

## ■ Mother's stress leads to low birthweight

The January 16, 1999 issue of the *British Medical Journal* reports that stress and anxiety experienced by a woman during pregnancy can result in a low birthweight of her baby.

Stress and anxiety in a woman can lead to restrictions in blood flow to the uterus which in turn leads to slower development of the baby and low birthweight. According to the report, "women who were anxious during pregnancy had significantly abnormal patterns of blood flow through the uterine arteries" 27% of the 15 most anxious women had restricted blood flow to the uterus compared with only 5% of the remaining 85 moms-to-be.

Vertebral Subluxation produces physical stress on everyone, especially pregnant women. As the spine goes through the dramatic changes associated with pregnancy, both before delivery and after, it is vitally important to be under chiropractic care to make sure those changes occur as smoothly as possible. If the spine does not go through those normal changes smoothly because of subluxation, physical stress and body malfunction are more likely to result. Chiropractic care helps ease this physical stress and malfunction, making pregnancy and delivery easier on and less traumatic to mother and baby. ▲

## Episiotomies may cause problems, not help

The January 8, 2000 issue of the *British Medical Journal* reports that women who receive episiotomies during the delivery process are more likely to develop anal incontinence (a loss of bowel control), something the episiotomies are supposed to help prevent.

Nearly one third of the three million or so women who give birth in the U.S. have the procedure performed, many of which are done routinely rather than as needed.

Episiotomy involves cutting the muscles between the vagina and the rectum, ostensibly performed to keep the muscles from tearing. This was supposed to help prevent damage to the anal sphincter which can lead to a loss of bowel control.

Three groups of women were studied; those who had episiotomies, those who experienced a tear of the muscle and those who remained intact.

"About 10 percent of women with episiotomies were experiencing fecal incontinence three months after giving birth," the researchers say. "Women in the 'tear' group and the intact group had less than half that risk."

Six months after delivery, all groups reported less incontinence but it was still twice as common in the episiotomy group.

The study went on to say that the extra risk for the loss of bowel control had nothing to do with any other complications of labor such as the mother's age, baby's weight, length of labor or use of extraction devices.

## ■ Hysterectomy can lead to incontinence later in life

The August 12 issue of the British journal *The Lancet* reports that women who have a hysterectomy have a substantially greater chance of developing urinary incontinency, many times not until years after the surgery.

In a literature review of 12 different studies, researchers at the University of California, San Francisco found that women who had a hysterectomy were about 40% more likely to develop urinary incontinence than women who did not have the surgery. Women who were 60 years old and above were 60% more likely to become incontinent.

More than 600,000 hysterectomies are performed every year. Only about 10% of these are done to treat cancer. About 90% of the time they are done to treat non-cancerous benign tumors and vaginal bleeding.

According to the authors, "women need to decide how much their uterine symptoms are affecting their quality of life today," they said. "Women should weigh what the immediate benefits are of a hysterectomy versus the long-term risks later in life."

## ■ Cesarean Section Linked To Asthma And Allergies

Research reported in the October, 2000 issue of the *Journal of Asthma* finds that children born through special medical procedures as a result of obstetric complications have a higher incidence of asthma and allergic disorders later in life.

The study, performed at the Imperial College School of Medicine in London, England, followed 8088 Finnish children from birth to the age of 7. The researchers found that babies whose birth involved the use of cesarean section or forceps were at a greater risk for developing asthma and allergies.

A previous study hints that the mechanism most likely involved is damage to the babies' brain stem or spinal cord from the trauma of the interventions which is known as Traumatic Birth Syndrome (TBS). According to a literature review in the October, 1993 issue of the *Journal of Manipulative and Physiological Therapeutics* cases of TBS are going unreported and as a result, undertreated. The report goes on to say that manual treatment (such as Chiropractic care) would be beneficial to patients suffering from TBS related injuries.

By way of commentary, all babies need to have their spines checked as soon after birth as possible to prevent future health problems from surfacing. Even a "normal" birth can cause tremendous stresses on the fragile spines of infants. Chiropractors are uniquely qualified to detect and correct the spinal damage that occurs in TBS.

## ■ C-Section Babies More Likely To Develop Asthma

An interesting article in the April, 2001 issue of the *Journal of Allergy and Clinical Immunology* reports that children born by C-section are likely to develop asthma than children born vaginally.

In the study, done in Finland, researchers were able to obtain data from the National Public Health Institute on asthma, allergic disorders and obstetric history for 2000 people born in 1966 who survived to age 31. C-section was done in 5.3% of the population studied and was strongly associated with current doctor-diagnosed asthma. In fact, the C-section patients were three times more likely to develop asthma than normal birth patients. No strong relationships were noted between C-sections and allergies, hay fever or allergic eczema.

It was noted that C-sections performed in Finland in the 1960s were almost always the result of emergency situations.

By way of commentary, there is a common misconception that C-section births are less traumatic to the baby. This is not necessarily the case. C-sections put tremendous forces on the baby's spine and spinal cord as they are forcibly extracted from the womb. Subluxation injuries to the brain stem and spinal cord in the neck have long been associated with respiratory disorders.

## Repeat C-Sections From Induced Labor

The May, 2001 issue of the *American Journal of Obstetrics and Gynecology* reports that women who have had cesarean sections in the past are subject to increased complications if they have labor induced in subsequent pregnancies.

The complications included having to have c-sections again as well as rupturing old c-section uterine scar tissue. Uterine ruptures can be “catastrophic” according to lead researcher Dr. Emma J. Sims of the Medical University of South Carolina in Charleston.

The authors specifically want doctors to rethink labor inductions done for convenience. Doctors “should be wary of social inductions – they’re 38 weeks [pregnant] and the father’s going out of town or something like that,” Sims explained. “We want to be giving it a lot of thought.”

The researchers also found no difference in the study results depending on what drug was used to induce labor. Oxytocin, misoprostol and dinoprostone were all examined individually and in combination.

# U.S. Hysterectomy Rates Continue To Rise

A report in the January 31, 2002 issue of the *Journal of the American College of Obstetricians and Gynecologists* reports the startling news that U.S. hysterectomy rates are still higher than those of other countries with unnecessary operations still the reason the rates are so high. This news comes in spite of attempts to reduce.

This news comes in spite of attempts to reduce hysterectomy rates over the last few years. "I had thought there might be a 10 percent or so drop over eight years," says the study's author, Dr. Cynthia Farquhar, Associate Professor of Reproductive Medicine at the University of Auckland, New Zealand.

Farquhar found that not only had the rates not gone down during the study period (1990-1997) but they actually went up: from 5.5 hysterectomies per 1,000 women in 1990 to 5.6 in 1997. This rate is more than three to four times the rate of other countries and represents more than 600,000 surgeries per year.

According to the study, up to 40 percent of all U.S. hysterectomies were for fibroid tumors, typically benign, in and around the uterus that can cause severe bleeding. The surgery was performed even though other options were available. In some cases, even women with benign fibroid tumors that were not causing problems were advised to have a hysterectomy.

The study also found that abdominal hysterectomy, the most invasive type of surgery which removes the uterus through a major incision, was done more than 63 percent of the time even though it cost the most, had the longest recovery time and required the longest hospital stay.

Dr. Ernst Bartsich, Associate Clinical Professor of Obstetrics and Gynecology at New York Weill Cornell Medical Center, says, "Clearly, women are not getting the message from their doctors. Or doctors are not listening to what women are saying, or we would have seen some kind of decrease in the number of operations by now."

Bartsich goes on to say that in the case of fibroid tumors "a hysterectomy need never be considered a first-line defense for this problem."

Because the number of hysterectomies for fibroid tumors was so high, approximately ten years ago state health departments across the nation began to require that doctors list all treatment options in the operation consent forms in an effort to make sure women were being informed of all their options.

Commentary: This study shows that not only were those efforts in vain, they had the opposite effect; the rates of unnecessary hysterectomies went up. It's hard for us to see the motivation as something other than money considering that the majority of the surgeries were not only unnecessary but the most expensive as well.

## Home births safe

A Canadian study reported on the website *WebMD* finds that women who are in good health and at low risk for complications would be better off having their babies at home rather than in a hospital.

The researchers compared results during and after 862 planned home births attended by midwives, 571 planned hospital births attended by midwives and 743 planned hospital births attended by doctors.

"Women who gave birth at home attended by a midwife had fewer procedures during labor compared with women who gave birth in a hospital attended by a physician," the researchers write.

And it didn't make much difference if a hospital birth was attended by a midwife or a doctor. Hospital births meant more medical procedures for the women, greater chances of experiencing a torn perineum and a significantly higher rate of infection. Even after taking into account risk factors such as maternal age, being a single parent, low income, and substance abuse, women giving birth in the hospital were much more likely to have an epidural, have their delivery induced or to have an episiotomy.

"There was no increased maternal or neonatal risk associated with planned home birth under the care of a regulated midwife," the authors write. In fact, the rates of complications in home births were too low to even draw any statistically significant conclusions. The authors suggested that "ongoing evaluation of home birth is warranted." Indeed.

## ■ C-Sections on the increase

The *Associated Press* reported on November 7, 2002 that the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia claims that a government effort to reduce the rate of Cesarean Sections in the United States is headed for failure.

The CDC focused on the number of women who had normal vaginal deliveries after having a previous C-section. In 2000, the American Academy of Obstetricians and Gynecologists came to the conclusion that the benefits of a normal delivery outweighed the risks in healthy women who had a previous C-section.

According to a recent U.S. government report 38% of women who had previous C-sections had normal vaginal deliveries in 1998. By 2001 the rate had dropped to 16.5%. The government has set a goal of 37% by 2010.

According to the same report, doctors report that C-sections are on the rise for three reasons. One, because they make it convenient for doctors to schedule births (the doctors also mentioned that normal deliveries are more time-consuming and they get paid more for a C-section). Two, because of the risk of legal action if something goes wrong (an admittedly small chance) and three, due to the risk of rupture along the old suture line in the uterus from previous C-sections (another admittedly small chance).

Dr. Curtis Lowery, Director of the Maternal-Fetal Medicine Division of the Obstetrics and Gynecology Department of the University of Arkansas for Medical Sciences, says that unneeded, subsequent C-sections are “not an effective spending of health care resources. What will happen as the result of multiple abdominal surgeries on patients?”

Commentary: Fortunately, there are some rational voices in the wilderness who are willing to speak out for patient safety over doctor’s convenience and incomes. Subjecting patients to increased risk because it is “convenient” or because you can charge a higher fee are only two of the reasons that the disease-care system itself has become the third leading cause of death in the United States.



## Infants affected by Vertebral Subluxation

Even infants can be affected by the life and health damaging effects of vertebral subluxation, so says a study conducted by V. Frymann, DO.

Vertebral Subluxation is a small misalignment of the bones of the spine that interferes with body function, health and the full expression of human potential.

The study, published in the *Journal of the American Osteopathic Association*, says that out of 1250 infants chosen at random, 211 of them suffered from nervousness, vomiting, muscular abnormalities, tremors and insomnia. 95% (200) of those children had abnormal cervical (neck) muscle strain indicating vertebral subluxation.

When the subluxation was adjusted and the muscle strain removed, an immediate calming often resulted, the children's crying stopped, the muscles relaxed and the children fell asleep. ▲

## ■ Birth trauma during medically assisted deliveries dangerous to newborns

In a landmark study published in *Developmental Medicine and Child Neurology* in 1969, Dr. Abraham Towbin reports that “during the final extraction of the fetus, mechanical stress imposed by [obstetricians] –even the application of standard orthodox procedures –may prove intolerable to the fetus.” The most common cause of this damage is excessive traction and twisting of the infant’s neck when using the head as a lever to extract the infant from the birth canal, damaging spinal structures, the spinal cord and brain stem. Survival of the infant depends on brain stem functions such as respiration, heart activity and reflex actions.

Unfortunately, such damage often goes undiagnosed and unreported since many doctors are unaware of the significance of birth trauma spinal cord and brain stem injury. Routine examination of spinal structures are not normally done during autopsies of newborns.

Towbin, of the Harvard Medical School and the Department of Pathology (Neonatology) of St. Margaret’s Hospital in Boston, reports that spinal damage can occur in numerous ways. Rupture and tearing of the covering of the brain and spinal cord (Meninges), tearing of the spinal nerve roots and laceration, swelling and compression of the spinal cord and brain stem are common. While heart function may or may not be normal in such cases, respiratory depression soon after birth is a cardinal sign of brain stem injury.

By way of commentary on this article, chiropractors correct the misalignments (subluxations) that occur during even routine deliveries. If your child, or any you know, experienced a difficult delivery, it is imperative that their spines be checked by a chiropractor for subluxation. Chiropractic correction of spinal problems should begin as soon as they occur. ▲

## ■ Traumatic Birth Syndrome: ignored and undertreated

Traumatic Birth Syndrome (TBS) is defined as the spinal damage that happens to an infant as a result of the medically assisted delivery process. Cases of TBS are going unreported and as a result, undertreated says a literature review in the October, 1993 issue of the *Journal of Manipulative and Physiological Therapeutics*.

The review was done in order to determine the cause, prognosis, treatment and prevention of Traumatic Birth Syndrome. While the primary focus was articles on newborns, infants, children and adults were included **because the damage from TBS can last a lifetime**. Articles from the United States, Britain, Denmark and Germany were reviewed to show that the problem is not limited to the practices of any one country.

The review concluded that not only is TBS underpublicized and undertreated, but also that manual treatment (such as Chiropractic care) would be beneficial to patients suffering from TBS related injuries.

By way of commentary, Traumatic Birth Syndrome is a serious situation that every child needs to be checked for as soon after birth as possible. **Chiropractors are uniquely qualified to detect and correct the spinal damage that occurs in TBS**; damage that can last a lifetime and cause many health problems later in life. Chiropractic care is the best way to ensure that any damage from Traumatic Birth Syndrome is corrected. ▲

# ■ Case Study: Traumatic Birth Leads To Multiple Disorders That Respond To Chiropractic Care

The July 12, 2003 issue of the *Journal of Vertebral Subluxation Research* reports on a case study involving a nine-year old boy who began experiencing numerous neurological disorders after undergoing a traumatic delivery at birth. After a short course of chiropractic care, all of his symptoms disappeared.

When the boy first came to the chiropractor, he had been diagnosed by numerous medical doctors as having Tourette Syndrome, ADHD, depression, insomnia, migraine headaches and asthma. His medical history showed he had been born six weeks early with the use of forceps, which, according to his mother, left him “extremely bruised.” She further described him as being “constantly sick since birth.”

Chiropractic examination revealed a spinal subluxation (misalignment of the small bones of the spine that interfere with central nervous system activity) of the first vertebra in the neck. Neurological damage and spinal subluxation are common, documented results of traumatic deliveries that utilize extraction devices and/or large amounts of force to deliver babies.

Two days after his first adjustment, his mother reported a 50% reduction in Tourette tics. Since the first adjustment, he had not complained of headaches, neck pain or asthma symptoms and slept through both of the previous nights after easily falling asleep.

During the second week of chiropractic care, the boy’s mother reported that he had fallen and hit his head while playing and experienced an increase in his tics. An adjustment was performed and a week later the mother reported an 80% decrease in tics and a continued lack of other symptoms to the point where she consulted the boy’s medical doctor in order to discontinue many of his medications.

At three weeks there was an absence of tics except for a slight verbal one while eating and by six weeks, there was a complete absence of any tics, insomnia, asthma, headaches, hyperactivity, depression or neck pain.

Five months after care was begun, all of his family members reported that he was a completely different child, now happy and healthy.

One year after the first adjustment the boy’s mother reported that his only problem was getting used to being a “normal” kid with normal kid responsibilities.

The study notes that during the year of chiropractic care, no other intervention of any kind was reported that could otherwise explain the boy’s dramatic improvement.

The author concludes that since all six conditions the boy experienced were resolved after six weeks of chiropractic care, a more extensive study should be performed to see if the outcome in this case could be replicated in other patients.

Commentary: As this case illustrates, chiropractic care puts the body into a higher state of health and function. As a result, it is in a better position to heal itself. No matter what condition you have or don’t have, your body will be better off without the damaging effects of subluxation. Lifetime chiropractic wellness care will make sure everyone in your family will have a chance to reach, and maintain their full health potential.

## ■ Antidepressants Taken By Pregnant Women May Affect Babies

The February 2004 Pediatrics finds that pregnant women who take antidepressants may find that their children exhibit abnormal changes in behavior once they are born.

The research team from the Carolinas Medical Center in Charlotte, NC studied 34 newborns between 14 and 39 hours of age. 17 of the mothers had taken SSRI (selective serotonin reuptake inhibitors) antidepressants (such as Prozac and Paxil) during pregnancy and 17 did not.

During the study, the babies' startle responses, motor activity, heart rate, behavioral states, sleeping states, and number of tremors were measured during an hour-long observation period.

The results show that SSRI exposed infants had significantly more tremors, fewer changes in behavioral states, more active sleep with fewer and shorter periods of REM (deep) sleep. They also experienced more spontaneous startles or arousals than the non-exposed babies.

“The present study provides the first systematic evidence that prenatal SSRI exposure is significantly associated with a wide range of [abnormal nervous system originated behaviors] among healthy, full-birthweight infants,” the authors say.

“In all, results of the present study call into question the conclusion that SSRI use during pregnancy has little impact on the developing fetus and infant outcome,” they conclude.

They close by saying, “it is also unclear whether these outcomes are transient or provide the basis for subsequent [neurological behavior] problems,” that may not be discovered until later in the child's life.

## ■ Cholesterol Statin Drugs May Cause Birth Defects

The April 8, 2004 issue of the New England Journal of Medicine reports that pregnant women who take the cholesterol-lowering drugs known as statins stand a much higher risk of having babies born with birth defects.

Researchers from the United States National Institutes of Health discovered that exposing babies to statins in the first trimester of pregnancy is associated with limb deformities and severe central nervous system defects.

The researchers point out that other studies have shown that “these are the kinds of problems that occur if the embryo does not get enough cholesterol in early pregnancy to develop normally.”

The Food and Drug Administration (FDA) requires warning labels on the drugs advising against taking them during pregnancy.

The problem lies in the fact that many pregnancies are not planned and women continue to take the drugs unaware they are exposing their babies to danger.

In this study, 20 out of 52 babies exposed to statins in the womb were born with birth defects.

# Chiropractic And Infertility: More Evidence

Evidence continues to mount that women experiencing fertility problems respond favorably to having subluxations corrected and proper function restored. The December 8, 2003 issue of the Journal of Vertebral Subluxation Research reports another case study of a patient with a history of infertility experiencing a successful pregnancy after beginning chiropractic care.

In the study, a 32 year-old female went to a chiropractor's office for care in November, 2001. She stated that she had been trying to get pregnant since August, 1999 with no success.

The patient had been undergoing traditional medical treatment for her infertility, including fertility testing, artificial insemination and the fertility drug Clomid, all without success. After an unsuccessful in vitro fertilization attempt, she sought chiropractic care.

Along with her infertility, her health history revealed that she also suffered from endometriosis, low back pain and frequent headaches. She was put on a chiropractic corrective care program lasting approximately six weeks.

She was re-examined at the end of December 2001 and showed a significant improvement not only in her symptomatic picture, but in her spinal musculature balance as well. A re-exam by her fertility specialists noted that her hormone levels, endometrial thickness (lining of the uterus) and cervical mucus levels were now at more normal levels.

A second in vitro procedure was performed in February 2002 and the patient tested positive for pregnancy in March 2002.

The author of the study concluded, "The human body is designed to be healthy and to reproduce. Impairment of this ability indicates dysfunction on a fundamental level. Subluxations of the spine and the associated nervous system dysfunction can hinder proper function of body systems. This study serves to document the application of chiropractic care and the subsequent response, including restoration of proper reproductive function, in a 32 year-old woman previously diagnosed as infertile."

## ■ Cesarean Linked To Increased Stillbirth Risk In Second Pregnancy

The British journal The Lancet reports in their November 29, 2003 issue that women who have a Cesarean delivery in their first pregnancy may be increasing the risk of having a stillbirth in a second pregnancy.

Dr. Gordon Smith of the Rosie Hospital in Cambridge, England, headed the team that studied 120,000 births between 1992 and 1998. “Delivery by Cesarean section in the first pregnancy could increase the risk of unexplained stillbirth in the second,” he says. “Our best estimate is that for every 1,000 women with a previous Cesarean section there will be one additional stillbirth in comparison if they hadn’t had a previous Cesarean section.”

The study speculated that repairing the uterus after the surgery could alter the way the placenta functions, interfering with fetal nourishment.

“Our results are of relevance for women considering Cesarean delivery who are planning future pregnancies,” Smith said. “This is a factor that women should take into account when deciding to have a Cesarean section.”

## ■ Cesareans increase allergy risk

A report in the October, 2004 issue of *Archives of Disease in Childhood* says that babies born by Cesarean section may have a higher risk of developing food allergies and diarrhea in the first 12 months of life.

865 babies fed on breast milk for the first four months of life were studied. 147 of the babies were born by C-section. All of the babies were monitored at one, four, eight and 12 months of age and blood was drawn at the 12 month exam to check for signs of allergic response to foods such as eggs, cow's milk and soy proteins. The mothers were required to keep detailed diaries of their children's health and feeding during the first six months of the study. All of the families in the study had a history of allergies.

The children born by C-section were twice as likely to develop allergies to cow's milk and other foods and were more likely to have diarrhea in the first 12 months of life.

Previous studies have found that intestinal bacteria the infant comes into contact with during the normal birth process plays a key role in its immune system development. C-sections deprive the baby of contact with the bacteria normally found in the mother's vagina and anal areas. This has the effect of delaying the normal bacterial colonization of the baby's own intestines and as a result, proper immune system development.

## ■ Episiotomies Increase Pain, Complications

The May 4, 2005 issue of the Journal of the American Medical Association reports that a review of 26 research studies shows that women who have episiotomies during childbirth have a higher risk of injury, more pain and more trouble healing.

An episiotomy is a cut in the outer vaginal wall to enlarge the vaginal opening during childbirth. For years it was believed that the procedure would improve women's sex lives and help them avoid incontinence after childbirth. It was also thought to prevent tearing of the vaginal wall that was harder to repair.

This study proves all of those beliefs wrong. It shows the procedure does not improve women's sex lives, increase pelvic floor strength or have any effect on incontinence. In fact, episiotomies are linked with a higher incidence of injury, pain and slower healing times.

Lead researcher, Dr. Katherine Hartmann, of the University of North Carolina, says, "This review puts together in one place all the evidence that we're not getting the results we want." She goes on to add that even though rates are dropping, they are not dropping fast enough. She estimates that 1 million women per year have unnecessary episiotomies, being performed in about 30 percent of vaginal births.

In 1983 the American College of Obstetricians and Gynecologists said episiotomies should not be routinely performed.

# Home Births As Safe As Hospital Birth

The June 18 issue of the British Medical Journal finds that women who choose home deliveries with the help of a certified midwife have deliveries that are just as safe as those done in a hospital.

Lead researcher Dr. Kenneth Johnson is a senior epidemiologist with the Center for Chronic Disease Prevention and Control at the Public Health Agency of Canada. In a low-risk group of women who had midwife attended births at home, he says, “we found that the overall safety was similar to what you would find in a hospital in a similar low-risk group.”

The study involved data on more than 5,400 women who planned midwife assisted deliveries at home in 2000.

When their labor began, 655 of the women were transferred to the hospital. According to Johnson, “only about 3 percent of these women had what the midwife perceived as an urgent transport. The outcomes of these transfers turned out to be fine, by and large.”

For the rest of the women who had their babies at home as planned, the death rate of newborns was similar to that of low-risk home and hospital births as found in other North American studies, about 1.7 per 1,000.

Predictably, there were experts who felt otherwise even though study after study proved home births safe. Dr. Rachel Masch, assistant professor of obstetrics and gynecology at New York University School of Medicine says, “I understand why women want to have them. And I understand that the literature we have today supports that there isn’t any worse outcome for them versus the low-risk hospital delivery if you are screened properly. Although, as an obstetrician who sees a lot of things happen bad quickly, I think that I have somewhat of a jaded view.”

As well as a financial interest, perhaps. Dr. David Katz, director of the Prevention Research Center at Yale University School of Medicine says, “the data we have so far suggests that over-medicalizing the process of labor and delivery adds cost without improving outcomes. Building the option of home birth into the routine of obstetrical care for women at low risk of complications is worthy of serious consideration.”