

# THE WEBSTER TECHNIQUE: A CHIROPRACTIC TECHNIQUE WITH OBSTETRIC IMPLICATIONS

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## ABSTRACT

**Objective:** To survey members of the International Chiropractic Pediatric Association (ICPA); regarding the use of the Webster Technique for managing the musculoskeletal causes of intrauterine constraint, which may necessitate cesarean section.

**Methods:** Surveys were mailed to 1047 US and Canadian members of the ICPA.

**Results:** One hundred eighty-seven surveys were returned from 1047 ICPA members, constituting a return rate of 17.86%. Seventy-five responses did not meet the study inclusion criteria and were excluded; 112 surveys (11%) provided the data. Of these 112 surveys, 102 (92%) resulted in resolution of the breech presentation, while 10 (9%) remained unresolved.

**Conclusion:** The surveyed doctors reported a high rate of success (82%) in relieving the musculoskeletal causes of intrauterine constraint using the Webster Technique. Although the sample size was small, the results suggest that it may be beneficial to perform the Webster Technique in month 8 of pregnancy, when breech presentation is unlikely to spontaneously convert to cephalic presentation and when external cephalic version is not an effective technique. When successful, the Webster Technique avoids the costs and/or risks of external cephalic version, cesarean section, or vaginal trial of breech. In view of these findings, the Webster Technique deserves serious consideration in the health care management of expectant mothers exhibiting adverse fetal presentation. (*J Manipulative Physiol Ther* 2002;25:000)

**Key Indexing Terms:** *Breech; Chiropractic; Intrauterine Constraint; Labor; Pregnancy*

## INTRODUCTION

Intrauterine constraint is defined as any force external to the developing fetus that obstructs the normal movement of the fetus. Intrauterine constraint has been casually related to a number of structural defects of the peripheral and craniofacial skeleton of the fetus.<sup>1-10</sup> Taylor<sup>11</sup> and others<sup>12,13</sup> have described how the forces of intrauterine constraint adversely affect the spine during the prenatal and perinatal periods. Moreover, intrauterine constraint can prevent the developing fetus from attaining a head-down vertex position and achieving a vaginal birth, thereby necessitating a cesarean section delivery.

Nearly 13% of all cesarean deliveries are performed as a result of breech presentation.<sup>14</sup> In the United States, 86% of infants with breech presentation are delivered by cesarean section.<sup>15</sup>

Approximately 3% to 4.6% of all singleton pregnancies result in a breech presentation.<sup>16,17</sup> The incidence of perinatal mortality with breech presentation is approximately 4 times that of a vertex presentation.<sup>18</sup>

The importance of preventing intrauterine constraint and subsequent cesarean section delivery is apparent, considering current statistics. The United States and Canada have some of the highest rates of obstetric interventions in the world, which boosts the already high cost of obstetric intensive care.<sup>19-21</sup> In Canada, the incidence of cesarean section ranges from 15% to 22%, depending on the province.<sup>19</sup> In the United States, approximately 22% of all births in 1999 were cesarean section deliveries.<sup>20,22</sup> Cesarean rates varied from 14.8% in Alaska to 27.3% in Mississippi. This marks the third consecutive increase in cesarean rates in as many years.<sup>22,23</sup> The US rate for primary cesarean delivery increased for the second consecutive year to 15.5%. Even

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