Osteopathic Manipulation in Pregnancy
Andrea S. Clem D.O.

Overview
During pregnancy, a woman’s body undergoes many anatomic (structural), circulatory (fluid), and hormonal changes that may lead to various musculoskeletal complaints, increase her risk of injury, or alter the course of pre-existing conditions. Some of the more common complaints include low back and pelvic pain, carpal tunnel syndrome, headache, nausea, vomiting, and edema. Approximately 2/3 of women with rheumatoid arthritis will have improvement in their symptoms during pregnancy but may suffer a flare-up in the post partum period. Many women with ankylosing spondylitis may have an exacerbation of symptoms. Women with scoliosis have no increased risk over non pregnant women for progression. [1,2]

Most of the symptoms encountered can be attributed to the development and growth of the fetus and are often specific to the different trimesters of the pregnancy. Osteopathic manipulation can play an important role in providing relief for the common complaints throughout the various stages of pregnancy, delivery, and the post partum period.

First Trimester
Common conditions in the first trimester include heartburn as well as nausea and vomiting (“morning sickness”). Structural dysfunction is often found at the spinal levels related to the nervous system supply to the organs involved. Osteopathic manipulation to the cervical and thoracic spine can be used to influence these nervous system inputs, providing relief for gastrointestinal complaints. [3]

Second Trimester
As the uterus increases in size, pain may be felt through the round ligaments and the pubic symphysis. Once it expands from the pelvis in to the abdomen, the diaphragm becomes elevated affecting breathing. Fascial release through the abdomen, ribcage, and diaphragms may improve respiration and prevent or alleviate backache, sciatica, cramps or posterior pelvic pain.

The second most common complaint in the second trimester is hand and wrist pain resulting from localized swelling. Anywhere from 1% - 25% of all pregnant women may exhibit the classic carpal tunnel syndrome symptoms of numbness, tingling, and night-time pain. Since it almost always resolves after delivery, conservative treatment is recommended. This would include night time splinting and manipulative treatment aimed at improving lymphatic flow and releasing tension at the wrist. [1,3]

Third Trimester
Mechanical and structural changes are at their greatest in the third trimester. These result in changes in gait, loss of balance, and low back pain. Gravitational effects from the uterus in the abdomen and pelvis cause pressure that decreases lymphatic and venous return from the lower extremities leading to edema and hemorrhoids. Constipation and reflux are also common. Osteopathic manipulation to the pelvic floor and mid thoracic and lumbar spine helps to mobilize fluid and relieve these complaints.

Labor & Delivery
During labor, Osteopathic manipulation focused at the lower thoracic and lumbar areas can influence the nerves that supply the pelvic organs. Soft tissue and myofascial treatment of the pelvis and sacrum can help to maintain good mobility of the sacrum, allow for proper rotation and descent of the fetal head, and influence cervical dilation. Osteopathy in the Cranial Field has been shown in studies to influence uterine contractility and help to overcome uterine inertia by its effect on the pituitary secretion of oxytocin. [4, 5]

Post Partum
Throughout pregnancy, a woman’s body produces the hormone relaxin. This allows the joints of the pelvis to become flexible for the fetus to pass. It is also responsible for the increased joint laxity that can lead to the dysfunctions that occur during pregnancy and delivery. Since the serum levels of relaxin return to near normal three days post partum, treatment immediately after delivery can help to re-align the sacropelvic structures that have just undergone the stress of pushing and positioning in stirrups. Later follow-up with osteopathic manipulation is useful for the treatment of any persistent pain in the low back or pelvis.

Contraindications
In most cases, the use of Osteopathic manipulation in pregnancy is both safe and effective. Conditions where it should not be used include: premature labor, abruption placentae, rupture of membranes without labor, incompetent cervix, eclampsia, and ectopic pregnancy. 5

Summary
Pregnancy is a time where a women’s body undergoes many changes-often resulting in some form of musculoskeletal complaint. Osteopathic manipulation can serve as a valuable adjuvant therapy in the normal obstetrical care. By providing relief from pain, maintaining homeostasis and circulation, and supporting labor and delivery, pregnancy can be a more comfortable and enjoyable experience.

References


