

### Objectives:

- ❖ To create an OMM treatment protocol for prenatal visits through review of evidence for OMM and incorporating clinical experience.
- ❖ To offer recommendations for OMM-trained clinicians to use their skills to enhance physiologic function, facilitate adaptation to the changes of pregnancy, and improve the experience of childbearing for pregnant patients.
- ❖ To assist in promoting OMM as a safe and validated treatment modality to the public.

### Introduction & Background:

Popular publications such as *What To Expect [When You're Expecting]* (WTE)<sup>1</sup> present common pregnancy symptoms of millions of women—many of which may be effectively treated using Osteopathic Manipulative Medicine (OMM). The addition of OMM to the standard prenatal care regimen<sup>2</sup> has been shown to help alleviate somatic dysfunction in pregnancy<sup>3,4</sup>. However, current recommendations are limited such that there is no OMM protocol focused on the entire course of pregnancy.

### Methods:

The protocol was organized in a format where prenatal visits by gestational week (derived from standard of care recommendations) were listed with 'Patient Concerns' (derived from WTE) and addressed with a proposed 'OMM Protocol' (literature review of PubMed database, A.T. Still University Library Still One Search database, Journal of the American Osteopathic Association, relevant article reference lists, and authors' own clinical experience).

\*\*\*The authors have no affiliation with "What To Expect" and this content was not reviewed nor endorsed by them for the purposes of this protocol publication\*\*\*

### The Guide:

ME = Muscle Energy, MFR = Myofascial Release, CS = Counterstrain, VS = Viscerosomatic Reflex, TART = Tissue Texture Changes, SD = Somatic Dysfunction, BLT = Balanced Ligamentous Tension  
CV4 = Compression of the 4<sup>th</sup> Ventricle, BMT = Balanced Membranous Tension

#### The Pre-Conception Visit: Start On The Right Foot

❑ **Patient Concerns:** Fertility concerns, timing conception

#### ➤ OMM Protocol:

- **Palpatory Structural Examination w/ Standing and Seated Flexion Test**
- **OA Release, CV4** for stress relief and balancing of the hypothalamic-pituitary-ovarian axis
- Target key paraspinal and muscular areas of TART with MFR
- Treatment as indicated for pelvic and sacral SD

1<sup>st</sup> Trimester: *Reduce sympathetic overactivity, improve lymphatic function*

#### Initial 8 Week and Week 12 Visits:

❑ **Patient Concerns:** Abdominal cramping, light spotting, mood swings, nausea / vomiting, food aversions, heartburn, excessive saliva, increased gassiness and bloating, fatigue, headaches, increased urinary frequency.

#### ➤ OMM Protocol:

- **Treatment of associated Viscerosomatic Reflexes (VS), Chapman Points** if found
- **Lymphatic Treatment Sequence:**
  1. **Thoracic Inlet Release, OA Release & Occipital Mastoid Decompression**
  2. **Diaphragm Re-doming, Rib Raising, Thoraco-Lumbar Junction Inhibition, Scapulothoracic Release**
  3. **Thoracic Pump or Pedal Pump**
- **Constipation: CV-4, Rib Raising, Mesenteric Lift, Ventral Inhibition Abdominal Plexus Release, Pelvic Diaphragm Release, Ischial Tuberosity spread**
- **Heartburn / Reflux: Ventral Inhibition Abdominal Plexus Release, VS (T5-9) and Chapmans (L Anterior Rib 5,6,7)**
- **Headaches: OA Release, Counterstrain (CS) or MFR to the cervical spine (C3-7)**
- **Abdominal Cramping, Tenderness: MFR, Anterior Thoracic Tenderpoints**
- **Increased urinary frequency: Supine Bladder Lift/Mobilization, treatment of VS of the sacrum (S1-S4), treatment of sacral somatic dysfunction, Pelvic Diaphragm Release**

2<sup>nd</sup> Trimester: *Facilitate the changes of pregnancy; optimize function*

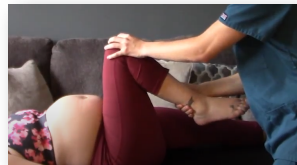


Figure 1:  
SI Joint Mobilization

#### Week 16, 20, 24 Visits:

❑ **Patient Concerns:** Increased vaginal discharge, varicose veins, faintness, dizziness, round ligament pain, leg cramps / restless leg, low back pain, pelvic ligamentous pain, carpal tunnel syndrome, itchy palms & soles.

#### ➤ OMM Protocol:

- **Lymphatic Treatment Sequence**
- **Round ligament pain: anterior CS point treatment L3-L5**
- **Varicose Veins: local MFR and gentle effleurage, kneading**
- **Low Back Pain: Frog Leg Kick, supine sacral floating with flexed knees, CS to quadratus lumborum and iliopsoas**
- **Restless Leg: Popliteal Fossa Release (MFR), CS or Muscle Energy (ME) to the gastrocnemius, ME to the quadriceps and hamstrings**
- **Carpal Tunnel Syndrome: Opponents Roll, MFR, Interosseus membrane BLT**
- **Visual Changes / Migraines: CV4, OA Release, Cervical CS, soft tissue techniques. Venous Sinus Drainage** can be performed if time and physician skill allows

3<sup>rd</sup> Trimester: *Support the Musculoskeletal System, Prepare for Labor*

#### Week 28, 30, 36+ Visits:

❑ **Patient Concerns:** Insomnia, ligament pain worsens, lower extremity and pedal edema, sciatic and piriformis pain, pelvic / lower back referred pain, pelvic floor dysfunction, constipation, preparation for labor.

#### ➤ OMM Protocol:

##### • Lymphatic Treatment Sequence

- **Insomnia:** treat using **Sleep Hygiene**, relaxation routines, use of body pillow and **OA Release**
- **Referred pain to lateral thigh: CS to piriformis, Popliteal Fossa Release, SI Joint mobilization techniques**
- **Referred pain to groin: CS to iliolumbar ligament**
- **Referred pain to lower back: CS, MFR to Sacroiliac / Sacrotuberous ligaments**
- **Increasing uterine size: Uterine Fascial Lift (BMT)**
- **Pelvic Diaphragm Release:** improve pelvic floor function, prepare for labor
- **Pelvic Bowl / Pubic Symphysis BLT**
- **Constipation: CV-4, Rib Raising, Mesenteric Lift, Ventral Inhibition Abdominal Plexus Release, Pelvic Diaphragm Release, Ischial Tuberosity spread.**
- **Bladder Lift / Mobilization (Supine)**
- **Pelvic Floor Exercises**



Figure 2:  
Uterine Facial Lift

Labor: *Structure and function are interrelated*

❑ **Patient Concerns:** Contraction pain, pelvic pain, vaginal strain and trauma, intense autonomic nervous system and hormonal effects.

#### ➤ OMM Protocol:

- **Pelvic Bowl BLT** = speeds labor, preserves elasticity of the pelvis, corrects asynclitism, decreasing pain. Perform in between contractions to rebalance the pelvis and help passage of the baby.
- **OA Release, CV4**
- **Thoracic Inlet Release**
- **Rib Raising**
- **Paraspinal Inhibition**
- **Sacral Inhibition**

#### Postpartum: *Ease Recovery*

- **Immediate Skin to Skin contact with mother**
- **Delayed Cord Clamping**
- **OA Release, Condylar Decompression**
- **Pubic Symphysis ME** second to lymphatic techniques.
- **Sacral Inhibition**
- **Cervical Soft Tissue, MFR**



Figure 3:  
Pelvic Bowl BLT

### Evidence-Based Benefits For OMM in Pregnancy:<sup>3,4</sup>

- ✓ Decreased likelihood of preterm delivery
- ✓ Decreased blood pressure
- ✓ Decreased fluid overload
- ✓ Decreased sacroiliac dysfunction
- ✓ Decreased low back pain
- ✓ Decreased use of forceps during delivery
- ✓ Decreased duration of labor

### Contraindications

#### For OMM in Pregnancy:<sup>5</sup>

- ❌ Undiagnosed vaginal bleeding
- ❌ Threatened or incomplete abortion
- ❌ Ectopic pregnancy
- ❌ Placenta previa
- ❌ Placental abruption
- ❌ Preterm premature rupture of membranes
- ❌ Preterm labor (relative contraindication)
- ❌ Prolapsed umbilical cord
- ❌ Eclampsia and severe preeclampsia

### References:

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#### Acknowledgements:

Photos: David Shumway OMS-IV, with Clare Shumway

ATSU SOMA OMM Department, for providing foundational lectures to inspire the development of this protocol.