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## ■ 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. ▲

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## ■ Traumatic births lead to spinal cord damage

The July, 1982 *Journal of Neurosurgery* reports on the damaging effects that forceful extraction of a baby from the birth canal can cause to the spinal cord. The study also said that such damage to the cord can occur without any evidence of fracture or dislocation of the vertebra showing up on subsequent X-rays.

The study, performed at the University of Pittsburgh School of Medicine, found that the damage to the spinal cord could occur without damage to the bones because of the flexibility and elasticity of the infant's spine. It was shown that while the spine could stretch up to 2 inches without damage to the bones, the spinal cord itself could only stretch one-quarter of an inch before rupture of the cord occurred. ▲

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## ■ 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. ▲

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■ 27,000 preventable infant deaths occur every year from medically assisted delivery process

A 1991 study reported in the *Journal of Chiropractic Research and Clinical Investigation* says that 10% of all babies that die at birth in the United States die from neurological damage to the brain stem caused by the medically assisted delivery process.

This translates into 27,000 preventable infant deaths that occur every year from an injury called “decerebration”.

Decerebration is a form of stillbirth that results from using the head as a lever to forcibly extract the baby from the womb by using manual traction or mechanical extractors.

A leading medical textbook on infant care, “*Immediate Management of the Traumatized Infant*” states that “Birth trauma was nonetheless the sixth leading cause of neonatal mortality in the United States in 1981. It is still true that the most dangerous journey some people will ever undertake is that from the womb to the outside world.” ▲

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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.

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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. ▲

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## Midwives safer, reduce risk of infant death

A recent report from the National Center for Health Statistics, Centers for Disease Control and Prevention shows that the births attended by certified nurse midwives greatly increased the infant survival rates over births attended by physicians.

Births attended by midwives experienced a **19% lower death rate** than those attended by doctors. The risk of infant death within the first 28 days of life (known as neonatal mortality) was **33% lower** and those suffering from low birth weight were **31% lower**.

The researchers explained the statistics in part by differences in prenatal, labor and delivery care practices. A 1991 study reported in the *Journal of Chiropractic Research and Clinical Investigation* says that **10% of all babies that die at birth in the United States die from neurological damage to the brain stem caused by the medically assisted delivery process.**

This translates into **27,000 preventable infant deaths that occur every year** from an injury called “decerebration”. Decerebration is a form of stillbirth that results in separating the brain from the spinal cord by using the head as a lever to forcibly extract the baby from the womb by using manual traction or mechanical extractors.

Fortunately the use of midwives is increasing; from 3% of all births in 1989 to 6% in 1995. ▲



## Babies born just a few weeks too early at risk of death

A report in the August 16, 2000 issue of *The Journal of the American Medical Association* says that infants born 4 to 8 weeks early suffer a greater risk of dying at anytime during the first year of life than full-term babies.

According to the study, early births can result in serious neurological, visual and breathing problems with most of the deaths occurring in the first few days.

Mild pre-term births are those that occur between 34 and 36 weeks. In the U.S., Mild pre-term babies were three times as likely to die as full-term infants. Canadian babies born at the same time were 4.5 times as likely to die.

Moderate pre-term births occur between 32 and 33 weeks. U.S. Moderate pre-term babies were 6.6 times as likely to die as full-term babies and Canadian moderate preterm babies were 15 times as likely to die.

According to the lead author of the study, Dr. Michael Kramer of McGill University in Montreal, Quebec, Canada, "inductions and cesarean sections at 32-36 weeks are not risk-free, and the risks need to be considered when clinical decisions are made."

By way of commentary, presuming that "the doctor knows best" and asserting "it won't cause any harm" can and often does lead to larger problems. If we respect the time it takes for all natural processes to occur, whether they be the development of our children or our inborn, natural healing processes, we'll all be healthier for it.

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## 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.

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## ■ 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.

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## 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.

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## 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.

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## ■ Medical school textbooks: drinking while pregnant OK

A study in the July 2002 issue of the *American Journal of Preventive Medicine* found that despite much information to the contrary, many textbooks used in medical schools still say that it is OK for pregnant women to drink.

Researchers at Virginia Commonwealth University reviewed 81 obstetrics textbooks that are currently used in medical schools. Only 14 of them recommended pregnant women not drink at all during pregnancy. When they reviewed the 29 books published since 1991, only 7 of them (24%) recommended no alcohol during pregnancy. More than half of the textbooks contained at least one statement that condoned drinking during pregnancy. Some of the books simply skipped the subject entirely.

Drinking alcohol during pregnancy can cause physical and mental birth defects. According to lead researcher Dr. Mary Nettleman, “All the major organizations, such as the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics...advocate zero drinking during pregnancy.”

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## ■ 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.



## Pain in infancy increases pain sensitivity later in life

The July 28th issue of the journal *Science* reports that pain experienced by newborns (such as that from painful neonatal medical procedures such as circumcision) could increase their sensitivity to pain later on in life. Based on their experiments, researchers feel that painful experiences could change the baby's developing nervous system.

According to researcher Dr. Mary Ann Ruda of the national institute of health "our primary interest was in learning how the brain circuitry can be affected and altered as it responds to pain."

The researchers injected an irritant into the paws of newborn rats which caused swelling and pain for 5 days afterward. As adults, these same rats showed a much higher degree of pain sensitivity in the paws injected.

According to Ruda, the tested animals also "had more nerve ending and thus more means for pain information to be transmitted."

"If humans have a similar response to persistent pain during infancy as compared to the rats, it suggests that they would also have a greater response to pain later in life," Ruda said. "Ultimately we want to try and determine the mechanism for the growth of the nerve fibers---then we might be able to avoid creating these additional pain pathways in infants."

By way of commentary, your chiropractor realizes the importance of keeping developing newborn nervous systems free of the types of persistent pain responses outlined in this article so that proper growth, development and adaptation can occur. Having newborns checked for spinal subluxation is the best way to make sure they grow into healthy, fully functioning adults.

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## 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.”