

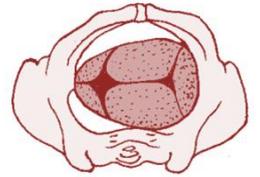
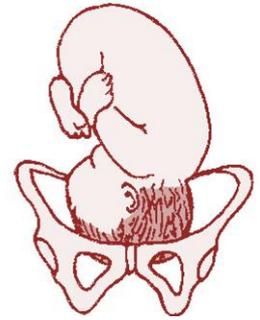
Optimum Foetal Positioning

What is **Optimum Foetal Positioning**?

Optimum Foetal Positioning is the term used to describe the position of the baby in the pelvis during the last few weeks of pregnancy. This position will dictate the eventual progress of labour.

It is generally understood that a head down position is the most effective for birthing. However, the position of the baby's spine in relation to the mother is also an important factor, due to the shape of the maternal pelvis.

The optimum position for labour is for the baby to be lying with the head engaged sideways into the pelvis to take advantage of the wider dimensions of the maternal pelvis. It also allows the baby to flex his head, tucking his chin in to press against the cervix and birth canal. A smaller diameter of the head enters the pelvis. In medical terms, this position is called **occipito-lateral/anterior** (OL/A). In this position, you will feel kicking under the right ribs.



OPTIMUM
FOETAL POSITION

If the baby fails to move into the optimum position, they may become engaged in the **breech, transverse** or **posterior** positions. In breech and transverse, the mother will be advised towards a C-Section.



OCCIPUT
POSTERIOR/
BACK TO BACK
PRESENTATION

A posterior presentation (**occiput posterior**) will be allowed to labour naturally. However, OP labours are commonly long and painful as the baby's spine presses against the maternal spinal nerves, the baby does not fit quite so well into the pelvic cavity, and a larger area of the head is presented, which slows down the dilation of the cervix. Although it is possible to birth an OP baby, many labours end with a C-section.

It is difficult to determine if your baby is in the back-to-back position during labour. The symptoms are an *extremely long and painful labour*. If you have never given birth before, how will you know if what you are experiencing is normal, or an OP presentation! Having a cervical dilation check, with an experienced Midwife who can check the position of your baby's head, is the best way to discover where your baby is in your pelvis. Then you can take action if you need to.

When should you start to think about **Optimum Foetal Positioning**?

By around 34 weeks in a first pregnancy, your baby begins to run out of space inside your womb. As an active participant in the labour process, each baby understands the need to now rotate and turn into the most favourable position for labour.

Optimum Foetal Positioning

In subsequent pregnancies, the uterus is rounder and softer, and the abdominal muscles are more relaxed, which leads to more space. If this is not your first pregnancy, your baby may not need to adopt a favourable position until around 38 weeks.

How can we encourage our Baby into the **OFP**?

The angle between the maternal spine and the pelvic brim determines the amount of available space for the baby to move about in. The maternal posture will radically affect these angles. Any slumping position, or position where the pelvis is rolling backwards, will reduce the amount of space, bringing the lumbar spine close to the pelvic brim. The baby will not have enough space to rotate and enter the pelvis in the OFP. It is widely accepted that our sedentary lifestyle, comfy sofas, bucket chairs and long hours of driving are contributing to the increase in OP babies. Our mothers and grandmothers would have spent time scrubbing floors, walking, and generally being more active, which would allow their babies the space needed to enter the pelvis optimally.

If your pelvis is tilted slightly forwards, there will be a dramatic increase in the amount of space available. In a forward leaning position, the weight of a near-term baby will encourage the spine to move round towards the maternal navel.

If you slump backwards, and your pelvis subsequently tilts backwards, the weight of your baby's spine will rotate towards your spine, potentially moving your baby into a posterior presentation. If you adopt this posture during labour, you are likely to have a back-to-back labour. Bear this in mind when you see images of women giving birth lying or semi-sitting on a hospital bed.....

Adopt these simple suggests from 34 weeks onwards to give your baby the best possibility of getting into an optimum position.

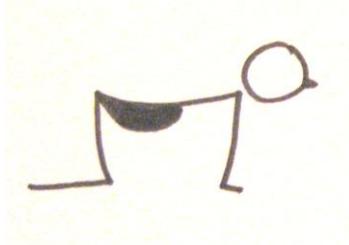
DO:

- Spend 10 minutes everyday on all fours
- Walk and Swim frequently
- Sit or lean over a birthing ball or bean bag
- Think about your posture and the angle of your pelvis
- Sit with the knees lower or level with the hips.
- Try to lie on the left side in classes and on the sofa. Do not try to maintain left lying at night in bed – we have no control over this.
- Sit backwards over a chair.

AVOID:

- Sitting on the sofa – it will put you into a slumping position.
- Sitting for long periods of time.
- Long car journeys.
- Crossing the legs – impedes the venous return.
- Deep, unsupported squats.
- Any position where the knees are higher than the hips. This reduces a 120° angle to 90°.

Postures, Positions and Movements to encourage **OFP**.



Any '**all fours**' position. Use a variety of movements: *hip circles, cat, figure of 8, knee circles, name writing etc.*



When **sitting**, support the hips with blocks or cushions to raise the height of the pelvis.



Use a **ball** in class and at home. It can be really comfortable to lean into when in the all fours position. Sitting on your ball can also create the optimum angle for your pelvis.



Most **chairs** are too high to allow us to sit with our feet flat on the floor, which mean we have to tilt the pelvis backwards.

Sitting backwards on a chair instead of the right way round will encourage the pelvis to tilt forwards.

When is a **Malpresentation Unavoidable?**

There are some instances which will mean the inevitability of the baby being unable to turn and move into the **OFP**.

- Shape of the Maternal pelvis – may not accommodate a head down position.
- When the placenta is attached anteriorly – to the front of the uterus.
- If the core muscles are very firm. When the abdominal muscles are too tight, they cannot stretch and make space, so the baby cannot turn.
- Some perfectly presented babies turn to OP during labour.