

Why a posterior baby

can be a real

pain in the back!

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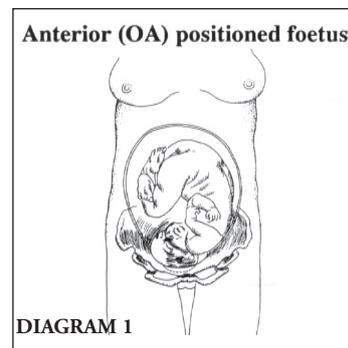
In this article I will explain how you can help a single foetus, which is already head down, adopt the best position before birth, and how to avoid the more uncomfortable 'back to back' foetal position. Future articles will cover tips for repositioning breech or transverse babies, and look at the best maternal positions during labour. All this information is provided in Jean Sutton's book, which is listed in the references.

The optimal position for baby is medically termed Left Occiput Anterior or LOA. That denotes that mum's left hip (L) is next to the back of one of baby's skull bones, the occiput (O), and that baby's spine is towards mum's front (A).

ADVANTAGES OF LOA

The fact that there is more space at the front of mum's pelvis, compared to the back, allows baby's head to bend or flex onto its chest. This flexing presents the smallest part of the baby's head to pass through the widest part of the bony pelvis (SEE

DIAGRAM 1). The uterine contractions pass down the foetal back; skim over the flexed head and directly onto the cervix, assisting smooth dilation of the cervix.



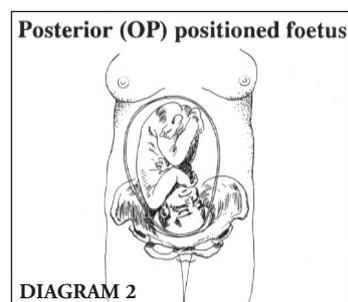
Also, in this position the uterine contractions pass down the foetal limbs through the deflexed head to an area in front of the cervix, and this may inhibit cervical dilation (failure to progress).

WHAT TO AVOID IN LATE STAGE PREGNANCY

To give baby the best chance of going LOA try to avoid the following, particularly in late stage pregnancy. (That means the last 6 weeks for your firstborn, and the last 3 to 4 weeks for any consecutive births when the baby engages later.)

DISADVANTAGES OF A POSTERIOR PRESENTATION

If baby lays in the posterior part of the maternal pelvis, the baby's spine pushes up against the maternal spine causing back pain. The baby also has a longer, slower journey to rotate towards the widest part at the front of the pelvis, often pressing against the pubic symphysis (causing pubic symphysis pain in late pregnancy). The reduced space at the back of the pelvic cavity means the foetus has to straighten its neck and back and then a wider part of the baby's head presents during birth. The baby's head now has to mould considerably to pass through the pelvis (SEE DIAGRAM 2), something osteopaths often treat in newborns.



• SOFAS AND ARMCHAIRS

- Modern comfy chairs encourage the low back to slump and the pelvis to tip backwards, taking baby backwards with you towards the posterior part of the pelvic cavity. You are slumping if your knees are higher than your hips!

• **LONG CAR JOURNEYS** - also cause the pelvis to tip backwards especially if the car has 'bucket seats'

• **CROSSING THE LEGS** - reduces the amount of space in the front part of the pelvis.

• **DEEP SQUATTING IN LATE PREGNANCY** - best to avoid in case a posterior baby engages before it has had a chance to rotate anteriorly.

WHAT TO ENCOURAGE IN LATE STAGE PREGNANCY

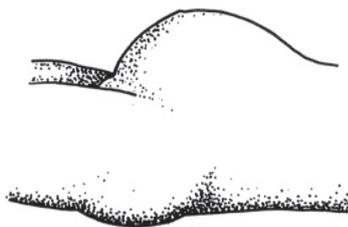
- **SIT ON UPRIGHT CHAIRS WITH THE LEGS UNCROSSED**
- **KNEEL ON THE FLOOR AND LEAN FOWARDS ON A BEANBAG OR PREGNANCY BALL**
- **USE A PREGNANCY ROCKER CHAIR WHERE**

Shape of Woman's Abdomen Near Full Term Pregnancy

OA position

Umbilicus pushed out (pressure from foetal bottom)

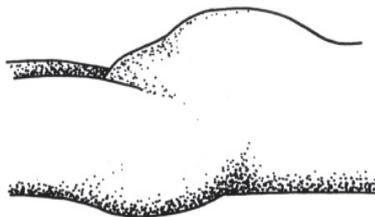
Low slung and bulky abdomen (indicating that foetus has 'engaged' into pelvis)



OP position

Umbilicus area is concave or saucer shaped (suggesting the space where the foetal limbs are positioned)

Abdomen appears high and flat on top and it looks tidy and compact (indicating that the foetus has not entered the pelvis, i.e. not 'engaged')



THE KNEES ARE LOWER THAN THE PELVIS.

- **SWIM ON YOUR FRONT**
- **ATTEND ACTIVE BIRTH AND YOGA CLASSES**

• **HALF SQUATS** - lean up against a wall and squat half way down, keeping the spine straight, onto a stool about 25cm high.

- **SLEEP OR REST IN THE 'RECOVERY POSITION'.**

Lay on your side, with the neck and shoulders higher than the pelvis, supporting the uterus from beneath with a pillow. The top leg rests forwards so the top knee touches the mattress. You may need a pillow between your thighs. Sutton and Scott suggest lying on the left side. Kitzinger suggests lying onto the side where the baby's head is laying. Kneeling on hands and knees and crawling for 10 minutes supports an anterior posture and reduces low backache. So scrubbing the floor has its advantages!

HOW OSTEOPATHY CAN HELP

In terms of optimal foetal positioning, an osteopath specialising in antenatal care will check the tone of the main muscles and ligaments involved in supporting the uterus, abdomen, lower back and pelvis. The release of any imbalances or areas of tightness will allow the uterus, and thus the foetus, to exhibit a more favoured position of lay. Any particularly weak or lax structures can be identified and then improved with appropriate and targeted exercises. We can usually identify where the foetus is laying and gently stroke the back of baby's neck or bottom to encourage flexion into a nice tight bundle. We can put you into the 'recovery position' and with gentle rocking encourage the baby to move into the anterior part of the pelvis.

Previous articles published in ABC Magazine are available to view under the 'osteopaths and their specialisations' section of the web site www.brightonosteopaths.co.uk and cover other areas relating to osteopathic treatment for pregnant women and for babies.

References

Sutton J & Scott P, 1995, Understanding and Teaching Optimal Foetal Positioning, Birth Concepts, New Zealand. (Available from NCT tel: 0870 112 1120 @ £7.70)

Kitzinger S, 1997, The New Pregnancy and Childbirth, Penguin Books, London

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For more information see www.brightonosteopaths.co.uk.

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