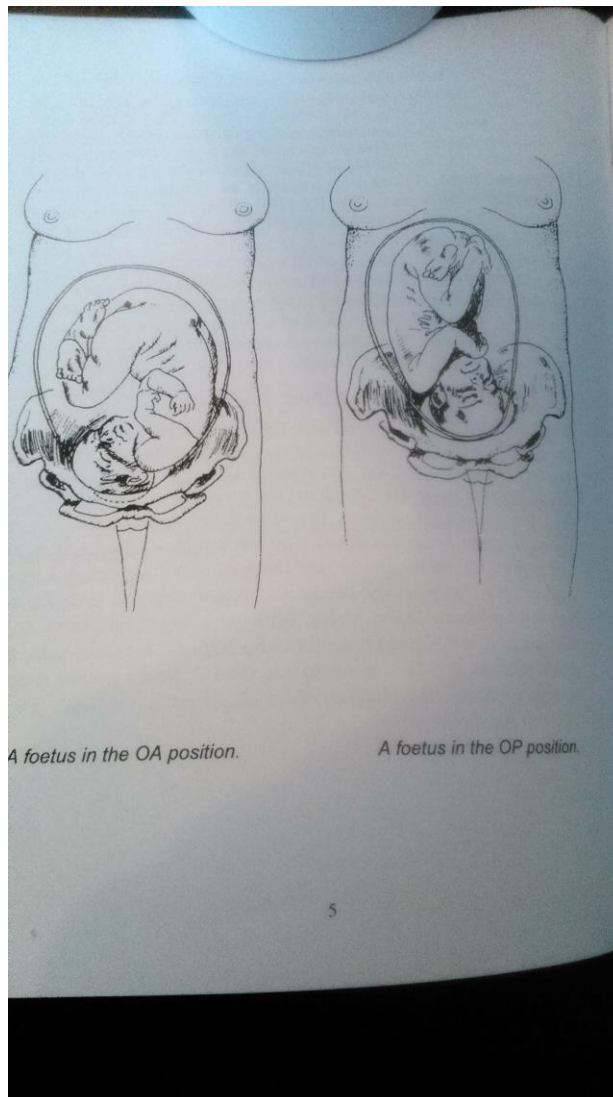




Optimal Foetal Positioning

If we can get your baby into the most favourable position for birth that is the occipito anterior (diagram on the left) prior to labour beginning, the likelihood of medical intervention is reduced.





The Foetus

Research is proving that it is the baby who is the instigator of the birth process. They cause changes in hormonal levels, muscle sensitivity, smooth muscle tension and maternal feelings (e.g. the 'nesting' instinct) experienced by some women prior to labour commencing. The baby also plays a definite physical part in getting himself ready for birth. Their movements, while trying to enter the pelvic brim during late pregnancy, trigger off Braxton Hicks contractions.

The human foetus is an awkward shape. The head, in relationship to the body, is relatively large and oval. They have a flexible neck which allows them to tuck their head onto their chest if they are facing the correct way. The baby has to undergo a lot of turning and bending if they are to successfully pass through the pelvis and into the world.

The Pelvis

The angle between the maternal spine and the pelvic brim can change quite dramatically if a woman brings her pelvis forwards. This alters the dimensions of the pelvis, enabling the baby to manoeuvre themselves correctly into the best position. The posture below combined with the weight of the near full term foetus, will aid rotation and they will enter the pelvic brim to settle in the optimal position for labour.





How To Do a Forward-Leaning Inversion

Gently! Don't drop into place, move slow and be controlled to protect the placenta.

1. Kneel on the edge of a couch (or the top of the stairs)
2. Carefully lower yourself to your hands on the floor and then lower yourself to your forearms. Elbows out, hands close. Use a stool or step, if you like, to help you walk your hands down.
3. Let your head hang freely. Your chin is tucked. Don't rest your head on the floor. Your neck may need a little movement.
4. Your knees are close to the edge, your bottom is highest. You can tilt or sway your hips, if you like.
5. You can flatten your lower back (posterior pelvic tilt) to give more room to free your ligaments.
6. Take 3 breaths. Belly loose, shoulders strong. Chin tucked and neck long.
7. Come back up on your hands, then lift yourself up to a kneeling position again, using a stool or block or help from your helper.

When not to do the Forward-Leaning Inversion:

- Right after eating (do it when you don't have a chance for heartburn).
- If you have very high (or very, very low) blood pressure, or are otherwise at risk for a stroke (or fall).
- There is so much amniotic fluid around your baby that your doctor monitors you weekly (no data, being conservative here).
- In pregnancy if there is a suspected or known problem with the placenta, including pain of an undetermined origin. Get assessed immediately. Do not do an inversion if you have or unsure if you have pain due to placental separation.
- If the baby is having or has had frantic, vigorous movements. Have the baby assessed immediately. Don't wait.
- The inversion causes pain (remember, your head may pound a bit for the first few times, that's actually ok if mild), but abdominal pain other than round ligament stretching is not right. Severe headache must be evaluated by a physician immediately. (I don't know of this ever happening, but let's be aware that sudden headache needs physician evaluation.)
- In labor, if labor progress is normal.
- You don't feel that this is right for you. (Always trust the mother's intuition and respect her choice to do or do not.)

INDICATIONS OF FOETAL POSITION

Anterior (OA) positioned foetus



Foetal back towards front of abdomen (between umbilicus & hip)

Foetal bottom is felt as a heavy moving sensation when movement occurs

Foetal heart beat heard here

Foetal head well tucked in

Posterior (OP) positioned foetus



Foetal back towards spine (limbs towards front of abdomen)

A lot of movement felt down middle of abdomen
Foetal heart beat heard here

Foetal head upright ('military' position)

These drawings and explanations can be shown to the pregnant woman, her partner and/or support person(s) to help them understand the difference between OA and OP.