

CAESARIAN SECTION

This procedure is used to remove the foetus from the uterus, by a direct incision through the abdominal wall and the uterus. The indications for the use of caesarian section include obstructed labour, placenta praevia (placenta precedes the foetus), ante- partum haemorrhage (bleeding before childbirth or labour), foetal distress, severe pre-eclampsia (vascular changes), breech presentation, cord asphyxia and prolonged labour complications.

Unless the procedure is done as an elective, prior to the 38th week term, it will usually occur as an emergency procedure possibly creating deep vein thrombosis, pulmonary embolus, infections and haemorrhage to the mother, as well as severe long lasting effects to the infant cranium.

CHIROPRACTIC CRANIOPATHY

Chiropractic craniopathy is a gentle procedure used in Chiropractic care to reinstate normal cranial function, normal cerebro spinal fluid flow and balance nerve function. All these aspects of body physiology are changed by any of the abnormal birth processes discussed above.

Ref: "Foetal Distress and Birth Interventions in Children with Developmental Delay Syndromes" by Robin Pauc and Antionette Young.

2006 The College of Chiropractors. Published by Elsevier Ltd



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Printed in England

BIRTH TRAUMA



GROWTH AND DEVELOPMENT

From conception to the end of the 8th week, the embryo develops from a 2 cell structure – the zygote – to a fully formed embryo that has all the human characteristics. This phase is known as embryogenesis.

Between the 3rd and 8th week of development all the major organs and organ systems are formed.

It is also that period of time when the embryo is susceptible to teratogenesis when the embryo can be malformed by internal and external factors and where congenital malformations can occur.

External influences (teratogens, viruses, drugs and alcohol etc) can inflict damage to the embryo at certain stages of embryonic development and some stages are more vulnerable than others.

From the 8th week to the 38th week (birth) a period known as foetogenesis. The foetus becomes less vulnerable to the teratogenic effects, although functional abnormalities may occur particularly to the brain and eyes.

Spontaneous abortion is the termination of pregnancy before the 24th week of pregnancy.

Possible factors that give rise to a spontaneous abortion are chromosomal abnormalities, hormonal factors, uterine abnormalities, maternal illness and cervical uterine incompetence.

NORMAL BIRTH

At 32 weeks the foetal head becomes heavier than the rest of the body, causing the foetus to invert and move towards the pelvic ring where it will engage at about 36 weeks in preparation for the birth process at 38 weeks or 266 days after fertilization, (or 40 weeks or 280 days after the onset of the last menstrual period).

ABNORMAL BIRTH – FOETAL DISTRESS

BREECH PRESENTATION

The incidence of breech presentation is higher in early pregnancy due to the fact that at 32 weeks the head has not inverted preparing the foetus for normal delivery.

The breech may present in three distinct ways;

- Where the legs may extend along the body so that the buttocks present in the pelvic ring.
- Where the legs are flexed and the foetus sits on the legs so the legs present to the pelvic inlet.
- When the thigh is flexed and one extended so that the foot or knee will descend through the cervix into the vagina.

BROW PRESENTATION

The head remains high and does not engage into the birth canal.

FACE PRESENTATION

The head is hyper extended (bent backwards) and does not engage into the birth canal.

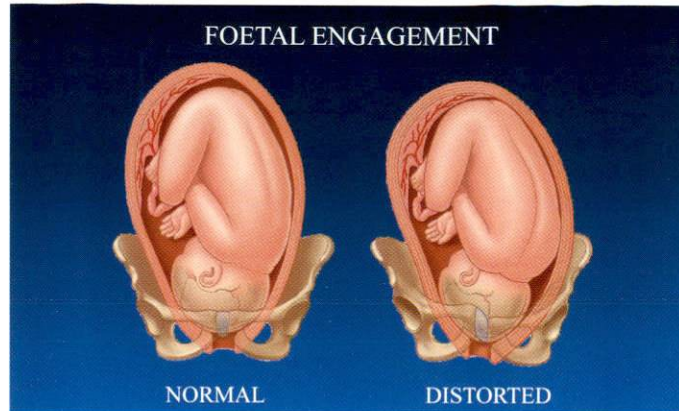
SHOULDER PRESENTATION

The foetus lies in a transverse position and the shoulder prolapses through the cervix.

In all of the above presentations the final outcome may require birth by caesarian section.

CORD PRESENTATION

Cord presentation may occur when any part of the umbilical cord lies in front of the presenting part. The cord may also become coiled around the neck of the foetus causing asphyxia (loss of oxygen) or cyanosis (blue baby) and damage to the upper cervical spine.



INDUCED BIRTH

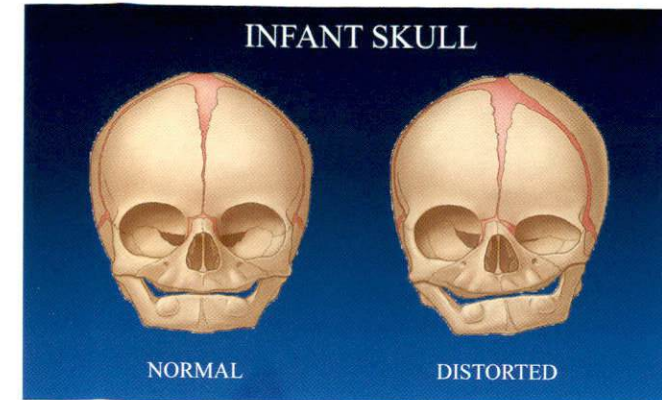
Induced births are mostly premature occurrences and are undertaken as a result of clinical necessity, however unfortunately, these premature inductions are becoming more common place, where clinical evaluation is replaced by timetables and busy schedules –“ birth by appointment”.

Various pharmaceutical agents can be used to stimulate uterine activity, however the most common method of inducing labour is a surgical rupture of the foetal membranes. This artificial method accelerates the birth process when neither mother nor foetus are prepared.

The uterine contractions are often violent and uncontrollable resulting in severe pain, which is then countered by epidural analgesia, which renders the mother without feeling and out of control.

This can result in tearing (episiotomy) of the vagina and perineum tissue, and in some serious cases the anal sphincter and rectal mucosa, often causing pain, discomfort and dysfunction for life. This may also result in vaginal and rectal prolapses, stress incontinence – both rectal and bladder, and painful intercourse. Cosmetic and functional surgical repair may be required to rectify these dysfunctional issues.

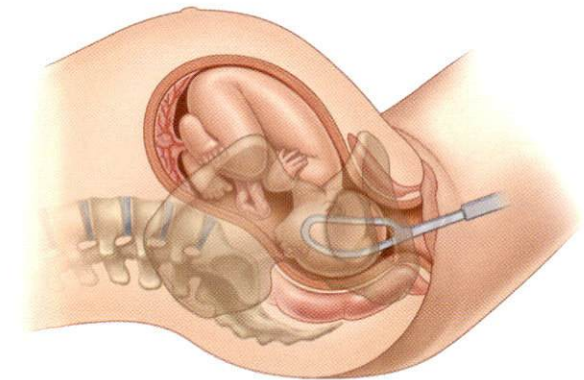
The inducing process can be equally distressing to the foetus, and the birth process may then necessitate an assisted delivery (forceps, ventouse or caesarian section).



FORCEPS DELIVERY

Indications for the use of forceps delivery, is a delay in the final stages of labour resulting in foetal cranial jamming from pelvic obstruction or maternal distress. The forceps are applied over the temporal bones (hearing and balance areas), the parietal bones (where absorption of cerebro spinal fluid takes place) and the sphenoid bone (sight and ocular function). The head is pulled forward to disengage it from the birth canal, then the head is turned through 90 degrees, and traction applied to pull the shoulders and trunk through the birth canal.

Damage to the foetal cranium and internal cranial membrane structures can ensue, in turn creating a myriad of neurological deficits, cranial nerve damage, upper cervical dysfunction and internal cranial haemorrhage.



VENTOUSE EXTRACTION (VACUUM EXTRACTION)

An alternative to forceps delivery, is the application of a suction cup to the foetal skull, and extraction by traction. The suction cup straddles the parietal bones over a large cranial suture (the superior sagittal suture), under which lies the area of the brain where cerebro spinal fluid – the circulatory fluid of the brain and spinal cord - is absorbed and drained from the brain. Lacerations of the scalp or haematomas may result, affecting cerebro spinal fluid flow and drainage, creating intra cranial pressure, changing neurological integrity and physiological equilibrium. Ref;