

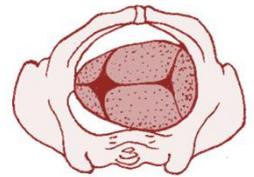
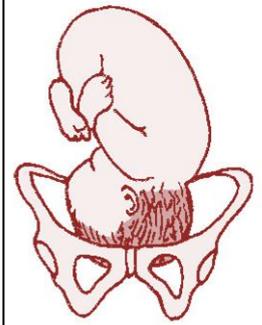
What is Optimum Foetal Positioning?

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.

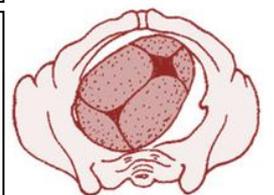
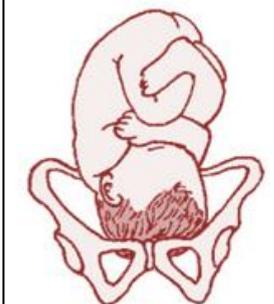
It is generally understood that a head down position is the most effective for birthing. However, the position of the baby's spine in relation to the mother is also an important factor, due to the shape of the maternal pelvis.

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, we will feel kicking under the right ribs.

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. 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.



Optimum Position



Posterior Position

What happens towards the end of Pregnancy?

By around 34 weeks in a first pregnancy, the baby begins to run out of space inside the 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. In subsequent pregnancies, the uterus is rounder and softer, and the abdominal muscles are more relaxed, which leads to more space. Babies may not need to adopt a favourable position until 38 weeks: some do not engage until labour starts.

How can we encourage our Baby into 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.

If the pelvis is tilted 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.

After 34 Weeks:

DO:

- Spend 10 minutes everyday in 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:

- Slumping on the sofa.
- 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 to raise the height of the pelvis.



Use a ball in class and at home. It can be really comfortable to use in the all fours position, or to sit on. Use hip circles here also.



Most chairs are too high to allow us to sit with our feet flat on the floor, which means 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.