

**NHS Forth Valley**

# **Ante Natal Advice for Optimal Fetal Positioning**

**Patient Information Leaflet**

A decorative graphic at the bottom of the page consisting of two overlapping, stylized blue waves. The waves are light blue and have a soft, rounded appearance, creating a sense of movement and flow.

## Advice for Optimal Fetal Positioning

This information is for expectant mothers and their partners to try and encourage your baby to go into the ideal position for birth before labour begins. If your baby is coming head first and a single baby, (not multiple pregnancy) then from about 34 weeks onwards this advice is given to encourage your baby to lie with its back to your left side/front.

This can encourage your baby to engage, for as normal and straightforward a birth as possible.

Please note this advice is only meant to compliment your antenatal care, and may not be suitable for all women or all pregnancies. Always consult your midwife/GP/physiotherapist.

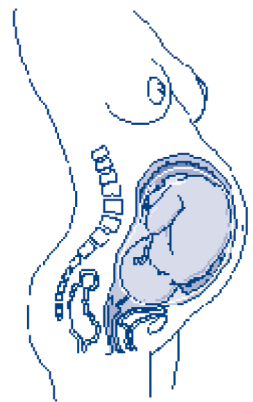
During your antenatal check-ups, especially in the last twelve weeks, the doctor or midwife will palpate your abdomen to detect the baby's position. While most mothers-to-be know that head down is good, few understand the significance of a baby facing the mother's naval or the mother's spine.

Occipito-anterior (OA) and occipito-posterior (OP) – often called "anterior" and "posterior" for short – are the technical terms to describe the way your baby is positioned in the uterus. Both of these terms apply to a baby who is head down.

The optimal position is occipito-anterior and is the most effective way for a baby to journey through the maternal pelvis

In the OA position, your baby is head down with his or her face looking at your spine. In the OP position, your baby is head down, facing your naval.

An OP baby and mother must do more work in order to have a vaginal birth. Labour is often longer and more painful, while the baby attempts to turn to the anterior position. A common occurrence in OP labours is back pain, caused by the hard surface of the baby's skull pressing on the mother's lower back.



**Anterior presentation**

## Things to do

Regularly use upright and forward leaning postures. This allows more available space in the pelvis for your baby to turn.

Sit with your knees lower than your hips, with your back as straight as possible. Use pillows or cushions under the bottom and small of the back.

Sit to read on a dining/kitchen chair with elbows resting on a dining/kitchen table, knees apart, leaning slightly forward. (Similar posture used when sitting on the loo).

Sit facing the back of a chair and resting your arms on back of the chair. (This position may not be suitable for women with pelvic girdle pain).

Kneel on the floor leaning over a large beanbag or floor cushion to watch T.V.

Put a wedge cushion under your bottom when driving.

Swimming using a variety of styles.

When resting/sleeping, lie on your side, preferably left side with a pillow between the legs and back supported.

Various exercises done on all fours can help, e.g. wiggling your hips from side to side, or arching your back like a cat, followed by levelling the spine.

*It is ideal to use forward leaning postures when having Braxton Hicks (practice contractions) as this increases their effectiveness which aids helping the baby manoeuvre into the optimum position.*

If possible stay on your feet leaning forward and rocking hips from side to side/up and down with each step, your bottom wiggling during contractions.

## Things to avoid

Avoid positions which encourage your baby to face your tummy. These can include slouching back in armchairs, sitting in car seats where you are leaning back or anything where your knees are higher than your pelvis.

Don't cross your legs. This reduces the space at the front of the pelvis and opens it up at the back. For good positioning, the baby needs to have lots of space at the front.

Don't put your feet up. Lying back with your feet up encourages posterior presentation.

Avoid deep squatting, which opens up the pelvis and encourages the baby to move down, until you know he or she is facing the right way.

A Birth Ball can encourage good positioning, both before and during labour.

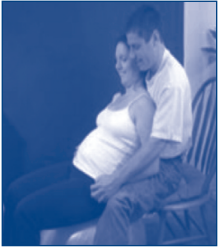
## Helpful positioning hints during labour

Birth balls come in handy in so many ways. All you need is a regular exercise ball that fits your body. You should be able to sit comfortably on the ball with your legs in or close to a ninety degree angle. You may wish to have a supportive surface in front of you such as a chair, table or bed.



*Purpose:* Sitting on a birth ball during labour allows you to sit upright (which can be a great position for baby to move down and for a good labour pattern). Sitting on a birth ball gives you the freedom to move your pelvis, allowing you to sway your hips back and forth, from side to side, or in a circular motion. This encourages the pelvis to expand giving baby more room to slide down.

*How:* Sit on the birth ball with the upper half of your body upright. Sometimes birth balls are the most comfortable places to sit during the last 12 weeks of pregnancy as well.



During labour, the birth ball can be a great tool. Having your birth partner on a steady surface (like a chair or a lowered bed), the ball between your birthing partner's knees, and yourself on the ball in between can work well when contractions become harder. This allows you to relax back on your birthing partner between contractions and to breathe during contractions. You still get the comfort of the ball and the support of your birth partner, any part of your back or front that needs pressure or massage is easily accessible.

## Leaning



*How:* Place the birth ball on the bed with you or on the floor. If you're on the floor you may want to kneel on a mat. Lean forward so that the ball is supporting your head and chest. You may want to place a rolled up towel under your ankles to minimise pressure on your feet.

*Purpose:* During labour leaning forward on your birth ball takes pressure off your back, while allowing you to rock your pelvis from side to side. Leaning on the birth ball is a great way to facilitate Cat Arching (Pelvic Rocking) for back pain. This position also leaves your back wide open for your birth partner to massage or touch you in any way that feels good!

## Cat arching (pelvic rocking)

*How:* From a hands and knees position you tuck your bottom under by contracting your abdominal muscles and arching your back, and then slowly relaxing and levelling the spine.



*Purpose:* During pregnancy this is a great way to relieve pressure from the back, as well as strengthening abdominal muscles. It causes the belly to hang down and gravity can help move a baby to a favourable position if the baby's not already there. During labour this exercise can be used to alleviate back pain and help move baby down.

## Pelvic tilts

*How:* Lay flat on your back, knees bent and tilt your pelvis backwards flattening your back onto the bed then release.



*Purpose:* Strengthens abdominal and back muscles throughout pregnancy.

**Not** an optimal position for women in labour.

## Optimal seated position during pregnancy

It is no secret that your back will get tired during pregnancy, especially in those last few weeks. Keep in mind how important a good seated position is for you and your baby. Slouching down constricts baby's movement and is much harder for your back. Make sure to sit straight up, with your spine aligned. Putting a pillow behind your back can help you achieve this position a little more comfortably. Feet should be flat on the floor.



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Carseview House, Castle Business Park,  
Stirling FK9 4SW  
Tel: 01786 463031 Fax: 01786 451474  
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