

5 - BIRTHING AND 'OP'

A baby's position can have a major influence on the kind of labour a woman experiences and the way her baby is born. Encouraging a baby to lie in the most effective position for his /her journey through mum's pelvis increases the chances of a spontaneous and straight forward childbirth. Unborn babies instinctively try to move into the most effective position for birth and may need some help if they are being always encouraged through mum's postures and actions, to go back towards a non optimal spot.

Modern furniture and lifestyle encourages maternal slouching. Sitting in a car seat also gives little incentive to sit upright and forwards. This means that the weight of the baby often swings around to where gravity dictates there is more room - towards the mum's back. This leads to baby being in the wrong angle to enter the pelvis, which then flows on to not being able to get out of there (mum) easily.

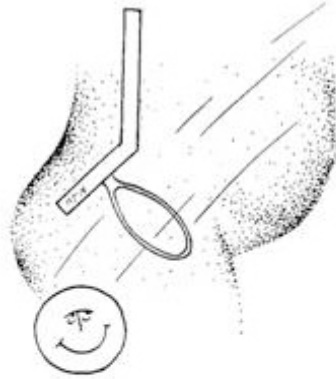
SOLUTION? Always be leaning forwards and at least upright - not slouching 'comfortably' backwards.

WHY BOTHER ? OP presentation plays out as being too difficult in all aspects of labour - ending often nowadays in 'emergency' C sections. Simple midwifery tricks in labour can prevent this - IF your midwife is able to work with you and you are prepared to assist naturally. Baby is able to move into the correct position IF you are mobile and able to help. Otherwise, a lot more artificial pain relievers (which themselves stop mum moving into a better position to help baby rotate to come through) usually necessitate surgical removal, as baby really needs help to reposition. (See Rebozo) LINK.

The subtle twisting and turning a baby has to make to manoeuvre into the most effective position for labour is often not clearly understood. Of course, all the twisting and turning in the world won't make a tad of difference if there is not enough space provided for the baby in the first place. And this is where you come into the picture. Knowing how to make room available in your pelvis for your precious cargo is the key to all of this.

<http://au.youtube.com/watch?v=Xath6kOf0NE&eurl=http://www.homebirth.net.au/search/label/birth> Shows you how baby has to manoeuvre through mum's pelvis to meet you. Your awareness of where baby is lying in your pelvis and the most effective path to take can make all the difference to the experience of labour and birth - for both of you.

OA (PERFECT)



A baby in the anterior position enters the pelvis (the circle) because the angle is the most effective for labour and birth



A baby in the posterior position tries to enter the pelvis before labour starts. If small enough the baby will eventually do so, otherwise it will probably enter during labour.

This often leads to stalling the labour, ending up either in a prolonged and back centred excruciating labour that STILL may end up as 'failure to progress (baby is STUCK).

OP- HEAD DOWN BUT THE OTHER WAY AROUND!

WHY BABY MAY BE *STILL* OP

Although babies in the posterior position are thought to account for 10% of all births, many midwives now believe that the incidence of such labours has climbed much higher. Certainly, having a baby **head down but the other way around** seems to be more common today than ever before.

It makes sense that if women are able to help themselves to a better birth by encouraging their babies to settle into the most effective position before labour begins, then it is possible that medical intervention can be avoided - or at least significantly reduced. As many women have testified, it can be very difficult to avoid a medical takeover when labour is slow and drawn out. The longer you are in labour, the higher the chance of intervention.

Before looking at the more medical side of labour and birth in relation to posterior positioned babies, it is worth noting that there are some physical reasons why a baby may settle head down but the other way around. These are as follows:

POSITION OF THE PLACENTA

If your placenta is positioned on the anterior (front) wall of your uterus, it is more likely that your baby will favour the posterior position. However, as labour becomes imminent, the lower section of the uterus develops more and it is possible for the posterior baby to rotate to the anterior position at this time - especially if you are regularly using postures that encourage good alignment of your baby. The position of your placenta can be confirmed if you have had a scan.

ABDOMINAL MUSCLES

You may have tight abdominal muscles due to your body shape or because you exercise frequently. Tight abdominals produce an angle between your lumbar spine and your pelvic inlet that encourages your baby towards a more posterior position than if you have more relaxed abdominal muscles. Women who frequently exercise pull in their abdominal muscles. Ballet dancers, aerobic instructors, horse riders, athletes and those who partake in excessive exercising, are more at risk. Yoga during pregnancy can assist those women who have tight abdominal muscles. Yoga encourages flexibility, relaxation and maintains fitness.

BABY IN THE OP POSITION FOR MOST OF US MEANS

- 1 - Labour is **slow to start** (and in fact may not without assistance), thus 'overdue' and most often 'augmented' (hurried up chemically - often at great stress to mum and baby).
- 2 - Labour is **slow to progress**, if it is pushed along artificially.
- 3 - Labour is **extremely painful** - especially giving rise to dreadful back breaking back aching in contractions
- 4 - Labour stalls and is often not coordinated or behaving as labour normally does. (Many, especially those who labour so well and who then **get stuck** - "FAILURE TO PROGRESS" at about 7 cm would be horrified to find that understanding how baby was lying and altering this prior to labour beginning may have been all that was necessary to give an easy birth).
- 5 - If being fully dilated occurs, for some, a tortuous process of getting baby out the wrong way begins. **Baby has a lot more work and distress** to negotiate the more difficult pelvic configuration.