

Pregnancy Chiropractic

Creating an
Exceptional
Pregnancy
Experience

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OBJECTIVE



The objective of this course is to teach clinical competency for the treatment and case management of pregnant patients.

A little about me...

- Massachusetts native - grew up in West Springfield
- Graduated in 2000 from Logan - private practice ever since
- Practice with my husband Dr. John Tagliarini at **Tagliarini Chiropractic** in West Hartford, CT
- Connecticut Chiropractic Council “Chiropractor of the Year” in 2021
- **Connecticut Chiropractic Council** President - 1st female president!
- Webster Certification from the legendary Dr. Jeanne Ohm - FIVE times (& with Dr. Pamela Stone)
- Also studied pregnancy chiropractic under Dr. Carol Phillips
- Currently completing the new ICPA Perinatal Certification
- Cofounder of the **Perinatal and Pediatric Academy** with Dr. Linda Slak and Dr. Ashley Emel



What is the Perinatal and Pediatric Academy?



We are a reputable dynamic group of doctors with **over 70 years combined experience** offering perinatal and pediatric chiropractic courses for CEs, informative podcasts and Facebook gold.

We cover:

- Infant & Pediatric Chiropractic
- Prenatal Chiropractic
- Postnatal & Pelvic Floor Chiropractic

<https://www.ppa.show>



<https://vimeo.com/974374355/76d8427dac?share=copy>



My birth stories...



Nicholas

Doula supported, posterior presentation, cord around neck, vacuum and forceps used, pushed 6.5 hours, vaginal birth



Roman

Webster supported, 3 pushes, vaginal birth

Reasons to be a pregnancy chiropractor...

- Facilitates mom having a comfortable pregnancy
- The incidence of low back pain in pregnancy is **61%**.
- As few as **32%** of women report symptoms to their prenatal provider
- Only **25%** of providers recommend treatment
- Patients tell their OBGYNs - who don't have a solution - we **fill a void** for them - we make their job easier

J Midwifery Womens Health. 2006 Jan-Feb;51(1):e7-10.



Reasons to be a pregnancy chiropractor...

- Optimal alignment leads to optimal baby positioning
- Facilitates mom having the birth experience she wants
- Quicker, safer, easier births (23% shorter labor time)
- Eases the baby's entrance to the world - less interventions & cesareans
- Makes the OBGYN or midwife's job easier - ECVs & births
- VBAC success stories galore
- Gateway to a family practice
- Initiates a chiropractic family lifestyle - broader vision of wellbeing



So what is it?


The **chiropractic family lifestyle** is the perspective a family achieves when they get under regular chiropractic care and begin to adopt a salutogenic outlook on life. This is an empowering process for that family. They are taking control of their family's health.

This is one of the most rewarding aspects of family practice because it can fundamentally change the trajectory of that family.

Salutogenesis

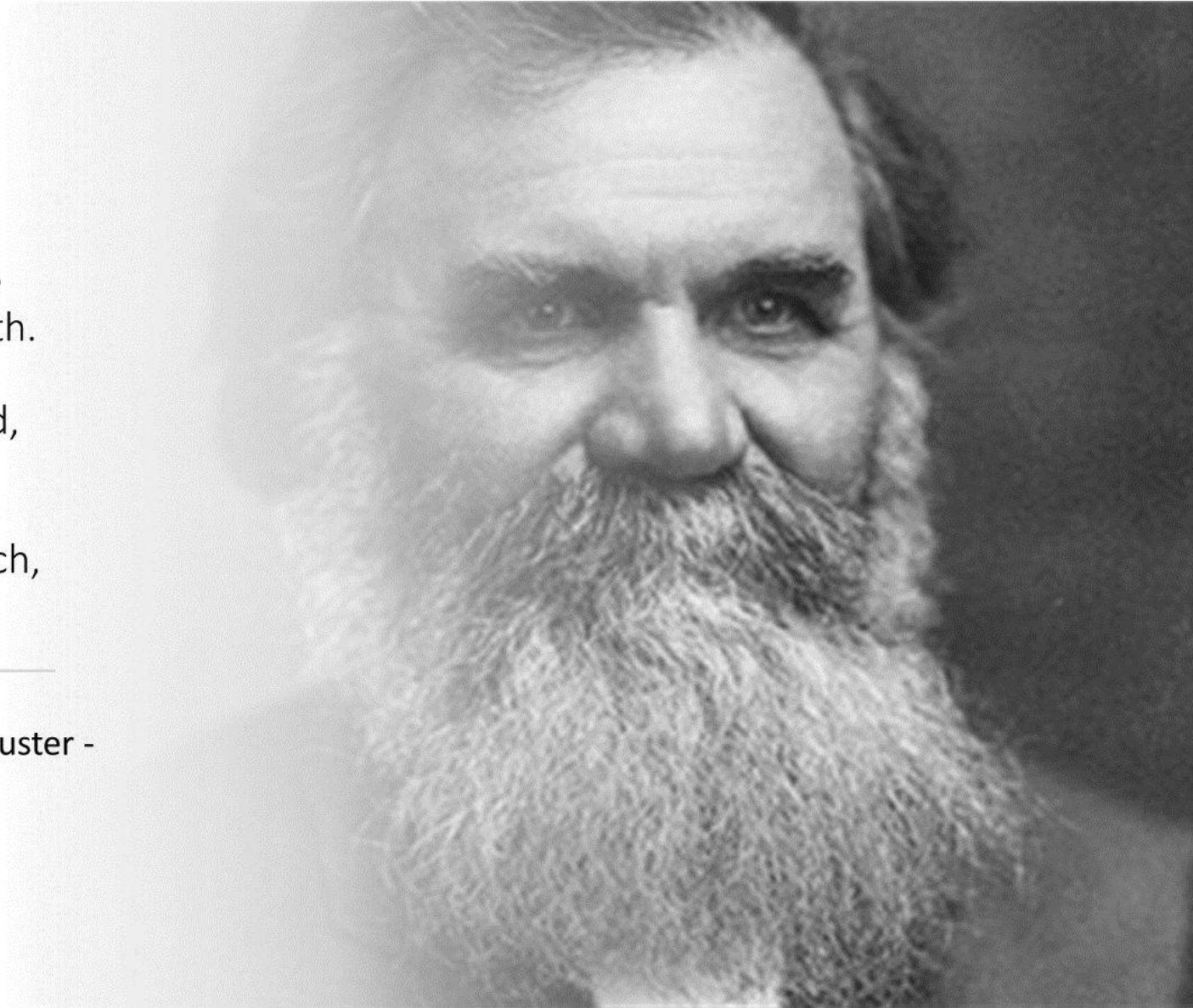
“We are coming to understand health not as the absence of disease, but rather as the process by which individuals maintain their sense of coherence and ability to function in the face of changes in themselves and their relationships with their environment.”

– Aaron Antonovsky



“Mothers and their babies are liable to be injured at childbirth. Many have their vertebrae displaced at this critical period, causing acute and chronic diseases. If the adjustor is a chiropractor, he can adjust such, thereby preventing dis-ease.”

DD Palmer, The Chiropractor's Adjuster - 1910



Medical Interventions...



- ECV = External Cephalic Version
 - 60% success rate, painful, risks
- Sweeping of the membranes
- Medical induction - 27.5% - ↑ cesarean risk
- Pitocin to speed up labor - ↑ postpartum depression
- Epidural or spinal anesthesia - 71%
 - ↓ oxytocin & slows labor
- Doctor breaks water
- Forceps extraction - 0.56%
- Vacuum extraction - 2.58%
- Episiotomy
- Cesarean section

GOOD reasons for Induction:

- Water broke 24+ hours ago
- Low amniotic fluid
- Placenta abruption
- Gestational diabetes concerns
- Maternal hypertension concerns
- Uterus infection
- Baby stopped growing

BAD reasons for Induction:

- Doctor going on vacation
- Grandparents in town
- Tired of being pregnant
- Fear
- Don't like birthstone

Be Informed About Pitocin...

This article in **PubMed** (February 2017) reports that moms who had **pitocin** during birth an increase in postpartum depression:

- **36%** increase for moms **with** a history of depression
- **32%** increase for moms with **no** prior history of depression



REALITY CHECK:
Postpartum Depression
impacts **20%** of moms
...that's **1 out of 5** patients!

Be Informed About Cesarean Rates...

According to the World Health Organization, the highest acceptable rate for Cesarean births is **15%**.

According to the CDC's most recent data (2022):

- Cesarean rate in the USA: **32.2%**
- Cesarean rate in Michigan: **33.1%**
- Cesarean rate in Connecticut: **35.2%**

The majority of these cesareans are due to:

(1) baby **POSITION** or (2) failure to progress (i.e. failure of proper **POWER** to the cervix) aka **dystocia**.





Dystocia: “failure to progress”

- ✓ **Most common indication for primary c-section (50-60% of all sections)**
- ✓ **Over diagnosed in the US... Why?**
Incorrect diagnosis
Epidurals
Fear of litigation
OB/GYN convenience
- ✓ **Physiological birth is not being supported in our system**

MUST HAVE's of a pregnancy chiropractor...

“Do everything you can to set yourself up for success in building *your clinical skills, communication skills and your brand* as a pregnancy chiropractor.”

~Jessica L. Tagliarini, DC



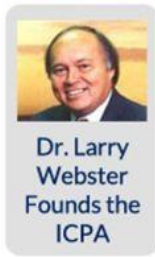
#1 most important thing to have...

Webster Technique certification through the ICPA

History of the Webster Technique:

- Developed in 1976 by **Dr. Larry Webster**
 - 1959 graduate of Logan College
 - Founded the ICPA in 1986
- Originally called **Webster's Breech Protocol**
 - 85% success rate
- Then he called it **Webster IntraUterine Restraint Technique** while teaching at Life
- Today it is called **The Webster Technique**
- Webster Technique Certification was formalized in 2001





Dr. Larry Webster
Founds the
ICPA

1986



The ICPA
reaches 500
members

2000



The first issue
of Pathways
to Family
Wellness
Magazine is
published.

2004



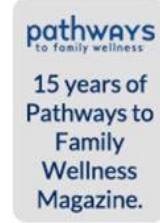
With the help
of Research
Director,
Dr. Joel
Alcantara, the
ICPA Practice-
Based
Research
Network is
initiated.

2009



The ICPA
reaches
5,000
Members

2016



15 years of
Pathways to
Family
Wellness
Magazine.

2019

1997

With Dr.
Webster's
passing, the
ICPA Board
was formed,
led by Connie
Webster



2002

Dr. Jeanne
Ohm becomes
the ICPA
Executive
Director

The 360-Hour
Diplomate
Program is
initiated



2008

The ICPA
hosts the 1st
Freedom for
Family
Wellness
Summit.



2014

ICPA
Diplomate
Program
becomes
400 hours.

ICPA hosts
the 3rd
Freedom for
Family
Wellness
Summit.



2018

ICPA hosts
the 4th
Freedom for
Family
Wellness
Summit.



Since then...

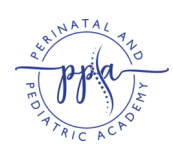
- 2019 - Beloved ICPA leader Jeanne Ohm sadly passed away
- 2019 - Her son Justin Ohm took over as the Executive Director of the ICPA
- 2021 - The ICPA started offering a Perinatal Certification (includes Webster)
- 2024 - The ICPA currently is currently approaching **9000** members strong



What does the Webster Technique help with?

Simply put...

1. Comfort (present and throughout entire pregnancy)
2. Optimal baby positioning
3. Quicker, safer, easier births





Bonus Benefits of the Webster Technique...

Empowers the mom to take control of her pregnancy journey

Reclaims their trust in the birth process

Minimizes nerve interference

Minimizes interventions

Dr. Webster's "hope and dream helped form an approach to birth where families actively engage with the birth process, not as passive observers but as conscious, informed participants." ~Dr. Justin Ohm

ICPA Positional Statement regarding the Webster Technique

The Webster Technique is a specific chiropractic sacral analysis and diversified adjustment. The goal of the adjustment is to reduce the effects of sacral subluxation / SI joint dysfunction. In doing so, neuro-biomechanical function in the pelvis is facilitated. Sacral subluxation may contribute to difficult labor for the mother (i.e. dystocia), caused by inadequate uterine function, pelvic contraction, and baby malpresentation. Correction of sacral subluxation may have a positive effect on all of these causes of dystocia.



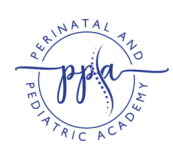
In other words...

We are creating an optimal structural balance & environment for the mom

We are NOT turning a breech baby - malpractice issue

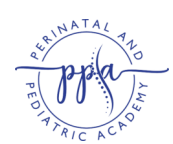
Make sure your STAFF and anywhere in print has the proper verbiage

Provide proper verbiage to a patient offers to do a review.



Why do I need to be Webster Certified?

- Gives you a specific formula of what to do AND teaches you what not to do (contraindications)
- Gives the **patient** confidence in you - generally nervous or protective - often 1st time at a chiropractor
- Gives their **doctor** confidence in you



How do I get Webster Certified?

- The **ICPA** provides **Webster Certification** (13 hours)
- Current price (includes exam fee):

DC ICPA Members: **\$580**

Students: **\$460**



- They also now offer the **Perinatal Certification** (80 hours)



Rare Webster Certification Discount!

First timers are now allowed to attend
livestream.

In person is recommended but not required.

A hands on practical will need to be
completed via video submission.

Perinatal Care with Webster Certification

December 7-8, 2024
Streamed Live Online

Register and Save 20%

Discount ends December 1st

1. Join ICPA and log into your account
2. Use the QR code below to register for
the course at the discounted price



Why should I be an ICPA member?

Members are listed on their directory - people WILL find you this way - OTHER chiropractors will find you this way...

Here is how you search: [Find-A-Chiropractor](#)



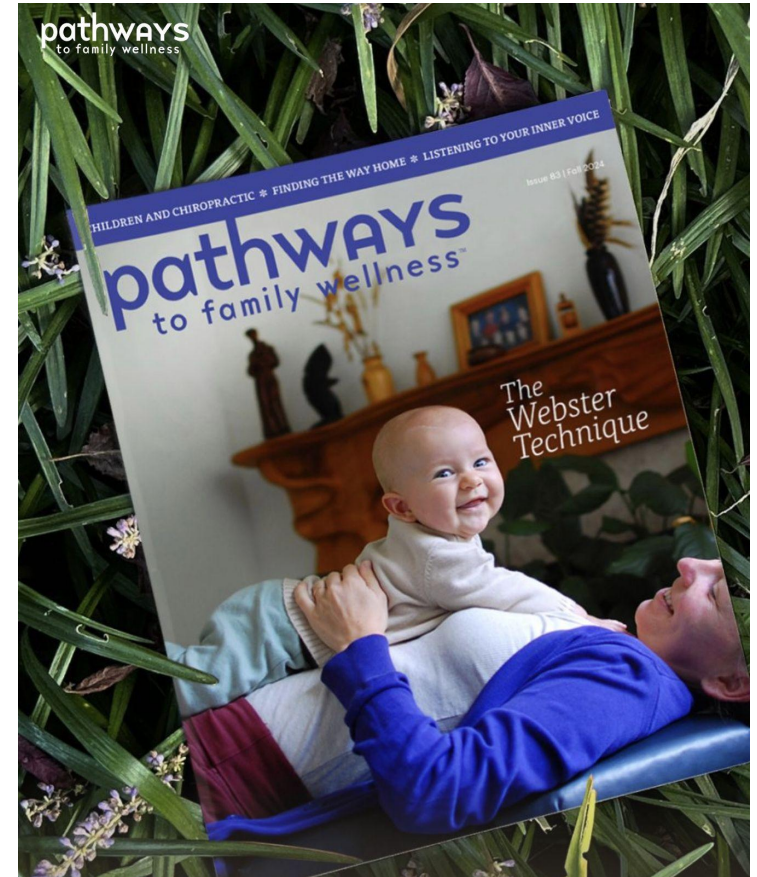
(NOTE: you need to be certified **AND** be a member to be listed)

Pathways For Wellness Magazine...

The ICPA has generously shipped copies for their Pathways for Wellness Magazine for each of you!

ICPA members receive one free copy of each issue as it is released.

You can register for a subscription of print copies your patients with your info printed on them.

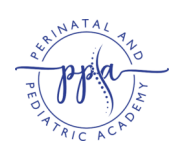


What else do I need?

You can implement as many or as few things as you want.

“Why reinvent the wheel?”

“Remember, you can have excuses or results but not both.” ~Coach Merle



Pregnancy Pillows

Provides a safe way for the mom to lie prone during her adjustment.

(\$250-340)

[Chiropractic Pregnancy Pillows](#)

[Chiro Vantage](#)

[Earthlite Pregnancy Cushion](#)



Sets you apart as a ***specialist***

It helps to have a table with a headpiece that elevates - raise it to be level with the pillows

Explain the pillows on the first visit - emphasize safety

Which pillows do I use when?

Climb on *from the foot of the table* - VERY IMPORTANT



Other great uses for pregnancy pillows...



← Great to cradle newborn while mom is being checked or during an infant exam



← Great for engorged sensitive breasts for postpartum nursing moms



Drs. Clare Stewart of Chiropractic Pregnancy Pillows have generously provided me with a set of pillows for demonstration AND to raffle off this weekend!



To purchase a set, you can use
the one time **\$25 discount** code
DRJESSICATAG

on the website or use this QR code:

A photograph of a white, U-shaped pregnancy pillow. The pillow is shown from a top-down perspective, highlighting its ergonomic shape. The text is written in a cursive font on the inner curve of the pillow. In the bottom left corner, there is a small portrait of a woman. In the bottom right corner, there is a logo for 'CHIROPRACTIC Pregnancy PILLOWS' with a heart icon inside a circle.

*A design innovation
of comfort and support
to cradle mother and baby
and hug them in all the right places.*

Exclusively available--right here.


Dr. Clare Stewart





A baby doll

To demonstrate baby positions

Also great for presentations





Flexible Pelvis Model



[Sawbones](#) is a great place
to find one (about \$75)



Or a spine with pelvis model



[Amazon](#) has nice spine models for about \$130 and stands (usually sold separate)



Prenatal (and Postnatal) Intake Forms...

- *ALWAYS print patient forms from the original file on the computer*
- Many many new options available for electronic intake forms available (ChiroTouch, ReviewWave, DocuSign, ChiroSpring, FormDr, Sked)
- Great referral generator
- Include an informed consent
- Ask the right questions so you can help them the best you can



Professional clean prenatal brochure...

- Have a photographer take a **professional headshot** and a variety of **professional photos** of you in your office working on a pregnant patient - can use in your brochure, on your website AND for social media posts
 - IMPORTANT: Always have the patient sign a **media consent**
- Have a **graphic designer** do the layout
- Have them **printed professionally** on quality paper stock
- Give OBGYNs, midwives, doulas, etc **IN A BROCHURE HOLDER** ([Amazon](#))



Dedicated prenatal page on your website...

- People specifically searching on google for a pregnancy chiropractor need to be able to find you
- Make sure your website company knows the keywords people will search for and these are included in your SEO

- What are some examples?

- My website: <https://www.tagchiro.com/pregnancy-chiropractor/>



- Do you see infants too? Consider having a pediatric page too: <https://www.tagchiro.com/pediatric-chiropractor/>



Social Media...



Another great way for people to be informed that you see pregnant women, especially in groups.

“But I don’t do social media” → Suck it up or delegate to staff. You are missing so many potential patients.

The **ICPA Facebook page** is a great resource

I love the **Canva** app to make memes

Framed prenatal posters...

- Plants the seed that this is your niche - ex. Husband patient sees poster and asks if you can help his pregnant wife
- Educates patients on what pregnancy chiropractic can help with

Wellness Media



WellnessMedia
CHIROPRACTIC & WELLNESS FOCUSED RESOURCE MATERIALS

Owned by chiropractor
Dr. Chad Mykietiuik and Darren Hubley
(photographer & graphic designer)

DRJESSICATAG discount code
will give you **20% off**
(doesn't expire - one use per doc)



Chiropractic & Pregnancy

Women under the care of a chiropractor throughout their pregnancy may expect:

- Less incidence of back and pelvic pain
- Reduction in preeclampsia
- Reduced labor times
- Reduced need for pain medication
- More comfort while breastfeeding

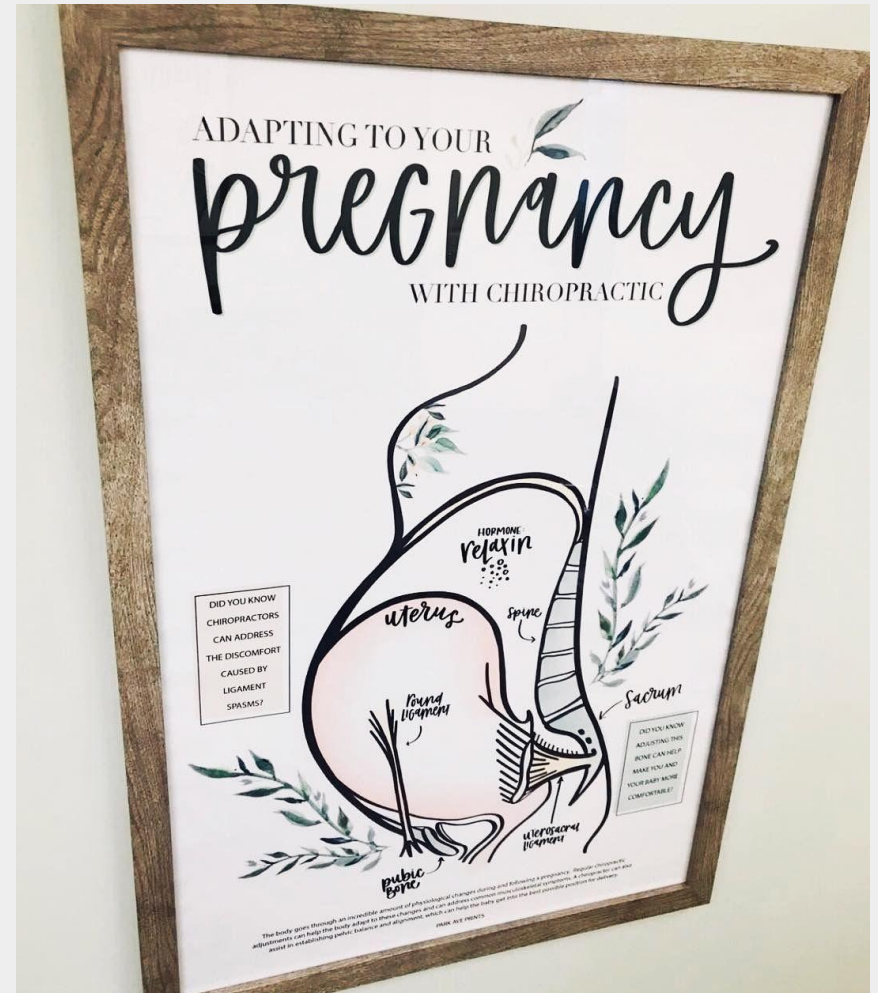
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Park Ave Prints



All artwork is drawn
by chiropractor
Dr. Erica Whittaker

DRJESSICATAG discount
code will give you **15% off**
(doesn't expire - one use per doc)



Pregnancy Support Belts - Peer Reviewed Study...

“A woman’s biomechanics are tremendously altered during pregnancy as the body adapts to new patterns of nutation and counter-nutation. The impact of labor and delivery on the musculoskeletal system is severe and, in many instances, complications arise involving the SIJ. Undoubtedly, the SIJ and symphysis pubis endure various levels of shock throughout each stage of pregnancy and postpartum as well. Circulation and stabilization of the SIJ are the most imperative principles when it comes to healing the pelvic floor after pregnancy. Several peer reviewed studies confirm that stabilizing the SIJ with an SI belt is a proven, sensible method for both preventing and relieving pregnancy related pelvic and back pain.”



The brand I recommend...

Chiropractor Dr. Rick Serola designed
the **Serola Belt**

Provides **support and stability** for
the lower back, SI joints, pubic
symphysis and round ligaments

Every pregnant new patient gets one
around **20-25 weeks**



Why Serola?

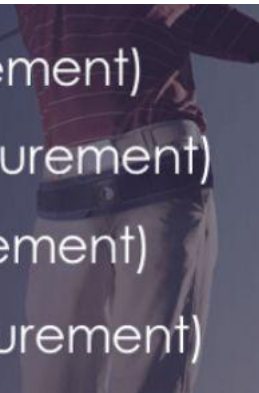
- Patented design that normalizes SI function
- Mimics the action of the ligaments taking the stress off
- Non-elastic layer provides a stop point at the end of a normal range of motion
- Elastic layer provides just enough compression to support the SI joints and maintain posture
- Won't cause muscle atrophy



Serola Belt measurement and placement...

- **WHEN:** Measure during your new patient exam
- **HOW:** You will need a tape measure...provided today courtesy of Dr. Serola!
- **WHERE:** Measure across the SI joints in the lower back and *under* the belly across the PS in the front

1. **Small** (30" to 34" Hip Measurement)
2. **Medium** (34" to 40" Hip Measurement)
3. **Large** (40" to 46" Hip Measurement)
4. **X-Large** (46" to 52" Hip Measurement)



Serola Belts continued...



- Correct tension is about what you'd use to tie a shoe
- Their size will typically not change as their belly grows
- Have all 4 sizes AND extenders in stock
- What if they already have a different belt at home?
 - free through insurance, friend gave their old belt, bought on Amazon, etc

When to wear the Serola Belt...



- Can wear during standing, walking, exercising, sleeping
- Wear over or under your clothes
- I recommend to not wear when sitting (at least loosen)
- Can wear throughout pregnancy ***as well as postpartum***
- Teach your staff to fit them and explain how to use!!

Training Your Staff On Serola Belt Fittings...

DEMO on a staff member (have them record you so they can re-listen and practice your verbiage).

Have them OBSERVE you fitting patients.

Have them practice fitting on YOU.

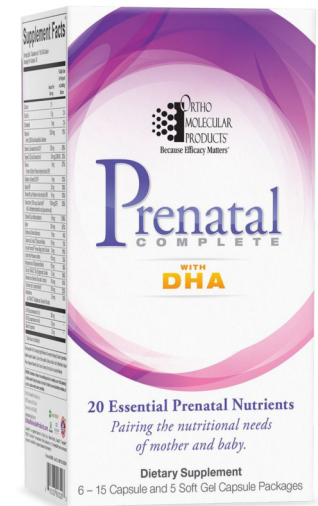
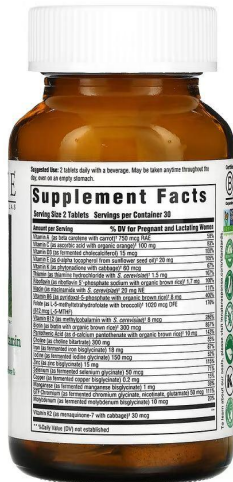
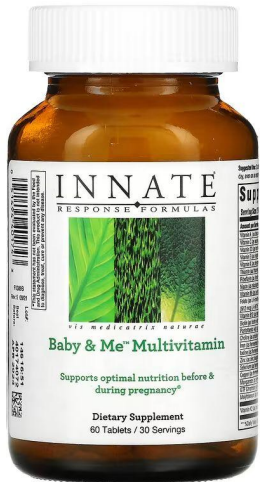
Observe THEM fitting a patient.

Provide constructive feedback privately.

Ready to go!



Prenatal Nutrition...



Supplement Facts		
Serving Size: 3 Capsules and 1 Soft Gel Capsule		
Servings Per Container: 30		
	Amount Per Serving	% Daily Value for Pregnant or Lactating Women
Calories	15	
Total Fat	1.5 g	2%
Cholesterol	5 mg	2%
Vitamin A (from 5,000 IU as Natural Beta Carotene)	1,500 mcg	115%
Vitamin C (as Ascorbic Acid USP)	250 mg	208%
Vitamin D (D3 as Cholecalciferol)	50 mcg (2,000 IU)	333%
Thiamin (Vitamin B1) (from Thiamine Hydrochloride USP)	5 mg	35%
Riboflavin (Vitamin B2 USP)	5 mg	315%
Niacin USP	25 mg	119%
Vitamin B6 (as Pyridoxine Hydrochloride USP)	15 mg	750%
Folate (from 1,000 mcg as Quatrefol® (5S)-5-Methyltetrahydrofolic acid glucosamine salt)	1,700 mcg DFE	283%
Vitamin B12 (as Methylcobalamin)	50 mcg	1,786%
Biotin	300 mcg	657%
Choline (as Choline Bitartrate)	78 mg	14%
Calcium (as Albor® Dicalcium Malate)	150 mg	12%
Iron (as Ferrochel® Ferrous Bisglycinate Chelate)	30 mg	111%
Iodine (from Potassium Iodide)	150 mcg	32%
Magnesium (as DiMagnesium Malate)	150 mg	38%
Zinc (as Albor® Zinc Bisglycinate Chelate)	20 mg	154%
Selenium (as Albor® Selenium Glycinate Complex)	100 mcg	143%
Chromium (as Cr-polymucinate) (Chromemate®)	100 mcg	223%
Molybdenum (as Albor® Molybdenum Glycinate Chelate)	25 mcg	50%
DHA (Docosahexaenoic Acid)	580 mg	*
EPA (Eicosapentaenoic Acid)	130 mg	*
Mixed Tocopherols	25 mg	*

* Daily Value not established.



Prenatal Nutrition...



SUPPLEMENT FACTS	
Serving Size: Three Capsules Servings Per Container: 30	
Three Capsules Contain:	%DV
Vitamin A (450 mcg from Beta Carotene and 500 mcg as Palmitate)	1.05 mg 81%
Vitamin C (as Ascorbic Acid)	150 mg 125%
Vitamin D (as Vitamin D3) (1,000 IU)	25 mcg 167%
Vitamin E (as d-Alpha Tocopheryl)	33.5 mg 176%
Vitamin K (as Vitamin K1)	100 mcg 111%
Thiamin (as Thiamin HCl)	5 mg 357%
Riboflavin (as Riboflavin 5'-Phosphate Sodium)	5 mg 313%
Niacin (as Niacinamide)	30 mg 167%
Vitamin B6 (as Pyridoxal 5'-Phosphate)	12 mg 600%
Folate (1 mg as L-5-Methyltetrahydrofolate† from L-5-Methyltetrahydrofolic Acid, Glucosamine Salt)	1.7 mg DFE 283%
Vitamin B12 (as Methylcobalamin)	200 mcg 7,142%
Biotin	50 mcg 143%
Pantothenic Acid (as Calcium Pantothenate)	18 mg 257%
Choline (as Choline Citrate)	110 mg 20%
Calcium (90 mg as Calcium Citrate and 90 mg as Calcium Malate)	180 mg 14%
Iron (as Ferrochel® Ferrous Bisglycinate Chelate)††	45 mg 167%
Iodine (as Potassium Iodide)	150 mcg 52%
Magnesium (45 mg as Magnesium Citrate and 45 mg as Magnesium Malate)	90 mg 23%
Zinc (as TRAACS® Zinc Bisglycinate Chelate)†††	25 mg 192%
Selenium (as L-Selenomethionine)	50 mcg 71%
Copper (as TRAACS® Copper Bisglycinate Chelate)††	2 mg 154%
Manganese (as TRAACS® Manganese Bisglycinate Chelate)†††	5 mg 192%
Chromium (as TRAACS® Chromium Nicotinate Glycinate Chelate)†††	100 mcg 222%
Boron (as Bororganic™ Boron Glycinate Complex)††††	1 mg *

*Daily Value (DV) not established.
Other Ingredients: Hypromellose (derived from cellulose) capsule, Calcium Laurate.



DIRECTIONS: Adults: 3 capsules per day with food or as directed by your healthcare professional. Not intended for children.

Supplement Facts			
Serving Size: 3 Capsules Servings Per Container: 30			
Amount Per 3 Capsules	% Daily Value**	Amount Per 3 Capsules	% Daily Value**
Vitamin A (as natural carotenes (beta-carotene, alpha-carotene and beta-cryptoxanthin) from <i>D. salina</i>)	1,500 mcg RAE 115%	Choline (as choline bitartrate)	150 mg 27%
Vitamin C (as L-ascorbic acid)	100 mg 83%	Calcium (as calcium citrate-malate complex)	100 mg 8%
Vitamin D (as cholecalciferol)	50 mcg 333%	Iron (as Ferrochel® ferrous bisglycinate chelate†† and ferrous bisglycinate)	27 mg 100%
Vitamin E	46 mg 242%	Iodine (as potassium iodide)	150 mcg 52%
(57% as RRR-alpha-tocopheryl acid succinate, 43% as RRR-alpha-tocopherol)		Magnesium	125 mg 31%
(80% as magnesium citrate complex and 20% as magnesium oxide)		Zinc (as Albion® zinc bisglycinate chelate††)	15 mg 115%
Vitamin K	60 mcg 67%	Selenium (as Se-methylseleno-L-cysteine)	50 mcg 71%
(50% as vitamin K ₁ (phytoladione) and 50% as vitamin K ₂ (menaquinone-7))		Copper (as copper gluconate)	0.5 mg 38%
Thiamin (as thiamin HCl)	3.4 mg 243%	Chromium	75 mcg 167%
Riboflavin	4 mg 250%	(as Albion® chromium nicotinate glycinate chelate††)	
Niacin (75% as niacinamide and 25% as niacin)	20 mg NE 111%	Molybdenum	10 mcg 20%
(50% as pyridoxine HCl and 50% as pyridoxal 5'-phosphate)		(as Albion® molybdenum glycinate chelate††)	
Vitamin B ₆	15 mg 750%	Natural Mixed Tocopherols (RRR-gamma, RRR-delta, RRR-beta)	5 mg *
Folate	1,020 mcg DFE 170%	Natural Mixed Carotenoids (lutein and zeaxanthin from <i>D. salina</i>)	60 mcg *
(as Metafolin® calcium L-5-methyltetrahydrofolate)	(600 mcg)		
Vitamin B ₁₂ (as methylcobalamin)	500 mcg 17,857%		
Biotin (D-biotin)	300 mcg 857%		
Pantothenic Acid (as calcium D-pantothenate)	10 mg 143%		

**Percent Daily Values for Pregnant & Nursing Women.

*Daily Value not established.



Important Prenatal Nutrition...

Omega-3 fatty acids - baby's brain development + ligament building blocks

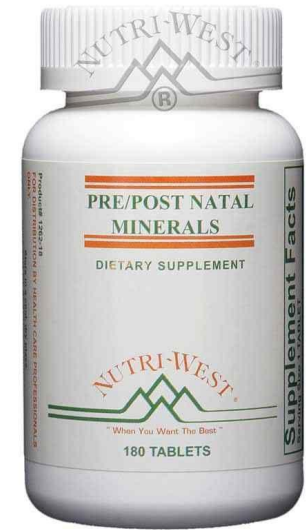
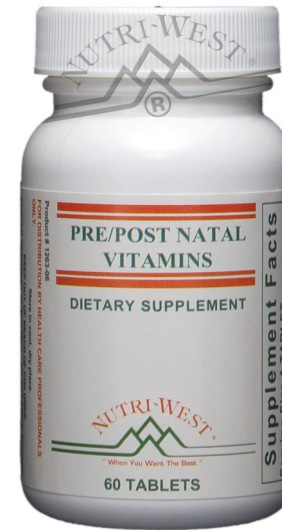
Vitamin D3 - baby's bone development

→ These nutrients also help to support the brain function and bone health of the pregnant mother.

The B9 / folic acid - healthy development of a baby's brain and spinal cord

Acidophilus - digestive health of the mother

→ Acidophilus may help to maintain a healthy balance of intestinal flora. Bacteria are also beneficial to the health of the vagina and may help prevent a premature birth.



Supplement Facts	
Serving Size 1 TABLET	
Amount Per Serving	%DV
Vitamin A (as cod liver oil) (85% as beta carotene)	
1050 mcg	116%
Vitamin C (as ascorbic acid)	150 mg 166%
Vitamin D3 (as cholecalciferol)	5 mcg 25%
Vitamin E (as d-alpha tocopherol succinate)	32 mg 213%
Thiamine (as hydrochloride)	7.5 mg 625%
Riboflavin	5 mg 384%
Niacin (as niacinamide)	7.5 mg 46%
Vitamin B-6 (as pyridoxine hydrochloride)	5 mg 294%
Folate (as L-5 methyltetrahydrofolate)	400 mcg 100%
Vitamin B-12 (as methylcobalamin)	10 mcg 416%
Biotin	100 mcg 333%
Pantothenic Acid (as calcium pantothenate)	7.5 mg 150%
Choline (as bitartrate)	37 mg 6%
Proprietary blend	476 mg *
Hydrolyzed Protein (bovine), Kelp (plant), Inositol, Lemon Bioflavonoid (fruit), Flaxseed Meal, Red Raspberry (leaf), Cod Liver Oil, Lactase, Betaine (as hydrochloride), Black Currant Seed Oil, Pepsin (porcine), Ox Bile (bovine), Pyridoxal-5-Phosphate, Riboflavin-5-Phosphate, Alpha Lipoic Acid, Lutein, Lycopene (fruit), Lactobacillus Acidophilus, Lactobacillus Bulgaricus, Bifidobacterium Bifidum.	

*Daily Value (DV) not established.
 Other Ingredients: Microcrystalline Cellulose, Vegetable Stearate, Vegetable Magnesium Stearate, Vegetable Stearic Acid.
 Contains: Fish (cod).

Supplement Facts	
Serving Size 1 TABLET	
Amount Per Serving	%DV
Calcium (as carbonate, citrate, hydroxyapatite, chelate)	
100 mg	7%
Iron (as peptonate)	10 mg 55%
Magnesium (as citrate, chelate)	50 mg 12%
Zinc (as chelate)	5 mg 45%
Selenium (as chelate)	8 mcg 14%
Manganese (as chelate)	0.800 mg 34%
Chromium (as chelate)	10 mcg 28%
Molybdenum (as chelate)	3 mcg 6%
Betaine (as hydrochloride)	2 mg *

*Daily Value (DV) not established.
 Other Ingredients: Microcrystalline Cellulose, Vegetable Stearate, Vegetable Stearic Acid, Vegetable Magnesium Stearate.



Consider a Fullscript Account...



Fullscript is a trusted source of quality supplements

You can create a “Practitioner” account using this QR code →

They will give you your own unique link → have on your website & prenatal handout

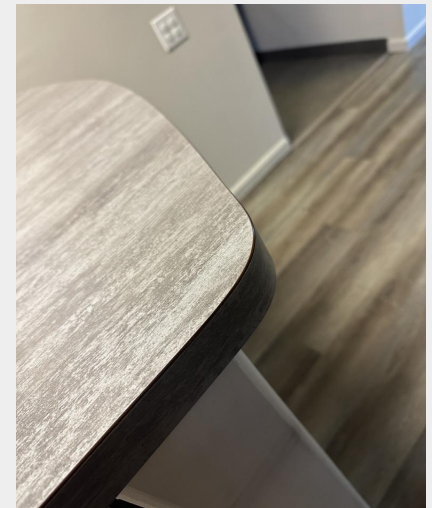
Patients order directly from the link and you get a 35% commission

Or you can order at wholesale (50% off) and have prenatal supplements in stock



Other things to consider...

- Family friendly reception area - designated play area, outlet covers, round corners (counters, tables, chairs)
- Stroller accessible + room for strollers
- If you have a restroom in your office suite, have a changing table and an option for soiled diapers



More things to consider...

- Stickers for siblings
- Activator
- Chiro Clickers
- Dr. Linda Slak's favorite toy



The Webster Technique

Anatomy Review

What 7 structures are we checking and balancing?

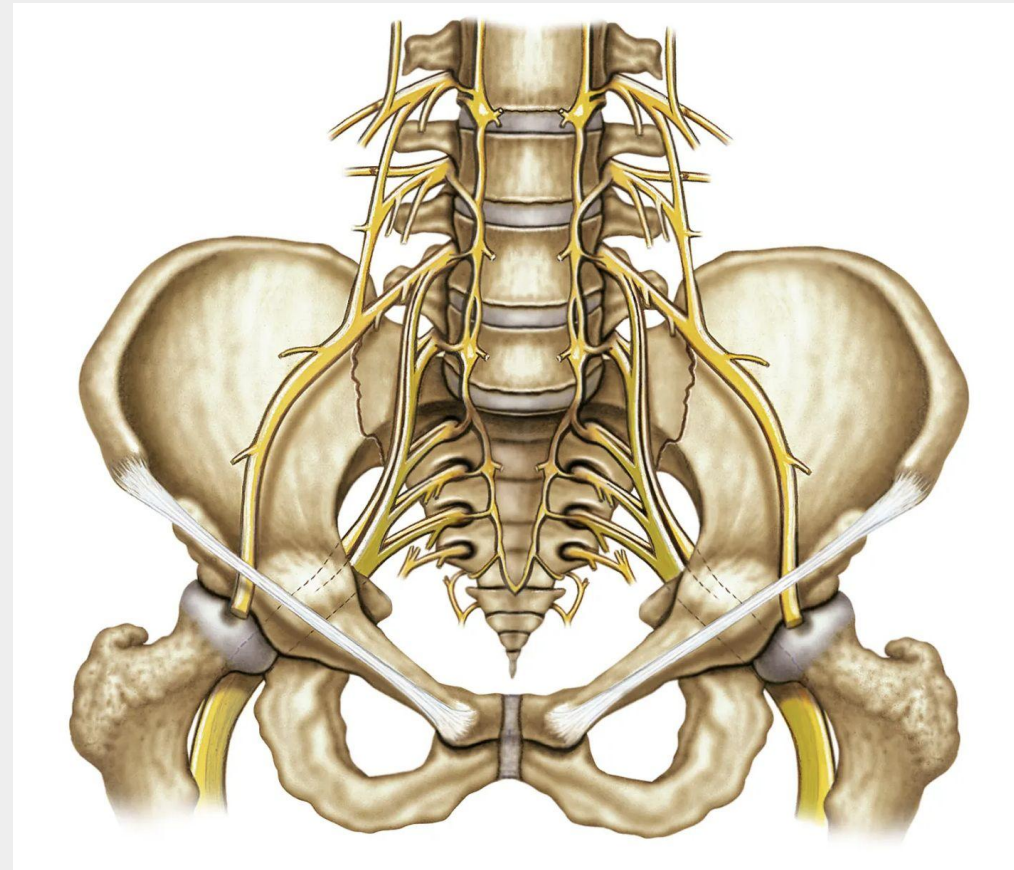


The Pelvis

- “The foundation”
- Alignment is crucial for comfort of mom AND maximizing how much room is in the uterus.
- Educate on what not to do

The Sacrum

- Articulates with the pelvis
- So many nerves in this area!
- Verbiage for assessment



Piriformis Muscles

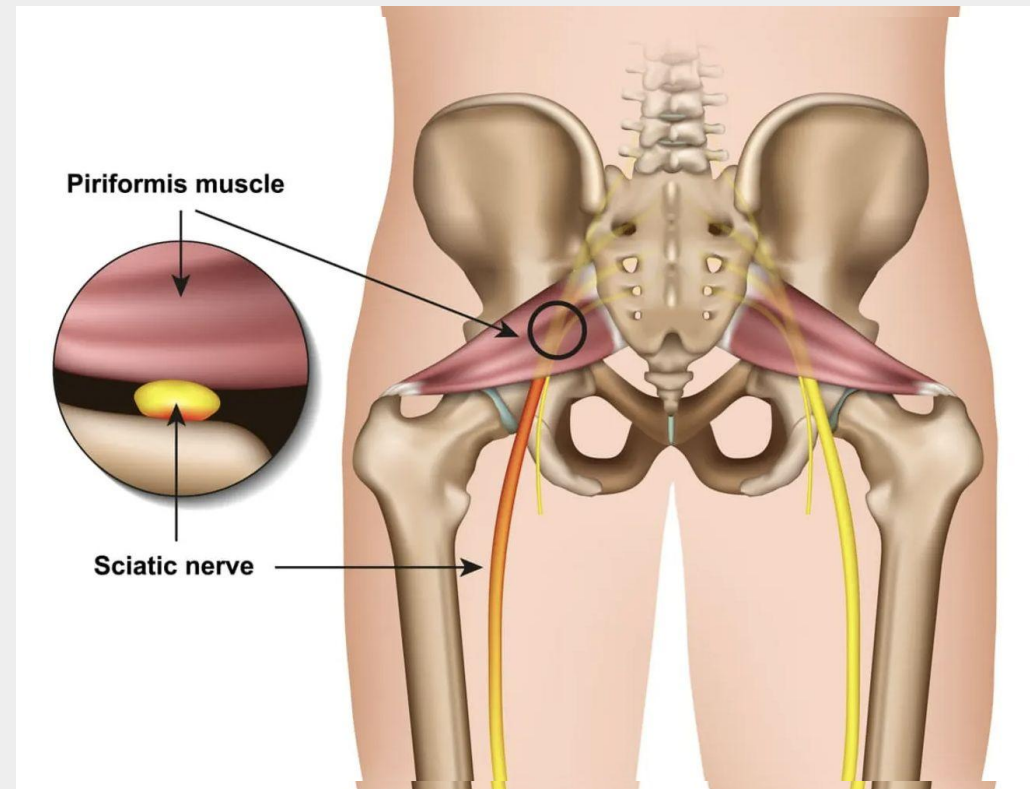
Action: external hip rotator

Origin: anterior surface of sacrum

Insertion: greater trochanter of femur

Innervation: piriformis nerve (from S1 & S2)

In 13-17% of people, the sciatic nerve traverses through this muscle



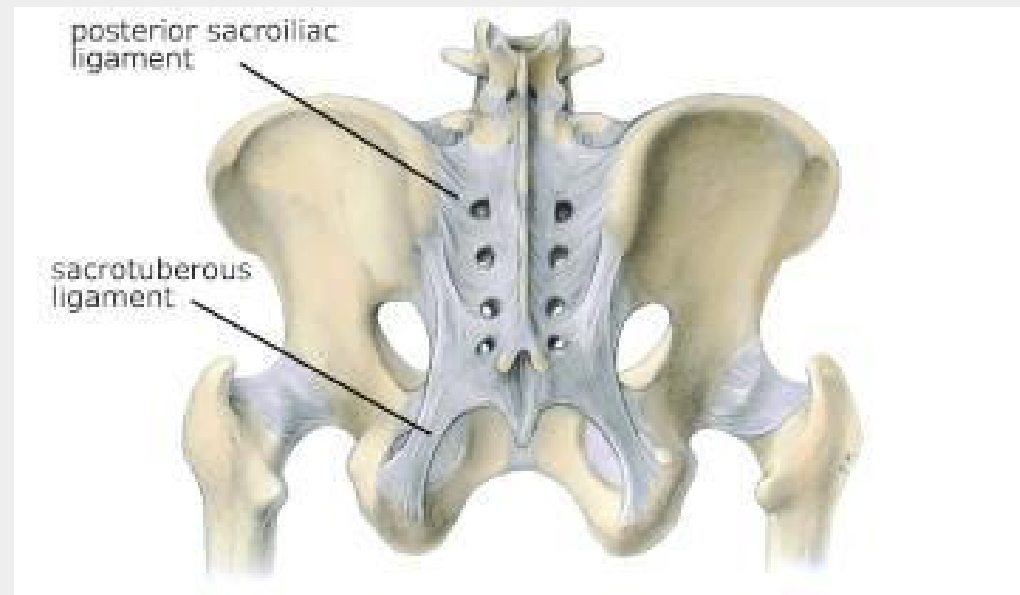
Sacrospinous Ligaments

Connect the lateral sacrum to the ischial tuberosities

Logan Basic Technique

Line of drive: Ceiling

Verbiage to contact



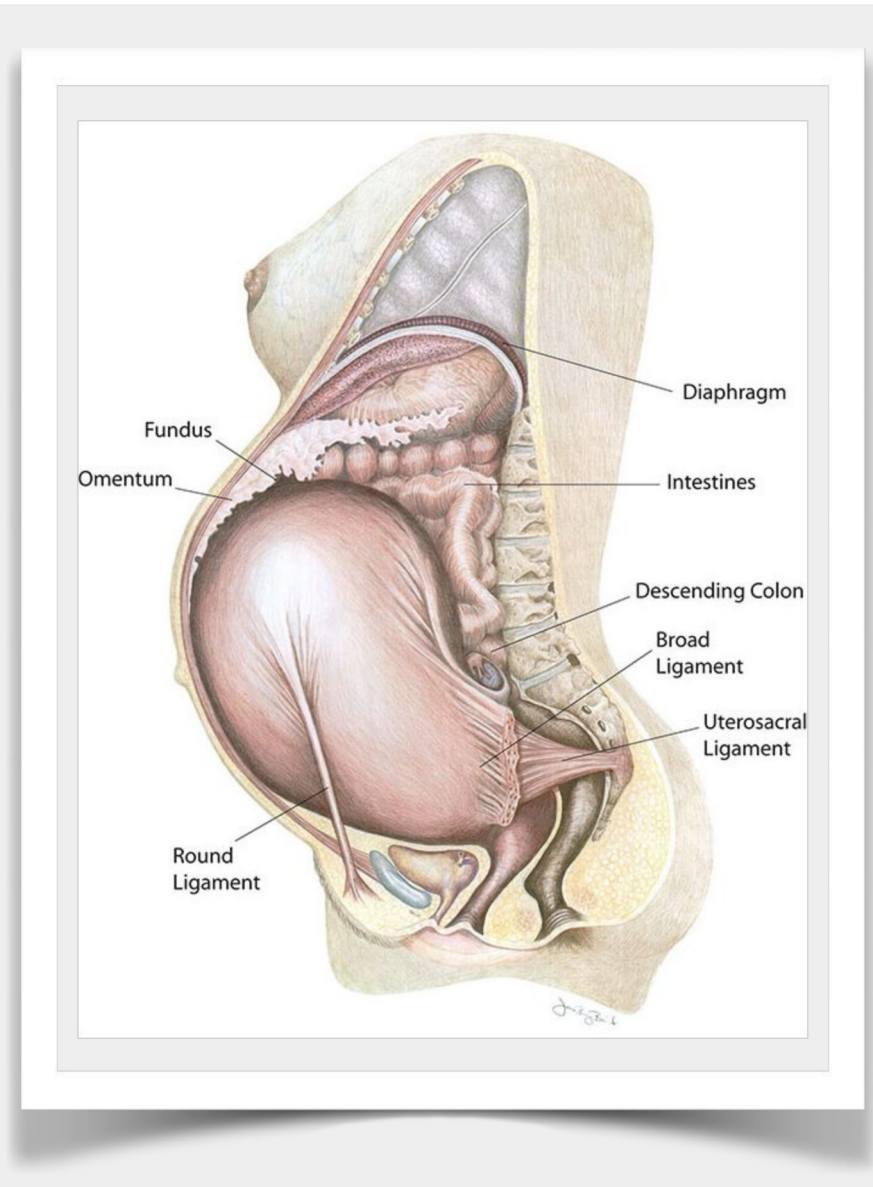
Round Ligaments

“The ropes that hold up the hot air balloon” ~Dr. Lisa Geiger

90% muscle & not round

Act like bungee cords

Become increasingly taut throughout pregnancy



Psoas Muscles

Line the back of the bowl of the pelvis

Cradle the uterus

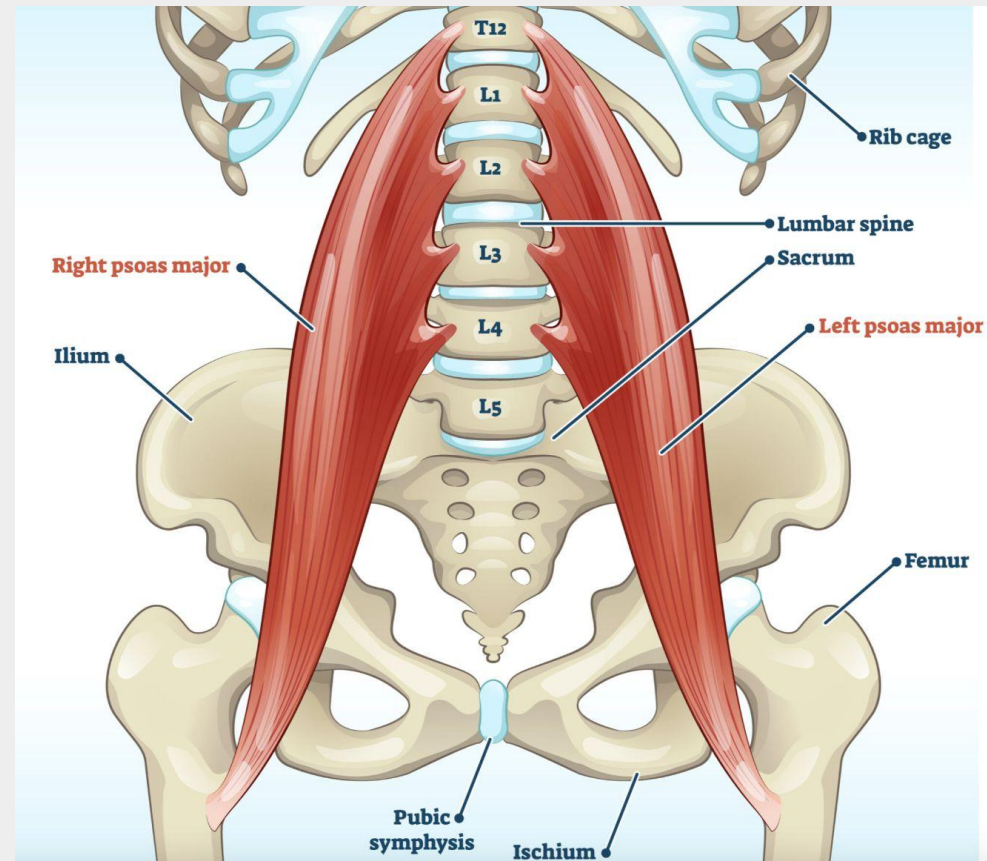
Action: hip flexion

Origin: lumbar transverse processes

Insertion: lesser trochanter of the femur

Innervation: L1-3

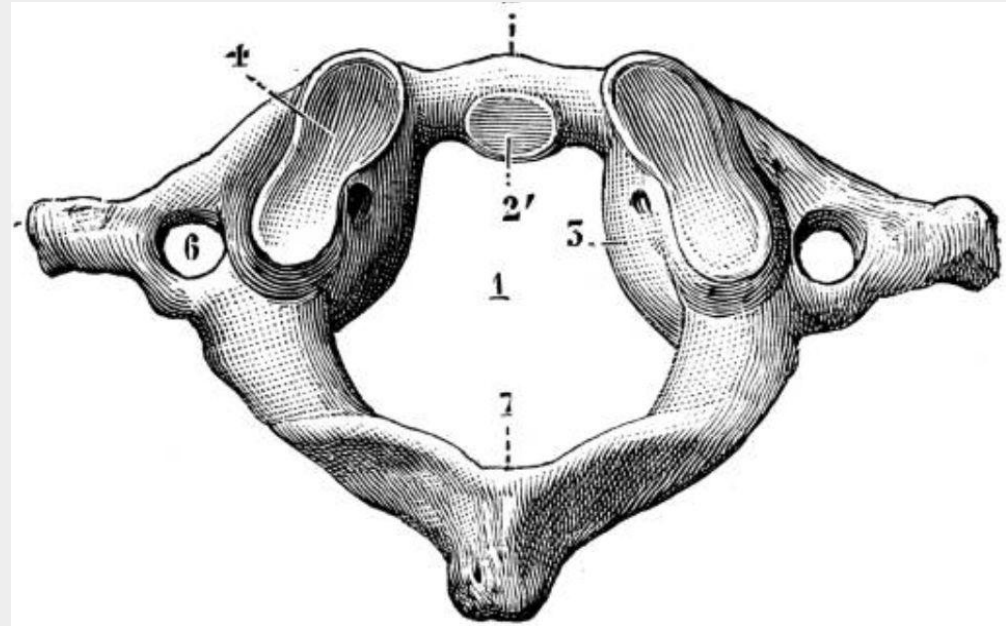
Tip: instruct patient to breathe out with each pass



The Atlas

Anatomical connection to the sacrum via the erector spinae

Parasympathetic input -
relaxation & safety



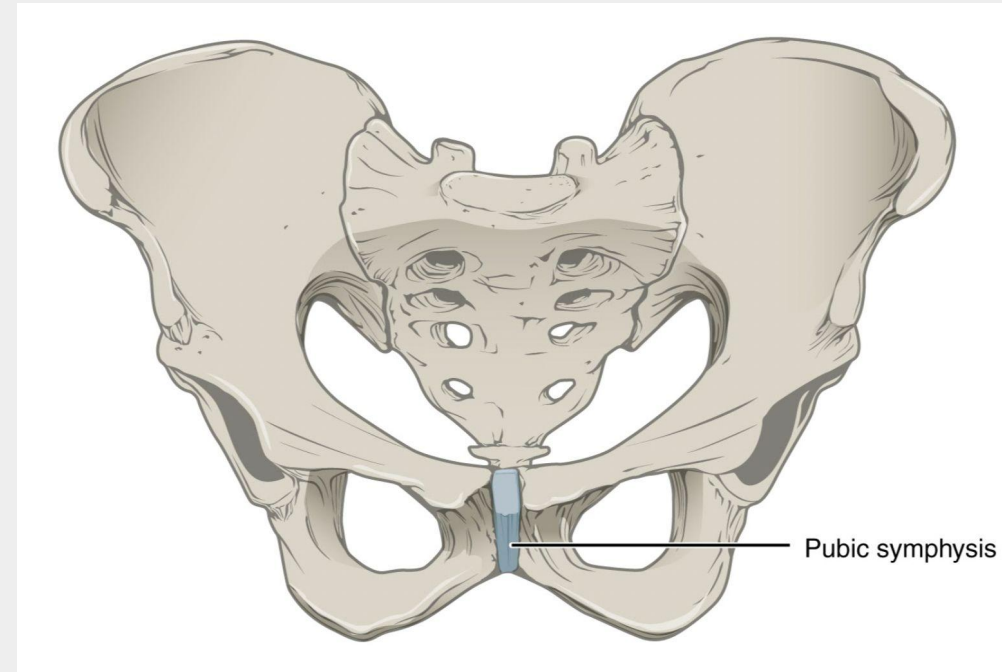
Pubic Symphysis

Alignment affected
by pelvis alignment

Rarely need to adjust

Be very careful

Instrument adjusting here



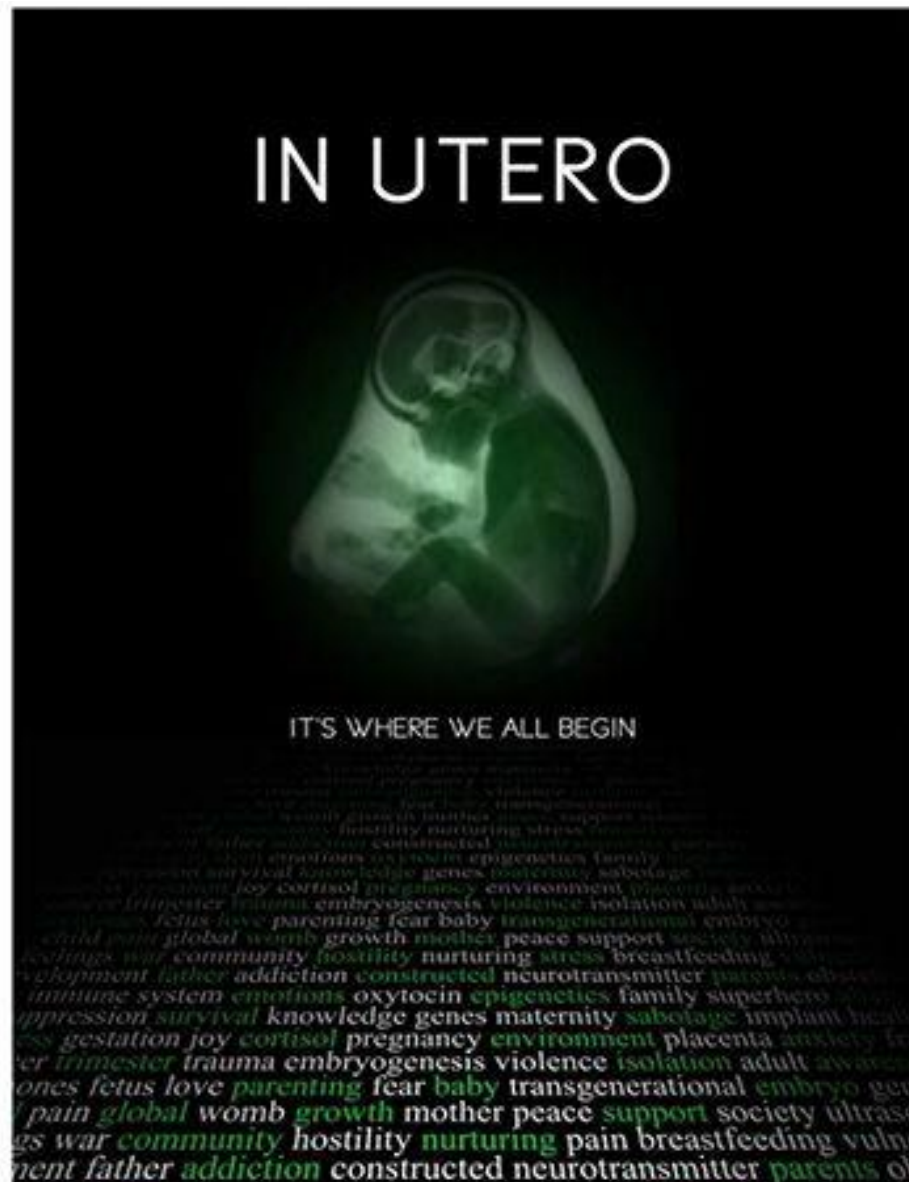
Unless clinically necessary,
stick to adjusting in the
parasympathetic areas.

We pass our stress & trauma on
to our kids.

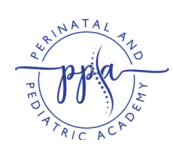
Adjusting in these areas helps to
prevent prenatal imprints.

“The womb is the child’s 1st
world. And how he experiences
it, as friendly or hostile, creates
personality and character
predispositions.”

~Dr. Thomas Verny (APPPAH Co-Founder)



According to Webster instructor,
Dr. Jen Santos, by balancing
these structures we are creating
a "luxury pelvis".



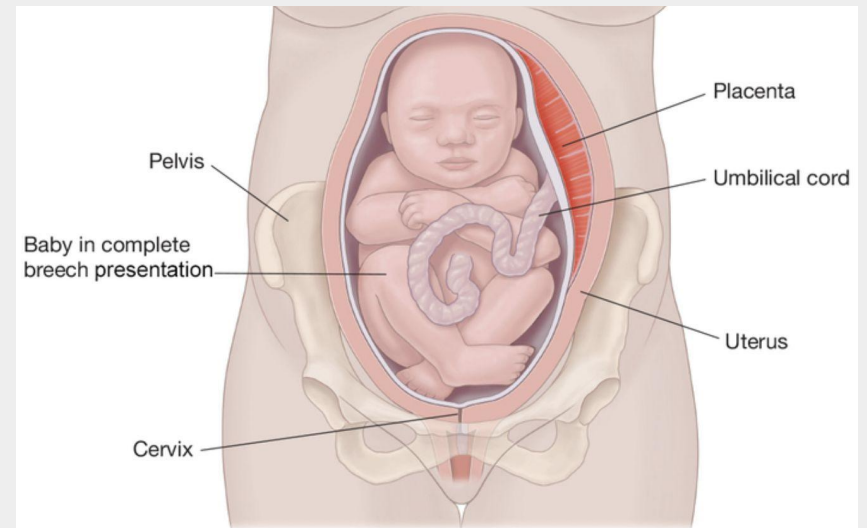
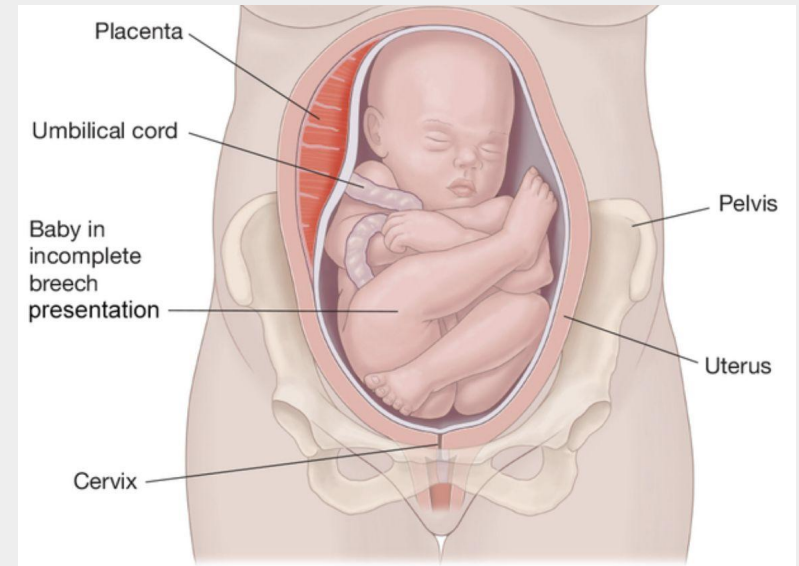
Baby Positions

Breech

head up presentation

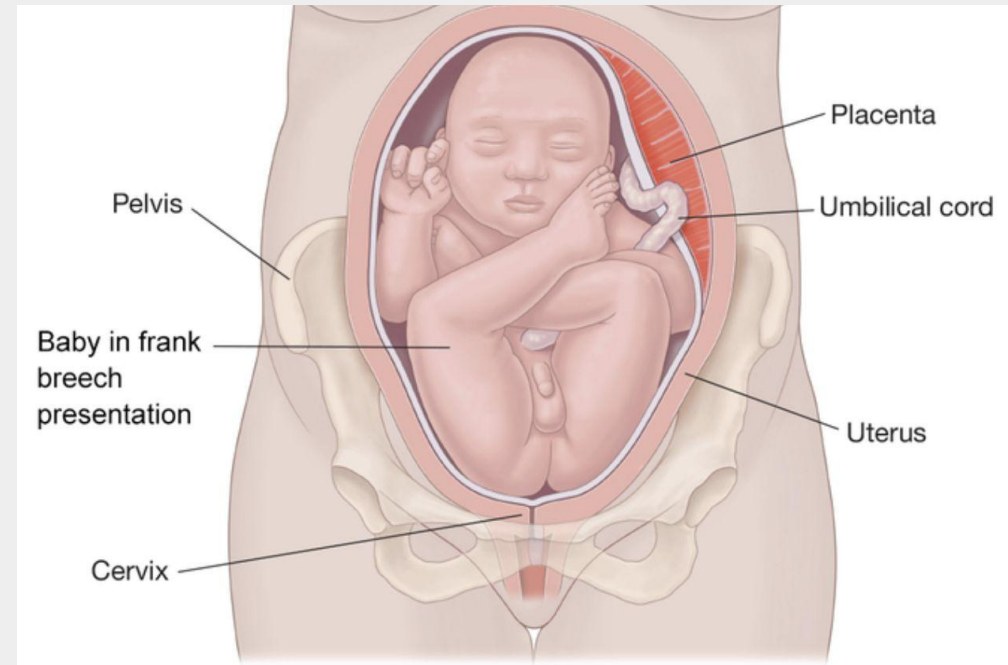
partial breech

full breech



Frank Breech

head up + butt down

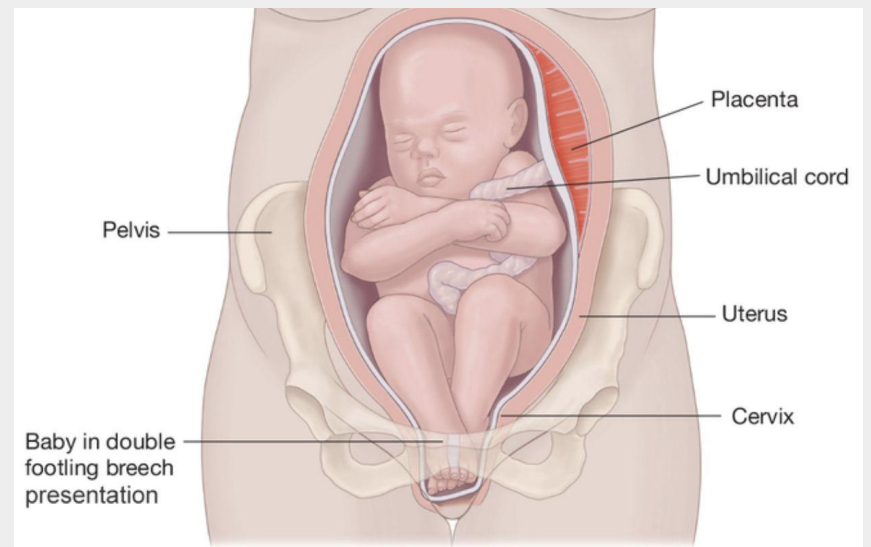
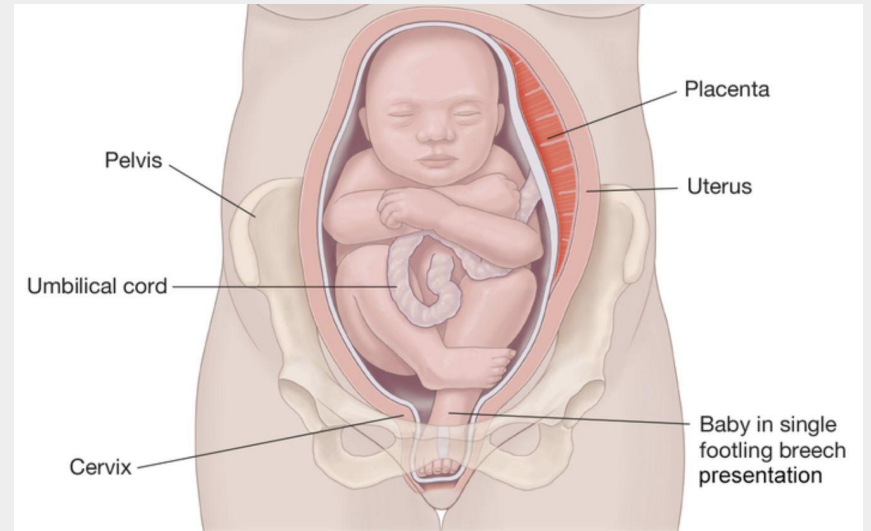


Footling Breech

head up + foot (or feet) down

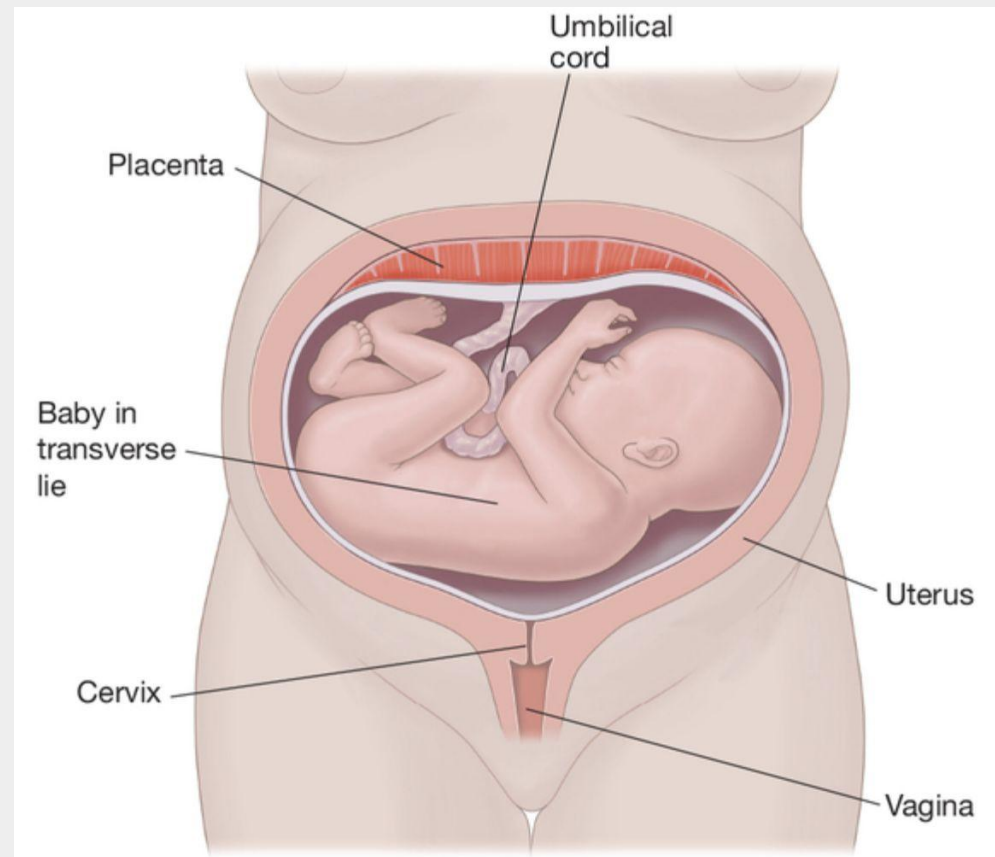
single footling

double footling



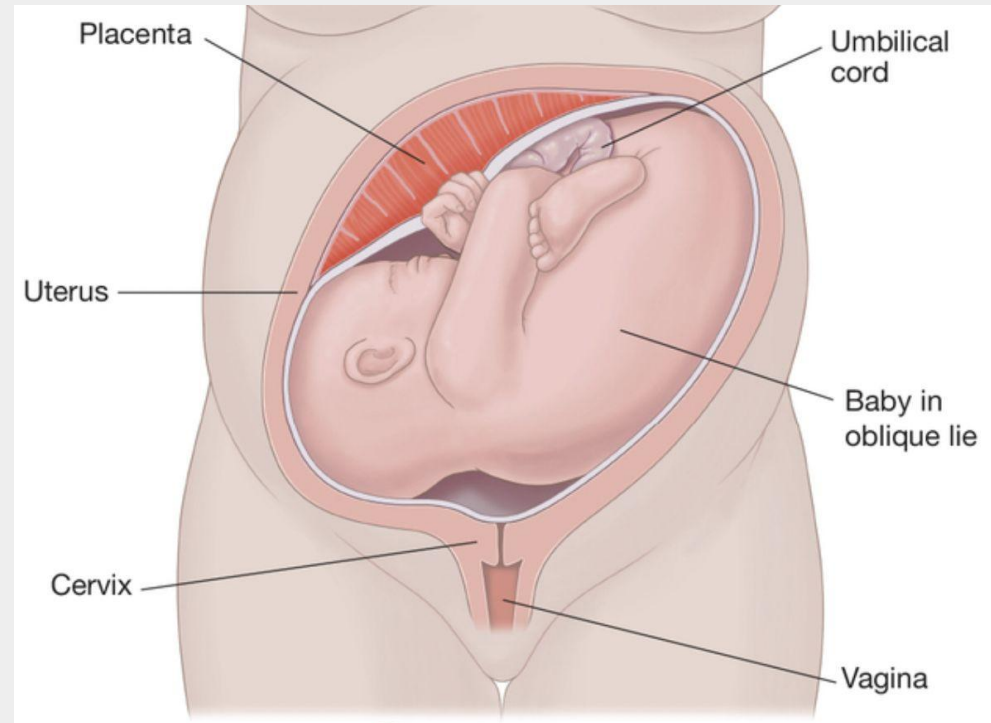
Transverse

sideways / horizontal presentation



Oblique

diagonal presentation



Posterior

occiput posterior presentation

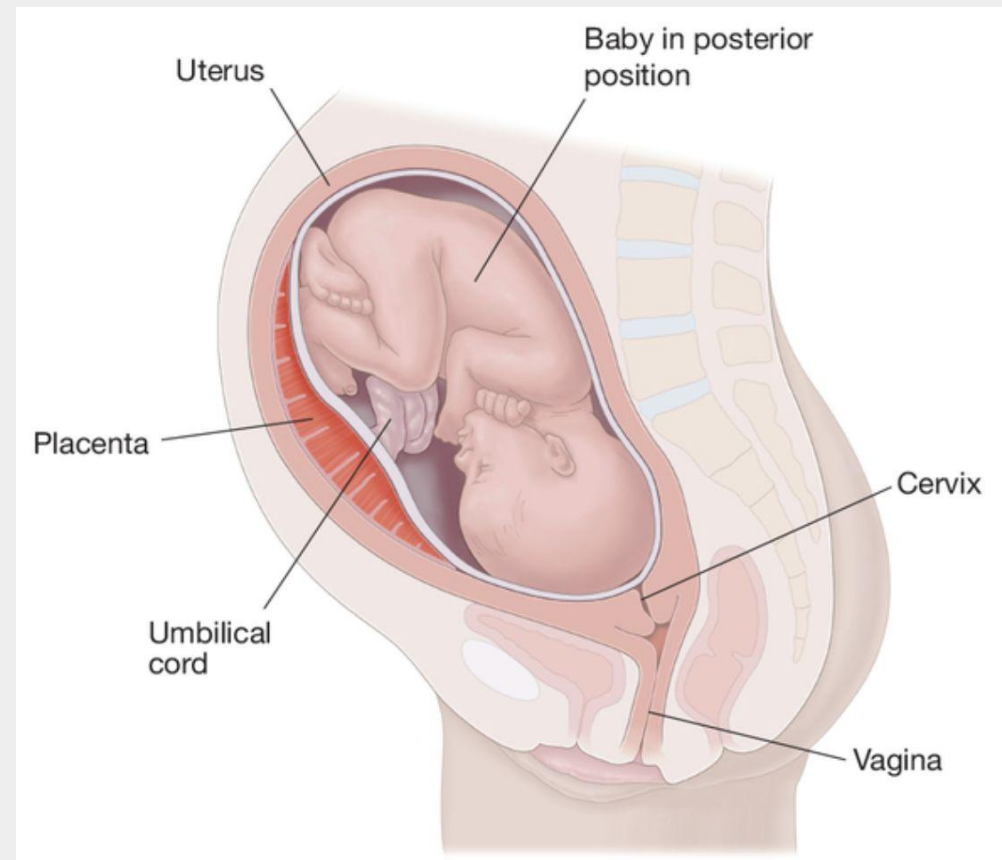
“sunny side up”

head down + facing forward

occiput wedged against sacrum

back labor is common

“Buckled Sacrum Technique” helps

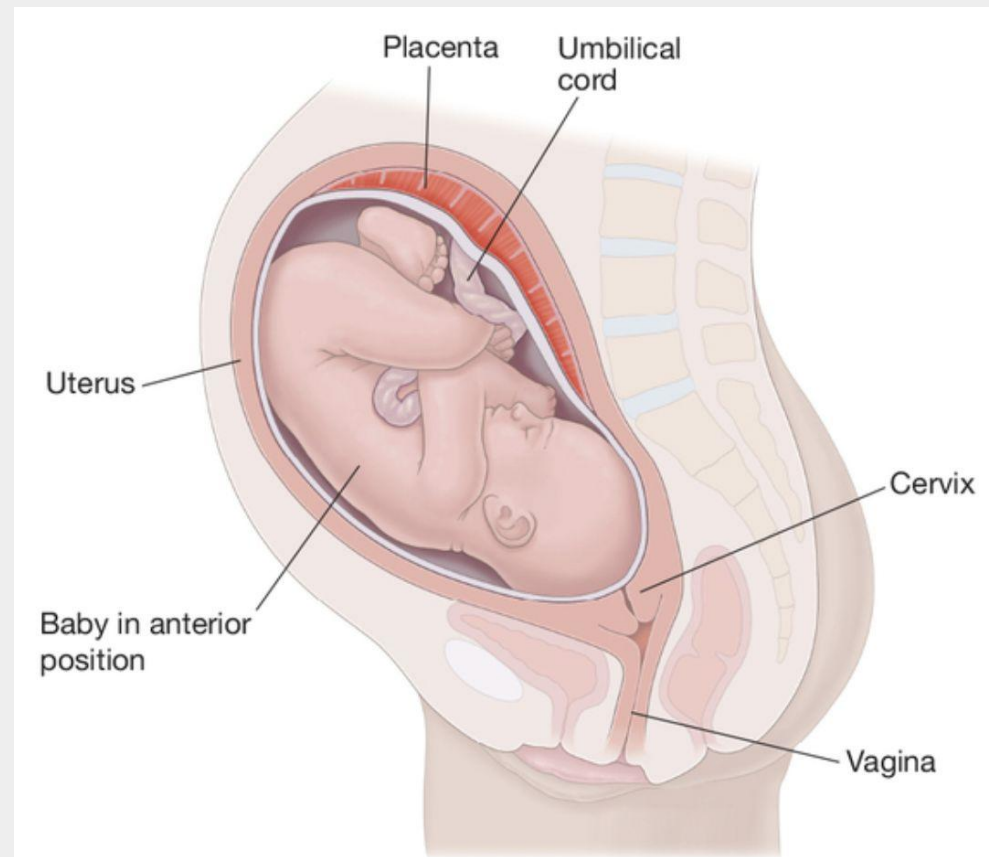


Vertex

occiput anterior presentation

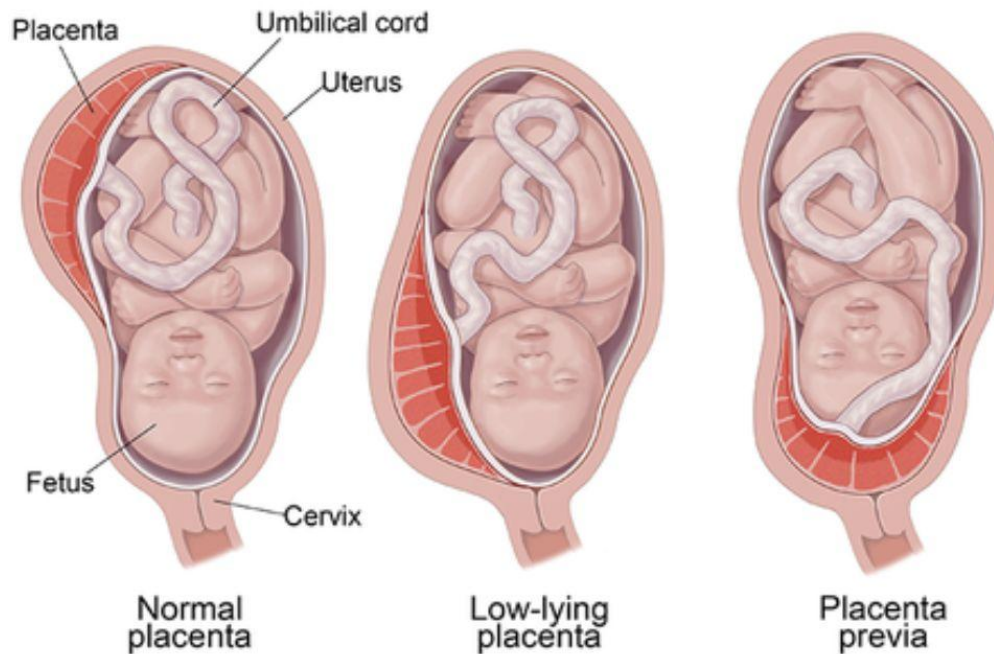
head down + facing the sacrum

IDEAL POSITION



Complicating Factors

Placenta Previa



The placenta is lying unusually low in your uterus, touching or covering the cervical opening.

When the edge of the placenta is within two centimeters of the cervix but not touching it, it's called low-lying placenta.

Low Amniotic Fluid

aka **Oligohydramnios** → 1-5% prevalence (more than 12% after 40 weeks)

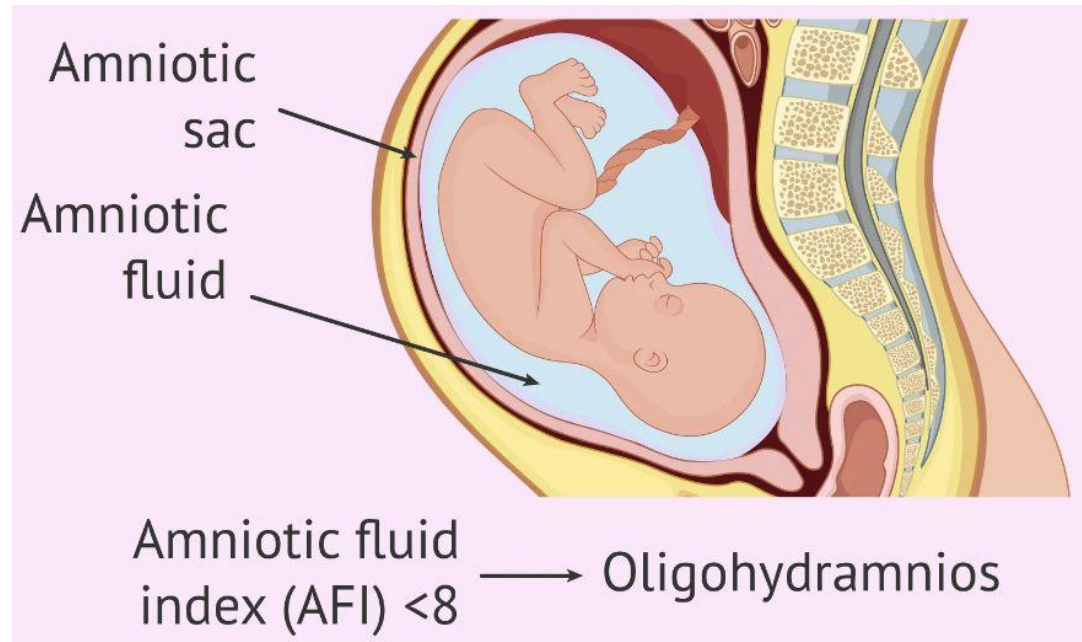
Measured with the AFI = Amniotic Fluid Index → AFI should be **8-24**

Amniotic fluid provides cushioning & room for growth

Reflects the baby's urine output

Can be due to:

- Dehydration
- Placenta abruption
- Water breaking
- High blood pressure
- Diabetes
- ACE inhibitor meds
- Genetic disorders



Umbilical Cord Around the Neck



Aka **Nuchal Cord** → 15-35% prevalence

The umbilical cord is the lifeline from the mom to the baby

Contains 3 blood vessels (1 vein, 2 arteries) and is about 21 inches long

Often due to too much amniotic fluid or too long of a cord

More complicated is a cord knot or prolapse

Other Complicating Factors

- Twin pregnancy
- Previous C-section(s) scar tissue
- OBGYN comfort allowing or performing VBAC
- Maternal age “geriatric pregnancy”
- Leg crossing
- Holding younger child on hip
- Stress level
- Diet
- Sedentary lifestyle
- Vaccines during pregnancy

Let them make an informed decision...

Have **vaccine safety** information available.

Encourage them to **do their homework**.

Let them **make an informed decision**.

VAERS - Vaccine Adverse Effect Reporting System

Encourage patients to ask themselves:

- Does it work?
- What's in it?
- What are the risks?
 - Heart inflammation, blood clots, neurological effects

Michigan For Vaccine Choice is a tremendous resource.



**We are
dedicated to
preserving
vaccine choice
for each
generation.**



Our Mission

MVC is a 501(c)(3) organization dedicated to providing educational information about the subject of vaccinations, while protecting and supporting individuals and parents to make vaccine decisions in Michigan.



“Disturbing Trend in Miscarriages and Menstrual Disturbances Following COVID-19 Vaccination”

Source: Informed Consent Action Network, June 18, 2024



Patients need to know they have options...



Full Vaccination

While most people follow the vaccine schedule recommended by the CDC, they also realize the importance of vaccine choice at school, work, and now travel and more.



Delayed Vaccination

Infants and children can receive up to 8 shots in a single office visit. Some parents choose to separate or delay those shots across a few visits rather than receiving them all at once.



Selective Vaccination

Ever skip the flu shot? If so, you have practiced vaccine choice and may not have even realized it. MVC members also reserve the right to choose which shots to accept or decline.



Opting Out

Parents who witness a vaccine injury typically opt out of future doses and additional vaccines. Many "ex-vaxxers" were originally fully following the vaccine schedule.

The Prenatal New Patient Visit

“Provide a consistent positive experience.”



First Impression On The Phone...

Staff interaction BOTH on the phone and in the office are important...

The new patient phone call:

- Smile when answering the phone 😊
- Ask who can we thank for referring you
- Ask if this appointment for wellness or a problem
- Find out due date
- Explain accessibility if they have a stroller (elevator, etc)

Prenatal questions to ask...

CURRENT PREGNANCY:

You are here for (circle all that apply): Wellness Discomfort Baby position
Position of baby (circle): Unknown Breech Posterior Transverse Vertex
weeks pregnant: _____ Due Date: _____
Gender of baby (circle): M F Don't know yet Not finding out Baby #: _____
Birth plan (please specify where): Home birth Birthing Center: _____ Hospital _____
Your delivery plan (please specify who): OB/GYN: _____ Midwife: _____ Doula: _____

May we have your permission to contact your pre-natal provider regarding your care? Y N

PREVIOUS PREGNANCIES:

of previous pregnancies: _____ # of previous deliveries: _____
Delivery complications (circle): None Forceps Vacuum extraction Cesarean
Please explain any delivery complications: _____

If there was a cesarean, what was the reason?: _____



Prenatal Form Referral Opportunities...

Interested in more information on the following:

- Infant & toddler Chiropractic
- Prenatal yoga
- Prenatal massage
- Prenatal acupuncture
- Pregnancy support belts
- Baby wearing
- Birthing classes
- Doula recommendation
- Midwife recommendation
- OB/GYN recommendation
- Pregnancy photography
- Lactation consultant
- Breast pump recommendation
- Meal planning
- Postpartum emotional wellness



Prenatal Informed Consent...

_____ I acknowledge that the Webster technique is a specific Chiropractic analysis and diversified adjustment. The goal of the adjustment is to establish balance to the structure (joints, muscles, and ligaments) of the mother's pelvis, improving neuro-biomechanical function and allowing the uterus to enlarge symmetrically with the growing baby.

_____ I acknowledge that due to the cumulative effect of stress and trauma to the spine, pelvis, and sacrum over a lifetime, the diameter of the pelvic opening may be compromised which can lead to intrauterine constraint. According to Williams Obstetrics text, any diminished capacity of the pelvis or displacement of the sacrum can lead to dystocia (difficulty) during labor. The correction of these misalignments via the Webster Technique, can have a positive effect on (A) the mother's comfort level throughout pregnancy, (B) the ability of the baby to get into optimal positioning for birth, and (C) the causes of difficult labor.

_____ I acknowledge that this is not a breech turning technique or External Cephalic Version procedure and that the Doctor will in no way be manually manipulating the baby's positioning. Often mothers report feeling an increase in the baby's movement later on in the day following an adjustment, which is considered positive because it indicates that the baby now has more room to do so.

_____ I understand that in rare cases it is possible to have some minor soreness after my first few adjustments, especially if I have never been adjusted before. My Chiropractor will give me specific at home instruction to help avoid this.

_____ I acknowledge that Chiropractic care throughout pregnancy allows for healthier function of the mother and baby. The Webster Technique is tailored to pregnant moms to create balance in the mother's pelvic bones, sacrum, and surrounding muscles and ligaments, therefore reducing the possibility of intrauterine constraint. This offers the baby to get into the best possible positioning for birth which can lead to a safer easier delivery. Chiropractic care during pregnancy is a safe, effective way to support the natural process of birthing.

_____ I acknowledge that all Chiropractic care provided to me in the office will be performed by a licensed, experienced, certified Webster Technique Doctor of Chiropractic.

_____ I authorize Tagliarini Chiropractic to provide my OBGYN or Midwife medical records as needed.



Would you like a copy of my Webster Consent?

Please scan the QR code below and one will be emailed to you:



First Impression Upon Arrival...

Warm greeting *by name with a smile* when they arrive 😊

Neat clean office - sit in each area of your office and observe what they see

Staff and docs - NO perfume or strong scented lotions or laundry detergents - pregnant moms can be *very over-sensitive to scent*

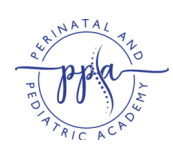
Give them a water

The Consultation...

START WITH RAPPORT:

- Look them in the eye, shake their hand and welcome them by name
- Sit for the consultation - knee to knee, heart to heart
- Acknowledge the referral source
- Curious & genuine tone
- Make it about them
- Have they ever been to a chiropractor before?

Talk them through *everything* that happens on the 1st visit - **connect the dots** between what you're doing and why it'll help them - builds their **confidence** in you and their **comfort** for the overall experience.



The Consultation Continued...

FIND OUT WHAT IS MOST IMPORTANT TO THEM...

- This is what they'll stay for

DON'T LET THEM MINIMIZE...

- First time ever?
- Trauma history?
- “Wow this is starting to make sense.”
- What have you done to try to get this ***corrected***?

GET THEIR LIFE EFFECT...

- At its absolute worst? Write down their exact words.
- What does it affect, even partially? Sets their goals.

**“Give them what they want while
educating them on what they need”
~Dr. Barry Anderson**



A Rock Solid Day 1 & Day 2 Are Key

**“If you don’t close them for chiropractic, you close them for medicine.”
~ Dr. Barry Anderson**

CloseForChiro Masterclass teaches the secrets to a Day 1 and Day 2 that drive a thriving practice. They disclose ethical strategies to ramp up your close rates (aka people saying YES to your care). The more patients you close, the more people you get to help and the more your income you earn.

“C4C left my patients without questions and me with more confidence.”

[C4C Video with Dr. Dan Bai](#) →



The Examination...



After the consultation, before the exam begins, let them know what to expect financially at the end of the visit and ask verbal *permission* to proceed.

NO free 1st visits - Aren't they already there? Weren't they expecting to pay before they walked in? Would they be expected to pay at any other doctor's office? Or and if they can't afford an exam will they be able to afford your treatments moving forward? **Establish value.**

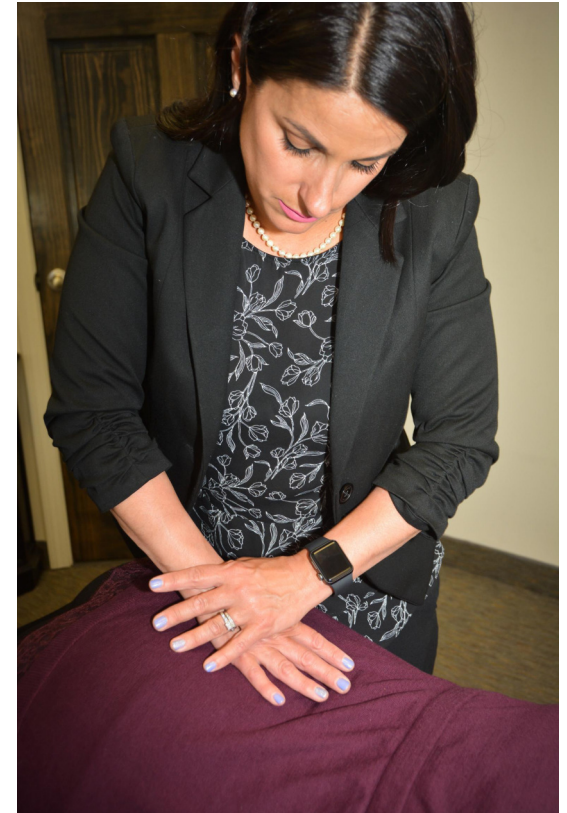
The Examination Continued...

My exam includes:

- Vitals
- DTRs (+ any necessary neuro tests)
- George's Test
- ROM
- Posture evaluation
- Webster assessment

Talk them through everything.

Use patient words.



Explain what you are doing as you go...

“I’m going to check and align your pelvis, tailbone and the muscles and ligaments surrounding the uterus. But doing this, we can maximize the amount of room that is in your pelvis so your baby to grow and develop neurologically and to get and stay head down.”

Explain the pillows...

I’m going to bend your knees...

Explain the drop pieces...

Explain Logan Basic...

Explain each thing you check in patient words.

How will this benefit the baby? How will this benefit mom?

Your Recommendations...

Have a great pregnant new patient handout to send them home with
→ *day 1 is a lot to absorb* - this assures you didn't forget to tell them anything

Tell them your recommended treatment plan.
Failing to plan is planning to fail.

Most common recommended treatment frequencies:

- “Crisis care” (close to due date + positioning) - daily
- **Pain &/or positioning - 3x/week**
- Mild symptoms + minimal exam findings - 2x/wk
- Wellness - weekly or biweekly (depending on a number of factors)



Set Their Expectations...

Expect a re-exam every 12 visits. Why?

Expect a postpartum visit with you. Why?

Expect it is ok to have some soreness. Why?

Expect the baby may move more. Why?

Expect possible relief / comfort - pain, breathing, sleeping, digesting.



What They Should NOT Expect...

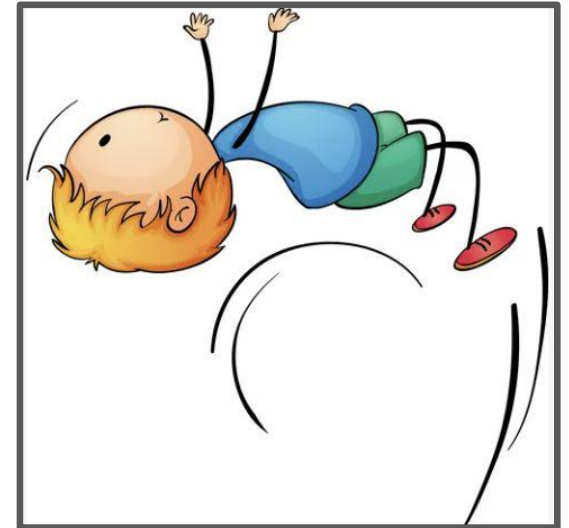
We NOT turning the baby

We can NOT report to them what position the baby is in

→ this is practicing OBGYN (Leopold's Maneuver)

NOT a cartoon flip

NOT a quick fix



To be very clear...

“The ICPA does not endorse the terms "breech turning technique "and/ or "in-utero constraint technique" in reference to the Webster technique. Additionally, the ICPA does not approve or endorse the instruction of Leopold’s maneuver as part of the Webster Protocol in its sponsored post-graduate classes or the application of Leopold’s maneuver by chiropractors.”



How to explain to the patient in their terms...

“Our job is NOT to turn babies...it is to bring you back to your **factory settings** so gravity can do its job and you can have the easiest birth possible.”

~Dr. Lisa Geiger



Scheduling...



Have them schedule for the **NEXT** day..

Do **mornings or afternoons** work better?

Your ideal appointment time?

Pick a make up day.

Walk them to your front desk and inform the CA of the days/time chosen **AND** the make up day...the CA should **repeat that back to you**

Have them schedule out their **first 12 visits**

Fit for Serola Belt OR set an alert for 20 weeks

The Handout

“contains countless opportunities”



Key points made here...

- welcomes them
- clear frequency recommendations
- the chiropractor being in the driving seat with deciding when it's appropriate to modify care frequency
- pre-frames the postnatal visit
- gently plants the seed on the potential need for postnatal care

Clarify these two items ahead of time...

5-10% of moms experience some soreness after their first adjustment, similar to what you'd expect after doing a new exercise. This is normal and icing the area is encouraged.

When the baby successfully turns head down, **this does not mean you stop care**. At your very next visit, we will assess the progress in your alignment and determine the appropriate care frequency moving forward. If care is halted prematurely, babies can change position again, risking birth complications for mom and baby.

The Dos...

If you experience lower back, SI (sacroiliac joint), hip, or leg pain, **please use ICE** across the lower back area.

Ice for **15 minutes** 3 times per day...PLEASE USE A TIMER.

Ice will direct the blood and inflammation away from the area allowing it to calm down, which will lead to more comfort.

Have ice personalized packs with your logo/phone/website available at the front desk →



We get personalized
9x12 ice packs
from MeyerDC
Item# ACC101912P
24/case for \$130



The Don' ts...

Do not cross your legs (crossing at the ankles is OK).

Avoid one-sided positions (ex. sitting on your foot).

Avoid one-sided repetitive movements.

Do not carry your other children on your hip.

DO NOT USE HEAT on your lower back as this can draw more blood flow and inflammation to an already irritated area.

Do not ever ice the pubic symphysis area...this could cause your baby to flip head up.

Sleep positioning...



Best way to **sleep**?...

On your side

Have a pillow between your knees

Keep your **knees stacked**

Do NOT hike up one leg

Random Tips...



Drink plenty of **water** (dehydration can cause preterm labor).

Stay **active** throughout your pregnancy (unless otherwise instructed by your OBGYN): walk, prenatal yoga, swim, etc.

When you are in your 3rd trimester, try sitting at your computer or desk with your pelvis rocked forward: sit towards the edge of the chair with your knees *below* your hips.

Exercises...

To keep the sacroiliac joints mobile

Maximizes the room in the pelvis

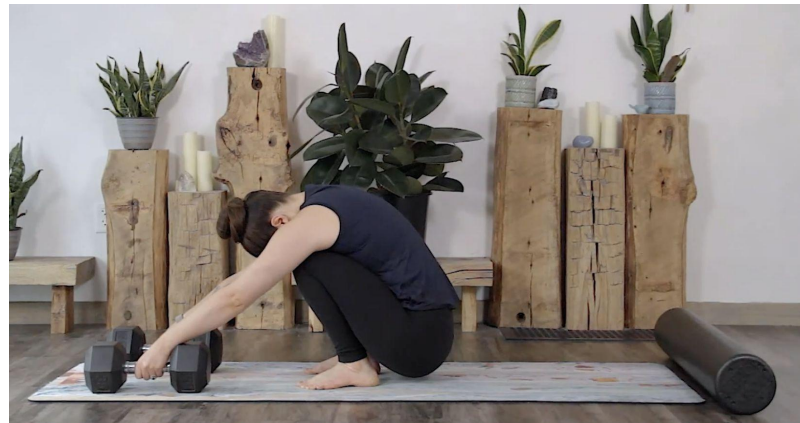
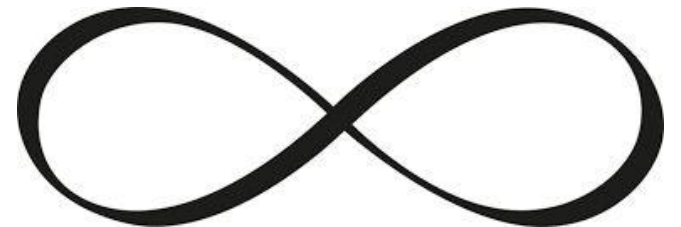


Figure 8...

While standing, with your feet shoulder width apart, hold onto the back of a chair or a counter and make a side-lying figure 8 motion with your pelvis.

Do this for **2-3 minutes, 2-3 times per day.**

Let's try it!



Modified Cat/Cow...

We recommend you do the Cat/Cow...but withOUT the cat!
Start on all fours...tilt your pelvis back (stick out your tailbone).
Tuck your tailbone under until your lower back is FLAT.
Rock your pelvis back and forth slowly like this for **2-3 minutes, 2-3 times per day.**



Exercise Ball...

Sit on an exercise ball (65cm size is best for most people) OR an exercise disc (we have these available in our office).

Bare feet, flat on the floor, shoulder width apart.

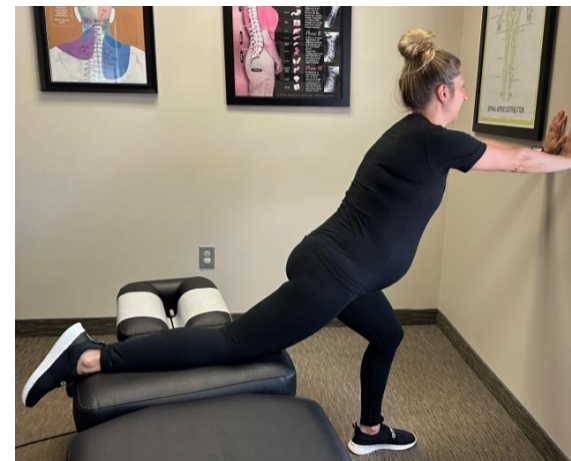
Do circles in both directions as well as tilts back and forth with your pelvis.

Do **30-60 seconds each** of circles in each direction and pelvic tilts, **2-3 times per day**.



Stretches...

STRETCH your **hip flexor (psoas) muscles** daily. These are wide flat muscles that attach to the lower back, extend down lining the back of the bowl of the pelvis, and insert on the upper leg bone...**picture them cradling your baby/uterus.**



Stretching these muscles helps **maximize the amount of room the baby has** in the pelvis, allowing the baby to properly **grow and develop** as well as get in the correct position for birth.

HOW TO: All you need is a dining room or desk chair and a wall to hold on to. Put your knee facing down on the chair keeping the other foot planted flat on the floor. Keeping your hips squared forward, lower your body towards the ground until you feel a good stretch in the hip flexor area. Make sure the foot on the ground is directly below the knee. Hold a steady stretch for **30 seconds** (don't bounce) then repeat on the other side.

You can suggest they stretch the tighter side from the exam twice.

Feel free to share my videos...

<https://youtu.be/8DsblQbww2A?si=XULUeIDFtUbe1prK>



<https://youtu.be/40QHKGg5Rsg?si=QxfiKNbRn6HCARoi>



Round Ligament Massage

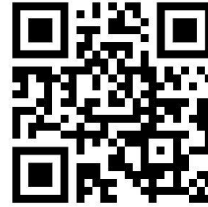


Prenatal Massage

Serola Belt



Douglas



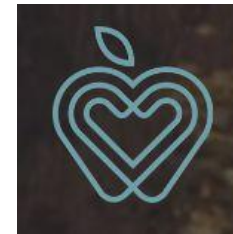
Other Prenatal Resources



Prenatal Yoga



Peaceful & Prenatal



Buckled Sacrum Technique

Dr. Carol Phillips - Buckled Sacrum Technique
<https://dynamicbodybalancing.com/>



Patient: hands against the wall or counter, feet shoulder width apart, slight bend in the knees

Doctor: one hand gently supports the pubic symphysis, other hand on the sacrum fingers pointing down

The motion is S-I tractioning down but also gently P-A...hold 30 seconds, release, repeat

Patient should be instructed to not fight back or push against your hand

Purpose: Take the pressure off the cervix, pressure off the femoral arteries and nerves, normalize the physiology, get the body working more efficiently



Chiropractic Care For Your Newborn...



Consider having your newborn checked by your Chiropractor. Many **pounds** of pressure are used as the baby is pulled and twisted out during a “normal” vaginal delivery, and even more if the baby is born via cesarean. Chiropractic adjustments for infants safely correct the subluxations that occur during the birth process using only **ounces** of pressure.

As the baby learns to sit, crawl, walk, run, and play, even more subluxations can result. Chiropractic prevents the layers of damage that we typically have in our spines by the time we are adults. It is **never too early** to have your child’s spine checked by your Chiropractor. Imagine what your teeth would look like if you waited until you were an adult for your first dental visit! The doctors in our office have advanced postgraduate training in adjusting babies and children.



Mention the Postnatal Visit...

Don't forget to call our office to have your **postpartum adjustment...**

We can even schedule both you ***and the baby*** in the same visit.

If you had a vaginal birth, you can schedule as soon as you are ready after delivery.

If you had a cesarean, it is recommended that you wait at least 5-6 weeks.



Include Postnatal Resources...

- Postpartum depression
- Nursing issues
- Pelvic Floor PT
- Baby Wearing
- Breast pumps

<https://acelleron.com/breast-pumps/order/>



The Postpartum Visit

The 4th Trimester - A key opportunity



Postnatal Visit Setup...

You already future paced this visit on Day 1 (verbally and on the handout)

In the last month of pregnancy *remind them*.

- Ideal to be seen within the first 14 days after a vaginal birth
- Cesarean should wait at least 5-6 weeks (MAJOR abdominal surgery)
- Tell them to let your staff know it's their postnatal visit when scheduling
- You can check the baby then too

Have postnatal forms available on your website - moms can fill out at their leisure

Your staff should be trained to ask: “Is this visit just for you or would you like to have the doctor check the baby as well?”

Postnatal Intake Forms

- Ask the right questions so you can help them the best you can
- Do we need to take an X-ray now? → can provide specific adjustments
- Also a great referral generator...the baby should be checked too!

Postnatal questions to ask...

Please help us help you today by providing the following information:

Baby's Name: _____ D.O.B. _____ Gender: _____

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Born on due date | <input type="checkbox"/> Forceps Used |
| <input type="checkbox"/> Born premature How early? _____ | <input type="checkbox"/> Vacuum extraction used |
| <input type="checkbox"/> Born past due How late? _____ | <input type="checkbox"/> Umbilical cord was around baby's neck |
| <input type="checkbox"/> Went into labor naturally | <input type="checkbox"/> Approximately how long did you push? _____ |
| <input type="checkbox"/> Medically induced labor | <input type="checkbox"/> Nursing currently |
| <input type="checkbox"/> Water broke naturally | <input type="checkbox"/> Pumping currently |
| <input type="checkbox"/> Water broken by doctor | <input type="checkbox"/> Formula only currently |
| <input type="checkbox"/> Vaginal Birth | <input type="checkbox"/> Both breast milk and formula |
| <input type="checkbox"/> VBAC | <input type="checkbox"/> Baby up to date on vaccines |
| <input type="checkbox"/> Scheduled cesarean | <input type="checkbox"/> Modified / delayed vaccine schedule |
| <input type="checkbox"/> Emergency cesarean - Reason: _____ | <input type="checkbox"/> Religious vaccine exemption |
| <input type="checkbox"/> Epidural used | <input type="checkbox"/> Medical vaccine exemption |

Postnatal referral opportunities...

Any issues with baby's health? _____

How are you feeling physically? _____

How are you feeling mentally? _____

Interested in more information on any of the following?:

- Chiropractic care for infants & toddlers
- Baby wearing
- Cloth diapers
- Lactation consultant

- Meal planning
- Postpartum emotional wellness
- Pelvic floor physical therapy
- Postpartum doula



The Edinburgh Postnatal Depression Scale...

Consider giving this postpartum depression 10-item self-reporting screening to moms as part of their postpartum intake:

In the past 7 days:

1. I have been able to laugh and see the funny side of things
 - As much as I always could
 - Not quite so much now
 - Definitely not so much now
 - Not at all
2. I have looked forward with enjoyment to things
 - As much as I ever did
 - Rather less than I used to
 - Definitely less than I used to
 - Hardly at all
- *3. I have blamed myself unnecessarily when things went wrong
 - Yes, most of the time
 - Yes, some of the time
 - Not very often
 - No, never
4. I have been anxious or worried for no good reason
 - No, not at all
 - Hardly ever
 - Yes, sometimes
 - Yes, very often
- *5. I have felt scared or panicky for no very good reason
 - Yes, quite a lot
 - Yes, sometimes
 - No, not much
 - No, not at all
- *6. Things have been getting on top of me
 - Yes, most of the time I haven't been able to cope at all
 - Yes, sometimes I haven't been coping as well as usual
 - No, most of the time I have coped quite well
 - No, I have been coping as well as ever
- *7. I have been so unhappy that I have had difficulty sleeping
 - Yes, most of the time
 - Yes, sometimes
 - Not very often
 - No, not at all
- *8. I have felt sad or miserable
 - Yes, most of the time
 - Yes, quite often
 - Not very often
 - No, not at all
- *9. I have been so unhappy that I have been crying
 - Yes, most of the time
 - Yes, quite often
 - Only occasionally
 - No, never
- *10. The thought of harming myself has occurred to me
 - Yes, quite often
 - Sometimes
 - Hardly ever
 - Never

Scoring of the EPDS:

QUESTIONS 1, 2, & 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30

Possible Depression: 10 or greater

Always look at item 10 (suicidal thoughts)

Have an arsenal of perinatal mental health providers to refer to in your community!

Postnatal Visit Consult & Exam...



How did it go? **Connect and listen.**

Ask to see a **photo** if the baby isn't present. Moms love this!

Scan the postnatal intake form → Are they having any continued or new symptoms? → helps you decide whether or not to take X-rays

Exam is simply your typical NP exam (+ X-rays if needed)

Options: → Wellness → Correction → I'm here when you need me

Ask for a **review...or a video testimonial!**
(sign your media consent)

Pregnancy Tracker Stats...

Keep track of your stats. Mine includes the following:

NP visit date

Name

weeks pregnant

Due date

Baby #

Position of baby @1st visit

Date reported vertex

Postpartum visit date

Baby's DOB

Any complications

Hospital, birthing center or home birth

Epidural Y/N

OBGYN, midwife or doula

Vaginal or Cesarean

Postpartum X-rays

Care plan



Professional Referral Sources

Forging supportive, genuine professional connections is the key to growing your prenatal practice.

Collaboration facilitates a vital bridge in quality care.

Referred patients listen better.



- OBGYNs
- Midwives
- Doulas
- Lactation consultants
- Massage therapists certified in Mother Massage
- Physical therapists
- Pelvic floor physical therapists
- Acupuncturists
- Breast pump distributor
- Prenatal yoga instructors (or personal trainers)
- Pregnancy and infant photographers
- Nutritionists that specialize in perinatal
- Naturopaths that specialize in perinatal
- ALL childbirth educators (the hospital course, Hypnobirthing, Birthing From Within, etc.)
- Mental health professionals that deal with postpartum depression
- ★ OTHER chiropractors!! ★

How Do I Make The Initial Connection?

Get prepared.

Make a spreadsheet of OBGYNs within a certain radius (any barriers?)...color code it
(Include **all** docs you don't know & already know...opportunity to clarify & boost referrals)

Look prepared.

Professional attire, shoes, hair, makeup. No perfumes or cologne. Clean teeth, fresh breath.

Sound prepared.

How do you get past the gatekeeper to the decision maker? What will you say?



What do I say?

My name is...we have patients in common. I need to speak to your OM to coordinate a time to speak to the doctors to explain exactly what I do and how I can help make their job easier. What is the best way to connect with your OM?

Get a name. Follow up. Make it work.



Have a Health & Wellness Resources Page on Your Website...

<https://www.tagchiro.com/health-wellness-resources/>



How to Collect Info For Your Resources Page...

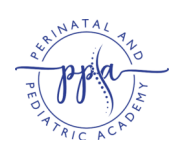
Call, email or text your favorite contacts...

“Hi _____, I’m putting together a Health & Wellness Resources referrals page on my website and I would love to feature you under the _____ category. Please email me 2-3 very specific sentences about what you do and a link to your website by _____ if you’d like to participate. This will be such a great resource for my patients. I’m excited to have more opportunities to refer to you.”



Host A Biannual Networking Night...

- Start with a Private Facebook page
 - Ex. **“Greater Hartford Birth Professionals”** or **“Greater Hartford Perinatal Professionals”**
- ★ ALWAYS HOST AT YOUR OFFICE ★
- May and October work best
- Send an Evite to everyone on your spreadsheet - verbiage is important - INVITE ONLY





cheers

Please join us!

TUESDAY October 15th from 7-9pm

TAGLIARINI CHIROPRACTIC
836 Farmington Avenue, Suite 211
West Hartford, CT 06119



Event prep checklist...

- ❑ Clean & declutter the office
- ❑ Print rosters
- ❑ Print name badges
- ❑ Trash and recycle visible
- ❑ Signs around your building with arrows

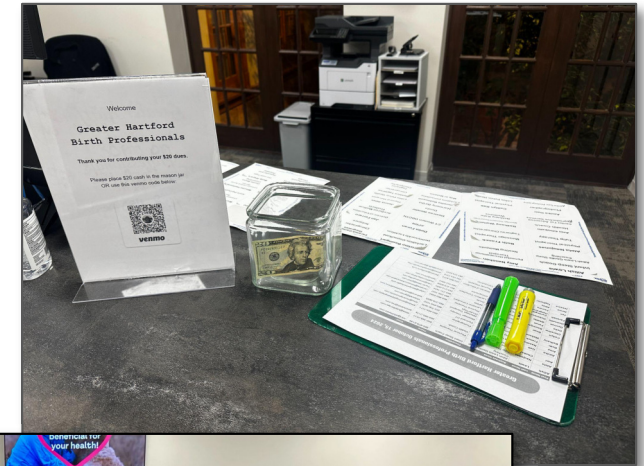
Greater Hartford Birth Professionals - May 11, 2022

First Name	Last Name	Phone	Email	Occupation	Company
Dr. Jessica	Tagliarini	860-236-BACK	jessicatagdc@gmail.com	Chiropractor	Tagliarini Chiropractic
Maura	Emerick	860-503-3676	Maura@whacupuncture.com	Acupuncturist	West Hartford Acupuncture
Dr. Leticia	Jacquet	860-251-9754	leticiajacquetdpt@gmail.com	Physical Therapist	Little Antz, LLC
Dr. Jennifer	Loos	203-815-8324	jen@worthyofwellnesspt.com	Physical Therapist	Worthy of Wellness PT
Susan	Forrester	860-255-8583	susan@forresterlactation.com	Lactation Consultant	Forrester Lactation
Patrice	Jones	860-919-5320	breastfeedingservice@gmail.com	Lactation Consultant/PA	Lactation Services of Southington
Mischa	Hadaway	860-837-0204	Mischa.hadaway008@gmail.com	LCSW	Growing Well Counseling, LLC
Carissa	Gonell	860-246-4029	bellainmi@iCloud.com	Midwife	Starling Physicians
Joni	Stone	203-548-0388	joni@CircleofLifeMidwifery.com	Midwife	Circle of Life Midwifery
Jess	Nivison	860-676-8111	jess.Nivison@gmail.com	Midwife	Progressive Women's Health
Dorie	Calos	860-977-3034	douladorie@gmail.com	Doula	Doula Dorie
Shannon	Kent	860-508-5491	shankent6@gmail.com	Doula/Childbirth Educator	Get A Doula
Laura	Pastula	860-712-5834	laborwithlaura@gmail.com	Doula/Reiki	Labor with Laura
Lauren	Akers	869-436-0662	laurenakers@me.com	Doula/Lactation Consultant	Baby Bliss
Janet	Hall Padgett	203-718-6512	info@birthpartnersdoulas.com	Doula	Birth Partners
Jennese	Birritteri	860-808-9073	jennese@yourbirthtribe.com	Doula	Birth Tribe
Molly	Weyers	860-850-0525	peacefulandprenatal@gmail.com	Pre-natal Yoga	Peaceful and Prenatal
Dr. Sharon	Hunter	860-310-5559	smhd8@gmail.com	Naturopath	Bloom Natural Health
Dr. Renee	Cortland	860-258-3470	reneeecortland71@gmail.com	OBGYN	Starling Physicians
Dr. Ursula	Steadman	860-676-8111	usteadman@womenshealthct.com	OBGYN	Progressive Women's Health
Delia	Foran	860-231-1644	Foran.delia@gmail.com	APRN for OBGYN	CT Women OBGYN
Dr. Kate	Pascucci	860-231-1644	kathryn.pascucci@gmail.com	OBGYN	CT Women OBGYN
Janet (Jan)	Ferraro	203-804-5974	ferraro@acelleron.com	Director of Education	Acelleron Medical Products



Itinerary For Your Event...

- ❑ Greet them: collect dues, provide name badge
- ❑ 45 minutes of networking
- ❑ Everyone sits - hand out rosters
- ❑ Specific commercials
- ❑ Select the date for the next event
- ❑ Facebook post thank you



Have a Prenatal Resources Cork Board at Checkout...



← Keep this organized by profession.


Patients can take photos of the cards.

Other patients see this and learn it's your speciality.

Store cards / brochures → alphabetically by profession.



More creative ways to support each other...

- New patient handout with resources & QR codes
- Health & Wellness Resources website page
- Friend each other personally on social media
- Follow each other's social media business pages
- Share each other's events on social media
- Referral pads 
- Collaborate on events...

TAGLIARINI CHIROPRACTIC

Dr. Jessica Tagliarini | Dr. John Tagliarini

Referral for:

Referred by:

Patient Name

Pregnant

DOB

Low back pain

Rib/Thoracic Pain

Sciatica

Headaches

Piriformis Syndrome

Neck pain

Sacroiliac Dysfunction

Thoracic Outlet Syndrome

Pubic Symphysis pain

Round Ligament pain

Pelvic pain

Extremities: knee hip

Breech positioning

shoulder wrist

836 Farmington Avenue, Suite 211, West Hartford, CT 06119

Phone: 860-236-2225

Fax: 860-231-0077

www.tagchiro.com



Host a New Parent 101 Class In Your Office...

NEW PARENT 101

Join a Newborn Care Specialist/Postpartum Doula, a Birth Doula, an IBCLC and a Chiropractor trained in Prenatal and Pediatric Care. We will answer questions and give guidance in infant care, things to know for the hospital and postpartum guidance


- Lactation Support
- Postpartum Care Tips
- Benefits of Chiropractic
- Newborn Safe Sleep
- Hunger Cues
- Hospital Tips



MONDAY 3/13 7-9 PM
836 Farmington Avenue, Suite 211
West Hartford CT

Register Now



 www.tinymiraclescare.com

**TAGLIARINI
CHIROPRACTIC**

 860-751-9400



Promote The Event...

Post on **social media** with a registration link.
Tag the other presenters. →

Share the event on your Private Prenatal Birth Professionals Facebook page.

Email a personal invite to patients in the last trimester and those who recently delivered.

Print up and personally hand **mini flyers** to patients you think might be interested.

Post **flyers** in your office...you never know who knows someone.




Tiny Miracles
Birth and Postpartum Support

New Parent 101

Tips and Tricks from Pregnancy through your first year

Monday 3/13 7-9 PM

Tagliarini Chiropractic
836 Farmington Ave
West Hartford, CT

Register at
www.TinyMiraclesCare.Com

Hosted by a Newborn Care Specialist,
a Birth Doula, an IBCLC and a
Prenatal/Pediatric Chiropractor

Interested in Taking This Course?

Our detailed professional resources course will be available in early 2025.

Follow our Facebook group for updates and availability in addition to practice gold.

Perinatal and Pediatric Academy (PPA)



Case Studies

“Change the narrative for a normal pregnancy & delivery.”



Nina S

Pregnancy type: vertex

Baby number: came in during baby #1 and #2 pregnancies

Weeks pregnancy on 1st visit: 0 - not pregnant on initial visit

Complicating factors on 1st visit: none - transferred from another DC (has just completed corrective care, brought X-rays)

Referred by: Google

Chief Complaint: **conception struggles**, NP, UBP, LBP, HAs

Treatment Plan: 1x/per week - focused on T10-L3 (cervix & uterus)

Results: all symptoms resolved, **conceived** after 3 months, brought daughter in, both on maintenance

Hillary R

Pregnancy type:	transverse → vertex
Baby number:	2
Weeks pregnancy on 1st visit:	30 weeks
Complicating factors on 1st visit:	previous cesarean
Referred by:	Local Facebook page for moms in a local town
Chief Complaint:	BP, rib pain, wrist pain
Treatment Plan:	3x/wk for 4 weeks then weekly until birth
Results:	VBAC , corrective care, brought kids in referred spouse (firefighter - referred friends)



Jessica N

Pregnancy type:	twins
Baby number:	1 & 2
Weeks pregnancy on 1st visit:	22
Complicating factors on 1st visit:	obese L&D nurse
Referred by:	Midwife
Chief Complaint:	pubic symphysis pain, bilateral hand numbness
Treatment Plan:	3x/week for 4 weeks then weekly until delivery
Results:	quick vaginal delivery 5 weeks early, both girls and the mom are wellness patients to this day, mom become a midwife

Sue K

Pregnancy type: vertex

Baby number: 3

Weeks pregnancy on 1st visit: 24

Complicating factors on 1st visit: **history of 2 cesareans**

Referred by: Google

Chief Complaint: Determined to have a VBAC

Treatment Plan: 3x/wk for 4 weeks then weekly until birth

Results: **VBAC**, no epidural, hospital delivery on all fours, caught her own baby

Felicia F

Pregnancy type: vertex

Baby number: came in during baby #1 and #2 pregnancies

Weeks pregnancy on 1st visit: 0 - not pregnant at initial visit

Complicating factors on 1st visit: **placenta previa**

Referred by: Insurance website

Chief Complaint: NP, shoulders, arms, R hip & leg, HAs

Treatment Plan: 3x/week for 4 weeks then weekly until delivery

Results: **placenta moved**, 2 quick vaginal births, corrective care, occasional maintenance visit



Renee B

Pregnancy type: **breech → vertex → breech → vertex**

Baby number: 3

Weeks pregnancy on 1st visit: 28

Complicating factors on 1st visit: **inconsistent** with care plan, leg crosser

Referred by: another patient

Chief Complaint: MBP, LBP, hip pain

Treatment Plan: 3x/week for 4 weeks then weekly until delivery

Results: vaginal birth, husband came in too

Maryjane S

Pregnancy type:	breech → vertex
Baby number:	2
Weeks pregnancy on 1st visit:	33
Complicating factors on 1st visit:	time (1st baby came 4 weeks early)
Referred by:	OBGYN
Chief Complaint:	SI pain, Sciatica
Treatment Plan:	3x/week for 4 weeks then 2x/week
Results:	no pain, was able to work until due date , vaginal birth

Arminda B

Pregnancy type: **posterior**

Baby number: 3

Weeks pregnancy on 1st visit: 32

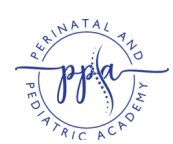
Complicating factors on 1st visit: 2 previous long labors

Referred by: Midwife

Chief Complaint: BP, hip pain, NP, shoulder pain

Treatment Plan: 3x/week for 4 weeks then weekly until delivery

Results: comfortable pregnancy, **successful ECV**, vaginal delivery, 5 family members come in



Christine F

Pregnancy type: frank breech → vertex

Baby number: 1 (2 previous miscarriages)

Weeks pregnancy on 1st visit: 25

Complicating factors on 1st visit: Gestational Diabetes

Referred by: **OBGYN**

Chief Complaint: NP, MBP, MBP, HAs, TMJ

Treatment Plan: 3x/week for 4 weeks then weekly until delivery

Results: induced due to diabetes, doctor broke water,
emergency cesarean due to baby's heart rate, postpartum
corrective care



Christine B

Pregnancy type: vertex

Baby number: 3 (**we saw her for all 3 pregnancies**)

Weeks pregnancy on 1st visit: 16 weeks

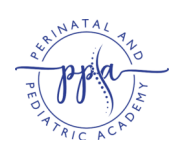
Complicating factors on 1st visit: none

Referred by: **another chiropractor**

Chief Complaint: LBP, sciatica

Treatment Plan: 3x/week for 4 weeks then weekly until delivery

Results: pain resolved, 3 vaginal births



Jen G

Pregnancy type:	breech → vertex
Baby number:	4
Weeks pregnancy on 1st visit:	30 weeks
Complicating factors on 1st visit:	previous cesarean
Referred by:	Doula
Chief Complaint:	Breech + round ligament pain
Treatment Plan:	3x/week for 4 weeks then weekly until delivery
Results:	VBAC, natural labor, didn't have to push, gave birth standing



Ashley B

Pregnancy type: vertex

Baby number: 1

Weeks pregnancy on 1st visit: 7

Complicating factors on 1st visit: previous roller derby low back injury

Referred by: midwife

Chief Complaint: LBP/tight; goal of a home birth

Treatment Plan: 3x/week for 4 weeks then weekly until delivery

Results: Vaginal **home birth, pushed 6 minutes**, midwife missed it, neighbor caught the baby



Erin F

Pregnancy type: breech → vertex

Baby number: 2

Weeks pregnancy on 1st visit: 32

Complicating factors on 1st visit: none

Referred by: OBGYN

Chief Complaint: baby position → goal of a vaginal birth

Treatment Plan: 3x/week for 4 weeks then weekly until delivery

Results: Vaginal birth **in the front seat of the car**,
Baby was named “**Ryder**”

**No two pregnancies or
births are the same.**

Other Great Tips

Color Code Your Schedule...

New Patients - Red

ROF- Green

Regular adjustments (adult, not pregnant) - Yellow

Webster adjustments - Light Pink

Pediatric adjustments - Light Blue

Postnatal visit - Magenta

Re-exams - Purple



Inform Your Staff How to Properly React...

Inform your staff NOT to react enthusiastically if an existing patient tells them they need a pink appointment moving forward...

- Their chiropractor may be the first person they tell
- They may not be showing yet
- They may have had previous struggles staying pregnant
- They should simply smile and say “great, will do!”

If a patient informs ANYONE that they miscarried, inform the rest of the staff and docs. Additionally, utilize a software alert if available.



Spinning Babies...

Spinning Babies[®] was created in 2001 by Midwife Gail Tully.

It is a unique pregnancy preparation program with labor activities that have been shown to facilitate comfort, improve fetal positioning and ease labor **dystocia**.

It can be used with any childbirth method in any childbirth setting.

You can take the course, host a course or simply provide this site as a resource to youtube patients.



dystocia noun

dys-to·cia dis-ˈtō-sh(ē-)ə

: slow or difficult labor or delivery



Body Ready Method...



Created by Doula, Exercise Physiologist and mother of four,
Lindsay McCoy...

...and internationally recognized pilates and yoga instructor and
mother of three, Lauren Ohayon.

Body Ready Method® is an **exercise program** for pregnant
people who want to feel strong, beautiful and functional
throughout their pregnancy.



Birthfit...

Created by Chiropractor Dr. Lindsey Matthews to deliver the highest quality holistic virtual strength and conditioning training programs for both prenatal and postnatal. Most people take the **Birthfit Basics** class (prenatal and postpartum available)

You can even become a **Birthfit Leader** and train to teach the classes.



Reviews, Reviews, Reviews...



aloha

review wave

Why do we want reviews?

Google, Facebook, Yelp

A patient reports a success story → **ask for a review!**

Ask an OBGYN, midwife or doula refers for a review

Post a few on your website and/or on your prenatal brochure



Aloha (formerly **Review Wave**) is an automated service that posts all good reviews to your social media. It's also an appointment reminder texting service that helps avoid missed appointments. Scan this QR code and you will get a free consultation, your \$299 start up fee waived and, if you sign up by the end of the month, you'll pay only \$1 for your first month of service.



How to Ask For A Review...

At ANY time during their prenatal or postnatal care mom reports success...

“There are a lot if people struggling with XYZ and don’t know Chiropractic can help. Hearing from another mom might make the difference. Would you mind sharing your story in a Google review?”

The goal of these reviews is to help others and cultivate a positive awareness for Chiropractic.

“Make sure to tell your OBGYN/midwife/doula/pregnant friends, etc!”

Progress exams are a great opportunity to ask for a review.



Other Providers In Your Office...

When you are not seeing patients or using a particular room, this is a great way to utilize your space and offset your overhead.

If you have other providers using your office - examples: a prenatal massage therapist, a childbirth educator, prenatal yoga instructor - make sure they have their OWN liability insurance that covers them in your space. Have them provide you a current policy declaration page via email directly from their carrier.

We have two prenatal massage therapists that rent an extra room in our office.

This is a huge convenience and value add for our patients!



The Research

<https://vertebralsubluxationresearch.com/>
is a great resource - search by keyword

<https://icpa4kids.com/research/>
for pediatric and prenatal chiropractic research



Amenorrhea and Infertility Resolved with Chiropractic...

Radiographic analysis and Diversified technique were used to analyze and adjust the patient for the presence of vertebral subluxations. The patient was under chiropractic care for 14.5 weeks where she recorded 33 visits, leading to normal menstrual cycles and ultimately a successful conception. This case report demonstrated the impact of the vertebral subluxation on the function of the female reproductive system.

Resolution of Infertility Following Chiropractic Care...

After experiencing infertility, this woman was able to conceive and successfully carry a full-term pregnancy without any other medical interventions. Chiropractic care should be considered as potential co-management with patients experiencing infertility prior to more costly and invasive procedures.

Alan Payne, DC & Kevin Payne, DC; Journal of Pediatric, Maternal & Family Health, Chiropractic ~ November 1, 2022 ~ Pages 101-113



Best Practices for Chiropractic Care During Pregnancy...

The increased potential for spinal instability in the mother and the related subluxations in the woman's spine and pelvis throughout pregnancy affect the health and well-being of both her and her baby. This warrants regular chiropractic screening in all women throughout pregnancy. Patient education pertinent to the role of chiropractic care in pregnancy is encouraged.

Annals of Vertebral Subluxation Research ~ April 20, 2023 ~ Volume 2023 ~ Pages 40-70



Back Pain and Back Labor Relief...

84% of patients receiving spinal manipulative therapy reported relief of back pain during pregnancy. There was significantly less likelihood of back labor when spinal manipulative therapy was administered during pregnancy.

Diakow PR, Gadsby TA, Gadsby JB, Gleddie JG, Leprich DJ, Scales A M.; J Manipulative Physiol Ther. 1991 (Feb); 14 (2): 116-118



Sacroiliac Pain Relief...



Of the women evaluated for Sacroiliac Joint Dysfunction, 91% who were adjusted experienced relief of pain and no longer exhibited signs of sacroiliac subluxation.

Family Practice Research J;11(2):149-159



Quality of Life...



A sample of 343 pregnant patients under Chiropractic care utilizing the Webster Technique reported high satisfaction and improved Quality of Life scores.

J Altern Complement Med; 2018 Jan;24(1):90-98. doi: 10.1089/acm.2017.0162. Epub 2017 Dec 20.



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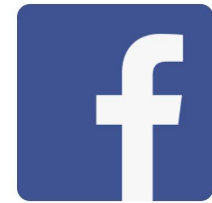


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