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OPTIMAL FETAL Positioning

Preparing for Birth
Optimal fetal positioning

This information leaflet explains how you can help to get your baby in the best possible position before labour starts. The best position for a straightforward labour and birth is occipito-anterior (OA). However, it is thought that the modern woman’s lifestyle contributes to the baby settling in the occipito-posterior (OP) position which often leads to a long painful labour with many obstetric interventions.

This information is not for all women, in particular, women with medical/pregnancy disorders, low lying placenta at 34 weeks or twins. Therefore, you MUST check with your midwife or doctor that it is safe for you to practice optimal fetal positioning.

How to encourage your baby into a good position

• At around 34 week’s gestation, confirm with your midwife/doctor that your baby is coming head first.
• Regularly use upright and forward leaning positions. This will allow up to 28% more available pelvic space, for your baby to get into the correct position.
• Try to sit with your knees lower than your hips, with your back as straight as possible. Use pillows and cushions under your bottom and the lower back region for added comfort.
• Sit to read on a dining chair with arms resting on the dining table, keep your knees apart, leaning slightly forward.
• When resting sit back-to-front on a dining chair with your arms resting on their chair back.
• Practice sitting on a birth/exercise ball (ask your midwife or the midwife who is coordinating your antenatal classes to demonstrate the uses and safety aspects of using a ball).
• Kneel on the floor leaning over a bean bag/floor cushion/birth ball to watch T.V.
• Do some exercises each day such as walking or swimming. The natural pelvic rocking that occurs when exercising will encourage the baby to move in a good position.
• When resting/sleeping, lay on your side, preferably left, with a pillow between your legs, the top knee resting on the bed.

These positions are good to use when you start to experience practice contractions (Braxton hicks) as these increase their effectiveness with regard to helping the baby manoeuvre into the optimum position.
What to look for with an anterior position.

Occipito-anterior position (OA)
- abdomen
- Umbilicus pushed out
- Baby’s kicks felt at the side
- Baby’s head engaged

What to look for with a posterior position

Occipito-posterior position (OP)
- Baby’s back towards mothers spine
- Umbilicus area is concave or saucer shaped
- Baby’s kicks felt at the front
- Baby’s head not engaged
- You may have chronic back pain in the last few weeks
- Membranes (waters) may break without contractions

Positions that encourage your baby to align itself into the best possible position for labour.

![Image of woman using exercise ball]

![Image of woman leaning on table]
Sitting upright and forward leaning removes pressure from the lower spine. This enables gravity to help swing baby away from OP position.

Knees lower than hips, legs abducted and open and leaning forwards. UFO (Upright, forward and Open). Well done, you have now opened your pelvis by an extra 28%
Backache in last few weeks can be relieved by leaning forward and circling your hips. This will encourage the baby to turn from your spine.

**Positions to avoid**

- Try not to relax in a semi-reclining position where your knees are higher than your hips.
- Avoid long trips in cars with bucket seat
- Don’t sit with your legs crossed
- Don’t lie on your back

The back of the baby’s head is heavier than its tummy, gravity therefore, pulls the baby’s back to the mother’s back and can cause the back of the baby’s head to press against the mother’s sensitive lower spine leading to an OP position.
Preparing for Birth

Breech babies

Most babies’ that are in the breech position (bottom first) turn naturally before labour. However, if the breech becomes engaged into the pelvis it will be difficult for the baby to turn.

If the midwife/doctor palpates the baby to be in a breech position, then confirmation is usually made by scan. The doctor in charge of your care may offer you external cephalic version in an attempt to turn the baby.

External Cephalic Version (ECV)

This procedure is always done in hospital. Research (hofmeyr 2006) indicates that manually massaging the baby into a head down position is often successful in the majority of cases and is a relatively safe procedure. Therefore, ECV is offered to all women with an uncomplicated breech baby at term. (37 to 38 weeks)

ECV is usually more successful if the baby’s bottom is not deeply fitted into the pelvis and where there is enough fluid around the baby which allows for movement.

Some doctors would not perform ECV if there is a risk of harm to you or your baby, in this case the doctor will give you an explanation.

Positioning/complementary therapy

It was thought that if the mother carried out daily knee to chest positioning this could help to move the baby round. However, some research has shown this to be inconclusive.

Complementary therapy such as moxibustion how shown to work well although the research isn’t clear regarding its effectiveness for all women with baby in a breech position. Please seek medical advice before using such treatments.

Please note: Optimal fetal positioning can only encourage your baby to adopt the best position for labour and birth, it does not guarantee it.
References


Cardini F (2005) a moxibustion story for breech midirs midwifery 15(2)

Acknowledgment

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If you would like this information in another language or another format, such as large print, please call 01226 432430.

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