

CASE STUDY: 36th Week Successful Inversion

Background:

I had the privilege of knowing Dr. Larry Webster in the early years of my practice. When the I.C.P.A. was founded Dr. Webster began his quest to bring chiropractic care not only to children but also to the women who bore the responsibility of insuring a safe delivery of their baby. Unfortunately, modern obstetrics have convinced our childbearing women that a “safe” delivery means having a qualified doctor at the ready to “assist” in that delivery process. Time has proven that to “assist” equates to nothing less than “interference” to the natural process of birthing.

I was fascinated by the timely and unique approach that Dr. Webster brought to the chiropractic approach to the world of pediatrics. When Dr. Webster began his certification program, I quickly enrolled in the first Orlando Florida class. In the early days of his program, his classes were small but his message was ahead of its time.

My relationship and respect for Dr Webster grew and solidified when he agreed to fulfill the majority of the 12 sessions, not in a fancy Orlando hotel meeting room but in my Palm Bay Florida office, which was perfectly suited for lecturing with the atmosphere of a large established pediatric practice. Upon completion of the certification program we were taught the now famous “Webster Breech Turning Technique”.

Soon thereafter I was put to the test with 3 breech-turning opportunities; all were successful. My relationship with local OBGYNs, in the process, was not cordial. In fact, most felt I was practicing, if not infringing on the practice of obstetrics. Many moms to be told me of warnings by their pediatricians to NEVER allow a chiropractor to touch their spine during pregnancy. Not a single one heeded their advice, since my training and educational experience with Dr. Webster and the I.C.P.A. gave me the power, knowledge and confidence to properly educate my patients .

Between the 6th and 8th months of pregnancy, turning a baby into the vertex position safely is almost a given. The challenge begins when approaching week 32 through 36 of the pregnancy. As Dr. Webster pointed out, most non-successful cases will occur during those weeks due to diminished intra-uterine space. True to his word, my only non-successful case was in the 35th week and occurred with the birth of my own granddaughter who decided to go transverse breech. However, redemption is sweet and the following case would have made Dr. Webster smile.

Case History:

The patient happened to be one of my CA's. She had one previous pregnancy that culminated in 5 hours of labor without medical assistance. She was under chiropractic care from day one to her last day. Her second pregnancy was a carbon copy of her previous. Upon registering with her local OBGYN, who knew she worked for a chiropractor, she was told to NEVER allow a chiropractor to touch her pelvis during her pregnancy. She just smiled and said...whatever!! After 9 flawless months and with only days left in her pregnancy the unthinkable occurred. At her final OBGYN check up the doctor informed her that her baby had somehow turned transverse breech and that without and immediate “medical inversion procedure” her baby and herself would be put at great risk. The procedure was set for the next morning. Needless to say she was disappointed and faced with the difficult decision of submitting to the very last thing she wanted to do. Through her tears she told me the story and asked what she should do?

At that moment I remembered what Dr. Larry told me when I faced with the exact same situation with my daughter. He gave me the confidence to do what I knew how to do, the result was in God's hand. I also felt an immediate surge of confidence in that I finally had the chance to redeem my only non-successful attempt and breaking the 9th month barrier. Carefully talking to my trusting CA, I relayed the story of my daughter and what Dr. Webster told me.

Following Dr. Webster's protocol of performing the procedure only once every two or three days was not going to be acceptable since I had only 24 hours. It was decided to perform the procedure 3 times that day, once at 8 am, again at noon and once more at 6 pm before closing.

The first attempt found a right posterior sacrum. Contacting the opposite round ligament with a medial torque, I felt the baby begin to move. The second attempt found the sacrum to be in a neutral position and duplicated the round ligament contact. On the final attempt I palpated the abdomen and found the baby not to be in the previous position but not in the vertex position either. The sacrum was still in the neutral position and again contacted the round ligament with a medial torque. We parted company in hopes that the legacy of Dr. Webster technique would somehow prevail.

The next morning my CA reported despondently to the hospital for the scheduled External Cephalic Version procedure and the real possibility of submitting to a "C" section. The OBGYN strapped on the Ultrasound device to determine the exact position of the head. At that point my CA told me that he began "flicking" his finger at the screen as if to test whether it is working or not. For some reason he couldn't find the head in it's previous position just 24 hours ago. Instead, he said with a sense of disbelief, "I don't believe this, the baby is in the proper vertex position". He began to question my CA as to whether she felt the baby change position. The OBGYN and his three assistants in the scheduled procedure stood by while my CA calmly told the OBGYN, "remember you told me to NEVER allow a chiropractor to ever touch my pelvis during my pregnancy? Well, I have been checked regularly since the beginning and adjusted as necessary. Furthermore, Dr. Sal has this technique called the Webster Breech Turning Technique that he has successfully used to turn breech babies for years. We decided to try it three times yesterday and you know what...IT WORKED !!"

Stunned but listening intently, he replied, "If I didn't see this with my own eyes I would not have believed it....but you tell your chiropractor...THAT HE ROCKS !!!" He proceeded to tell her that after her delivery he wanted to meet with me to discuss the procedure. The next day she went into labor and delivered a perfect baby.

Conclusion:

It is obvious that the success of the Webster Breech Turning procedure during the later stages of the 8th and 9th months is far less than its success rates during the 6th and 7th months. It should also be noted that the success rates during the 9th month is greatly enhanced by the attitude of the chiropractor. If you have studied any of the non-force techniques such as D.N.F.T. or B.E.S.T. you will find that at the quantum level of understanding, anything is possible. I believe Dr. Webster's procedure qualifies as a quantum technique since it requires the mind of a chiropractor that understands the Innate philosophy of the body. Non-chiropractors often challenge these techniques as "slight of hand", not understanding that the non-linear, non-verbal communication of Innate intelligence can be tapped into once you surrender your scientific model. Science merely is an explanation of what already is; it does not explain the possibilities of what can be.

I believe if Dr. Webster was alive today he too would expound on this principle since I believe that without the deep "knowing" that comes with being as one with your Innate wisdom, even "his" discovery would have marginal results. I believe that science has yet to find the words to describe what we, as chiropractors, do. It is therefore my belief that we should never entrust our discoveries and techniques to others interested only in enhancing their egos or worse yet their pocketbooks.

I will meet with this OBGYN and explain the benefits of non-allopathic approaches to pediatrics but I will NEVER divulge Dr. Webster's procedure. I will instead ask for the professional courtesy of assisting his patients with "breech" presentations in the confines of my office. I appreciate this doctor's kind remarks about the success in this case but knowing that the allopathic ECV approach is as low as 41% successful, often leading to further complications during "C" section, it is my opinion that chiropractic saved him from statistical failure.

In the final analysis, it is comforting to trust in the Innate philosophy of our profession but on a linear human level it is just as comforting to finally prove that end term correction of breech presentations are very possible.