



The
**Cape
Midwife**

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Avoiding babes in the Posterior position

We say that your baby is lying in the “Posterior position” when he or she is lying with their back against yours instead of to the side or front. This can make labour more difficult and lengthy. Most babes are posterior at some stage and often adjust quite readily once labour sets in. Though there is no reason to fear this position...there are a few things you can do to help babe engage in a more favourable position.

- 1 These are a set of exercises all clients can start doing at 32 weeks and they are really helpful in getting the babies anterior before labour starts. If I have a persistent OP baby still at about 36 weeks then I recommend they take The Homeopathic remedy **Pulstatilla** and see a **craniosacral** therapist or **chiropractor** as I have found them really beneficial to turn the baby.
Also driving is not beneficial to babe entering the pelvis properly and it would be advisable for expecting mums **to drive as little as possible in the last month of their pregnancy.**
 - Avoid all reclining positions. If you have a soft reclining seat or couch, best to put a pillow under your bum and tilt your pelvis forward. Keep knees below your pelvis at all times, back straight. A large birth ball is the perfect ‘chair’ for this position. Keep your pelvis tilted forward at all times.
 - Keep active, walk as much as possible. Practice pelvic rocks on your hands and knees every day for minimum 3 times a day for 20 minutes and/or;
 - Take up the knee-to-chest position (sometimes called the playful puppy pose...chest to the floor, bum up in the air) for an hour or so every day. Some people prefer this because it will prevent a posterior baby from engaging until it is in a good position. (Once baby engages posterior, it’s much less likely s/he will turn.)
 - While this doesn’t sound like much fun, scrub your floors on your hands and knees regularly. Crawling around in this fashion is great for getting baby anterior.
 - Sleep on your left side, with your left leg straight and your right leg at a 90-degree angle supported by a pillow or two. This creates a ‘hammock’ for your belly and will encourage the baby to rotate.
 - Avoid squatting unless you are sure baby is now anterior...squatting can force a posterior baby into the pelvis before s/he rotates, making it much less likely s/he will turn anterior without being disengaged first.
 - Lie down on your back and put a rolled towel in the small of your back to form an exaggerated arch. This will make a posterior baby hyperextend their necks and will usually make them turn.
 - If baby is deeply engaged posterior, you may try a slant board (as with a breech baby; a piece of wood or an ironing board is propped up on a couch or chair and the mother lays on it, on her back with her head pointing down) to try to disengage the baby in order to try the first set of exercises again. A relaxing tea, such as valerian or skullcap may also help before trying the slant board.

- Since babies tend to turn their backs toward warmth, an ice pack on the back with warm towels on the mother's belly will sometimes encourage a baby to turn. Homeopathic Pulsatilla has been known to help turn a baby. It apparently evens out the muscles in the uterus, allowing baby to fit into an optimal position. Take 1 tablet of Pulsatilla 30c 3 times a day for a few days.

Abdominal Lift

The Abdominal Lift is of the most effective early labor techniques for engaging baby in the pelvis. The Abdominal Lift was popularized by Janie McKoy King, a Texas Engineer who wrote Back Labor No More. I learned it from Penny Simkin at her Birth Doula Training.

How to do it

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- As a contraction begins, link your fingers and lift your belly about two inches.
- Bring your belly in (towards your spine) by one or two inches (depending on your size). Be comfortable.
- At the same time, flatten your lower back. Your knees should be bent. Bending the knees, just a little is necessary to do a Posterior Pelvic Tilt.
- Hold your belly up through the entire contraction. It's OK to sway or rock a little on your legs during the contraction, but hold your belly in one place to avoid being uncomfortable.
- When the contraction ends, lean forward slightly and slowly let go of your abdomen. Move your legs to encourage circulation.
- Repeat the Abdominal Lift for ten contractions in a row.

When to do it (besides during a contraction)

This technique is to help baby into the pelvis and through the pelvic brim (baby may be -3, -2 Station). You will want to move into position as soon as, but not before, the contraction starts. If you start too late it will be uncomfortable, so just wait to start with the following contraction. Try to do ten contractions in a row, resting in between and circling your wrists and ankles for circulation.

Try the Abdominal Lift when:

In early labor or Late, if baby is not IN the pelvis. Do this with contractions for ten in a row. Labor contractions are frequent enough that you can predict when another is coming. Labor contractions have not been increasing in strength. Labor contractions might be really strong but baby remains high in or above the pelvis.

Back labor might be the reason you try this. It can resolve back labor when it's because baby can't get in the brim.

The Abdominal Lift and Tuck will encourage labor contractions to be closer together and get stronger when they have been at one strength for a long time (or dilation is not increasing), or in the presence of achy back labor. Either way, the resulting flexion of baby's head will improve the labor progress and relieve the back ache. It can be used in latent or prelabor. The Abdominal Lift can be used to get active labor underway.

When not to do it:

- Don't bother doing this with a labor that is progressing normally. Normal labor progress is when your labor moves along with contractions getting stronger and closer every few or several contractions.
- If you have had fast labors in the past, you want to have your midwife or nurse nearby in case this works quickly (ten contractions). Don't do this without having help nearby.
- Make sure you feel more pressure on your cervix, not less. There will be a relief to any back pain while increasing cervical pressure (pain?). This means the baby is now aiming where we want, on the way out, not your back.

Another way to do it:

Shannon and Marcus found the Abdominal Lift significant in shortening their second labor. (The first took a little longer than two days.) Shannon stood by the wall so she could flatten her lower back on the wall and use it to brace herself. She also bent her knees a little bit.

If you stood against the wall doing a Pelvic Tilt, the space behind your lower back would flatten and you wouldn't have room to reach your hand behind yourself there during the Pelvic Tilt. Doing her Abdominal Lift this way allowed Shannon to concentrate on lifting her belly and relaxing through the contraction.

After Shannon did this Abdominal Lift through ten contractions she felt more comfortable. Once her labor picked up again her labor pattern was that of an occiput anterior baby- she had the baby later that afternoon.

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