

OPTIMAL FOETAL POSITIONING

Jean Sutton (midwife) and Pauline Scott (childbirth educator), authors of the book, *Optimal Foetal Positioning*, have observed that more and more women are experiencing labors that are more difficult than they have to be and more and more babies are working harder than they have to work during labor. They attribute these developments to lifestyles of modern women. Changes in the way we sit (reclining to watch television rather than sitting straight to do needlework, bucket seats in cars, no more scrubbing floors on hands and knees) affect the position in which our babies enter the pelvis.

Anterior means front, your front; posterior is the back of your body. Forward leaning postures encourage babies to enter the pelvis in the optimal fetal position, occipito anterior (OA), where the back of the baby's head (the occiput) is towards your anterior (your front). Modern, knees-above-the-pelvis and crossed-legs positions encourage babies to enter the pelvis in the less optimal position, occipito posterior (OP), where the occiput is posterior, i.e., towards your back, leading to more difficult and lengthy labors.

When "a woman sits with her knees higher than her hips, which happens when she slouches back in a sofa or armchair to rest, the angle of her pelvic brim to her spine is reduced from 120 [degrees] to approximately 90 [degrees]. If the woman regularly uses these reclining postures during the crucial period when her baby is deciding to enter the pelvic brim ready for labour, it is almost inevitable that, if it is able to enter the pelvis at all, it will do so in the posterior part of the pelvis and consequently present as an OP." (page 29)

Here are some suggestions for encouraging optimal fetal positioning during late pregnancy.

- ☺ Sit on the front of your ischial tuberosities (sit bones), not the back of them.
- ☺ Inversion (if it is not contraindicated), once a day in the last weeks of pregnancy.
- ☺ Choose upright positions during the last 6 weeks of your pregnancy (2 - 3 weeks if this is not your first birth). This position allows the baby to enter the pelvis in the optimal position. Think: knees lower than your hips. Some suggested postures (Page 25):
 - ✓ Watch TV while "sitting on a dining room chair or kneeling on the floor, leaning over a bean bag or a couple of floor cushions."
 - ✓ If you sit on your sofa or armchair "make sure a firm cushion is placed under [your] bottom and lower back so that [you] are sitting more upright."
 - ✓ "When resting or sleeping make sure the woman should make sure she is lying on her side with pillows behind her back and her top leg resting forwards so that the knee touches the mattress (the safety position). This ensures that her abdomen is forwards, creating a 'hammock' for her baby. An extra cushion may be needed between the woman's thighs."
 - ✓ "In the case of a persistent OP [occipito posterior], sleeping on the front (stomach) is recommended with support from pillows and cushions to help make it more comfortable."
- ☺ Avoiding certain positions when nearing the end of your pregnancy will also help your baby enter the pelvis in the optimal, anterior, position.
 - ☒ Avoid relaxing in semi-reclining positions. This means no snuggling in and leaning back on the sofa.
 - ☒ Avoid long trips in cars with bucket seats. Be certain to take long, frequent brakes. Walk around.
 - ☒ Avoid sitting with your legs crossed as this reduces the amount of room in the anterior portion of your pelvis.
 - ☒ Avoid deep squats. "As an exercise, deep squatting is not advisable in late pregnancy unless the woman's baby has 'engaged' [i.e., dropped] in the pelvis in the OA position. An OP positioned baby can 'engage' before it has had a chance to rotate to OA. Deep squatting can encourage this.... Because squatting has become very popular, many women exercise in a manner which reduces the angle between the spine and the pubic bone (i.e. in a deep squat.) In this position the back is rounded and the abdomen comes forward. An angle of 45 [degrees] - 65 [degrees] is produced with this type of squat, which makes it difficult for the baby's head to enter the pelvic brim in any angle." During the last 6 weeks of your pregnancy, squat only by using a stool with a cushion placed on it. Place the stool against a wall so that you keep your spine vertical rather than leaning forward.

During labor, remember to maintain knees-below-your-hips postures. These types of positions will help you to avoid sitting on your coccyx (tailbone) and maintain adequate space between the coccyx and pubic bone (i.e., move them apart rather than together as would happen with reclining and "round back" positions).

All information and quotes from:
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