by surprise 2 years previously and a right ankle sprain 5 years previously.

Examination revealed a pelvic distortion causing a shortening of the left leg, weakness of the left hip flexors and spasm of the right piriformis muscle. She had problems with an increased pronation movement at the right ankle joint and restricted upper neck joints, also tender and painful movement of the right sacroiliac joint of the pelvis.

I explained that a combination of previous accidents and sedentary work posture had allowed a twist in the pelvis to occur and that the added stress of pregnancy to her body had caused the right sacroiliac joint to destabilise and sprain leading to piriformis spasm over the sciatic nerve.

Correction of the areas of joint dysfunction required treatments and stabilising exercises and she started aqua-exercises to maintain a level of activity whilst her body was healing before going back to her 1 mile walk everyday.

She was considerably better after 4 visits over a 3 week period and she continued to see me for another 4 visits over the next 2 months up to term as she felt the benefits of a balanced spine and pelvis would help with her labour.

Case Study – Breech Presentation

30 year old woman, presented at 8 months term, breech malpresentation. She had noticed left sacroiliac joint pain from the start of her third trimester, particularly first thing in the morning and whilst lying down. This pain was radiating to her groin and she was also suffering from cramping in her left foot. Otherwise, she was fit and healthy before and during pregnancy. There was a history of right ankle sprains and right knee surgery, also a fall as a child that required stitches to the front of her head.

Examination revealed a pelvic tilt causing a short right leg and mild scoliosis. There was weakness of both hip flexors and hip abductors. There were also signs of cranial compression, a jaw imbalance and restricted upper neck joints.

I set about trying to release all of the restrictions and compressions throughout her body in order to regain symmetry and function and allow the pelvis and its temporary, but very important passenger, space. After 3 treatments at 3 day intervals she called to say the baby had turned during the night after the third visit.

I saw her for one further treatment when she was at term and following the birth of her daughter (no intervention was required). She has been a patient ever since for maintenance and general wellbeing treatment 2 – 3 times per year.

For some mothers, inevitably, there will be complications during labour which will involve the very necessary medical interventions and procedures required. However, these can be extremely forceful – ventouse and forceps particularly, and even caesarean section, can be quite a wrench on the baby as he or she is quite literally pulled out.

As a chiropractor who is also trained in cranial techniques, I would always say it's good policy to get your baby checked out for cranial and spinal stress that may not have resolved on its own. Apart from the aforementioned procedures, some deliveries are slow and difficult and some are just too quick for the baby's head to cope with the explosive stress on it.



The effects of these cranial and spinal stresses may be quite noticeable from day one, but for other babies it may be a couple of weeks before any symptoms become apparent. These may be in the form of crying, screaming, irritability, feeding difficulties, colic, reflux, sleeping difficulties, also a condition arising more commonly these days – plagiocephaly (flattened-head syndrome). The reasons for these varied symptoms will be dependent on how the stressed cranial, spinal and pelvic structures are impacting upon the delicate nerves that control the various mechanisms of the body (for example the digestive system) or just causing outright discomfort to your baby. Needless to say, correcting these problems is not only great for babies, but also a huge relief for tired mums and dads.

In subsequent issues I will be writing in more detail about babies and cases I have treated including, the conditions most commonly presenting, plagiocephaly and colic.

And I will also be sharing my thoughts on what this chiropractor, with a baby daughter, has found to be useful for encouraging healthy development of the musculoskeletal system – for example what to sleep in? which car seats work well? It has been quite an education finding out.

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A Richmond branch NCT member, Julian Keel is a registered chiropractor practising locally and offering chiropractic and cranial treatment for adults, babies and children. As well as an extensive sports injury and general rehabilitation background, Julian specialises in the care of the mother pre and post natally and the health of babies and children.