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PHYSICAL PREPARATION FOR BIRTH

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The government's M.O.T. makes us check the functioning of our cars at least once a year. One hopes that this will promote both safety and efficiency and prevent any major mechanical dysfunction. Considering that our own musculo-skeletal system accounts for 90% of our bodies, allows us to move, protects our innards and provides lots of places for nerves (which control most things) to get trapped in, it is truly amazing to think how little attention we give to its regular maintenance.

Are you prepared?

At least in the 9 months of pregnancy we do put more emphasis on preparation but all too often the musculo-skeletal system is not given enough importance. This system which includes bones, joints, muscles, ligaments, tendons and all the connective tissue that holds everything together has a major role to play:- first it must continually adapt to the shape and weight changes and the softening of ligaments during pregnancy, and then a series of muscles need to work in harmony, and with the appropriate strength to turn and push the baby through the pelvis and birth canal.

If your whole body is working to its optimum potential it is much more likely that you and your baby will experience a more comfortable pregnancy, less risk of a difficult birth and thus less stress on both your systems during and after birth. Now consider that, by their thirties, 80% of women have suffered some form of musculo-skeletal pain. In many cases the body has compensated quite well and you no longer feel the pain. However if one injury was not fully rehabilitated, or if there have been lots of little injuries that are now affecting the body's ability to compensate to changes, there is a risk that the one injury or some of the little injuries will become symptomatic as the body adapts to being pregnant.

Common Presentations/problems

Here are just two examples of structures that can cause problems in pregnancy if they are not functioning properly.

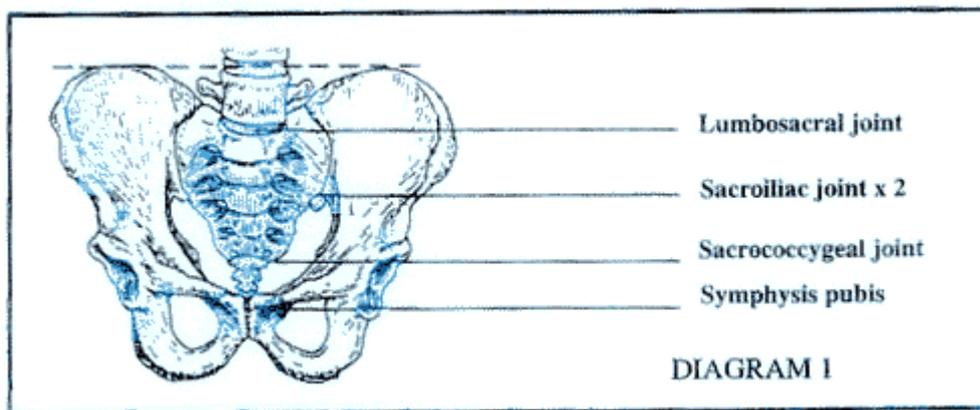


Diagram 1 shows the pelvis with the five important joints which all need to move easily and equally as the baby's head engages and then passes through the pelvis. Old back injuries often mean that at least one of the three joints at the back are restricted. This may cause any of the following:

- buttock or leg pain
- strain on the one joint at the front - the pubis
- difficulty opening those crucial 2cm when the baby's head is trying to pass through the pelvis during labour

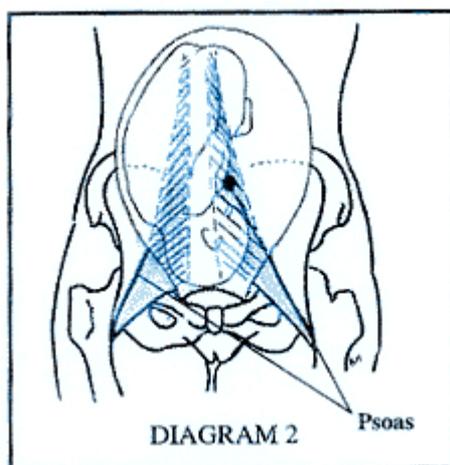


Diagram 2 shows a pair of muscles called PSOAS which attach to your lower back and go through your pelvis onto your leg bone. If one of these muscles is dysfunctioning i.e. by being too tight/loose or too weak/strong compared to its opposite this may cause:

- back pain during pregnancy or labour
- push the baby to one side affecting the final birth position
- compress the tube leading to the kidney and affect blood pressure

What you can do?

A new approach is being pioneered in Brighton.

It is a combination of Osteopathy and Muscular Orthopaedic Rehabilitation (MOR).

Osteopathy is a system of diagnosis which looks at the whole musculo-skeletal system and its interaction with the rest of the body. An osteopath is now trained for a minimum of four years at a recognised establishment and has to be state registered with the General Osteopathic Council. The osteopath is very skilled at observing, testing and palpating the body to pick up any faults, even those which may not currently be causing you pain. The diagnostic training is as detailed as that of a doctor and the osteopath would refer any patient for medical treatment, if needed. Osteopaths use a wide range of manual techniques, some very gentle, others more vigorous to treat what they find. During the first three months, when the pregnancy is establishing itself, we would only use gentle techniques. Osteopathic treatment is appropriate from the beginning to the end of pregnancy - some practitioners will treat during the labour. During the first or second consultation osteopaths should give you a clear

idea of how many treatments you will need.

After the birth it is advisable to have a check-up both for the mother and baby. As explained in the last issue of ABC, osteopathic treatment can be very effective in treating birth trauma in babies, improving sleep, feeding, digestion and breathing.

Often an osteopath can diagnose a fault and regain normal pain free mobility to the area, but there sometimes remains an underlying imbalance in the way the soft tissues and joints work and this is where MOR comes into its own.

Muscular Orthopaedic Rehabilitation (MOR) was initially developed in America to treat athletes and is now widely used in Europe where it is part of the National Health Care system. The therapist has either graduated in physiotherapy or sports science before training in MOR as a post-graduate qualification. The MOR therapist assesses joint and ligament mobility, muscular balance and strength, posture, and any previous injury in order to draw up a therapeutic exercise programme. These exercises are specific remedial medical exercises.

This means:

- the programme is tailored to each patient's specific needs. Two people with a similar low back pain problem may require completely different groups of muscles rehabilitated and, depending on their profession, may require different levels of rehabilitation.
- the exercises move through progressive stages.
- the treatment is usually on a one to one basis and the number of treatments needed can be assessed at the onset.
- the idea is for the patient to regain full rehabilitation. In essence this means not just being pain free but restoring normal balanced body function for each individual. Therefore any old problem is less likely to reoccur, especially during the stress of pregnancy.
- Without prior injury, MOR can be used to balance and strengthen the body in preparation for giving birth.
- It is particularly useful for treating children with neuro-muscular mobility restrictions (e.g. cerebral palsy), congenital skeletal changes such as scoliosis, and recurrent injuries such as sprained ankles.

Other conditions that respond well to MOR include sports injuries, pre and post joint or ligament surgery, disc prolapse and sciatica, rheumatoid and osteo-arthritis.

MOR uses mobilisation, strengthening, stretching, massage techniques and electrotherapy. To provide this treatment The Waytefield Clinic transported specific rehabilitation equipment from Germany.

If you come for a consultation, depending on the case history and examination findings, the treatment may be osteopathic, remedial medical exercises or a combination of both. We can give you advice about posture and what sort of general exercise would suit your body. If appropriate we will recommend another approach such as homoeopathy, which can help with morning sickness, or acupuncture, which can help turn a baby.

So treat your body as well as your car and:

- Have a regular six monthly M.O.T. check - pregnant or not!
- If you or your children have an injury get it treated to avoid problems later.
- In pregnancy, even if you have no pain, get checked by an osteopath who specialises in treating pregnant women
- Always have an osteopathic check you and your baby after the birth.