A DIRECT INVITATION TO MATERNAL SPECIALISTS

WHAT THIS OFFERS YOUR PATIENTS

A pregnant patient who cannot eat, work, rest or care for her family does not regard morning sickness as a minor inconvenience. She wants the nausea to stop—not merely to become somewhat more tolerable.
MOMS offers a different clinical question: instead of asking only how to suppress the nausea, ask whether the maternal skeletal system has lost the orientation required for normal function.

TRUE CONTRAINDICATIONS

Because the MO Maneuver is low force and anatomically specific, contraindications are narrow: acute unassessed trauma, destructive pathology at the contact region, inability to assume the required position, absence of the MO Maneuver pattern, or lack of consent.

CLINICAL APPLICATION

What the MOMS Evaluation Examines: MOMS is not a generic neck adjustment. It begins with Skeletal Geometry analysis and proceeds only when the normal pattern is disturbed.

WHAT THIS OFFERS YOUR PRACTICE

- A rapid response that can be evaluated during the first visit
- A defined anatomical relationship rather than a generalized wellness claim
- A complementary referral pathway that does not interfere with prenatal management
- A new framework for patients whose current options have not produced acceptable relief

OBSERVE IT. QUESTION IT. MEASURE IT.

The most persuasive introduction to MOMS is direct clinical observation.

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OTZ -SKELETAL GEOMETRY

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Chiropractic & Advanced Healing Therapies

M-O MANEUVER

For morning sickness

About M-O Maneuver

A New Structural Specialty Within NSG Neuro-Skeletal Geometry examines the skeletal system as the organizing infrastructure of the nervous system.

It asks a precise question: has the geometry supporting neurological function changed in a predictable way?

MOMS applies that analysis to pregnancy-related nausea. It does not attempt to alter pregnancy physiology. It evaluates and corrects the skeletal orientation made vulnerable by the connective-tissue changes of pregnancy.

For the Maternal-Care Team

Doulas and midwives can recognize the pattern and guide appropriate patients toward evaluation. OB/GYNs can refer while continuing all necessary obstetric care. The goal is cooperation around a structural problem that falls outside typical routine management.

Clinical experience: Across years of clinical outcomes, the MO Maneuver has produced a remarkably consistent result: complete cessation of nausea following very few visits, without reported post-treatment adverse effects.

The M-O Maneuver — Maternal Orientation

When the skeletal orientation loses its proper positioning, the consequences may be autonomic—not merely mechanical.

Pregnancy changes the mechanical environment of the maternal body. Skeletal Geometry reveals how a slight but functionally important displacement of critical head orientation can accompany morning sickness—and how restoring that relationship can bring the nausea to an immediate end.

Highly consistent results, with complete cessation of nausea and no reported post-treatment side effects.

A technical introduction for OB/GYNs, midwives and doulas specializing in maternal care.

The corrective input is low force, highly specific and determined by the patient's geometry. Its purpose is not to mobilize the cervical spine generally. Its purpose is to overcome the precise directional error that has contributed to the skeletal changes.

Clinical test: The response is not deferred for weeks. The effectiveness of the correction is evident by the end of the visit through reassessment of both geometry and nausea.

M-O Maneuver for Morning Sickness Professional Education THE M-O Maneuver

From Pregnancy-Related Laxity to Nausea

1 A vulnerable attachment system

The hormonal environment of pregnancy changes the behavior of connective tissues. Structures that normally preserve skeletal opposition to gravity become more permissive.

2 Loss of Skeletal orientation

The occipital condyles and superior articular surfaces of the atlas form the principal weight-bearing interface between the skull and cervical spine. A slight directional escape changes the geometry of that interface.

3 Compensatory neurological demand

The righting reflex must continually preserve the eyes and inter-balance mechanism relative to gravity. When the specific visual and balance mechanism are no longer properly organized autonomic systems can compensate.

4 Expression as morning sickness

Within MOMS, nausea is the neurological expression of this disturbed skeletal geometry in the pregnancy-altered system.

5 Restoration

The MO Maneuver applies a low-force, direction-specific correction to restore the relationship. When the responsible geometry is corrected, the compensatory demand ends —and the nausea resolves.